Monitoring Guidelines on Gender Responsive Programming

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1. Introduction

The results-based monitoring (RBM) guidelines on gender responsive programming have been developed to support the effective gender monitoring of eye health programmes being implemented by public, private and not-for-profit sectors. Recognising that a lot of good quality RBM guidelines and manuals have already been developed and are widely available, these guidelines are intended to provide a top line overview and principles that will support project managers, gender focal persons and staff responsible for M&E whose task it is to strengthen a gender-responsive approach and deliver high-quality programme monitoring. These guidelines are derived from the following four documents:

1. Tool Kit on Gender Equity Results and Indicators, Asian Development Bank.
2. Oxfam GB Evaluation Guidelines.
3. Gender-sensitive monitoring and evaluation for FNS, EU-FAO Improved Global Governance for Hunger Reduction Programme, European Union.
4. Guidelines on designing a gender-sensitive results-based monitoring (RBM) system, GIZ.

2. Overview

All programmes/projects should have an appropriate results-based **monitoring & evaluation plan** from the outset. Monitoring and evaluation (M&E) are part of everyday project management and are critical to the success of eye health programmes. They help teams to learn what does and doesn't work in their efforts to provide eye health services and to adapt their programmes in light of what they find. The processes and products of monitoring and evaluation also provide a documented record of the programme and help strengthen accountability, supporting the organisations to give an account to its wide range of stakeholders for its decisions and actions, and providing opportunities to take account of their views and opinions.

Monitoring is the routine, ongoing collection and review of information on a programme's activities, outputs, and outcomes that provide programme managers and other stakeholders with indications of progress against programme plans and objectives. It is a collaborative process between organisation's staff, partners and communities to review what has happened, identify intended and unintended changes and consider whether activities have contributed to those changes. This regular collection of information shows whether or not the programme is performing as expected, or if adjustments are necessary. Well planned, timely monitoring allows issues to be quickly identified and programme activities to be adapted in order to optimise their impact. Monitoring is more effective when it is a continuous process, included in the design of a programme and part of our day-to-day work.

Evaluations complement ongoing monitoring activities by providing more in-depth, objective assessments of a programme's design, implementation and results at particular points in time. Where monitoring shows general trends, evaluations generally help explain 'why' things are happening the way that they are. Programme evaluations may be undertaken at any point in the programme cycle where there is a need to learn more about how the programme is working, or to be accountable for the resources with which we've been entrusted. At a minimum, the programme should be evaluated midway through implementation (a formative or mid-term evaluation) and once the programme has completed (a summative or end-term evaluation).

Gender audits are distinct from regular evaluations in that they are based on self-assessments by a project or organisation of how gender issues are addressed in programme portfolios and internal organisational processes. A gender audit is not an external evaluation, but it should be used to facilitate change and develop action plans and monitoring systems.

3. Why Gender-responsive M&E?

Identifying the gender equity in results that any eye health initiative aims to achieve - along with the concrete actions needed to achieve these results, and the indicators needed to measure progress - are essential steps for reducing eye health issues, advancing gender equity, and achieving broader eye health development agenda. Moreover, there is considerable evidence and broad international agreement that advancing gender equity helps reduce poverty, supports inclusive growth and other broad development outcomes, and enhances the effectiveness and sustainability of development initiatives.

Despite long-standing international commitments and the demonstrated benefits of addressing gender inequity, incorporating gender perspectives into eye health programmes remains a significant challenge. One of the most important lessons is that actions to address gender inequities must be explicit throughout programme planning and implementation if consistent progress is to be made toward gender equity. Without explicit objectives, strategies, targets, and actions to ensure gender equality and equity, the needs of the marginalised and excluded continue to be overlooked. Identifying clear indicators to measure gender equity results is essential to measure and improve performance.

4. What is Gender-responsive M&E?

- Gender-responsive M&E helps assess whether the project's planned activities are achieving gender equity goals.
- It provides feedback on how the activities affect the various groups of beneficiaries including women and men, disaggregated by age, ethnicity, caste, education, employment and geographical location.
- Gender-responsive M&E also allows us to measure and evaluate gender-related changes over time, showing how far and in what ways the gender equity objectives are being achieved.

