



Economic Commission
for Africa

**Monitoring and Evaluation Programme of the African
Plan of Action to Accelerate the Implementation of the
Dakar and Beijing Platforms for Action**

Part I

A Guide to Data Collection for
Impact Evaluation of Gender Mainstreaming on
the Status of Women in Africa



Economic Commission for Africa
African Centre for Gender and Development

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ACRONYMS/ABBREVIATIONS

ACGD	African Centre for Gender and Development
AIDS	Acquired Immune Deficiency Syndrome
CPR	Contraceptive Prevalence Rate
FGD	Focus Group Discussion
HH	Household
HHS	Head of Household
HSQ	Household Survey Questionnaire
HIV	Human Immunodeficiency Virus
GDD	Gender Disaggregated Data
GDP	Gross Domestic Product
MCH	Maternal and Child Health
MOH	Ministry of Health
M&E	Monitoring and Evaluation
NGP	National Gender Policy
NGPF	National Gender Policy Framework
NGO	Non-governmental Organisation
NSO/B	National Statistical Office/Bureau
PIEQ	Pre-Impact Evaluation Questionnaire
PLWHA	Persons Living With HIV/AIDS
Q.E.	Quasi-experimental
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
SPSS	Statistical Package for Social Sciences
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection

TFR	Total Fertility Rate
TB	Tuberculosis
TBA	Traditional Birth Attendant
TTBA	Trained Traditional Birth Attendant
VCT	Voluntary Counselling and Testing
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organization

DEFINITION OF CONCEPTS & TERMS

Equal access and control (for women) = Women's ability to use and control resources, influence opportunities and decisions on an equal footing with men.

Gender concerns = Matters connected with women's and men's roles and relations and their impact on both.

Gender disaggregated data = Data that clearly show the differences in the status of women in relation to men in the various socio-economic spheres and why.

Gender gap = A measure of difference/inequality between men and women on a particular socio-economic indicator and why.

Gender mainstreaming = (Re)organization, improvement, development and evaluation of policy frameworks and processes, so that a gender equality perspective is incorporated in all policies, plans and programmes at all levels and at all stages.

Impact = Longer-term outcomes (intended/unintended) of implemented policy, plan and programme/project actions.

Impact evaluation/assessment = The process of determining whether action-related outcomes have created changes in the socio-economic status of women in the selected change areas.

Indicator = A pointer; a number, a fact or perception that measures changes in a specific condition over time. A *quantitative indicator* is a numerical measurement of change while a *qualitative indicator* is usually non-numeric, measuring perceptions and opinions.

Monitoring and Evaluation (M&E) = The process of continuous follow-up (monitoring) and periodic assessment (evaluation) of the implementation of actions so as to identify problems and successes early on and to learn lessons necessary for re-designing or re-steering the programme/project towards its intended objectives and goals.

Productive roles = Duties and responsibilities related to the economic activities for producing, distributing and consuming items e.g. food crops

Qualitative analysis = A non-numeric system of inquiry that relies heavily on judgment, interpretation and qualification rather than quantification. Used to explain social processes and situations.

Quantitative analysis = Systematic, objective inquiry using numbers, figures, statistics to interpret and explain social phenomena. Used in measuring actual situations.

Quasi-Experimental (QE) = A type of quantitative analysis for impact evaluation which relies on comparisons between baseline and time-series data for an experimental group (which is exposed to an intervention) and a control group (which is not exposed to an intervention).

Reproductive roles = Duties and responsibilities relating to the bearing and up bringing of children.

Status of women = Women's situation/condition at any particular point in time and with regard to their needs/concerns and in relation to gender gaps in the various socio-economic spheres as measured by specific indicators.

Tally-sheet = Pre-designed, pre-structured table for collecting and organizing data relating to variables in an indicator.

Women's issues = Matters concerning women's socio-economic status and roles and their implications on their welfare.

Women's role = Women's work/involvement in the collective organization of social events and services; the triple role women play in development such as reproductive, productive and community work.

1.0 INTRODUCTION

This impact evaluation-guiding manual is intended for use by institutions (or individuals) when assessing the impact on the status of women of the Beijing and Dakar Platforms for Action in African countries 10 years after the Platforms were established.

Impact evaluations will be conducted only in those cases/countries where gender mainstreaming has actually taken place (as determined by the Economic Commission for Africa's African Centre for Gender and Development (ECA-ACGD) and in countries that have taken action directly addressing the concerns expressed in the two Platforms for Action – in terms of policy, plans, projects. To this effect, the evaluators first determine that the extent of gender mainstreaming which has happened in the country (with respect to each sector and area of interest as listed) is so significant that impact worthy of measuring must have occurred.¹ To determine the actual level of gender mainstreaming which has occurred in the sectors and areas of interest, the following will be relied upon:

- The results of the Monitoring and Evaluation (M&E) exercise conducted by ACGD as a pre-cursor to this impact evaluation exercise – which should prove that gender mainstreaming has occurred in all five sector beyond any reasonable doubt;
- The results of the pre-impact evaluation exercise to be conducted before actual impact evaluation – which should show that some impact has taken place worthy of more in-depth study in the form of the actual impact evaluation.
- Bona fide demonstration that the programme, plans and policies selected for final impact assessment in each of the five sectors were created and implemented using gender disaggregated data derived from properly conducted baseline studies.²

The main aims of this manual are therefore;

- To give clear guidance to gender impact assessment evaluators on how to conduct their impact evaluation exercises including how to connect with previous M&E results already compiled by ACGD;
- What data to collect; how to analyse and interpret the data; and
- How to report their findings.

