Guidance note on integrating health equity, gender equality, disability inclusion and human rights in WHO evaluations

WHO Evaluation Office

World Health Organization

WHO/DGO/EVL/2023.2

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Acknowledgements

The WHO Evaluation Office would like to thank Florianne Gaillardin whose contribution to this guidance note as an independent consultant is much appreciated.

Abbreviations

CCS	country cooperation strategy
ERG	evaluation reference group
IASC	Inter-Agency Standing Committee
SDGs	Sustainable Development Goals
SOGIE	Sexual Orientation and Gender Identity and Expression
UNDIS	United Nations Disability Inclusion Strategy
UNEG	United Nations Evaluation Group
UNSWAP	UN System-Wide Action Plan on Gender Equality and the Empowerment of Women

Background

Evaluations play a key role in advancing the health equity, gender equality, disability inclusion, and human rights agenda, which is at the core of WHO's mandate and its Thirteenth General Programme of Work *(1)*. They help track progress and provide recommendations on integrating these aspects into the intervention considered. Crucially, by conducting a gender-responsive, disability-inclusive, human-rights based process, the evaluation can showcase concrete ways of improving the intervention with a focus on accountability, generate discussions on these aspects with those implementing the intervention and create connections with different stakeholder groups.

Well-developed guidance is already available from WHO and at the United Nations Evaluation Group (UNEG) on integrating equity, gender, disability and human rights aspects in evaluations. Key reference documents include:

- WHO Evaluation Practice Handbook *(2)* and WHO Evaluation policy (2018) *(3)*;
- UNEG guidance on integrating human rights and gender equality in evaluations *(4,5)*;
- UNEG guidance on integrating disability inclusion in evaluations *(6)*.

In addition, several United Nations-wide frameworks include quality aspects that must be monitored on health equity, gender equality, disability inclusion and human rights in evaluations. This guidance note is based on the criteria presented in the following frameworks:

- United Nations System-Wide Action Plan on Gender Equality and the Empowerment of Women (UNSWAP) *(7);*
- A call to action on human rights *(8);*
- United Nations System Shared Framework for Action. Leaving no one behind: Equality and non-discrimination at the heart of sustainable development *(9);*
- United Nations System-wide Plan of Action for the Third United Nations Decade on the Eradication of Poverty *(10);*
- United Nations Disability Inclusion Strategy (UNDIS) *(11);*
- United Nations System-wide Action Plan on the Rights of Indigenous Peoples *(12)*.

Despite the availability of guidance and tools to integrate health equity, gender equality, disability inclusion and human rights in evaluations, there is still some progress to be made to meaningfully integrate those aspects in practice. Key challenges have been identified in the Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization from 2021 *(13)*, as well as in UNSWAP and UNDIS annual assessments, as highlighted in Box 1.

Box 1. How are health equity, gender equality, disability inclusion and human rights aspects currently integrated in WHO evaluations?

At corporate level, health equity, gender equality, disability inclusion and human rights aspects have increasingly been integrated into evaluation design and reports. However, the conduct of evaluations does not often integrate aspects of inclusion and participation. Those require specific skills, practical arrangements and time, which are rarely taken into consideration. Also, the different cross-cutting areas are not integrated to the same level in most evaluations. Human rights, ethnicity and disability inclusion aspects have been taken into account to a lesser extent than health equity and gender equality aspects. An intersectional analysis of the different factors is rarely included. Finally, there are particular challenges associated with integrating equity, gender, disability and human rights in evaluations of programmes where those aspects have not been considered. These are explored in the last section of this guidance note: What to do if the intervention evaluated did not include health equity, gender equality, disability inclusion and human rights considerations?

In decentralized evaluations, such as Country Cooperation Strategy (CCS) evaluations, there is a great opportunity to integrate health equity, gender equality, disability inclusion and human rights aspects. Since those are often programmatic evaluations, they tend to include aspects of impact analysis, which

lends itself well to analysing contributions to health equity, gender equality, disability inclusion and human rights outcomes. However, the integration of these aspects has been uneven in decentralized evaluations, which often score lower in UNSWAP assessments. The report of the Evaluation of the integration of gender, equity and human rights in the work of the World Health Organization *(13)* also outlined the need to more systematically include these dimensions in CCS evaluations.

Purpose

This guidance note summarizes practical steps to ensure that health equity, gender equality, disability inclusion and human rights are meaningfully integrated into WHO evaluation processes and products. The note also provides key references for more in-depth information on the different aspects covered. It includes:

- an overview of definitions and principles of these concepts and how they apply to evaluations;
- a summary of the key aspects to take into account in each of the phases of the evaluation process;
- a set of health equity, gender equality, disability inclusion and human rights-focused evaluation questions that can be customized for particular evaluation types.

