

ADDRESSING GENDER IN IMPACT EVALUATION

WHAT SHOULD BE CONSIDERED?

Gillian Fletcher

KEY MESSAGES

- Gender and sexuality are intimately entwined; we must not lose sight of the ways in which gender affects non-heterosexual people, transgender people and people who do not identify as either male or female.
- Gender and gender-related injustice is a feature of all interventions, whatever the focus, be it agriculture, capacity building, disaster management, education, health, peace building, water, sanitation and hygiene, or other.
- Showing an increase in the number of women participants in an intervention is not the same as demonstrating gender impact. An 'add women and stir' approach is not good enough.
- A good intervention design will identify critical inequalities and conduct a needs assessment that clearly identifies gender-related issues. If this needs assessment feeds directly into the programme theory, it will facilitate assessment of the intervention's gender-related impact and will be more likely it is to have positive gender-related impact.

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1. What to expect from this paper

This paper is intended to be a resource for development practitioners and evaluators who want to include a focus on gender impact when commissioning or conducting evaluations. Its aim is two-fold:

1. **To help to clarify:** what gender means and why it should be considered in all development interventions,¹ and by extension all impact evaluations; and why it is important to go beyond numbers of women involved in an intervention and beyond sex-disaggregation in assessing results.
2. **To offer recommendations on:** what questions need to be considered when assessing (positive and negative) gender-related impact; and what methods and tools can help assess gender in impact evaluation of interventions.

Funding agencies around the world need interventions to address gender issues. This is because gender – or rather, judgements on worth related to gender – can result in inequality and injustice.

It is important, therefore, that any evaluation of an intervention's impact include an assessment of the ways in which the intervention has made a difference to gender justice.

Australia's Department of Foreign Affairs and Trade (DFAT), for example, requires that all development interventions receiving Australian government funding pay attention to issues of gender:

*'The Australian Government has identified gender equality as a critical cross cutting theme of Australia's aid program and committed to remain a persistent advocate and practical supporter of gender equality.'*²

The subject of gender is, however, one that elicits strong emotion and debate, both within and beyond the international development field. Given definitions of gender are often at odds with each other, clarity is needed on what gender is, how gender injustices or inequalities arise, how these can influence the design and implementation of an intervention, and how changes related to gender injustice or inequality can be assessed.



Members of the Solomon Islands Young Women's Christian Association march in support of female rights during International Women's Day in Honiara © DFAT/Jeremy Miller

1 An 'intervention' may be a service, project, programme, portfolio of activities or projects, legislation, policy, strategy, or partnership.

2 <http://aid.dfat.gov.au/aidissues/gender/Pages/home.aspx>, URL last accessed 18 August 2015.

2. What is gender?

As human beings, we understand ourselves and each other through processes and structures of judgement of worth, based on socially, culturally, historically and politically situated stereotypes and standards. This paper follows the work of leading gender theorists (Connell, 2002; Fine, 2010; Pringle, 1992; Rahman and Jackson, 2010; Connell, 2012) in defining gender as a process of judgement and value (a social hierarchy) related to stereotypes and norms of what it is to be *masculine* or *feminine*, regardless of your born sex category.

‘Masculine’ and ‘feminine’ – categorisations of gender – are assessments (or judgements) that can be applied to a person regardless of the sex assigned to them at birth. Gender, unlike sex, is not rooted in biological difference but in socially constructed norms and expectations. According to these socially constructed norms, someone can be very ‘masculine’ one day but ‘feminine’ the next, whether biologically male or female.

2.1 Judging difference

Perceiving difference between individual or group appearances and behaviours, and noting stereotypes and norms, is not in itself inherently problematic, the problem lies in the judgements of worth that are applied to these perceptions of difference and the social hierarchies that result.

Hierarchies ‘rationalise’ inequality, inequity and injustice: these people are different from the dominant stereotypes and norms, and therefore have less worth. Globally, such hierarchies tend to form around stereotypes and norms based on gender and sexuality (which – as I will outline in this paper – are intimately entwined); class, caste or socio-economic status (SES); and race or ethnicity. In some countries and cultures, other hierarchies – such as those related to age or religious beliefs – are also important.³

In many parts of the world, one such stereotype related to gender is that women stay at home and care for children. The reality is that, throughout history, women – particularly those at either end of the economic spectrum – have entrusted the day-to-day care of their children to others. Children may be left with biological or adoptive fathers; sometimes with a collection of trusted neighbours or extended family; less often, they may be looked after by a paid childcare worker. Whatever the arrangement, while the children may adequately be cared for, their mothers are often judged

– by themselves and by wider society – to be lesser than those women who stay entirely within traditional roles in the family. The norms and stereotypes are that ‘good’ mothers stay at home. Sadly, many of those women who do conform to this norm do so not because they choose to but because they risk censure, harassment and violence (from men and from other women) if they don’t.

Similarly, in many places it is the norm that men go out to work to support their family. Men who stay at home to care for their children are often faced with disapproval and assumptions about a perceived ‘lack’ of masculinity (whereas, in fact, their masculinity is just not the dominant form). These men may be stereotyped as ‘effeminate’, and are thereby considered less worthy than other men.

While gender is distinct from biological sex differences, stereotypes and norms of masculinity and femininity are also derived, in part, from interpretations of what is considered appropriate use of male and female bodies. For example, in many societies a woman who has not given birth to a child is considered ‘incomplete’ while a man who is the recipient of penetrative sex is judged ‘not a real man’.

2.2 Not just about women: gender as a process, not a category

Gender crops up in funding application documents, programme design documents, field worker training, websites, annual reports and so on. But too often, it is used as a synonym for working with women. This again conflates the notion of gender, wrongly, with biological sex difference.

Injustice and inequality are not written into our chromosomes. If we focus on gender as ‘men’ and ‘women’ we are stuck in what Connell (2012: 1676 and 1681) calls ‘categorical thinking’. She argues that relying on this mode of thinking *prevents* effective work on ‘underlying causes’ of inequality:

‘Categorical thinking does not have a way of conceptualizing the dynamics of gender: that is, the historical processes in gender itself, the way gender orders are created and gender inequalities are created and challenged ... we cannot rely any longer on categorical thinking if we are to come to terms with the actual gender processes that affect health [or poverty], the complex social terrain on which they emerge, and the urgency of these issues.’

