Taking ACTION for Gender Equality Guidance Supplement: Gender Indicators

To know whether your program is contributing to shifts in gender attitudes and behaviors and creating or strengthening equality for women, men, girls and boys, it is necessary to plan for program monitoring and evaluation. Monitoring involves data collected continuously as the program is implemented to provide ongoing learning about the program quality, its coverage/reach, and initial outcomes. A key aspect of monitoring involves measuring outputs, which we define as the products, goods, or services needed to implement the program activities. Monitoring outputs involves measuring the quantity and timeliness of these products and services. Coverage, or the numbers and background characteristics of people who participate in your program (from activity reports), and reach, or the percent of the intended audience who is exposed to your program (from population-based survey), should also be tracked. Coverage/reach indicators will help determine who has access to the products and services, and whether access is affected by gender or other factors. Monitoring also involves measuring initial intermediate outcomes, such as changes in gender-related knowledge, attitudes, perceptions, and norms. And it may include measuring initial social or behavioral outcomes. Impact evaluations assess the success of a program by measuring program effects on the intended outcomes, including intermediate, behavioral, and social outcomes. Therefore, multiple indicators may be assessed during both monitoring and evaluation activities.

Recommended Actions

- Identify what gender-specific indicators you will need to measure processes and outcomes. Think in terms of output, coverage/reach, and intermediate, social, and behavioral outcome indicators.
- Consider how to capture unintended consequences related to your program, e.g. increase in gender-based violence, or stigma against those who go against common gender norms in the community.
- Include indicators that address gender directly.
- At the same time, remember that many indicators will not specifically involve or mention gender, yet outcomes will be affected by the gender dynamics in the communities where the program is implemented. Therefore, it is essential to disaggregate indicators by sex, age, and other relevant demographic characteristics so that you can (1) measure differences by sex and other background characteristics at any given point in time and (2) identify what is associated with changes over time or if any trends are emerging. It will be important to assess whether those trends favor gender equality or maintain existing levels of inequality.
- Additionally, plan to disaggregate data by factors associated with marginalization, such as ethnicity, economic status, or other social determinants of health to understand constraints that
certain groups may face relative to others, including ways in which they may face exclusion and marginalization when seeking to access health services or to participate in program activities.

Gender Indicators in the Breakthrough ACTION Indicator Summary Table (IST)

Three gender-related indicators are included in Breakthrough ACTION’s indicator summary table. For details on each indicator and instructions regarding use and analysis of the indicators, please see the Performance Indicators Review Sheets or PIRS for the three indicators described below. The three PIRS are available here.

<table>
<thead>
<tr>
<th>Breakthrough ACTION Indicator</th>
<th>Illustrative associated intermediate outcome indicators*</th>
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</table>
| P.G2.FP Percentage of intended audience that supports gender equitable attitudes related to FP | • It is a woman’s responsibility to avoid getting pregnant.  
• A woman can suggest using condoms just like a man can  
• A person should feel comfortable discussing family planning with their partner  
• A man and a woman should decide together what type of contraceptive to use. |
| PG.2.MCH Percentage of intended audience that supports gender equitable attitudes related to MCH | • A husband/partner should decide together with his wife/partner where she will give birth to their child.  
• A husband/partner should accompany his pregnant wife/partner to go to health checkups.  
• A woman is not complete until she has had a son.  
• The health of male children is more important compared to female children.  
• It is more important for female children to get immunized than for male children. |
| P.G2.MAL Percentage of intended audience that supports gender equitable attitudes related to malaria | • When there are not enough nets, it is more important that female children sleep under the available nets rather than male children.  
• A pregnant woman should feel comfortable asking her husband/spouse or other family members to go to a health check-up.  
• When there is not enough money, it is more important that male children with fever see a health provider rather than female children.  
• When there is not enough money, it is more important that male children with fever get medication rather than female children.  
• Male children with malaria may not need to take all the malaria drugs for malaria, but female children with malaria do. |

*Please see the PIRS for these indicators for additional illustrative indicators and guidelines regarding how to use and analyze the indicators.