The Guide is divided into two parts. The first part discusses general issues regarding how to conduct the evaluation. The second part deals specifically with how to obtain data for analyzing each impact indicator in the five sectors.

The impact evaluation will be conducted in the following sectors and change areas:

I.1 Sectors/Change Areas for Impact Evaluation

The sectors of focus chosen for this exercise are as follows:

- Food Security
- Health
- Trade and Industry
- Planning
- Finance

Within the above sectors, some areas indicative of progress and where change should have taken place are as follows:

1.1.1 Food Security:

- Increased access to productive resources by women - including markets.
- Increased productivity/production.
- Increased incomes.
- Fair sharing of household burden/chores.
- Access to benefits and services from government and other actors in the sector.

1.1.2 Health:

- Equal access by women and men to health services.
- Equal access to primary health care.
- Reduced maternal mortality.
- Reduced ill health and maternal morbidity.
- Reduced physical abuse and improved mental health.
- Improved nutrition.
- Improved reproductive health.
- Improved healthcare and awareness regarding HIV/AIDS and other STIs.

1.1.3 Trade and Industry

- Increased access to formal credit for start-up capital.
- Increased access to formal business training.
- Transformation of small informal businesses to larger formal ones.

1.1.4 Planning

- Greater participation of women in all policy and planning processes (including analysis) and at all level of society.
- Increased use of gender disaggregated data in all policy and planning processes at all levels of society.
- Development of programmes and strategies to increase women’s access to economic, social and political opportunities – with defined targets and clear time-tables.
- Increased visibility of women’s contribution to development and GDP growth in the national accounts.

1.1.5 Finance

- Better and more sustainable gender mainstreaming of the national budget
- Increased gender balance in the structures and institutions involved in the budgetary process and public finances in general.

Specific quantitative and qualitative impact indicators have been developed to evaluate the impact of gender mainstreaming on the status of women in the above-mentioned change areas. Data collection tools³ and procedures for data analysis and reporting have also been provided.

1.2 Profile of the Evaluator

The evaluator should be someone who has vast experience in impact assessment using quantitative and qualitative tools/methodologies. This person should be a social scientist with competences and expertise in the following areas:

- Survey design, questionnaire design, conducting interviews using questionnaires and open ended interview guides for key informant and focus group discussions;
- Analyzing both quantitative and qualitative data using statistical software packages (e.g. Statistical Package for Social Sciences (SPSS) and “content analysis” respectively;
- Secondary data collection (data searches in government departments and other organizations, detailed administrative data and computer detailed administrative data and computer searches); and
- Gender analysis.

It would be preferable that an institution (e.g. university research department) be commissioned to carry out the evaluation. In this case, the profile of the evaluator only serves to guide the institution in recruiting the suitable person(s) responsible for carrying out the evaluation.

I.3 Scope of the Evaluation Study

The evaluation will focus only on assessing the impact of nationally implemented policies, plans, programmes and projects of gender mainstreaming by revisiting the gender disaggregated baseline originally used to design and implement the policies, plans etc. Where this data was not available or was not used to design the policies, plans, programmes etc., no impact assessment can be carried out confidently to show the “before and after” differences in the status of women on the subject of interest. It is therefore assumed that the status of women in the said sectors/change areas was already known when the efforts, programmes, strategies and policies were designed and implemented. The evaluator will therefore go back to these status reports and baseline data and use them to conduct the impact analysis.⁴

The Study will cover all sub-regions of Africa.⁵ Within each selected country, all regions/provinces will be sampled when collecting the data as it is expected that only relevant programmes, strategies, or policies that were implemented nation-wide will be included in the impact evaluation exercise. However, within each region/province, a number of districts/units will be sampled depending on the data to be collected. The size of the national sample, where sampling of cases is concerned, will be 1,000 for countries with populations of 10 million people and below. For countries with larger populations, the sample size will increase by 1000 cases for each extra 10 million people (or 100 cases for each extra 1 million people). This rule will apply both to the sampling of cases for filling-in the tally sheets and for the proposed household surveys.

Two focus group discussions (FGDs) will be conducted for each change area and in each region/province respectively, one consisting of women and the other of men.

Where the M&E phase conducted by ACGD has determined that no gender mainstreaming has taken place in the sectors and change areas mentioned above in certain countries, the evaluator should consider including these into the impact analysis study in order to determine whether indeed gender mainstreaming, or the lack of it, makes a difference in the status of women. Simple “differences of means/averages” tests can be used to show the differences and tests showing association/correlation can highlight the significant factors responsible for the differences, if any are observed.

I.4 Duration of the Evaluation Process

The institutions recruited to conduct the impact evaluation in each country will be given a total maximum period of three months to submit their draft evaluation reports, (two for data collection and analysis and one for report writing). The institutions should accomplish all work within this period, including:

- Conducting a pilot study to pre-test the instruments and methodology;
- Attending meetings for evaluators, arranged by ECA where necessary; and
- Collection and analysis of primary and secondary data through the deployment of household survey questionnaires (HSQs), tally sheets and open-ended interview guides (for key informants and focus group discussions).