³ Given that the social hierarchy of gender does not function independently of social hierarchies related to sexuality, race, ethnicity, for instance, this paper aims to continually reintegrate gendered aspects into a wider web of other social hierarchies.

Focusing on the stereotypes, norms and judgements related to masculinity and femininity (rather than on male/female) frees us up to think about the processes through which certain forms of femininity and masculinity are given greater value than others (with particular forms of dominant masculinity usually having the greatest access to power and resources).

2.3 Assessing impact in gender intervention

To date, intervention impact on gender has most often been assessed through compilation of quantitative data in male/female categories. However, as noted by Kantor et al. (2013):

‘While useful, efforts that focus on filling identified gaps – the visible symptoms of gender inequality – miss identifying and addressing the underlying factors that caused the gaps in the first place.’

When it comes to impact evaluation, assessing gendered changes is more difficult than measuring specific categories of men/women. But, if we focus on assessing changes over time in people’s lived experiences, it is possible.

Tables 1 and 2 demonstrate the ways in which some key evaluation questions for impact evaluations (Rogers, 2012: 4) might play out differently in projects that (either explicitly or implicitly) understand gender as process and those that adopt categorical thinking.

Box 1: Key messages 1 - 3

Key message 1: Gender and sexuality are intimately entwined⁴

Those interested in championing gender equality should not lose sight of the ways in which gender affects non-heterosexual people, transgender people, and people who do not identify as either male or female. Similarly, issues related to sexuality affect heterosexual people too. Consider, for example, the ways in which male, female and transgender sex workers are judged by others. Such people have existed in all societies throughout history and yet often face multiple disadvantages because they do not ‘fit’ into gender norms. The effects of gender on health can be particularly acute for those people who do not conform to traditional gender roles and norms (Muralidharan et al. 2014).

Key message 2: Gender, and gender-related injustice, is a feature of all interventions

Judgements, hierarchies and structural disadvantages related to masculinity and femininity occur in every development intervention, whatever the focus, be it agriculture; capacity-building; disaster management; education; health; peace-building; water, sanitation and hygiene, or other.

You may ask, ‘where is the gender in disaster management?’ But consider the following: who has access to what resources; how are decisions made, whose voices are heard, and where are the injustices in this? Certain women may be considered more ‘deserving’ of post-disaster resources than others – for example, female schoolteachers are usually higher in social hierarchies than female sex workers; and women in heterosexual relationships may only have access to resources via their male partners.

Men who demonstrate physical strength may be assumed to be leaders, purely on the basis of the type of masculinity they display; those who display any symptoms of post-disaster trauma may be looked down on.

Key message 3: ‘Add women and stir’ is not good enough

Cornwall (2000: 1) writes that one of the biggest challenges for international development in effectively promoting change regards gender relates to the ‘pervasive slippage between “involving women” and “addressing gender”’.

Showing an increase in the number of women participants in an intervention is not the same as demonstrating gender impact.

For example, projects seeking to increase the number of women in politics do not necessarily address the stereotypes and norms related to gender and politics if people simply believe that, for a woman to be in politics, she has to ‘act like a (particular type of) man’. Or that women should be in charge of social services ‘because they are more caring’. Below is the latest available data on numbers of women in parliaments across the world. Are the top countries also the most gender equitable?

Women in Parliament ‘league table’, 2014:

1. Rwanda
5. South Africa
41. Afghanistan
45. South Sudan
48. Australia
64. UK
83. USA (joint position with San Marino)

http://ipu.org/pdf/publications/wmmmap14_en.pdf (last accessed 18 August 2015)

4 ‘The social construction and significance of one can rarely be understood without considering the other’ (Rahman and Jackson, 2010: 5).

Table 1: Gender as process vs. gender as category in prevention of gender-based violence intervention

	Gender as process	Gender as category
Intervention focus	Prevention of gender-based violence	Prevention of gender-based violence
Intervention's understanding of gender	Gender understood as a <i>process</i> of norms and values that brings forth violence against those who do not conform	Gender understood in <i>categorical</i> terms: women = victims; men = perpetrators
Desired impact?	Changes in stereotypes and norms that support violence	Reduction in the level and effects of violence against women
For whom, in what ways and in what circumstances did [the intervention] work?	<p>The intervention would be considered to have been successful in relation to gender if:</p> <ul style="list-style-type: none"> • All project participants (male, female and transgender) demonstrate greater awareness of the ways in which they are affected by, and help to recreate, negative gender-based stereotypes and norms that can support violence (e.g. physical strength as a desirable trait of 'real men'; sexually active women being deemed 'bad') • Project participants report changes in behaviour (e.g. reduced violence against women) as a result of changes in awareness of gender-based stereotypes and norms that can support violence 	<p>The intervention would be considered to have been successful in relation to gender if:</p> <ul style="list-style-type: none"> • Women in the intervention area experience less violence • Women in the intervention area are provided with support services in the case of violence • Women in the intervention area report feeling safer • Men in the intervention area who commit violence against women are charged and punished <p><i>N.B. While achievement of the above would be highly valuable, it would be a response to symptoms and not to underlying cause.</i></p>
Did the impacts match the needs of the intended beneficiaries?	<p>This depends on the intervention's ability to engage the support and <i>active</i> participation of community members (including those with, and without, communally sanctioned decision-making power) in identifying and questioning the stereotypes, norms and structures that underlie power inequities within those communities.</p> <p>(See Key question in Box 3, p.15)</p>	

