Illustrative Gender Indicators for Orphans and Vulnerable Children

Sex-Disaggregated Indicators:

The number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV (by sex and age) for each distinction:

- Active beneficiaries
- Graduated beneficiaries
- Transferred beneficiaries
- Exited without graduation in the reporting period from the PEPFAR OVC program

The percentage of children whose primary caregiver knows the child's HIV status (by sex and age)

The percentage of children <5 years of age who are undernourished (by sex)

The percentage of children too sick to participate in daily activities (by sex and age)

The percentage of children who have a birth certificate (by sex and age)

The percentage of children who regularly attend school (by sex and age)

The percentage of children who progressed in school during the last year (by sex and age)

The percentage of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age (by sex)

The percentage of households able to access money to pay for unexpected household expenses

The percentage of caregivers of active beneficiaries who agree that harsh physical punishment is an appropriate means of discipline or control in the home or school

March 2017

The Importance of Gender in Data on Orphans and Vulnerable Children

Addressing gender when monitoring and evaluating projects for orphans and vulnerable children (OVC) helps ensure equity in access and benefits for boys and girls. This brief explores the importance of gender in monitoring and evaluation activities and suggests indicators to reveal and explain gender gaps in OVC outcomes.

Background

Programs for orphans and vulnerable children (OVC) must account for gender norms, roles, and dynamics when assessing the risks and vulnerabilities of boys and girls in order to address their needs. The gendered aspects of poverty, violence, and health influence how, when, and why children become orphaned. These factors also influence the capacities, choices, and decisions of the men and women responsible for caring for OVC. Gender affects all aspects of a child's life, in ways that differ widely with a child's age and stage of development. Using a gendered lens when monitoring and evaluating OVC programs helps ensure that boys and girls have equity in access to and benefits from gender-appropriate health and social services.

High rates of HIV have contributed substantially to the number of OVC worldwide. A rapid increase in adult mortality has resulted in a large number of children who are orphaned; as of 2014, 17.8 million children (85 percent of them in sub-Saharan Africa) had lost one or both parents to AIDS (UNICEF, 2014). Orphaned and vulnerable children are also far more likely to transition from being "affected" by the virus to acquiring it (Operario, Underhill, Chuong, & Cluver, 2011). This is particularly true for adolescent girls, whose rates of new HIV infections are up to four times higher than those of their male peers (Dellar, Dlamini, & Karim, 2015). This disparity is driven by gender attitudes and norms, including existing relationship power differences (Bingenheimer & Reed, 2014; U.S. President's Emergency Plan for AIDS Relief [PEPFAR], 2012; Muriuki, 2014).

In different cultures, with different gender contexts, either boys or girls may be more likely to be abandoned or neglected by parents. Studies in Albania, Russia, and Georgia have found that the majority of working street children are boys (UNICEF, 2009). In contrast, in countries where there is a strong preference for male children, girls are more vulnerable

Sex-Disaggregated Indicators (continued):

The number of beneficiaries of OVC programs (by sex and age)

The percentage of OVC (<18 years old) who have reported to the OVC implementing partner that they are HIV-positive

The proportion of eligible HIV-positive children under 15 years of age who are receiving antiretroviral therapy (by sex)

Gender-Sensitive Indicators:

Food and resource distribution within the household

Household decision making

The prevalence of gender-based violence

The percentage of male- or female-headed households with OVC

The percentage of men and women who hold gender-equitable beliefs (on the Gender Equitable Men [GEM] Scale) (Nanda, 2011)

The existence of family planning/reproductive health strategy that includes gender, addressing the needs and vulnerabilities of men, women, girls, and boys.

to abandonment and homelessness. Both male and female OVC experience high rates of trauma and violence (Gray, et al., 2015), but girls are more likely than boys to be trafficked for prostitution and child sex tourism (Willis & Levy, 2002). Boys, too, may be trafficked, but most victim-identification services that work with male victims are set up for adults. Numbers and proportions are difficult to come by, and gender norms around masculinity exacerbate underreporting of data on male sex trafficking victims (Pawlak, 2012).

Outreach and services provided to OVC should be tailored to the specific rights, needs, and vulnerabilities of boys and girls, and should be planned with consideration for the roles and constraints of the caregivers. Household gender dynamics, such as expectations about who is responsible for household care or decision making, often influence OVC outcomes. Though caregiving is often considered a woman's task (Upton, 2003), some countries have a growing number of male caregivers (Block, 2016), reflecting the adaptation and evolution of gender roles.

Integrating Gender in OVC Data

Though most OVC projects track the sex and age of beneficiaries, few analyze their data by sex and age. As a result, projects often do not uncover the differences in program effects or in access by boys and girls or by age groups. For all projects, disaggregation of data by sex and age is critical to a full understanding of the specific needs of boys and girls across the lifecycle. When sex disaggregation is not possible, qualitative methods—such as focus group discussions or individual in-depth interviews with caregivers, health staff, OVC, and others—can be considered.