The pre-test will involve deploying all tools and methodologies contained in *Tools for Data Collection and Analysis* precisely following the *Guides to Data Collection and Analysis* recommendations. A report of the pre-test should be written emphasizing the experiences of the evaluators indicating how they managed the tools. It should also include any areas of methodology that may need to be reviewed. These reports should be sent to ACGD no later than one week after the institutions have signed their contracts. The reports will be compiled and used as the main discussion paper at a workshop of comprised of all evaluators. The aim of this workshop will be to reach an agreement on how to proceed in conducting this impact assessment exercise.

2.0 HOW DATA COLLECTION WILL BE CONDUCTED

2.1 Pre-conditions for Impact Evaluation

Before embarking on impact assessment/evaluation in any sector or area of concern, the following pre-conditions will have to exist:

- a) The country should have had a national gender policy or policy framework that has guided mainstreaming of gender in all activities, programmes, plans and policies in the sector/area of concern for at least the last five years. Clear actions deriving from such policies with distinct, measurable objectives established using comprehensive gender disaggregated data, that have been implemented consistently and effectively over five years can be assessed for impact of gender mainstreaming.
- b) The M&E Phase 1&2 completed by ACGD should give results that show that gender mainstreaming has taken place in the sector/area of concern. This information should be made available in advance to the impact evaluators for each sector and change area. The evaluators should accept the conclusions given as to whether the sector has satisfactorily achieved the prescribed gender mainstreaming targets contained in the Phase 1&2 M&E Evaluation Programme.
- c) Once it has been determined that gender mainstreaming has taken place, a deeper assessment of the extent and depth of the gender mainstreaming will be conducted to enable the evaluator to assess if there should have been impact. A Pre-impact Evaluation Questionnaire (PIEQ) is provided for this purpose. The same questionnaire will be used as the final tool for measuring impact in the non-substantive sectors of planning and finance (no tally sheets or other impact assessment tools will be used here).⁶

In using the PIEQs, the evaluator should interview principal secretaries (or the most senior substantive civil servants) in the various ministries responsible for the sectors and areas of change.⁷ The PIEQs must also be administered to at least 20 other knowledgeable key informants within public, private and non-governmental organisations (NGOs) and donor sectors who have experience and knowledge of the particular ministry/change area.⁸ When completing the questionnaire, the evaluator should pay particular attention to the following:

Question 101: For every policy, plan, programme or project that the respondent claims to have been gender mainstreamed, ask follow-up questions. 1.02-1.08.

The evaluator should also source all the relevant document(s) in order to extract detailed information regarding commencement and expiry dates, scope/beneficiaries, etc.

Question 1.11: National indicators could be, for example:

- Maternal mortality rate;
- Life expectancy; or
- Contraceptive prevalence rate, etc.

The evaluator should ascertain if the policy, programme or project's M&E reports indicate their successes and failures in relation to these national indicators.

Questions 2.02 - .304: The evaluator should record "other- specify" information at the end of the tables.

Question 6.09: The evaluator should use one table for each programme/ project and to record "other-specify" information within the table.

2.2 The Process of Data Collection for Impact Evaluation

2.1.1 Data Collection Using the Tally Sheets, Household and Business Survey Questionnaires

Tally-sheets should be used to collect quantitative data from secondary sources such as hospital records, administrative records from business and/or credit institutions, banks, etc. as well as raw electronic data from National Statistical Offices or Bureaus (NSO/Bs) etc. Explanations of the actual procedure for using the tally-sheets are placed with each particular indicator below.

The tally-sheets have been prepared to ease the task of collecting and organizing the required data and to facilitate data entry and analysis. The evaluator should follow the instructions given for each indicator in the tally-sheets. Over and above this, the evaluator should strictly follow the general and specific guidelines below on how to draw sample sizes, sampling procedures, etc. These guidelines should also be followed where evaluators are conducting household and business surveys.

2.2.2 Sampling Rules for Impact Evaluation

Rule 1: For all the countries with populations of 10 million people or less, a national sample size of 1000 cases should be taken. For all countries with populations of more than 10 million people an additional 100 cases should be taken for each additional 1 million population. For example, a country with 60 million people should have a national sample size of 6,000 cases.

Rule 2: When choosing the national sample, the evaluator will use figures aggregated at national level from all decentralized regional/provincial data, i.e. regional data aggregated from district health authorities and then aggregated at national level. The total aggregated number of cases at national level will determine the proportion of cases to be sampled from the provincial level since it will show the total number of cases contributed by each of the provinces/regions.

The sampling will be done strictly in the biggest decentralisation unit within each country that is one level below the national level. In most countries this will be the province or region, but in others it may be the district. In others, it could be an arbitrarily set administrative block (such as an agricultural development division) depending on the subject matter and the Government's goals. The aim is to take into account all the influential socio-economic factors (ethnicity, language, religion etc), which influence the subject being pursued. In this case, for example, the main public or government provincial or regional hospital would be the point of focus in selecting the provincial or regional sample of Tuberculosis (TB) cases.

Rule 3: Where records are kept in a sorted manner, systematic random sampling will be used. Using the total sample size/figure allocated to the province/region from the aggregated total national population size of the issues of interest (e.g. registered businesses, TB cases, etc.), the evaluator will divide the total population size (of registered businesses, TB cases, etc.) for the region by the provincial/regional sample size (as allocated through Rule 2 above) to find the size of the interval between individual case drawings. For example, if the region has been assigned a sample size of 500 businesses but the total population of businesses in the province is 5,000, then dividing 500 into 5,000 will give the number 10 as the magnitude of the interval between individual case drawings. This means that the evaluator will pick every 10th case from the population of 5000 in order to build the sample for the region. The starting drawing number can be picked randomly from the first few case records that will be used to take the sample, and then every 10th case will be picked.