Table 2: Gender as process vs. gender as category in road-building intervention

	Gender as a process	Gender as a category
Intervention focus	Road building	Road building
Intervention's understanding of gender	Gender understood as a <i>process</i> that affects everyone	Gender understood in <i>categorical</i> terms; women = disadvantaged, men = advantaged
Desired impact?	Increased access to services and markets for goods	
For whom, in what ways and in what circumstances did [the intervention] work?	<p>The intervention would be considered to have been successful in relation to gender if:</p> <p>Communities affected by the project consider and find ways to respond to questions of power and control, identifying and responding to inequalities, such as in:</p> <ul style="list-style-type: none"> • involvement in decision-making related to road building: e.g. decision-making is assumed to be a 'masculine' trait • negative impacts of road building: e.g. those with least power (often poor women) are most likely to face negative impacts • benefits from road building: e.g. rich men are likely to benefit the most, poor women the least • freedom of mobility of anyone in the community: e.g. restrictions on mobility are most often faced by women (often under the guise of 'protection') <p><i>N.B. While the strong likelihood is that the poorest women in a community will have the least access and least benefit from the road, adopting this approach ensures that the inequities existing within a community can be identified and questioned by those involved. The focus shifts from women, per se, to the power inequalities at play.</i></p>	<p>The intervention would be considered to have been successful in relation to gender if:</p> <ul style="list-style-type: none"> • Women (regardless of sexuality, class/caste/SES, race/ethnicity or other hierarchies of inequality) have access to the road • Women (regardless of sexuality, class/caste/SES, race/ethnicity or other hierarchies of inequality) gain benefit from the road equal to that of men <p><i>N.B. While achievement of the above would be highly valuable it would be unlikely to occur without the underlying causes being addressed. A categorical approach focuses on groups of people (i.e. women and men) and not on underlying gender processes.</i></p>
Did the impacts match the needs of the intended beneficiaries?	<p>This depends on the intervention's ability to engage the support and <i>active</i> participation of community members (including those with, and without, communally-sanctioned decision-making power) in identifying and questioning the stereotypes, norms and structures that underlie power inequities within those communities.</p> <p>(See Key question in Box 3, p.15)</p>	

3. What is impact evaluation?

Over the last decade attention paid to the effectiveness of international development work has increased significantly. While important debates continue about what ‘effective’ means and for whom, and who defines it, the reality is that the vast majority of those in the field want to see positive change in the lives of their intervention’s participants.

Impact evaluation seeks to identify whether or not such positive change has occurred as the result of an intervention. That is, impact evaluation not only measures or describes changes (‘impacts’) that have occurred but also seeks to understand the role of a particular intervention in producing these (‘causal inference’). The *Glossary of Key Terms in Evaluation and Results Based Management*, developed by the Organisation for Economic Co-operation and Development’s (OECD) Development Assistance Committee (OECD-DAC) defines impacts as follows:

‘Positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.’
(OECD-DAC, [2002] 2010: 24)

The approach and premise of this paper is broadly in line with widely accepted and general definitions of ‘impacts’ and of ‘impact evaluation’, with the aim of being most useful for evidence-informed decision-making in real world situations. An impact evaluation is any assessment that investigates impact – even if it is not labelled as such – and can include elements of other evaluations, such as needs assessment or process evaluation.

Impact evaluations are not limited to investigating impacts; they produce stronger and more useful findings if they also investigate links along the causal chain between activities, outputs, intermediate outcomes and impacts. Outcomes and impacts need not be pre-defined; they may be emergent.

Impact evaluations must have credible answers to the following types of questions (Rogers 2014):

- **Descriptive questions** ask how a situation is currently and what has happened, including describing the situation before the intervention and how it has changed, the intervention activities and other related programmes or policies, participant characteristics and the implementation environment.
- **Causal questions** ask whether or not, and to what extent, described changes are due to the intervention being evaluated rather than to other factors, including other programmes and/or policies.
- **Evaluative questions** ask about the overall conclusion as to whether a programme or policy can be considered a success, an improvement or the best option.

The observed changes need not be produced solely or entirely by the intervention being evaluated; the evaluation takes into consideration that other causes may also have been involved (such as other programmes or policies in the area of interest or certain contextual factors) as, in reality, this is most often the case.

4. Assessing gender-related impact: what helps?

4.1 Review how (and if) an intervention seeks to engage with gender

To assess the gender impact of an intervention, the evaluator could first review that intervention's explicit – or implicit – understanding of gender and its relationship to the work of the intervention.

Ideally, if an intervention has developed a programme theory, the evaluator can determine the gendered aspects of the intervention from this. Funnell and Rogers (2011: 31) state that programme theory should be understood to incorporate a theory of change and a theory of action. The theory of change is 'a central mechanism by which change comes about', while the theory of action explains how 'interventions are constructed to activate their theory of change'.

However, many interventions do not explicitly articulate a programme theory. And it is highly likely that, even where a theory exists, an intervention that views itself as only tangentially involved in gender issues will not have considered gender in this theory.

It may be possible to 'reconstruct' the programme theory so as to include a clearer understanding of gender through a review of programme documents and in-depth interviews with programme managers and staff, funders, beneficiaries and other relevant stakeholders. Triangulation of information and on-site observations may be needed, to take into account any divergent perspectives and realities on the ground that don't necessarily reflect the 'theory' (Peersman, 2015).

Attention also needs to be paid to negative programme theory (Weiss, 1998). A negative programme theory can be constructed using the same processes as for constructing a positive programme theory, but with the inclusion of possible negative impacts at the end of the logic model rather than the intended positive impacts.

These negative impacts might be the reverse of the intended positive impacts – fewer children from poor communities attending school rather than more, for instance – or may be a completely different types of impact – such as when a savings and loans scheme for sex workers results in greater discrimination experienced by the women because they become more economically self-reliant, or when greater awareness of sexual diversity results in young boys who do not conform to dominant forms of masculinity being bullied or physically attacked because they are perceived to be 'gay' and therefore outside of masculine stereotypes and norms.

Whether intervention activities can reasonably be expected to lead to intended impacts (including those that are gender-related) is, among other factors,

dependent on the adequacy of the intervention design (see **Key message 4**). If there are significant gaps in the intervention logic and these gaps cannot be addressed retrospectively, then investing in impact evaluation may not be warranted. Instead, it may be better to, first, focus on re-thinking or re-directing the intervention to increase its potential for effectiveness (Peersman, 2015).