4.1 Difference between sex-disaggregated data and gender-disaggregated data?

- Sex-disaggregated data simply makes a distinction between men and women. For example, 65 people attended the training: 25 women and 40 men.
- Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. Therefore, even within the same community, there can be significant differences between women and men: depending on age, education, wealth, health and other significant categories. Gender-disaggregated data helps us analyse these differences, allowing a more accurate understanding of the situation (e.g. division of tasks and access to resources). For example: Of the 25 women who attended the training, 80 per cent headed their own households. Of those 80 per cent female-headed households, 15 per cent have uncorrected refractive error, 30 per cent are with low vision and 55 per cent are healthy women. (The same disaggregation can be done for men).

4.2 When is the right time for gender-responsive M&E?

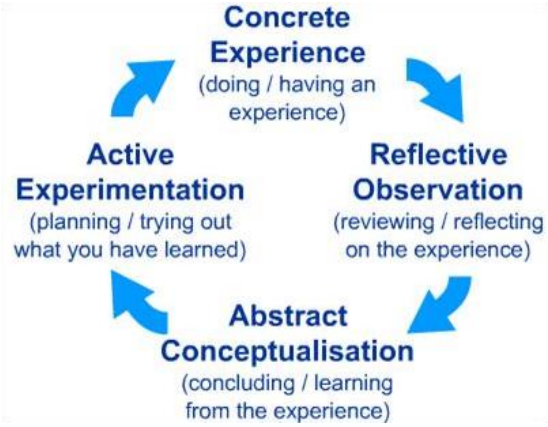
It must start at the early stage of the project identification, and continue throughout the project cycle. In fact, if we started M&E during or after project implementation, it would be too late!

5. Key Features of Gender-responsive M&E

As an important premise, it is essential to know that well-developed approaches and tools do not necessarily translate into successful M&E. It is very important to develop our own reflective learning process: we should continuously monitor our activities, see what is working and what is not, and use our experience to identify what needs to be changed or adjusted. In other words, by adopting a reflective

M&E, we can identify the major obstacles that prevent our project from contributing to equitable and socially just development. This process allows us to take appropriate action.

Reflective learning can be also illustrated by the Kolb learning cycle (see below)[1].



5.1 What are the two key features of a gender-responsive M&E?

- It is based on a **gendered participatory** approach.
- It uses **gender-sensitive indicators.**

5.2 Gendered Participatory Approach:

In a gendered participatory approach, beneficiaries (women, men and communities) and different stakeholders actively participate in the M&E: for example, by contributing to the identification of gender-sensitive indicators.

It is essential to develop ownership and commitment to the actions foreseen by the project. When local communities participate in the formulation of gender-sensitive indicators, they can measure their own progress and monitor changes against indicators that they have identified themselves (unlike using predetermined indicators that are imposed upon them).

5.3 Gender-sensitive Indicators

Another essential feature of gender-responsive M&E is to include gender-sensitive indicators. We shall first look at indicators in general, and then consider the specific characteristics of a gender-sensitive indicator. An indicator is a measurement. For example, it could be a number, a fact, an opinion or a perception that points to a specific condition or situation, and measures changes over time. In other words, indicators measure the results of our interventions. For this reason, they are front-line instruments in the M&E of development work.

Considered that gender-sensitive indicators require the production of data that is disaggregated by sex, age, ethnicity and other socio-economic variables relevant to the project or programming context, gender-sensitive indicators have the special function of pointing out gender-related changes in society over time. Their usefulness lies in their ability to point to changes in the status and roles of women and men over time and to measure whether gender equity is being achieved.

An important premise to set up gender-sensitive indicators is that we first carry out a participatory gender

[1] McLeod, S. A. (2013). Kolb - Learning Styles. Retrieved from www.simplypsychology.org/learning-kolb.html

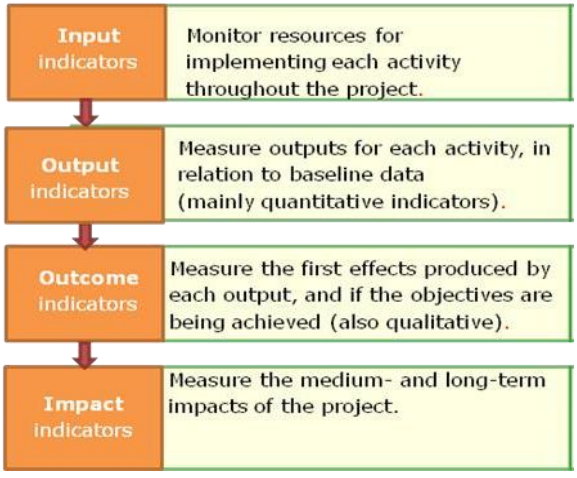
analysis and a participatory stakeholder analysis. Whenever possible, it is important to integrate a gender perspective during the formulation of the programme's objectives, strategies, outputs, outcomes, impacts and budgeting. These preliminary steps will allow us to establish gender-sensitive indicators that are both quantitative and qualitative.