If the sampling-frame is TB patient entry cards, for example, the evaluator will randomly choose a starting number (e.g. card 7) and every 10th card thereafter (i.e. 17, 27, 37, etc.) until the required sample (e.g. 500 TB cases) is reached. Where the records (patient cards) are kept in an unsorted manner (i.e. TB patient cards mixed up with malaria and other patient cards) and the evaluator is searching for TB cases, she/he should use the same method to assemble the 500 cards, then determine the number of TB cases and how many of those were women of a certain age and marital status (the specific guidelines below shed more light on how to handle specific situations of this type for each indicator, if they may arise).

Rule 4: All data collected should clearly indicate the location of the residence of the respondent in terms of rural/urban by ticking the respective box. Evaluators will have to determine what is a rural or urban setting by consulting the official definitions within the country. Semi-urban settings will be categorized as being urban. All data collected should be clearly dated by year in the space provided for each tally table. Each tally table comes with instructions, which the evaluators should strictly follow. They should also ensure that all data collected is categorized by sex, age and marital status where required.

2.2.3 Using the Interview Guide for Key Informants and FGDs

When collect data for all qualitative indicators, two approaches will be used in all cases. Focus groups will be assembled and the *Interview Guide for Key Informants and Focus Group Discussions* will be used to conduct in-depth, open-ended interviews with each group in order to collect data/information that will be use to measure the indicator.

The detailed procedure for collecting data in this situation is as follows: the evaluators will assemble two groups in an urban setting and two in a rural setting. In each setting, one group should consist of women only and the other of men only.

2.2.3.1 Focus Group Discussions (FGDs)

The evaluators will assemble one group consisting of all women and another of all men in each province/region of the country and lead them in discussions using the *Interview Guide for Key Informants and Focus Group Discussions* as they appear in the *Tools for Impact Evaluation of Gender Mainstreaming on the Status of Women in Africa*⁹. All the FGDs must be tape recorded to ensure against data losses. The evaluators will have to transcribe the recordings as soon as possible, preferably in the field, while the interviews are fresh in mind.

When forming the FGDs, it is important to respect socio-economic backgrounds of participants including; level of education, age, experience in the subject matter, marital status and rural/urban residence of the group members – in order to represent the widest spectrum of opinion on the subject matter. Also, given the differences between urban and rural areas, one set of group discussions should be conducted in an urban setting while the other is held in a rural setting. The ideal the groups should be formed as follows:

- No more than 11 people – preferably all above 25 years old;
- At least half should be married, with children;
- At least half should be considered well-to-do and half less-well-to-do (to various degrees);¹⁰
- The group should comprise of people from all major ethnic/linguistic/religious groupings in the province/region – both in its rural and urban setting; and
- Key informants/opinion leaders (church leaders, business leaders, government official, community leaders etc.) should be consulted widely to assist in pinpointing eligible people to be in these groups.

The discussions should be open-ended until the subject matter is fully discussed and should cover all questions raised in the Interview Guide. Normally, each discussion should not last more than three hours.

2.2.3.2 Key Informant Interviews

FGDs also serve as group key informant interviews since the assembled people should be experts and opinion leaders on the subject matter. However, it may be necessary to interview the same or similar knowledgeable people individually as key informants. The nature of the subject matter and/or sensitivities that may be involved (e.g. some of the health sector topics) will dictate situations where information from FGDs, questionnaires etc. may need to be corroborated through key informant interviews. Whenever possible and with interviewee consent, these interviews should be tape-recorded for later analysis.

2.2.3.3 The Household Survey Questionnaire

In some cases data suitable for the requirements of measuring the indicator cannot be sourced from administrative records. In this case, a fresh household survey will have to be conducted to collect the data. A questionnaire is provided for this purpose in the *Tools for Data Collection* and should be used to conduct the survey following the sampling and sample size guidelines presented in Section 2.2.2 above.

2.2.3.4 The Business Survey Questionnaire (BSQ)

With regard to the trade and industry sector, one indicator (INDICATOR 1: *Number of small-scale business-persons who have started businesses after undergoing business training (by type of business, sex, age, marital status, residence)*) requires a fresh survey to be conducted as one source alone would provide insufficient data. Some of the training may have been informal, while some training might have been acquired outside the country or the province. Therefore, a BSQ has been designed to collecting data as required by this indicator (see *Tools for Data Collection*). It should be used following the sampling and sample size guidelines presented in Section 2.2.2.

3.0 INDICATORS FOR IMPACT EVALUATION

3.1 Impact Indicators for the Health Sector

3.1.1 CHANGE AREA 1: EQUAL ACCESS TO HEALTH SERVICES

This change area has five indicators whose data needs to be collected from different sources using tally-sheets and other tools. Tally-sheets will be used to collect data only for the following indicators:

INDICATOR 1: *Life expectancy at birth by sex.*

INDICATOR 2: *Ratio of health personnel per 100,000 people.*

INDICATOR 3: *Distance to nearest government hospital.*

Measurements have already been calculated and the data can be collected from the National Statistical Offices/Bureaus (NSO/B) or Ministry of Health (MOH) without need for recalculation.