An evaluation may also uncover the extent to which internal dynamics related to gender have bearing on an intervention's impact in relation to gender (or lack thereof). Staff member attitudes and judgements, as well as inequitable organisational systems, can maintain or increase inequality. Chapter 5 suggests questions that could help to identify such dynamics.

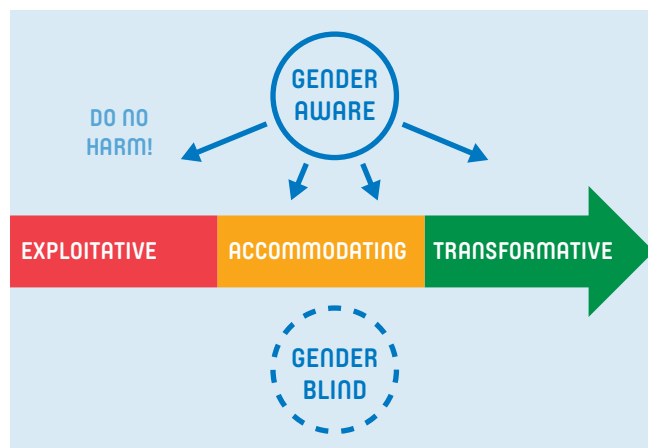
4.2 Classify the approach taken to gender in the intervention

In undertaking an impact evaluation of any intervention – regardless of whether it identifies as a 'gender' intervention or not – it may be useful to classify the intervention according to its approach taken to gender. This will help to clarify the extent to which gender impact, realistically, can be expected as a result of the intervention, and therefore the specific evaluation purpose with respect to gender impact.

The Gender Equality Continuum (Interagency Gender Working Group, 2009: 9) is a useful guide to classification.

The continuum offers a double layered categorisation. First, is an intervention gender aware or gender blind?

The Gender Equality Continuum



Source: Interagency Gender Working Group, 2009

- **Gender blind** refers to the absence of any proactive consideration of the larger gender environment and specific gender roles affecting programme or policy beneficiaries. Gender blind programmes or policies give no prior consideration to how gender norms and inequitable power structures affect the achievement of objectives, or how objectives impact on gender. Even if an intervention is categorised as gender blind, it is important to consider whether or not the *absence* of consideration of gender had an impact on the intervention and those with whom the intervention worked. Gender blind programmes can easily generate unintended negative consequences, simply by not ‘seeing’ gender.
- **Gender aware** programmes or policies deliberately examine and address the anticipated gender-related outcomes during both design and implementation (Interagency Gender Working Group, 2009: 9).

Second, under the ‘gender aware’ category, the continuum offers additional categories of exploitative (see red: stop the intervention), accommodating (see amber: proceed, but with caution) and transformative (see green: it is fine to continue).

- **Gender exploitative** refers to ‘approaches to programme/policy design, implementation, and evaluation that take advantage of existing gender inequalities, behaviours, and stereotypes in pursuit of ... outcomes’ (Interagency Gender Working Group, 2009: 11). Examples of gender exploitative programmes would include those that exploit traditional ideas of femininity as something in need of protection in order to encourage masculine protectiveness; or an investment project that does not acknowledge the high levels of unpaid work undertaken by women but simply identifies them as ‘unemployed’ and therefore able to take on additional tasks.
- **Gender accommodating** ‘refers to approaches to project design, implementation, and evaluation that adjust to or compensate for gender differences, norms, and inequities. These approaches respond to the different roles and identities of women and men. They do not deliberately challenge unequal relations of power or address underlying structures that perpetuate gender inequalities’ (Interagency Gender Working Group, 2009: 11). That is, evaluations that claim to recognise gender because they run single sex discussion groups to identify impact, but do not talk about gendered power dynamics and their effect on access to programme benefits.
- **Gender transformative** ‘refers to approaches that explicitly engage women and men to examine, question, and change institutions and norms that reinforce gender inequalities’ (Interagency Gender Working Group, 2009: 11). That is, the evaluation detailed above, with the addition of discussion on gendered norms and whether or not they changed in ways that improved those who were most vulnerable and marginalised as a result of the programme.

However, none of these categories is fixed. An intervention may begin as ‘gender aware’, and claim to include ‘approaches that explicitly engage women and men to examine, question, and change institutions and norms that reinforce gender inequalities’ (Interagency Gender Working Group, 2009: 11), but it may not implement these actions effectively and may, in fact, become a gender exploitative intervention.

Similarly, an intervention may begin as ‘gender blind’ but, through effective internal learning mechanisms, may come to see the effects of gender in the intervention and shift to an intervention model that is gender transformative.

4.3 Clarify the evaluation purpose

As noted on the BetterEvaluation website, ‘It is not enough to state that an evaluation will be used for accountability or learning’. Accountability to whom, by whom and for what purpose? And learning by whom, how and for what purpose?

While it can be possible for a single evaluation design to address several purposes, there is usually a choice made about where resources will be focused. For example, will the evaluation primarily be used to contribute to a broader evidence base or to give voice to those whose opinions are usually not valued?

Box 2: Key message 4

Key message 4: the better the intervention design, the more likely it is to have positive gender-related impact

Every good intervention design should describe the context in which the intervention ‘sits’, in terms of what major inequalities exist within the intervention site.

Gender is one of the great social hierarchies through which we are situated and situate others. Poorer women and girls from minority ethnic groups are likely to be the most disadvantaged in any community, in terms of a wide range of factors such as school attendance rate, economic participation, democratic participation, restrictions on mobility, sexual double standards, for example. Wealthier women from majority ethnic groups are also likely to be disadvantaged when compared to wealthier men from the same majority ethnic group but it is likely that they will be less disadvantaged than poorer men from a minority ethnic group. ‘Women’ are not homogeneous (and nor are men).

A good intervention design will identify critical inequalities and conduct a needs assessment that clearly identifies gender-related issues that are visible at the start of the intervention (other issues will become visible as the intervention progresses). If this needs assessment feeds directly into definition of the programme theory, this will facilitate assessment of the intervention’s gender-related impact as well as increasing the likelihood that the intervention will achieve gender-related impact.