Further Illustrative Indicators
Each program should also develop gender-related indicators specific to their program objectives. Illustrative indicators by indicator type are provided in the tables below. Please note that gender norms are specific to contexts, program goals, and program objectives; therefore, project staff, including monitoring and evaluation staff, will need to develop their own relevant indicators.

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<tr>
<th>GENDER-RELATED OBJECTIVE</th>
<th>ILLUSTRATIVE INDICATORS</th>
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| Effectively engage male and female leaders (e.g., religious, traditional, community leaders) as advocates for gender equality to help shift gender norms and leverage positive religious belief systems | *Coverage indicator*  
- Number of male and female stakeholders oriented on gender norms and health outcomes  
*Outcome indicators*  
- Number of male and female stakeholders who advocate for women’s empowerment with regard to health-care access and use  
- Number of supportive public statements and discourse on gender-related issues impacting health behaviors (FP, MNCH+N, TB, and malaria) |
| Conduct community outreach and dialogues to catalyze community efforts to increase the awareness of women, men, boys, and girls on health and address gender disparities | *Output indicator*  
- Number of community dialogues on gender norms and health-care use on FP, MNCH+N, TB, and malaria held (community dialogues and meetings, compound meetings, Washington, DC meetings, household visits, town hall meetings, special events, etc.)  
*Coverage indicators*  
- Number of men and women attending community dialogue meetings on gender norms and health-care use  
- Number of male and female community volunteers trained to conduct community outreach on gender norms and health-care use |
| Enhance women’s agency and voice in order to build their capacity to advocate for gender equality | *Coverage indicator*  
- Number of women who report participating in capacity strengthening trainings  
*Intermediate outcome indicator*  
- Percentage of women who report increased confidence to advocate for gender equality |
| Implement couple-focused interventions to improve communication and joint decision-making | *Behavioral outcome indicators*  
- Percentage of women and men who have spoken with their spouse about FP, MNCH+N, TB, and malaria within the past three months  
- Percentage of men and women currently using FP whose decision to use was made jointly with their spouse/partner |
**GENDER-RELATED OBJECTIVE**  
Integrate gender into messaging within a coordinated SBC package of media and digital approaches

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<thead>
<tr>
<th>ILLUSTRATIVE INDICATORS</th>
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<tr>
<td><strong>Reach indicators</strong></td>
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<tr>
<td>• Percentage of men and women who recall seeing or hearing gender-related messages on positive health behavior practices</td>
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<tr>
<td>• Percentage of men and women who report exposure to gender-related campaign messages (e.g., FP, TB, malaria) sent via radio, television, or SMS</td>
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<tr>
<td><strong>Intermediate indicator</strong></td>
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<td>• Percentage of intended audience who support gender equity norms</td>
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<table>
<thead>
<tr>
<th><strong>Coverage indicator</strong></th>
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<tr>
<td>• Number of service providers trained on effective client–provider communication</td>
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<tr>
<td><strong>Intermediate outcome indicators</strong></td>
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<td>• Percentage of women and men who feel their provider treated them respectfully during their most recent clinic visit</td>
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<tr>
<td>• Percentage of women and men who report satisfaction with provider during most recent clinic visit</td>
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<tr>
<td>• Percent of service providers with nondiscriminatory gender attitudes toward their FP clients</td>
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**Train service delivery partners to change provider biases related to gender and improve client–provider communication and behavior**

**Additional Resources**

**The Population Council and the Evidence Project. Gender and Power Metrics.**  
[https://gendermetrics.popcouncil.org](https://gendermetrics.popcouncil.org)  
*This is a living database of gender- and power-related scales that have been used to measure constructs of gender, agency, power, and control. It continues to expand from the original 600 unique scales, which were drawn primarily from the areas of sexual and reproductive health, family planning, STIs/HIV, and intimate partner violence (IPV).*

*This working paper offers a critical review of the field as well as insightful guidance on how to measure gender-transformative change, which requires systemic and structural change as well as agential (individual) and relationship change.*

**Gender Indicators: What, Why, and How? Prepared by Justina Demetriades and based on BRIDGE’s Gender and Indicators Cutting Edge Pack, 2007.**

This brief describes gender indicators, addresses what we should be measuring, provides some broad principles that can be considered in making these decisions, and offers examples of existing indicators while noting that indicators need to be adapted to specific contexts.