Indicators four and five are qualitative in nature. They are aimed at measuring the perceptions of groups of knowledgeable people regarding the access issues of cost, distance, quality, and adequacy of the health services. FGDs will be used for the purpose. Attempts must be made to ensure that the groups comprise of a mixture of regular and non-regular health service users.¹¹

It should be noted that distance to the nearest hospital applies to situations where FDGs are conducted around particular hospital facilities to gauge perceptions of distance to the hospital. In this case, actual measurements may not be too important. It is the perception of distance that is important. Actual measurements of distance can be collected from the NSO/B for purposes of verification only.

3.1.2 CHANGE AREA TWO: EQUAL ACCESS TO PRIMARY HEALTH CARE SERVICES

This change area has four indicators. Tally-sheets will be used to collect data for only one indicator i.e. INDICATOR 1: *Prevalence of communicable and immunisable diseases (by sex, age, marital status, residence).*

To collect the data for the above indicator the evaluator will:

- Select the main or biggest hospital in the province in order to use its annual records of admitted cases to fill in the tally-sheets 1995, 2000, and 2005 for each of the following

diseases: TB, Typhoid, Typhus, Relapsing Fever, Cholera, Shigella, Malaria, Measles, Meningitis, Whooping Cough, Tetanus, Diphtheria and STIs;

- Sort all the hospital's admission cards for the particular year according to the type of disease;
- Select the sample size using systematic random sampling; and
- Extract the information as requested by the tally-sheet for the particular indicator from each of the cards. Extra care should be taken to ensure distinction of the place of residence (rural/urban) of the admitted patient, using their address. The evaluator will have to sort the cards again by rural/urban before proceeding to collect the data.

The following will be done to collect the data for the rest of the indicators:

INDICATOR 2: *Percentage population with access to safe, potable water (by sex, age, marital status and by residence).*

The evaluator will be required to conduct a fresh national household survey, if the data are not readily available at the NSO/B or MOH and/or Ministry for Water Affairs at the provincial/regional or national headquarters.

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding cost, adequacy and ease of access to primary health care services.*

QUALITATIVE INDICATOR 2: *Perceptions of women and men regarding prevalence of communicable and immunisable diseases, their causes, and remedies.*

Data for the above two qualitative indicators will be collected through the procedure described in Section 2.2.3 above. Each discussion group of men and women in the rural or urban settings should comprise a mixture of parents, community health officials, community leaders, etc. It is imperative that the discussion groups are a mixture of regular beneficiaries of primary health care services as well as non-beneficiaries¹².

3.1.3. CHANGE AREA THREE: MATERNAL MORTALITY

INDICATOR 1: *Maternal mortality rate.*

The evaluator will use reports from MOH or NSO/Bs or from other sources (World Health Organization (WHO), United Nations Development Programme (UNDP), etc.) to obtain the data.

INDICATOR 1: *Perceptions of women and men regarding extent, causes and remedies of maternal mortality.*

The data will be collected using steps elaborated in Section 2.2.3 above. Discussion groups should mix regular and non- beneficiaries of primary health care services.

3.1.4 CHANGE AREA FOUR: ILL-HEALTH AND MATERNAL MORBIDITY

This change area has only two Indicators. Tally-sheets will be used only if NSO/B, UN or WHO, have not published data on the indicator.

INDICATOR 1: *Maternal morbidity rate*¹³ (by cause, age, marital status and residence).

If rates are not pre-calculated by any agencies, the evaluator will use the tally sheets provided to collect the data from the main or biggest hospital in the province. This will follow the procedure described for collecting data for communicable and immunisable diseases.

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding prevalence of ill health and maternal morbidity, its causes and remedies.*

Data will be collected through the procedure described in Section 2.2.3 above.

3.1.5 CHANGE AREA FIVE: PHYSICAL ABUSE & MENTAL HEALTH

This change area has seven indicators. Four are quantitative and require the use of tally-sheets and three are qualitative and require FGDs.

Tally-sheets will be used for:

INDICATOR 1: *Registered cases of domestic violence and abuse*¹⁴ (by sex of victim, age, marital status, sex of perpetrator and residence).

INDICATOR 2: *Diagnosed cases of mental illness*¹⁵ (by type, sex, age, marital status and residence).

INDICATOR 3: *Rehabilitated cases of mental illness* (by type, sex, age, marital status and residence).

INDICATOR 4: *Number of registered cases of substance abuse* (by type of substance, by sex, age, marital status of abuser and residence).

Collect the data for indicators 1 & 4 from the provincial or regional police headquarters and/or community/social welfare offices.

Collect the data for indicators 2 & 3 from the main regional/provincial mental hospitals (if there are any) or the national mental hospital.

In both cases, the rules set out in Section 2.2.3 above regarding sampling and sampling procedures will be followed and the tally-sheets for the respective indicators used.

FGDs will be used to collect data for the following three qualitative indicators:

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding level of physical abuse (including gender-based violence), its causes and remedies.*

QUALITATIVE INDICATOR 2: *Perceptions of women and men regarding prevalence of mental illness among women, in relation to men, its causes and remedies.*

QUALITATIVE INDICATOR 3: *Perceptions of women and men regarding prevalence of substance abuse, its causes and remedies.*

For all three indicators, data will be collected using procedures described in Section 2.2.3 above. Each Discussion Group of men and women in the rural or urban setting should comprise of a mixture of husbands/wives, boyfriends/girlfriends over 18, parents, community health officials, community/traditional leaders, social services and rescue/half-way house officials, the police, and victims and perpetrators of violence.

