

PRESENTATION: EQUITY FOCUSED AND GENDER-RESPONSIVE EVALUATION

Why is it strategically important?

Belen Sanz Luque, UN Women

EvalPartners Forum, Chiang Mai, 6 December 2012

---

**Summary:**

This presentation will focus on what is gender equality and social equity and their relevance for advancing equitable and sustainable development, why these are important for evaluation, and how evaluation can be responsive to these approaches.

**A) What is the international framework for gender equality, human rights evaluation and equity focused**

Gender equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.

Gender equality as defined by the CEDAW refers to *formal* (equality recognized by the law) and *substantive* equality (actual exercise of equal opportunities, equality of results), equal exercise of civil, economic, social cultural and political rights – without discrimination on the basis of gender.

It is a human right, meaning that the state has an obligation to protect, respect and fulfill it, and that citizens have the right to equality. It is also a pre-condition for development (MDGs), as I will exemplify later.

Equity is directly related to equality, but it is not the same. Equity implies that no one is deprived from the same services and opportunities, more so when there are avoidable conditions to do, and relates directly with social justice. It is focused on the most vulnerable groups, "the goal is to eliminate the unfair and avoidable circumstances that deprive children from their rights" (UNICEF, 2011). It is not a legally binding term. Both concepts are interconnected and are related to human rights.

The 1948 Universal Declaration of Human Rights (UDHR) is the over-arching UN document that formally recognizes universally agreed human rights. The UDHR was followed by the adoption of legally binding treaties: in 1965 the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD) and one year later two covenants on civil and political rights and economic, social and cultural rights respectively.

The strategy for implementing human rights in UN programming is called the Human Rights Based approach to Programming (HRBA). The human rights framework is oriented towards advancing progressively human rights, based on the following principles:

- Empowerment that gives all citizens, men and women, girls and boys the power, capacities, capabilities and access to resources to enable them to change their lives
- Substantive Equality
- Non-discrimination on the basis of gender, social, racial, cultural, religious or any other means, especial focused on most excluded groups
- Participation and inclusiveness in the process of decision making by all affected, particularly women and poor
- Accountability that enables right holders – women and men – to claim their rights and ensures that State fulfill its obligations

Equitable development rely on the exercise of fundamental rights and cannot be achieved without formal and substantive equality, because as long as parts of the population (and in the case of women half of it!) are discriminated against and therefore excluded, development for all will not become a reality for all. Equitable development relies on equality.

In addition, equality for equitable development can only be achieved taking into account the intersectionality of different dimensions: gender with ethnicity, economic class, geographic location, immigration status, sexual identity and orientation, age, abilities, and other such factors. Women are not a homogeneous group, as children aren't. Moreover, gender equality and non-discrimination is not a women's issue, but a society issue, and more and more men are actively engaged as a solution to this form of discrimination.

## **B) Rationale of equity focused and gender responsive evaluation: Why is it important?**

In addition to being an ethical imperative and a state obligation, addressing issues of non-discrimination and equity in social programmes is the most effective thing to do. It is a matter of social justice, and it is a matter of effectiveness. Why?

In the case of gender equality, women are half of the population... In addition, there is evidence indicating that reaching the most excluded advances development for all.

Moreover, a careful consideration of the intersection of inequalities is critical to make progress towards equitable development.

Examples:

i. The analysis of progress towards the millennium development goals indicate interesting trends.

Naila Kaber (2010). A global overview of progress on the MDGs shows that the world is closer to meeting some goals and targets than others (see Figure 3.1). It is on track in relation to extreme poverty, gender parity in primary and secondary education enrolment and access to safe drinking water. But there is still some way to go to achieve goals and targets relating to universal primary education completion rates, access to sanitation, and the proportion of people living in hunger. It is most seriously off track for meeting the objectives relating to under-five child mortality and maternal mortality.

Latin America Poverty declined from around 44 per cent in 2002 to 33 per cent in 2008, while extreme poverty declined from 19 to 13 per cent.<sup>24</sup> Most countries in the region are on track to meet the goal of halving extreme poverty by 2015, but a few of the least developed countries lag behind: Bolivia, Haiti, Guatemala, Honduras, Nicaragua and Paraguay. While moderate and extreme poverty have decreased, extreme poverty remains higher among indigenous people and Afro-descendants than among the white population in many countries. Children from indigenous groups are more likely to die than those from non-indigenous groups (see Figure 3.2 on page 18). According to the most recent Demographic and Health Survey (DHS) data from Bolivia, Ecuador, Guatemala, Peru and Brazil, children of indigenous origin were also between 1.6 and 2.5 times more likely to be undernourished than children of non-indigenous origin.