5. Defining evaluation questions to address gender impact

Impact evaluations should focus on answering a small number of high-level key evaluation questions (KEQs) through a combination of evidence. These include descriptive, causal and evaluative questions, such as:

- What changes have occurred as the intended, or unintended, results of an intervention? (descriptive question)
- What explains those changes? (causal question)
- What does this say about the value of the intervention? (evaluative question)

Collecting separate data on males and females (sex-disaggregated data) should be an absolute minimum

requirement for all interventions because it provides much-needed basic information as to an intervention's 'reach'.

However, any intervention wanting to demonstrate gender-related intervention impact will not be able to by only collecting sex-disaggregated data because, as noted earlier, gender is not about men versus women.

The following sets of more detailed questions are intended to go beyond collection of sex-disaggregated data to describe, explain and judge gender-related changes that matter. Depending on the extent to which gender has been integrated into the intervention (as explained in the previous sections) it may make sense to focus more or less on gender impact in the evaluation.

5.1 Evaluation questions for interventions that can best be categorised as 'gender blind', 'gender exploitative' or 'gender accommodating'

-
- Descriptive**
- How many participants in the intervention identified as female? (see the **key question** in **Box 3**, regarding different modes of participation)
 - How many identified as male (and did any identify as neither male nor female?)
 - Where do these participants 'sit' in relation to other local hierarchies of disadvantage (e.g. sexuality, class/caste/SES, race/ethnicity)?⁵
 - Did participants experience changes – positive or negative – over the intervention lifespan? Were these changes the same, or different, when desegregated by sex?
 - Consider the nature of change and the scale of that change. What explanations did participants (and intervention staff) offer for this?
 - Which 'types' of females and males experienced the greatest change and which experience the least change, as based on their position in other local hierarchies of disadvantage? Did the most disadvantaged participants (likely to be poor women from non-dominant groups, such as religious or ethnic minorities) experience any changes – positive or negative – over the intervention lifespan and, if so, what were these changes?

Example: In the beginning of an intervention, meetings were only attended by men of higher SES, from the dominant ethnic group. This shifted to meeting attendance by higher SES men and higher SES women from the same ethnic group but the higher SES men talked the most. The women – who usually only got involved in 'women's groups' – attended only to balance numbers, so that a 50:50 male/female attendance rate could be reported. By the end of the project, lower SES women from an ethnic minority were attending meetings and actively contributing to decision-making. Stereotypically, such women would be expected to stay within the domestic sphere.

-
- Causal**
- Working from the descriptive data generated by the above, do those participants who experienced positive or negative change during the life of the intervention make connections between the changes described, and the intervention itself (disaggregated by different 'types' of participants)?

Example: Building on the example used above, higher SES men and women may argue that the shift in meeting participation occurred because they allowed it. Lower SES women from the ethnic minority may argue that this shift was generated by activists within their community who saw an imbalance (and inequity of access) in the intervention and worked to change it.

-
- Evaluative**
- Which changes are most (or least) valued by male and female participants (disaggregated by other local hierarchies of disadvantage), and why?

Example: Building on the previous example, higher SES men and women from the dominant ethnic group might think that inclusion of the lower SES ethnic minority women in intervention meetings was a change for the worse because "these women aren't educated". This evaluation needs to be considered against the responses from the lower SES ethnic minority women, who were participating against barriers of class, ethnicity and stereotypes of domesticity.

5 Geographic location can be a proxy for class/SES.

5.2 Evaluation questions for interventions that can best be categorised as ‘gender transformative’

Any intervention that claims to focus on issues of gender (for example, a women’s empowerment project or a programme working on reduction of male violence) could, in addition to the questions provided above, aim to address the following detailed questions:

-
- Descriptive**
- What major gender stereotypes, norms and judgements existed among intervention staff members and community members at the start and at the end of the intervention in relation to the intervention topic, and particularly in relation to power and decision-making?⁶
Examples of gender stereotypes and norms about power and decision-making that could affect an intervention:
 - Decision-making power in the community should only be held by certain types of men (usually middle-aged, middle or upper class, belonging to the dominant ethnic group who are seen as physically and mentally ‘strong’).
 - Only certain types of women (usually women judged to be ‘good’ by being married, middle-aged, middle- or upper- class, and belonging to the dominant ethnic group) should be allowed to express an opinion on community matters, and then must leave the final decision to male power-holders.
 - Young women should be seen and not heard.
 - Young men are hot-headed and not serious.
 - Women who are believed to have transgressed norms on sexual behaviour must be stigmatised and excluded.
 - Did these stereotypes and norms change for the better during the life of the intervention? Did the stereotypes shift, or become less clearly attached to judgements of worth? Did the norms become less restrictive?
Examples (linked to the above):
 - The valuable qualities of men who are not ‘traditionally masculine’ are recognised.
 - Unmarried, younger, lower SES women of different ethnic groups (and different sexual identities) are able to speak out on community issues and challenge decisions made without being looked down on or criticised.
 - Did the intervention recognise and engage potential participants that don’t easily fit into traditional views of ‘masculine’ and ‘feminine’ (for example, homosexual and transgender people, again disaggregated by local hierarchies of disadvantage)?
 - If not, why not?
- If so, has anything changed for these participants, for better and/or for worse, during the life of the intervention?

-
- Causal and evaluative**
- These questions are, in turn, based on changes described in response to the questions above:
- Do male and female participants (disaggregated by other local hierarchies of disadvantage) make connections between any (positive or negative) changes that occurred during the life of the intervention, and the intervention itself?
 - If not, why not?
 - If so, what are the connections?
 - How can the changes be explained?
- Which changes are most (or least) valued by male and female participants (disaggregated by other local hierarchies of disadvantage), and why?
-

5.3 Select appropriate data collection and analysis methods

When seeking to demonstrate or identify impact, it is first advisable to describe the situation at the start of the intervention. Ideally, when designing an impact evaluation, there is access to good baseline data and contextual analysis. However, if the intervention you are seeking to evaluate does not have this, both baselines and contextual analysis can often be reconstructed. Though not as good as having a ‘real’ baseline and analysis, this does at least give you something to assess change against.