3.1.6 CHANGE AREA SIX: NUTRITION¹⁶

This change area has five indicators – four are quantitative and one qualitative (requiring FGDs.)

INDICATOR 1: *Amount of energy food consumption (by sex, age, marital status and residence).*

INDICATOR 2: *Protein foods consumption (by sex, age, marital status and residence).*

INDICATOR 3: *Prevalence of malnutrition (by sex, age, marital status and residence).*

INDICATOR 4: *Rate of stunted growth (by sex, age and residence).*

The evaluator should first attempt to collect this data from the NSO/B or MOH at the provincial/regional or national headquarters as the data is likely to have already been collected, analysed and published in the form needed for the indicator. Otherwise, if the data is not available as required, the Evaluator will conduct a fresh national household survey.¹⁷

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding rate, causes and remedies of stunted growth, malnutrition and adequacy of daily food consumption.*

Collect data through the procedures described in Section 2.2.3 above.

3.1.7 CHANGE AREA SEVEN: REPRODUCTIVE HEALTH¹⁸

This change area has seven quantitative and two qualitative indicators. In most instances, the data for these should already have been collected, analysed and published by NSO/Bs, MOH or other agencies (UN, WHO, etc.). Evaluators should go to these sources and collect the data:

INDICATOR 1: *Total fertility rate (by residence).*

INDICATOR 2: *Number accessing pre-natal care per year (by age, marital status and residence).*

INDICATOR 3: *Number of births attended by medical personnel per year (by age, marital status and residence).*

INDICATOR 4: *Number of births un-attended by trained personnel per year (by age, marital status and residence).*

INDICATOR 5: *Contraceptive prevalence rate (by age, sex, marital status and residence).*

The data for the indicators below can be collected from provincial hospitals using tally sheets:

INDICATOR 6: *Number of genital tract infections - other than STIs (by sex, by age, marital status, residence)*

INDICATOR 7: *Age at birth of first child (by age and residence).*

The qualitative indicators that require the use of FGDs are:

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding the prevalence of ill-reproductive health, its causes and remedies.*

QUALITATIVE INDICATOR 2: *Perceptions of women and men regarding the prevalence of contraceptive.*

Each FGD should comprise of men and women in the rural or urban setting; include a mixture of husbands/wives, parents, girl-friends/boy-friends over 18, community health officials, community/traditional leaders, family health providers and people who have experienced difficulties with issues of reproductive health.

3.1.8 CHANGE AREA 8: HIV/AIDS AND OTHER STIs

This change area has eight indicators – five quantitative and three qualitative ones.

The quantitative indicators are:

INDICATOR 1: *Percentage of persons living with HIV/AIDS (by sex, age, marital status and residence).*

INDICATOR 2: *Number of HIV/AIDS-related deaths (by sex, age, marital status and residence).*

INDICATOR 3: *Percentage of people with STIs (other than HIV/AIDS) (by sex, age, marital status, residence).*

Data for the above should be obtained from MOD and/or National HIV/AIDS commissions. If the data is not available, conduct fresh household surveys. Such surveys will have to be carefully designed to collect data on this very sensitive and personal subject.

INDICATOR 4: *Number voluntarily submitting to HIV Test (by sex, age, marital status and residence)*

Data for this should be collected from voluntary HIV/AIDS counselling and testing centres (VCTs). If these are present at the provincial or regional level, their databases will be used. Otherwise, sampling will have to be done at the district level.

INDICATOR 4: *Number voluntarily disclosing HIV/AIDS Status (by sex, age, marital status and residence).*

Associations of people living with HIV/AIDS (PLWHA) or their equivalents at the district levels can assist to collect the data because these associations tend to be closer to the grassroots levels than national levels.

For qualitative indicators listed below, collect data through the procedures described in Section 2.2.3 above.

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding HIV/AIDS prevalence, its causes and remedies.*

QUALITATIVE INDICATOR 2: *Perceptions of women and men regarding adequacy of measures taken by government to tackle HIV/AIDS prevalence especially among women.*

QUALITATIVE INDICATOR 3: *Perceptions of women and men regarding STI prevalence, its causes and remedies.*

3.2 Indicators for the Agriculture Sector - Food Security

3.2.1 CHANGE AREA 1: ACCESS TO PRODUCTIVE RESOURCES AND SERVICES – INCLUDING MARKETS

This change area has ten indicators – seven quantitative and three qualitative ones.

The quantitative indicators are:

INDICATOR 1: *Landholding size (in hectares) and tenure (by sex, age, marital status, residence).*

INDICATOR 2: *Number of people renting land in rural areas (by sex, age and marital status¹⁹).*

INDICATOR 3: *Total number benefiting from land redistribution in rural areas (by sex, age and marital status.)*

INDICATOR 4: *Levels of agricultural modernization²⁰ (by sex, age and marital status of head of household).*

INDICATOR 5: *Amount of time women/men devote to activities within and outside the home (market and non-market activities).*

Obtain data for the above quantitative indicators from the NSO/Bs or Ministry of Agriculture, Extension Service, agriculture credit institutions – all at the regional/provincial or national level. It should have been calculated and published already as requested by the indicator or in raw form, (either in electronic form or hard-copy). If in raw form, evaluators should use tally sheets to collect the data.

If the data, as requested by the indicator, is not available in any form at all, then evaluators will have to conduct fresh household surveys using the HSQ.