Data can be captured by analyzing existing indicators through a gender lens. The Child Status Index, developed by MEASURE Evaluation to guide OVC programming, consists of six core areas in which OVC should be provided with care and support. One may use a gender lens to analyze each of these core areas. For example, when measuring education and psychosocial support, one may ask the following questions: Who are the predominant service providers? (Are service providers male or female? Are there more female- than male-trained social workers?) What impact might any sex disparities have on OVC? (Do OVC fare better with same-sex mentors?) Most caregivers of OVC are female, so it is important to ensure that boys are acquainted with positive role models whom they can emulate. Additional questions are listed below.

Rigorous evaluation of gender integration in programs for OVC will expand the evidence base of promising and best practices. Programs urgently need to document, synthesize, and disseminate emerging evidence of effective gender-integrated programming for vulnerable children. This evidence is critical to the continued development, adaptation, and scale-up of gender-integrated policies and programs that support OVC and their caregivers.

References

1. Bingenheimer, J. B. & Reed, E. (2014). Risk for coerced sex among female youth in Ghana: Roles of family context, school enrollment and relationship experience. *International Perspectives on Sexual and Reproductive Health, 40*(4), 184. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/25565346
2. Block, E. (2016). Reconsidering the orphan problem: The emergence of male caregivers in Lesotho. *AIDS Care, 28*(sup4), 30–40. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/27297796
3. Dellar, R. C., Dlamini, S., & Karim, Q. A. (2015). Adolescent girls and young women: Key populations for HIV epidemic control. *Journal of the International AIDS Society, 18*(1) 64–70. Retrieved from http://www.jiasociety.org/index.php/jias/article/view/19408
4. Gray C. L., Pence B. W., Ostermann J., Whetten, R. A., O'Donnell, K., Thielman, N. M., & Whetten, K. (2015). Gender (in) differences in prevalence and incidence of traumatic experiences among orphaned and separated children living in five low-and middle-

Key Gender and OVC Questions

One can ask a number of questions to assess if and how gender influences OVC data and outcomes. We list some here:

- How many children are orphaned or vulnerable, by sex and age?
- How many children are being raised by single female or male parents, by sex and age?
- Are girls and boys represented equally in lists of beneficiaries for every type of activity?
- Are sex-disaggregated data gathered from all activities?
- Does the program collect such gender-related details as how many boys and girls are in a household?
- Do girls and boys have equal access to information and services?
- Are there stereotypes or social norms that lead to greater abandonment either of boys or girls?
- When girls and boys pursue education or seek healthcare services, what common constraints do they face? Differing constraints?
- Are special considerations in place for girls concerning such sex-specific needs as access to sanitary towels and toilets in schools?
- Are boys and girls treated equally in community settings such as schools and health centers?
- Are equal resources spent on the education and health of boys and girls?
- Do boys and girls benefit equally from programs designed for OVC?
- Do adolescent boys and girls have equal opportunities for vocational training, income-generating activities, or financial services, such as bank accounts and loans?
- Are sufficient quantities of appropriate food equally available for girls and boys?
- Are there existing gender norms and practices that may hinder program beneficiaries from accessing services?
- Do boys and girls have equal access to violence protection and reporting mechanisms?
- Do male and female caregivers have equal access to and control over financial resources to care for their children and themselves?
- What livelihood constraints do women and men face while caring for vulnerable children?

income countries. *Global Mental Health, 2*(e3). Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/26085939

5. Muriuki, A. M. (2014, November) *Gender and cultural impact on the adolescence: Challenges in serving the girl child in an OVC program.* Presentation at the 142nd American Public Health Association Annual Meeting and Exposition, New Orleans, LA, November 15–November 19, 2014. Retrieved from https://apha.confex.com/apha/142am/webprogram/Paper301189.html
6. Nanda, G. (2011). Compendium of gender scales. Washington, DC: FHI 360/C-Change. Retrieved from https://www.c-changeprogram.org/content/gender-scales-compendium/
7. Operario, D., Underhill, K., Chuong, C., & Cluver, L. (2011). HIV infection and sexual risk behaviour among youth who have experienced orphanhood: Systematic review and meta-analysis. *Journal of the International AIDS Society, 14*(25), 1–11. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21592368
8. Pawlak, P. (2012). Hidden violence: Preventing and responding to sexual exploitation and sexual abuse of adolescent boys. In Naebklang, A. (Ed.) *Compendium of Articles: Rights in Practice in Combating Sexual Exploitation of Children* (pp.36–44). Bangkok, Thailand: End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes. Retrieved from http://www.ecpat.org/wp-content/uploads/legacy/ecpat_journal_july2012_0.pdf
9. United Nations Children's Fund (UNICEF). (2014). *Thematic report 2013: HIV/AIDS and children.* New York, New York: UNICEF. Retrieved from https://www.unicef.org/publicpartnerships/files/HIVAIDS_and_Children_2013_Thematic_Report.pdf
10. United Nations Children's Fund (UNICEF). (2009). Child well-being at a crossroads: Evolving challenges in central and eastern Europe and the Commonwealth of Independent States. In *Innocenti Social Monitor 2009.* Florence, Italy: UNICEF. Retrieved from https://www.unicef-irc.org/publications/562/
11. United States President's Emergency Plan for AIDS Relief (PEPFAR). (2012). *Guidance for orphans and vulnerable children programming.* Washington, DC: PEPFAR. Retrieved from https://www.pepfar.gov/reports/guidance/c53568.htm
12. Upton, R. L. (2003). "Women have no tribe": Connecting carework, gender, and migration in an era of HIV/AIDS in Botswana. *Gender & Society, 17*(2), 314–22. Retrieved from https://www.jstor.org/stable/3594695?seq=1#page_scan_tab_contents
13. Willis, B. M. & Levy, B. S. (2002). Child prostitution: Global health burden, research needs, and interventions. *The Lancet, 359*(9315), 1417–1422. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/11978356