5.4 Tips for the selection of indicators

- Indicators must be developed in a participatory way, involving all relevant stakeholders, if possible.
- Indicators must be relevant to the needs of the users and at a level that the users can understand and analyse.
- All indicators must be gender-disaggregated.
- Both qualitative and quantitative indicators should be used.
- Indicators should be easy to use and understand.
- Indicators must be clearly defined.
- The number of indicators chosen should be small: a rule of thumb is that up to six indicators can be chosen for each type of indicator (inputs–impact).
- Indicators should measure trends over time.
- The ultimate focus should be on outcomes/impact indicators.
- It is important to consider a reasonable number of indicators as too many indicators can make the M&E difficult.

6. Developing Gender-sensitive Indicators

Indicators should be directly related to the project's objectives: we should define indicators so that we can feel the pulse of a project as it moves towards meeting its objectives. To achieve this, we can think of using indicators in a chain, starting from input through to impact indicators:[2]



6.1 Examples of input indicators

Input indicators provide information about the organisational commitment for gender-responsive M&E, as they indicate the strategies and activities to overcome the immediate limitations related to gender and other disadvantaged groups. For example:

[2] Gender-sensitive monitoring and evaluation for FNS, EU-FAO Improved Global Governance for Hunger Reduction Programme, European Union, FAO, 2014.

- allocation of human and financial resources to promote gender equity in the project;
- gender guidelines and materials developed to support the field staff;
- action-oriented research agendas;
- the number of workshops, exposure visits.

6.2 Examples of output indicators

- participation of stakeholders throughout the project cycle (attendance and level of participation/contribution by gender, age and socio-economic background);
- stakeholders are well informed of project activities and investment, and collaborate and assess their participation and involvement (in terms of time, labour, knowledge, etc);
- number of women and men participating in workshops, training, study tours and benefitting from other services of the project;
- amount of vulnerable and marginalised men and women, boys and girls (with uncorrected refractive error or cataract) who are informed and aware of the project activities and investment.
- reduction in the percentage of the population with uncorrected refractive error.

6.3 Examples of outcome indicators

- percentage of men and women who apply the acquired knowledge in their daily lives/professions.
- level of participation in terms of number of women and men (disaggregated by age and socio-economic background) actively involved in the participatory design, implementation and M&E of the project;
- increase in the number of (x) women or disadvantaged groups in access to eye health services and products;
- reduction in the gap between the demand and supply of eye health services in 'x' years after the intervention.

6.4 Other examples: Programme and Project Level Results and Indicators

Gender Equity Dimension: Human Capital

Sample Results	Sample Indicators
Increased accessibility and utilisation of eye health services for poor women, girls, men, and boys *- barriers to women accessing eye health services are identified and addressed such as:* • *distance to health centres and hospitals* • *health outreach* • *quality of health services* • *female health staff, and* • *poverty*	• Proportion of women and men accessing eye health outreach services annually, by age, urban or rural location, ethnicity, and socioeconomic group • Number of eye health awareness outreach activities per year in remote rural locations and the percentage specifically targeted at women and men • Number of additional eye health services at the local level that has adequate and trained female staff • Percentage of eye health facilities adequately stocked with medical supplies and equipment to treat eye health problems • Number and type of design features that address financial barriers to women's access to eye health care (e.g. number of poor women receiving social or cash transfers to access eye health services, number and percentage of additional women and men with health insurance, number of services offering subsidies to the poor for treatment or transport to health facilities, and number of women benefiting) • Patient satisfaction with the quality of eye health care, including the availability and attitudes of health staff, by sex, location (rural or urban), and socioeconomic group

Health infrastructure meets the needs of women patients, caregivers, and staff	• The average distance of households to eye health centres in rural and remote areas • Number of health centres constructed or upgraded, including the number that reduces the distance for poor women to travel • Number and percentage of health facilities providing adequate privacy (visual and auditory) • Number of health facilities that address women's needs as caregivers (cooking facilities for community members, separate toilets for women relatives, accommodation for female staff) • The proportion of medical housing provided to women health staff, including in rural and remote areas