It should definitely be possible to use tally-sheets to collect data for the following indicators:

INDICATOR 6: *Number of farming households with access to agricultural credit (by sex, age and marital status of head of household).*

INDICATOR 7: *Number of recipients of agricultural extension services (by sex, age and marital status of head of household).*

The extension/credit services departments in the Ministry of Agriculture at regional/provincial level should be able to give total numbers of people receiving extension and credit in the various districts of the province. These records should be used to draw out a sample using guidelines set out in Section 2.2.2 above.

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding adequacy and equitable accessibility to productive resources²¹ (including markets) for women versus men.*

QUALITATIVE INDICATOR 2: *Perceptions of women and men regarding amount of time women/men devote to activities within and outside the home, the reasons and consequences of this situation on gender equality and food security.*

QUALITATIVE INDICATOR 3: *Perceptions of women and men regarding total numbers benefiting from land reforms and agricultural modernisation.*

When conducting the FGDs for these indicators, further attention should be paid to including smallholder farmers (as defined by the national authorities) married and single, of 25 years or older; government officials responsible for agriculture and land matters; credit and extension officers in the area; large and/or commercial farmers; those who rent or rent out agricultural land; those who have benefited as well as those who have not benefited from land reforms; agriculture scientists and technologists; suppliers, distributors and users of modern agricultural technologies; transporters of agricultural products; public agricultural marketing officials and major private buyers of agricultural products.

3.2.2. CHANGE AREA 2: INCREASED AGRICULTURAL PRODUCTION AND PRODUCTIVITY

This change area has two indicators – one quantitative and one qualitative.

INDICATOR 1: *Yield per hectare for major food crops cultivated by female/male headed households (by age, sex, and marital status).*

The data should be obtained from the NSO/Bs or Ministry of Agriculture, Extension Service, agriculture credit institutions – either at the national or at the regional/provincial level. This data should have been calculated and published already as required by the indicator since the planning divisions of the Ministries of Agriculture do conduct regular national crop estimate studies.

Where the data is not processed, evaluators should be able to get it in its raw form (either in electronic form or hard-copy). In this case tally-sheets should be used to collect the data.

Where the data is not readily available in the form required to measure the Indicator, a fresh survey will have to be conducted using the HSQ.

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding the level of yields per hectare for major food crops cultivated by female and male-headed households and the reasons for such yields.*

Data to be collected using FGDs as above.

3.2.3 CHANGE AREA 3: PROVISION OF SUPPORT SERVICES TO WOMEN'S REPRODUCTIVE ROLES

This change area has six indicators – five quantitative and one qualitative.

It is most probable that fresh surveys will have to be conducted for all the quantitative indicators below using the survey questionnaire in *Tools for Impact Evaluation*.

INDICATOR 1: *Number of people utilising child care services (by sex, age, marital status, and residence).*

INDICATOR 2: *Average amount of time and money spent drawing water (by sex, age, marital status and residence).*

INDICATOR 3: *Average amount of time and money spent fetching fuel energy (by sex, age, marital status and residence).*

INDICATOR 4: *Availability and use of time & labour saving technologies in the household (by sex of household-head and residence).*

INDICATOR 5: *Average amount of time devoted to caring for the sick (by sex, age, marital status and residence).*

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding availability and access to support-services for women's reproductive roles.*

To be treated as all others.

3.3 Impact Indicators for Trade & Industry

3.3.1 CHANGE AREA 1: EQUITABLE ACCESS TO FORMAL CREDIT FOR START-UP BUSINESS CAPITAL

This change area has three indicators – two quantitative and one qualitative.

Data to measure the two quantitative indicators below can easily be obtained from public and private business credit institutions/banks. Use tally-sheets to collect this data.

INDICATOR 1: *Number of people starting small businesses after receiving credit for start-up capital (by type of business, sex, age, marital status and by residence).*

INDICATOR 2: *Number of defunct small businesses that received credit for start-up capital (by type of business, sex, age, marital status and residence).*

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding availability, equitable access to and benefits from formal credit for start-up capital.*

Data to be collected in the same way as all other qualitative indicators - using FGDs.

3.3.2 CHANGE AREA 2: EQUAL ACCESS TO FORMAL BUSINESS TRAINING

This change area has two indicators – one quantitative and one qualitative.

INDICATOR 1: *Number of small-scale businesspersons who have started businesses after undergoing business training (by type of business, sex, age, marital status, residence).*

A fresh business survey will have to be conducted using the BSQ

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding availability, equitable access to and benefits from formal business training.*

In constituting the FGDs for the above, ensure formation of all-female and all-male focus groups in the rural and urban settings; also include small and medium enterprise owners who underwent business training before starting their businesses and those who did not; married and single trained businesspersons of 25 years and above; officials from business training institutions; officials from business registering agencies; officials from small/medium business associations; officials from chambers of commerce and people whose businesses have failed after undergoing training.

3.3.3. CHANGE AREA 3: TRANSFORMATION OF SMALL BUSINESSES FROM INFORMAL TO THE LARGER FORMAL SECTOR

This change area has two indicators – one quantitative and one qualitative.

INDICATOR 1: *Number of businesses transforming from small informal to larger more formal ones (by type of business, sex, age, marital status of owner and residence²²)*

Data should be obtained from provincial registrars of businesses, who give operating licenses to businesses that are operating formally in the area. Tally-sheets should be used.

