

	ASSESSMENT	ANALYSIS	INPUT	OUTPUT	OUTCOMES	IMPACT
HEALTH SYSTEM	Identify Evidence Base and Gender Context in: <ul style="list-style-type: none"> » Access to assets » Knowledge, beliefs and perceptions » Practices, roles, participation » Legal rights and status 	Analyze the impact of gender constraints and opportunities on program objectives	Gender Integration in Program Design and Implementation Activities are designed to: <ul style="list-style-type: none"> » reduce/overcome gender-based constraints » increase gender equality 	Monitoring, Evaluation and Learning	Changes in Behavior	Normative and Structural Changes
INDIVIDUAL	<ul style="list-style-type: none"> » Men less likely to be educated about RMNCH due to gender roles » RMNCH perceived as a woman's domain » Having children as a defining character of womanhood or manhood 	<ul style="list-style-type: none"> » Men may hinder RMNCH prevention and treatment practices » Men do not participate in RMNCH » Prevention of early marriage and pregnancy is inhibited 	<ul style="list-style-type: none"> » Educating and engaging men (with women) about RMNCH at all entry points » Adolescent reproductive life skills education that addresses gender norms that contribute to early marriage/pregnancy 	<ul style="list-style-type: none"> » Sex-disaggregated data where relevant » Gender-based constraints are reduced: <ul style="list-style-type: none"> • Number of countries where the program supported a gender analysis • Number of districts with a gender strategy • Number of people who have completed gender norms changing activities • Percentage of women allowed a companion at birth • Percentage of women who experienced disrespectful care or abuse during their most recent delivery in MCSP-supported areas • Number of countries that have integrated GBV screening/ services into ANC services with MCSP support » Gender equality has improved: <ul style="list-style-type: none"> • Percentage of currently married women who participate in decisions about their own health care in the program supported areas » Increased knowledge of effective gender integrated programming	<ul style="list-style-type: none"> » Men and women identify equitable responsibilities in RMNCH » Equal education about RMNCH in men and women » Increased use of FP 	Improved RMNCH outcomes measured by Reduction in: <ul style="list-style-type: none"> » Maternal mortality ratio » Neonatal mortality ratio » Under 5 mortality rate » Unmet need for FP » Total fertility rate » Adolescent birth rate » Stunting » Anemia Increase in: <ul style="list-style-type: none"> » Proportion of births attended by skilled health personnel » Contraceptive prevalence rate » ANC coverage » Proportion of children fully immunized Increased gender equality: <ul style="list-style-type: none"> » Education » Opportunities » Access to assets » Decision-making and power
HOUSEHOLD	<ul style="list-style-type: none"> » Women lack decision-making power to access or utilize services » Women's lack of control over resources » Gender-based mistreatment—GBV, heavy household work burden, less food distribution » Women as caretakers and men not 	<ul style="list-style-type: none"> » Women are not able to access RMNCH services » Women are not able to pay for RMNCH services » Gender-based mistreatment and heavy workload contributes to poor health in women » Men are less capable of facilitating child health care 	<ul style="list-style-type: none"> » Promoting gender equality through social and behavior change communication to facilitate healthy practices and uptake of services » Educating men and families about effects of gender-based mistreatment and violence on maternal and child health outcomes » Offering parenting courses for mothers and fathers that promote positive fatherhood, joint birth planning, and delaying and spacing pregnancy 		<ul style="list-style-type: none"> » Adult and adolescent women and men freely access services » Reduced gender-based mistreatment and violence » Men's participation in fatherhood and caregiving 	
COMMUNITY	<ul style="list-style-type: none"> » Women's lack of leadership in the community » Acceptance of early marriage » Low value placed on women's lives » Women's limited mobility due to gender norms » Harassment and abuse of women in the community » Low social capital for women 	<ul style="list-style-type: none"> » Women's RMNCH needs are not prioritized in the community » Prevention of early marriage and pregnancy is inhibited » Women are not able to seek services » Community health workers may have difficulty mobilizing in the community 	<ul style="list-style-type: none"> » Community mobilization and advocacy on safe motherhood, women's health and rights (not just child) » Training and deploying skilled female birth attendants to homes » Supporting community transport systems for accessing maternal health services » Women's/mother's care groups 		<ul style="list-style-type: none"> » Female birth attendants are empowered to attend to mothers in the home » Community leaders and resources prioritize women's health and safe motherhood 	
HEALTH FACILITY	<ul style="list-style-type: none"> » Disrespectful, gender discriminatory and abusive attitudes of health workers » Lack of recognition of GBV and services » Health providers and facilities unwelcoming to men in RMNCH setting » Female health workers disempowered or face gender discrimination in the workplace » Infrastructure, staffing, commodities, not responsive to women's/men's needs 	<ul style="list-style-type: none"> » Women may not want to seek services at the health facility, e.g., for labor and delivery » Men do not receive the same counseling on RMNCH and thus, inhibit healthy practices » Female health workers less able to give quality care 	<ul style="list-style-type: none"> » Training and guidelines for health providers on gender and human rights and respectful care » Strengthen GBV detection and services » Facilitating couples' counseling and communication on ANC, birth planning and postpartum FP » Promote gender equity in clinical governance and allocation of health facility resources 		Services are: <ul style="list-style-type: none"> » Accessible » High quality » Efficient » Non-discriminatory » Promote gender equity 	
LAWS & POLICIES	<ul style="list-style-type: none"> » Laws that support early marriage » Lack of laws and policies on GBV/ gender in health sector » Lack of guidelines on responding to GBV in the health sector » Lack of guidelines on engaging men in RMNCH and HIV services 	<ul style="list-style-type: none"> » Girls marry and get pregnant at an early age » GBV contributes to pregnancy complications and may inhibit FP » Health providers have no guidance or capacity to respond to GBV » Health facilities do not know how to engage men in services 	<ul style="list-style-type: none"> » Participate in national dialogue on impacts of early marriage and GBV on RMNCH » Integrate gender issues into RMNCH national action plans » Support the development and/or implementation of gender into service delivery guidelines and quality improvement tools 		Policies and guidelines support equal rights, choice, access, participation and non-discrimination.	