To answer the descriptive and causal questions outlined above, you could collect (or try to reconstruct) baseline and end line data on:

- participant characteristics related to local hierarchies of inequality (e.g. male/female/other; ethnicity/ religion etc.)
- lived experience in relation to the intervention’s area of focus, disaggregated by characteristics.

Example: If the intervention seeks to improve land security, you would need to begin by developing a baseline that demonstrates:

⁶ There is no such thing as a ‘gender neutral’ team, where everyone has risen above gendered judgments. This is work in progress (however many gender training sessions a person has attended).

Characteristics	<ul style="list-style-type: none"> • Which types of people experience the greatest land insecurity in the intervention site at the start of the intervention? Are they: <ul style="list-style-type: none"> – male/female – married/single/widowed – followers of a particular religion – members of a certain ethnic group ...
Experience	<ul style="list-style-type: none"> • What does land insecurity mean for those most affected? • How does the broader community explain the land insecurity of these types of people?

Gathering data on characteristics

Gathering data on characteristics is most commonly achieved through use of surveys that produce statistical data (and which can be gathered via mobile phone, face-to-face or online).

If your intervention values participation and local ownership, think about using participatory statistics to gather data on participant characteristics. As noted by Robert Chambers (2007: 3), ‘A quiet tide of innovation has developed a rich range of participatory ways, many of them visual and tangible, by which local people themselves produce numbers’.

A wide range of participatory statistics⁷ approaches exist but, ultimately, most draw on processes of listing or mapping, ranking and scoring.

Such methods are often critiqued for being limited in scale. However, Barahona (2013: 137) reports on national-level work carried out in Malawi in 1999-2002 that used ‘participatory methods to generate population estimates, specifically estimates of the proportion of people in a population with certain characteristics (e.g., the very food insecure) and estimates of a proportion of people in a population that should be targeted by an intervention’.

Whichever method used, it is advisable to ensure they are well-described and can be replicated at the end to allow for reliable assessment of trends over time, and ensure that the resulting data is analysed in relation to different types of characteristic (male/female should be the absolute minimum), in order to assist analysis.

Understanding changes in people’s lived experience

To understand changes in people’s lived experience you need to collect qualitative data, backed up by available contextual data (e.g. national or regional school attendance data for girls and boys, national or regional economic participation data, health data etc.).

Qualitative data is incredibly important in relation to gender because gender inequality, inequity and injustice are lived experiences. Quantitative data can help us to see the aggregate picture, while qualitative data can help to understand the why and how.

A wealth of qualitative methods and tools exist that can help to understand people’s lived experience, and these can be used to help in, first, answering descriptive questions and then, in turn, causal and evaluative questions. The following provides examples of possible methods.

Answering descriptive questions

- **Body mapping.** Draw outlines around one male and one female body, and ask groups of people to describe any changes, positive or negative, that occurred as the result of an intervention in terms of what is acceptable for each body to do in the community and in the home. Annotate the outlines with these changes.
- **Community mapping.** Ask participants to draw a map of an intervention site (this may be a village, district, organisation etc.) and mark on the map where positive or negative changes have occurred during the life of the intervention, for all types of men and for all types of women in the site, factoring in those other hierarchies of inequality. Annotate the map with descriptions of these changes.
- **Most significant change (MSC).**⁸ Develop a broad typology of groups of people who are relevant to the intervention (preferably in a participatory way), and ask participants from each group to come up with individual stories of what, for them, was the most significant change, positive or negative, that occurred during in the life of the intervention. Bring story tellers together in their groups to share these stories and explain why they think their story of change is significant, and for whom the change had the biggest impact (factoring in other hierarchies of inequalities). Ask each focus group to agree on one ‘most significant’ story and to explain why they chose that story. The description you are seeking to capture, here, is composed of both the description of the MSC and the rationales provided for the choices made.

7 Participatory statistics is a term for the generation of statistics through participatory methods.

8 Developed by Rick Davies in the mid-1990s to meet the challenges associated with monitoring and evaluating a complex participatory rural development program in Bangladesh.

Answering causal questions

Each of the above methods could provide a solid base of data from which to ask participants (in individual interview or focus group discussion): what do you think are the underlying causes of positive or negative changes? Can these changes be linked to the intervention? And how?

Answering evaluative questions

Each of the above methods could also then provide a solid base of data from which to ask participants (in individual interview or focus group discussion): who do you think has benefitted most from these changes? Were the greatest benefits experienced by those with the greatest need? If not, why not?

Participatory statistics can be highly useful in answering these causal and evaluative questions.

Analysing data

In terms of data analysis, look for themes related to gender. For example:

- Are certain kinds of men or women consistently spoken about in a specific way, and if so, does this help you get a picture of what the gender norms and stereotypes are?
- Within an institutional setting, are there assumptions made about 'leadership' as being a masculine quality, only possessed by certain types of men?
- Is derogatory language used to describe certain people (for example, men who are perceived as being effeminate and women who are perceived as being masculine; men or women who are perceived as being sexually active outside of marriage)?
- Does this tell you anything about gender norms, and the judgements attached to anyone seen to transgress those norms?

Wherever possible, you could validate your analysis of the data by consulting intervention participants: do the themes that you have identified sound familiar to them? For example, this could be done by running data validation workshops of approximately 20-25 people or holding focus group discussions with 8-12 people, in which intervention participants are perhaps: provided with data and asked to do their own analysis, which can then be contrasted to your initial analysis; or are presented with an initial analysis and asked to critique it in the light of their own experience (this can be in the form of 'does this sound familiar?', for instance). A key question throughout is: have we missed anything?

Box 3: Key question

Key question: how does your intervention define 'participant' or 'participation'?