Resources

- United States Agency for International Development (USAID). (2010). Gender and Culture in OVC Programming: Training Curriculum
- FHI360. (2012). Integrating Gender in Care and Support of Vulnerable Children
- MEASURE Evaluation. (2014). Compendium of Gender Equality and HIV Indicators
- MEASURE Evaluation. (2016). Guidelines for Integrating Gender into an M&E Framework and System Assessment
- MEASURE Evaluation. (2012). Gender and Health Data and Statistics: An Annotated Resource Guide
- MEASURE Evaluation. (2008). Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators

Definitions

Gender is the culturally defined set of expectations about the roles, rights, and responsibilities associated with being female and male, as well as the power relations between and among people based on those expectations. Gender varies over time and within and between cultures. Transgender persons, whether they identify as women or men, are also subject to these gender expectations. (Interagency Gender Working Group [IGWG])

Sex refers to the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including chromosomes, hormones, internal reproductive organs, and genitalia. (USAID, March 2012 Gender Equality and Female Empowerment Policy)

Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms. (American Psychological Association [APA], 2015)

Sexual orientation refers to whom a person is physically, spiritually, and emotionally attracted. Categories of sexual orientation typically have included attraction to members of one's own sex (homosexual), attraction to members of the other sex (heterosexual), and attraction to members of both sexes (bisexual). While these categories continue to be widely used, sexual orientation does not always appear in such definable categories and instead occurs on a continuum and is fluid for some people. (APA, 2012) Public health professionals often use the abbreviations MSM (men who have sex with men) and WSW (women who have sex with women) as neutral terms to describe sexual activity of individuals, which may not necessarily correlate with a person's sexual orientation.

Gender equality is the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or prejudices. Gender equality means that the different behaviors, aspirations, and needs of women and men are considered, valued, and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities, and opportunities will not depend on whether they are born male or female. (Global Fund Gender Equality Strategy, 2009)

Gender integration entails identifying gender differences and resulting inequalities pertaining to specific programs and projects. Gender integration is the process of addressing these differences and inequalities in the design, implementation, monitoring, and evaluation of programs. (USAID, March 2012 Gender Equality and Female Empowerment Policy)

Gender analysis is a systematic way of looking at the different impacts of development, policies, programs, and legislation on women and men that entails, first and foremost, collecting sex-disaggregated data and gender-sensitive information about the population concerned. Gender analysis can also include the examination of the multiple ways in which women and men, as social actors, engage in strategies to transform existing roles, relationships, and processes in their own interest and in the interest of others. (Global Fund Gender Equality Strategy, 2009)

Sex- and age-disaggregated indicators are regular health indicators that are presented both for men and women or boys and girls. We emphasize disaggregating by sex, because most data are collected according to male and female sex. However, some surveys are beginning to include other identities, such as transgender, in which case the data would be disaggregated by gender identity. Striving to include all gender identities in future M&E efforts will enhance health- and gender-focused programs, by allowing them to understand and respond to all gender differences. (Population Reference Bureau's Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming, 2002)

Gender-sensitive indicators are those that address gender directly and go beyond sex disaggregation alone—for example, gender-based violence, as well as other more complex indicators such as gender attitudes and norms, power differences, female autonomy, and access to educational and economic opportunities. Gender-sensitive indicators should be disaggregated by sex, when possible. Gender-sensitive indicators make it easier to assess how effectively gender dynamics that negatively influence health service access and outcomes have been addressed. (USAID, ADS Chapter 205)

MEASURE Evaluation
University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, NC 27517 USA
Phone: +1 919-445-9350 • measure@unc.edu
www.measureevaluation.org

MEASURE Evaluation is funded by the U.S. Agency for International Development (USAID) under terms of Cooperative Agreement AID-OAA-L-14-00004 and implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International, John Snow, Inc., Management Sciences for Health, Palladium, and Tulane University. The views expressed in this presentation do not necessarily reflect the views of USAID or the United States government.
FS-17-205e

USAID FROM THE AMERICAN PEOPLE
PEPFAR
MEASURE Evaluation