Gender Equity Dimension: Economic Empowerment

Sample Results	Sample Indicators
Reduced gender disparities in women's employment in the eye health sector - *Targets met for women's training, recruitment, and promotion, including in remote rural locations and senior clinical and management positions*	• Percentage of women and men employed in the Ministry of Health, provincial health departments, and health facilities, by the level of seniority, location (rural or urban), and type of employment (e.g., management, administration, ophthalmologists, optometrists, nurses, paramedics, community-based health workers, ancillary staff, technicians) • Percentage of women and men who receive pre-service, in-service, study tour, or overseas training, compared with those eligible for training • Number of additional eye health professional and other health workers trained, by sex • Type of incentives to encourage women and men health workers to live in rural and remote areas (e.g. safe housing); and percentage of women and men who receive incentives • Evidence that the impact of policy and sector reforms on female employment is monitored and addressed
Increased engagement in economic activities by women due to better eye health services	• Number and percentage of women who report an increased ability to engage in economic activities due to improvement in their own eye health

Gender Equity Dimension: Gender Capacity Building

Sample Results	Sample Indicators
Strengthened capacity of health services to respond to women and girls' eye health needs - *Health consequences of unequal gender relations are recognised and addressed*	• Evidence that eye health policy, plans, sector reforms, and funding are based on analysis of gender differences in health risks through the life cycle and in the use of health services • Evidence that sex-disaggregated data is routinely collected and used in all areas of eye health planning and monitoring • Number of health facilities with at least one female staff member trained in eye health • Evidence that medical and nursing curricula include a focus on gender and eye health • Number and percentage of female and male health staff trained in gender and eye health and physical and sexual gender-based violence

- *The links between eye health, gender-based violence, and sexual and reproductive rights are understood and addressed*	• Level of understanding by trained health workers (by sex) of how gender relations influence women's and men's eye health • Number of health facilities with protocols and service delivery practices that are gender-responsive and promote women's rights (e.g. privacy, confidentiality) • Number of referrals made to other service providers for counselling and support for survivors of physical and sexual gender-based violence • The proportion of funds for medical research that focus on eye health
Public-private partnerships are managed and monitored to ensure gender equity	• The regulatory framework for public-private partnerships includes performance standards for the employment of women as service providers, gender-responsive protocols and service delivery practices, and human resource management practices • Performance against standards is regularly monitored and documented and issues addressed

7. Challenges of including Gender in M&E

Even when we carry out our gender-responsive M&E in the most appropriate way, we may face a number of difficulties. Here are some possible challenges which should be considered when implementing gender-responsive M&E:

At the organisational level:

- Programme managers and staff may be gender blind. They may not see gender in M&E as having any relevance in achieving the programme's outputs.
- There may be a lack of policies, guidelines and incentives to incorporate gender in M&E.
- There may be a lack of funds or gender budgeting to training the staff to collect and analyse gender-disaggregated data.
- The project staff may lack commitment or skills to formulate gender-sensitive indicators or gender-disaggregated baseline data.
- There may be insufficient follow-up and poor understanding by staff/partners of the usefulness of gender-responsive M&E.
- M&E may often be regarded as a task for the donors, external evaluators or the gender consultants.

At the project level:

- There may be a lack of participation by women and men (i.e. the target beneficiaries) in the various phases of the project.
- There may be poorly conducted gender analysis during the identification, preparation and design of the project.
- Field staff may view M&E as gender neutral. Day-to-day monitoring usually concentrates on project output areas rather than in cross-cutting issues such as gender.
- Some field staff may see the work of M&E as the task of the female staff or of the gender experts and, therefore, may not use a gender-responsive approach.

7.1 What could be possible actions to address these challenges?

Possible actions to address these challenges could be:

- Capacity development on gender-responsiveness
- Advocacy on gender issues

In fact, capacity development will help to address gender blindness, lack of skills and understanding (and

sometimes lack of commitment). Advocacy will help to make budgets available, will generate commitment and will show that gender is not only the task of a few women in the programme.

8. References

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- GIZ Guidelines on designing a gender-sensitive results-based monitoring (RBM) system https://www.oecd.org/dac/gender-development/GIZ-guidelines-gender-sensitive-monitoring.pdf

9. Suggested Readings

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