For this reason, the MDG+15 revision is looking at the issue of inequalities and recognize that transformative development requires to pay close attention to the issue of discrimination.

ii. Dalit women (Nidhi Sadana Sabharwal)

Women” in India is not a homogenous category; it is marked with differences not only in attainment but also poor performance particularly in the case of women belonging to Scheduled Caste, Scheduled Tribe and Muslims. The visible variation in human development and causes thereof among the women of different social belonging has induced increased demand for group specific gender policies.

The unequal and hierarchal (graded) access to economic and social rights implies that every caste, except those at the top of the caste hierarchy suffers from unequal divisions of rights. The untouchables or schedule castes (SC) or Dalits who are placed at the bottom of caste hierarchy suffered most: they are excluded from access to property rights and social rights except labour or service to the castes above them.

This sub-section provides evidence from an evaluation of India’s social protection programme (*Janani Suraksha Yojana*) which aims to reduce maternal and child mortality through promoting institutional deliveries. This programme integrates cash assistance (Rs.1400) with antenatal care during pregnancy period, institutional care during delivery and post-delivery/natal care. This is provided by field level health workers through a system of coordinated care and health centres.

This study by Sabharwal and Thorat, 2012 was conducted in 7 states with varying geographical location with different social-religious groups’ composition. The evaluation highlights inter-group variations of accessibility to public services within a gender segment, and proposes formulating evaluations to capture such differences across social groups. It aimed to understand, how discrimination restricts the use of public services firstly and to identify the ways and measures to address this disparity. The sample size for the JSY scheme was 963 respondents/households. Among them, 69 percent were Scheduled Caste (SC) and 31 percent were from Higher Caste (HC), which includes both OBC and Upper Caste. The respondents for the JSY scheme include currently pregnant women, lactating mothers and mothers who gave birth in the last five years. The study follows a mixed-method approach to undertake research and have designed both quantitative and qualitative survey tools. These tools include household questionnaire, group discussions and case histories.

The following are some major highlights of the evaluation of social protection scheme of JSY in terms of its utilization by mothers from the SC and higher caste groups.

The survey reported that over-all the registration for JSY was good and 95 percent of mothers from the sample were registered for JSY. 85 percent of these women gave birth in a health facility, while 10 percent of the mothers delivered at home. Remaining 5 percent were not registered with JSY and they gave birth at home.

On the other hand, a higher proportion of SC mothers despite being registered with JSY gave birth at home (12 percent) as compared to 7 percent of mothers from the higher caste group.

It was reported by 73 percent of mothers that the ASHA (the health link worker) provided information on registration to the yojana by visiting their homes. In case of SC mothers, a lower proportion reported that the ASHA visited their homes (70 percent) while this proportion was higher for higher caste mothers (80 percent).

On further probing, this survey also found some additional difficulties which were reported by the SC mothers. Fifty- one percent of the SC mothers reported ASHA did not visit their homes to provide information on registration, 46 percent reported that since ASHA belongs to upper caste, the provider does not like to visit 'untouchable' locality and as a result there is no dissemination of information of the JSY in their locality. Three percent reported that they were not able to register as the meetings on registration process are held in upper caste locality and hence they are hesitant to go there.

These additional difficulties related to caste-based prejudices effects the utilization of services provided under JSY. This survey reported that the antenatal care was received by 63 percent of SC women, compared to 70 percent of higher caste women. Seventy one percent of mothers from higher caste groups had atleast three antenatal care visits, compared to 61 percent of SC mothers. In addition to general reasons of not accessing antenatal care reported by all mothers in the survey relating to lack of information of the services, lack of transport facility, lack of medical equipments, distance of the health facility, the mothers from the scheduled caste groups also provided additional reasons for not availing antenatal care.

In addition, SC women also reported difficulties due to untouchability. Alarming 50 percent of SC mothers reported that they were asked to clean the child as the service provider would not like to touch the child, 17 percent reported that they were kept waiting for long time and 14 percent reported that the service provider used abusive language at the time of delivery. There were difficulties in accessing facilities especially on getting a bed - 11 percent of the mothers reported that they were given beds away from the higher caste women, 9 percent delivered on floor, 8

percent were asked to share bed and 7 percent reported that their beds were placed in the corridor.

Utilization in terms of Cash assistance received: On an average, women spent Rs. 2734 on giving birth in the hospital. The average money spent by the SC mothers was higher by Rs. 318 from that spent by higher caste mothers. Thus the average gap between cash spent and cash received at an aggregate level is Rs 1471 – the gap is wider for SC mothers (Rs1555) as compared to higher caste mothers (Rs 1309).

This evidence indicates that there are similarities and differences in the problems faced by women belonging to SC and rest of the women. Like all women these women also suffer subordination resulting from patriarchy within the family, at places of work, and in society. Like their poor counterparts in other female groups, they also suffer from lack of access to income earning assets, education and resultant high poverty. However, the SC women differ from rest of the women in so far as their performance with regard to human development indicators is lower compared to other women.