QUALITATIVE INDICATOR 1: *Perceptions of women and men regarding number, type and ownership of small informal businesses that transform to larger formal sector ones and the factors responsible for this.²³*

Data for the above is to be collected through FGDs.

N.B. Key Informant interviews should be used to corroborate any technical information collected. Some key informants could be the chair of the country's associated chambers of commerce, the chair of the association of small and medium-scale enterprises, the Registrar General of companies, chairs of women's business groups etc.

Endnotes

¹ This criteria will assist in determining eligible countries worthy of carrying out impact evaluation studies. Preferably, countries to be included must pass all the criteria in all the five sectors listed above – and not less.

² The pre-impact evaluation analysis and the results of the preceding M&E exercise should assist to a large extent in making this determination. Since it takes time for the impact of any initiative to be felt, only those policies, plans, programmes/projects that have been implemented at least for five years consistently and without interruption will be eligible impact evaluation.

³ See *Tools for Impact Evaluation of Gender Mainstreaming on the Status of Women in Africa* (Part II in this series of publications).

⁴ It is not the aim of this exercise to collect baseline data on the status of women but to measure impact of gender-mainstreaming using data that has been collected and utilized in designing and implementing interventions that will be the focus of impact assessment. If countries are implement interventions without the necessary data, it will be difficult to show the impact of their efforts. It is crucial they to start collecting gender disaggregated data and using it consistently in designing and implementing interventions to improve the status of women. The proper baseline studies in each sector/change area can be designed with ECA's assistance.

⁵ Specific countries will be selected according to criteria to be determined

⁶ The understanding is that we are measuring impact “on the ground”. This means that if gender mainstreaming has effectively happened in planning and finance, change “on the ground” will not be felt in planning and finance sector, but in the substantive areas of health, food security and trade and industry. The questions raised (and answered) from the pre-impact questionnaire should therefore, be adequate to show that gender mainstreaming has had an effect in the processes and procedures of public planning and finance.

⁷ Note that the Principal Secretary may not have all the required information. Evaluator should kindly ask to speak to the “Gender Focal Point” in the Ministry and/or the person who conducted the Phase 1&2 M&E exercise - in order synchronise information from that phase with the Impact Evaluation.

⁸ “Dealings” include: being invited to programmes, meetings, networks etc. of the Ministry; using the Ministry's data-banks, publications, and other resources; funding the Ministry's programmes and activities; critiquing the Ministry on a regular basis; etc. The officials within the Ministry can also assist in pin-pointing some of these key informants who know the work of the Ministry quite well.

⁹ see: *Tools for Impact Evaluation of Gender Mainstreaming on the Status of Women in Africa*.

- ¹⁰ By at least five opinion leaders from the area where the group discussions will be held.
- ¹¹ Key informants and/or a rapid survey of households in the area can generate some information regarding who uses or does not use the existing health services during illness.
- ¹² Key Informants and a rapid survey of households in the area can assist to identify relevant individuals.
- ¹³ Number of maternal illnesses per 100,000 women of reproductive age. If this rate is already provided for by the National Statistics Office or the Government for the years 1995, 2000, 2005, evaluator will use those figures and not fill-in the table.
- ¹⁴ This includes crimes of bodily harm, rape, domestic violence, physical and mental abuse/violence, murder
- ¹⁵ This includes mental depression, schizophrenia, extreme feelings of low esteem etc.
- ¹⁶ If the National Statistics Office or the Government for the years 1995, 2000, 2005 already provides for all the indicators for nutrition, the evaluator will use those figures. Otherwise, the evaluator to conduct a fresh survey.
- ¹⁷ This may be a very costly exercise, as national anthropometrics studies may have to be carried out to gauge levels of malnutrition and stunted growth.
- ¹⁸ If all the indicators for Reproductive Health are already provided for by the National Statistics Office or the Government for the years 1995, 2000, 2005, the evaluator will use those figures. Otherwise, Evaluator to conduct a fresh survey for those not readily available.
- ¹⁹ It is quite probably that data on this will not be found in official records. Evaluators should prepare to conduct a fresh survey.
- ²⁰ (HG farmers have access to at least one plough or tractor; use the most modern hybrid seeds; apply all required fertilizers and insecticides to their crops; use modern storage facilities such as preserving their harvest with insecticides/chemicals or recommended natural preservation); (ME farmers have no access to plough or tractor but manage to procure extra labour to plough their fields; they use the most modern hybrid seeds – although they may mix with other local non-hybrid seeds; they apply some fertilizers and insecticides to their crops – though not as fully recommended by the experts; may use some form of modern storage facilities such as preserving their harvest with insecticides/chemicals or recommended natural preservation – but not as fully required); (LO farmers have no access to any plough, tractor, or extra labour to plough their fields; they do not use hybrid seeds at all – or they use such minimal quantities it is almost negligible; they apply no fertilizers or insecticides to their crops; do not use any form of modern storage facilities such as preserving their harvest with insecticides/chemicals or recommended natural preservation).

²¹ Resources include: land, credit, extension services, modern agricultural technologies, etc.

²² What is 'formal' or 'informal' will be country specific (according to the size and level of economic development of the country) and will be measured by amount of capital invested in the business (size of the business) and/or turnover, number of employees and record keeping.

²³ What is 'formal' or 'informal' will be country specific (according to the size and level of economic development of the country) and will be measured by amount of capital invested in the business (size of the business) and/or turnover, number of employees and record keeping.