Cornwall (2003: 1327) defined four modes of participation in an international development intervention. These modes can be just as usefully considered in an intervention that functions at an institutional level as in one working at a community level, and are as follows:

- 'functional' – where people are viewed as 'objects' and are involved in an intervention to 'secure compliance, minimize dissent, lend legitimacy'
- 'instrumental' – where participants are viewed as instruments to 'make projects or interventions run more efficiently'
- 'consultative' – where participants are viewed as actors, who enable interventions to 'get in tune with public views and values, to garner good ideas, to defuse opposition, to enhance responsiveness'
- 'transformative' – where people are viewed as agents, and involved in an intervention in order to 'build political capabilities, critical consciousness and confidence, to enable to demand rights, and to enhance accountability.'

In this paper, the word 'participant' is used to refer to the transformative mode because this is the mode of participation required if we are to contribute to lasting, positive changes to deeply embedded gender inequalities. Not all interventions involve this mode of participation, however, and we would suggest that impact evaluations of such other interventions need to recognise they do not (and articulate the mode of participation that was used in the intervention).

6. Applying a gender lens to development interventions and evaluations

The following section presents some examples of how you might apply a gender lens to development interventions and evaluations.

6.1 Articulating gendered aspects of an intervention

An intervention addressing drug use in Myanmar:

During a workshop for implementing partners as part of an evaluation of a six-year funding programme in Myanmar, the (expatriate male) head of an organisation that works with injecting drug users stated (and this is paraphrased): ‘Why do we need to even think about gender? Nearly all drug users are male.’

In his mind, paying attention to gender meant paying attention to women. His statement suggests categorical thinking, leading to him confusing gender with sex or, to be more accurate, the female sex. He appeared angry and frustrated, and this and other comments suggested that he saw ‘gender’ as a meaningless box that he was supposed to tick for reporting purposes but that, in his view, had nothing to do with his project.

During intervention design and implementation, the manager and his project staff might have found the following questions useful:

- Do female injecting-drug-users exist in the intervention site? If so, do these women share similar characteristics (e.g. nature of work, age, location, sexuality, class/caste/SES, ethnicity/religion)? What are the views of these women on existing drug user interventions? Do they feel able (and willing) to access them – and if not, why not?
 - Is male injecting-drug-use linked in any way to ideas of masculinity? For example, is there an aspect of ‘male bonding’ in patterns of drug use? If so, what form does this take? Do they share needles as part of this? Are male drug users supported, or criticised, by their peers, if they express fear about the risk of disease infection as a result of sharing needles?
 - Do the men seek health care when they need it or, do they delay from doing so because ‘carrying on’ is what ‘real men’ do?
 - How will the project deal with the reality that male injecting drug users may have both male and female sexual partners?
- If the intervention was evaluated for gender impact, then the following questions could be useful:

Descriptive

- What gendered stereotypes, norms, and judgements exist in relation to injecting drug use within the intervention site? (e.g. ‘all injecting drug users are male’; ‘sharing needles means being brothers’; ‘worrying about infection means you are unmanly’). What effect do these gendered stereotypes, norms and judgements have on injecting drug users, male and female, and has this changed at all during the life of the intervention, whether for better or worse?
- Did some injecting drug users experience more change, positive or negative, than others during the life of the intervention? Are there patterns in this? And do these patterns map on to existing social hierarchies (e.g. gender/sexuality, class/caste/SES, race/ethnicity)
- During the life of the intervention, did the gender profile of participants change? (in other words: did it start by working with particular types of men, but widen to include a wide range of different types of men and also different types of women?)

Causal

- If gendered stereotypes, norms and judgements changed during the life of the intervention (for some, or all, injecting drug users involved), can these changes be linked to the intervention? If so, how?

Evaluative

- Who do you think has benefitted most from these changes? Were the greatest benefits experienced by those with the greatest need? If not, why not?

It is reasonable to expect that some interventions will be much more explicit in their understanding of gender than others: for instance, interventions that seek to prevent violence against women or to promote gender equality.



Fiji's annual Adi Senekau Pageant, Fatima Gyllenhaal Halafihī, Sulique Waqua and Fumarū © Sulique Waqua

Yet even in these projects the concept of gender can become simplified and limited by categorical thinking, in this example, this may be a simplification of women as victims (of violence, or inequality), men as perpetrators, which then risks that other gender-based forms of violence and inequality are not considered.

Continuing with this example, some men are perpetrators of violence; many men benefit from the structural and societal inequalities that limit women's access to power and resources – but this does not occur as a result of individuals' chromosomes. Gender processes are accepted by those working on gender based violence as the underlying cause of violence against women: *'real men' are in control; they are 'strong'; they 'need to show who is boss'; they look down on and judge all women (and other men who are not 'masculine enough')*. Similar gender processes contribute significantly to male-on-male violence, and startlingly high rates of male suicide.⁹

This is not to say that those women who suffer violence perpetrated by men should be forgiving, or that men who are violent to women *'just can't help themselves'*. However, if we want genuinely to undertake primary prevention of violence that has its roots in gender stereotypes and perceived norms, then we have to move away from a binary that leaves no real room to move, and that leaves women as perpetual victims and men as perpetual perpetrators.

While prevention of violence against women projects often state that they seek to address underlying causes many, in actuality, focus on treating symptoms. This is not necessarily a bad thing: helping women who have experienced violence is crucial work. However, there is no clear evidence to show that minimising the effects of violence (and punishing perpetrators) tackles the underlying causes of violence (against men or women). Table 1 is relevant here – see page 7.

6.2 Determining gendered patterns in intervention delivery

An Australian aid intervention case study:

One of DFAT's programmes is supporting the Ministry of Education to implement a project that seeks to improve the ability of children from very poor communities to access schooling. Children with a disability are also targeted. From the outset, the programme was required to develop a gender strategy that addressed gender equality, not just in programme design and delivery but also in programme management. Gender equality commitments were written into the programme's own human resources policies, and the programme explicitly stated that it sought to appoint people across gender stereotypes; roles traditionally seen as 'masculine' (and only available to a particular sort of masculinity) were opened up to others.