Thus excluded women are not 'just like' or 'similar' to the rest of the women. They are also disadvantaged by who they are. They suffer from social exclusion which deprives them of choices and opportunities to escape from poverty and denies them a voice to claim their rights.

If policies that don't take into account these following dimensions will fail to advance human development, then what's the role of evaluation?

**C) How? If evaluation is about changing the world, there is no way we can avoid looking at inequalities**

Evaluation: Illuminates problems that a social policy may not have seen, thus promoting equality and equity oriented policies; Improves the quality of evaluation by ensuring all voices are heard and looking at the black box for social change; Advances the moral and ethical commitments that countries have established to advance; Contributes to avoid reproducing patterns of exclusion and discrimination.

How do we integrate these dimensions?

It is about what we evaluate and how we evaluate.

What – we specifically pose research questions about equality, equity and discriminatory practices that may be affecting the reach and success of the programme.

It is defined as ‘a systematic and impartial assessment that provides credible and reliable evidence-based information for understanding the extent to which an intervention<sup>1</sup> has achieved or made progress (or lack thereof) towards intended and unintended results on gender equality and the empowerment of women. As a process itself, evaluation is also a means to enhance gender equality and the empowerment of women through the incorporation of gender and women’s rights dimensions in evaluation approaches, methods, processes and use<sup>2</sup>.

More specifically, gender equality and human rights responsive evaluation assess if interventions:

- Have been guided by the relevant international (national and regional) normative frameworks for gender equality and human rights, United Nations system-wide mandates, and organizational objectives.
- Have analyzed and addressed the structures that contribute to inequalities experienced by women, men, girls and boys , especially those experiencing multiple forms of exclusion
- Have maximized participation and inclusiveness (of rights-holders and duty-bearers) in their planning, design, implementation and decision-making processes.
- Sought out opportunities to build sustainable results through the empowerment and capacity building of women and groups of rights-holders and duty-bearers
- Have contributed to short-, medium- and long-term objectives (or lack thereof) through an examination of results chains, processes, contextual factors and causality using gender and rights analysis.

In addition, evaluation places a strong focus on excluded or disadvantaged groups in assessing whether their needs and interests have been addressed by the intervention and promote inclusive approaches for their voices to be heard.

---

<sup>1</sup> Intervention is defined in the broad sense: project, programme, strategy, plan, policy, sector, theme, operational or institutional area, etc.

<sup>2</sup> UN Women Evaluation Policy: Towards Gender Equality and Women’s Empowerment (2012)

How – we deploy evaluation approaches and methods that enable to capture this type of information based on human rights principles: empowerment, accountability, non-discrimination, inclusion and participation.

Drawing from feminist research, social constructivist paradigm, transformative evaluation, it uses evaluation designs that are appropriate; analytical frameworks that draw from gender analysis and human rights analysis that analyzes structural causes of inequality and discrimination and recognize power relations (power relations, access and control over resources etc); It aims at evaluating changes in both formal (norms, policies and structures), as well as in social norms and attitudes for substantive equality (results as lived by women); uses mixed methods that can gather quantitative information (i.e. gender statistics, gender disaggregated information, cross-cutting with other dimensions as ethnicity, age etc) and qualitative information (i.e. perception surveys, focus groups, participatory observation etc); promotes reflexivity by the evaluator and innovation.

This is reflected in different stages of the evaluation process. At the design stage of the evaluation, specific questions on gender equality and equity are posed; evaluability is assessed on gender equality dimensions, including the availability of gender disaggregated data and data disaggregated by other factors such as age, ethnicity, etc; stakeholder's analysis by duty bearers and rights holders. At the conduct stage, it deploys approaches that promote reflexivity, uses mixed methods and enforces participation and inclusion. It also places emphasis on the use of evaluation with a particular interest in 'illuminating' knowledge on issues that are critical for advancing gender equality and social equity, thus evaluation becomes an advocacy tool for advancing social justice.

There are already developed frameworks and tools to integrate these dimensions, including the United Nations Evaluation Group "Handbook on how to integrate human rights and gender equality in evaluation".

I would like to end by highlighting that there will be resistance to fully address these issues, and the only way to advance this is through partnership. While UN Women has been working to advance this agenda given its mandate and the strategic role of evaluation for promoting gender equality with other United Nations organizations, Evalpartners is a strategic platform to make progress collectively for more equitable development policies.

**Key references:**

Kabeer N. (2010), Can the MDGs provide a pathway to social justice? The challenge of intersecting inequalities". Institute of Development Studies. MDG-F.

Nidhi Sadana Sabharwal (2012), "Dalit Women's Rights: Caste, Gender and Citizenship in India". Paper presented at the EES Evaluation Conference 2012.

"Handbook on how to integrate human rights and gender equality in evaluation – Towards UNEG Guidance". UNEG. 2011.

"A manager's guide to gender equality and human rights responsive evaluation" UN Women. 2010.

"Equity focused evaluation. UNICEF. 2011.