Instead of telling others what they should do, this programme sought to 'walk the talk' on gender by integrating gender commitments into the delivery of the intervention itself.

6.3 Assessing gender needs and going beyond women's 'involvement'¹⁰

In the same evaluation as that referred to in section 5.1, those working on interventions aiming to reduce the incidence and effect of malaria answered questions about gender by pointing to sex disaggregated data on those who had received malaria nets; it was mainly women who had received the nets. This may have been because the nets were distributed during the day, when most of the men in the community were out in the fields. It may also have been because bed nets are perceived to be related to the home and the home, according to local gender stereotypes and norms, is a *'woman's territory'*.

⁹ Australian mental health organisation Lifeline reports that men in Australia are four times more likely to die by suicide than women, and suicide is the leading cause of death for Australian men aged under 44 (www.lifeline.org.au/About-Lifeline/Media-Centre/Suicide-Statistics-in-Australia).

¹⁰ I use 'involvement' within quote marks to indicate that there is no one such thing as 'involvement'; getting women through a door (or into a field) is one thing, but what is the *nature* of their involvement? This relates to questions about participation, and different levels of participation (see **Key question**).

But specifically which women received the nets? It was those women who were considered ‘villagers’; indeed some of these women had received more than one net, regardless of their and their family’s socio-economic status. Internal migrants, who did not have village registration papers and, as such, were considered ‘outsiders’, did not receive nets. None of the international non-governmental organisations spoken to during the evaluation was able to state that they had ensured net distribution among internal migrants, despite the fact that internal migrants were identified by the National Strategic Plan on Malaria to be vulnerable to malaria because they lack acquired immunity and because of the nature of the work they do – in this instance, working at night when malarial mosquitos are most active.

The National Strategic Plan on Malaria had specifically made mention of the needs of internal migrants. It had also identified men as vastly over-represented in malaria infection data. The reality, however, was that after six years the only evaluation information shared was the number of nets distributed and the numbers of women who had them.

The following detailed evaluation questions might have been useful:

- Why are more men than women infected with malaria? Who are these men (e.g. are many of the men internal migrants, or from the poorer sectors of the community)?
- What structural factors contribute to this inequality (e.g. employment conditions)?
- What do men think of malaria prevention? Do they see it as something that is linked to ‘the women’s realm’ (e.g. that of domestic responsibility and children) or do they see it as something that they should also be concerned about?
- Do men use bed nets when they are available? If not, why not?

Table 2 is relevant here – see page 8.

6.4 Including both positive and negative change

In the area of health, experts have long recognised that interventions that seek to improve women’s situation can often worsen that situation. For example, family planning projects seeking to encourage women to use condoms have reported male partners responding with physical violence when these women have requested they use condoms during intercourse.

Perhaps the worst examples of unintended negative impact have occurred in the area of humanitarian response to disaster. In 2004, the tsunami in the Indian Ocean resulted in more than 240,000 deaths across 12 countries; Oxfam International (2005) reported that, in at least two of the most affected areas (Aceh, Indonesia

and Sri Lanka), the number of women who died far outweighed the number of men. The Oxfam report added: ‘Possible explanations include many women died because they stayed behind to look for their children and other relatives; men more often than women can swim; men more often than women can climb trees’ (Oxfam International, 2005: 2).

Post-tsunami, according to a report published by the Human Rights Center and the East-West Center (Fletcher et al., 2005: 6), ‘A number of vulnerable populations, in particular women and members of certain ethnic or religious groups, did not receive equal assistance’ when it came to aid distribution.

The report added:

‘We found that in general, public and private relief agencies failed to meet women’s essential needs for food, shelter, health, and security. Aid distribution to women is often ineffective or promotes dependency. An NGO representative reported women complaining that compensation and aid are delivered directly to the male head of household, bypassing women and increasing their reliance on husbands for access to relief. Also, officials turned away some widows seeking compensation for their lost husbands because they could not produce the body. Further, most fisherwomen have been unable to receive government compensation for their losses since women are not members of the fishermen’s associations that draw up the lists of their members eligible for relief (Fletcher et al., 2005: 22).’

Given what has already been said about the ways in which gender processes of judgement and hierarchy result in inequities (experienced predominantly by women), it is unsurprising that most of the literature that acknowledges unintentional, negative, gender-related development impact does so in relation to women. Nonetheless, there are ways in which men can (unintentionally) experience negative consequences as a result of the interplay between an intervention and gender processes. For example:

- Road building projects may expect men in a community to undertake physical labour as a contribution towards preparatory work for a new road, but those men who are less strong or physically able than others are often belittled and subjugated as a result of gender-related stereotypes.
- Prevention of violence against women projects may (unintentionally) frame men simply as the problem to be solved, rather than as partners in addressing violence or, indeed, victims of gender-based violence when they themselves do not conform to norms (e.g., men considered to be ‘not manly enough’).

7. Conclusion

The Sustainable Development Goals vow to ‘leave no one behind’ (United Nations General Assembly, 2014: 5). In order to ‘leave no one behind’ we have to know who is currently left behind, and whether or not anything changes for the better for them as a result of development interventions.

Gender affects everyone, all of the time. Gender affects the way we see each other, the way we interact, the institutions we create, the ways in which those institutions operate, and who benefits or suffers as a result of this.¹¹ This is as true in an international development context, as in any other.

We will never live outside of gender but we can strive to live gendered lives that are more equal – and to create more equal gendered institutions. This paper guides development practitioners and evaluators in how to assess the way in which each and every development intervention engages with gender, whether recognised or not, and what the impact of this engagement is on those being left behind.



¹¹ The same is true in relation to the other social hierarchies that we continually recreate, including class, caste and SES; race and ethnicity, and so on.

8. Additional resources

- BetterEvaluation (www.betterevaluation.org) 'An international collaboration to improve evaluation practice and theory by sharing and generating information about options (methods or tools) and approaches.' BetterEvaluation uses what it calls a 'Rainbow Framework' to cluster 300+ evaluation options into seven overarching tasks: manage, define, frame, describe, understand causes, synthesise, report and support use.
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