This guidance note's target audiences are evaluation managers, evaluators, programme managers and key WHO partners involved in the conduct of WHO-commissioned evaluations at central and decentralized levels.

Scope

This guidance note is relevant for all the evaluations commissioned and/or conducted by WHO. Different types of evaluations are envisaged: corporate or decentralized, mid-term or final, and covering organizational, process and programme topics. It includes specific considerations for evaluations of emergency programmes. It does not cover other assessment processes, such as internal performance monitoring (e.g. Output Score Card), situation analysis and baselines, audits, ad hoc consultations (such as staff surveys) or global surveys by technical programmes.

The guidance note covers the cross-cutting themes of health equity, gender equality, disability inclusion and human rights. It also touches upon culture and ethnicity considerations, and provides additional references to guidance on how to integrate these topics.

Definitions and Principles

Definitions

Health equity, gender equality, disability inclusion and human rights are sometimes lumped together in a way that obscures the understanding of what is covered under each term. Table 1 presents definitions of these terms based on WHO's relevant strategies and policies (WHO Strategy on Health Equity, Gender Equality and Human Rights (in draft) and the WHO Policy on Disability *(14)*) and provides examples of the application of each of them in WHO programmes.

It is important to note that health equity, gender equality, disability inclusion and human rights constitute overlapping layers of analysis, which cannot be considered in isolation and are applicable in all contexts. This is why the evaluation needs to use an intersectional approach.[1] The evaluator applies different lenses of analysis to identify which groups may be marginalised or particularly vulnerable in a given context and how best to ensure equitable outcomes in the intervention evaluated.

[1] WHO's Strategy on Health Equity, Gender Equality and Human Rights on intersectionality (in draft): "Individuals' health and well-being are influenced by a range of factors, including their identities, relationships, income, and other social factors, which intersect to create privilege or experiences of oppression, discrimination, and marginalization, depending on their context. Intersectional approaches put intersectionality at the centre of decision making, recognizing the impacts of multiple and intersecting forms of discrimination on health and actively seeking to address imbalances in power and inequities".

Table 1. Definitions of key terms and how they apply in WHO's work

Terms and their definition	Practical considerations and examples of application
Equity is the absence of avoidable, unfair or remediable differences among groups of people defined by various means of stratification. **Health equity** implies that everyone should have a fair opportunity to attain their full health potential.	There is sometimes a perceived tension between achieving coverage and spending time and resources to reach those furthest behind. However, the objectives of coverage and equity can be pursued together, by adapting the way an intervention is designed based on a thorough analysis of health inequities. WHO has produced different tools to support countries on this, such as HEAT *(15)* and Innov8 *(16)*. *The WHO Country Office in Indonesia has used the Innov8 tool to support the government in reviewing national health programmes to leave no one behind. As a result, the 2016–2030 Maternal Health National Action Plan includes indicators such as: "100% of the total districts with less than 10% inequality in the coverage of maternal and neonatal health services" and "90% of the total districts involve the community systematically in improving maternal and neonatal health quality" (17).*
Gender equality in health means that women, men and people of diverse sexual orientation and gender identity and expression (SOGIE) have equal opportunities for realizing their full rights and potential to be healthy – free from violence, discrimination, and coercion. **Gender-responsive approaches** recognize and respond to gender differences in health and seek to address the underlying factors that contribute to gender inequalities in health.	Given that WHO operates in 194 Member States, gender norms that affect the health of women, men and people of diverse SOGIE, and approaches to promote gender equality, will differ according to context. Social norms may reduce women and girls' decision-making power over their own health choices, and may make men more likely to adopt risky behaviours. Women, girls and people of diverse SOGIE are more likely to see their right to health violated because of unequal power relationships in patriarchal societies. A key strategy to ensure that relevant gender issues are identified and addressed in a culturally appropriate manner is ensuring equal participation of men, women and people of diverse SOGIE. In addition, the participation of particularly marginalized groups – such as girls and boys living in poverty, women living with disabilities and women from indigenous communities – should be ensured at all stages. *A key strategy employed by the "WHO special programme of research, development and research training in human reproduction" to ensure that sexual and reproductive health research remains relevant is "making space for women to speak" (18), ensuring that there are no all-male panels and aiming for gender parity in discussions.*
The human right to the highest attainable standard of health is recognized in the WHO constitution as "one of the fundamental human rights of every human being". A **human rights-based approach to health** ensures that health policies, programmes and services are guided by human rights standards and principles.	Human rights may be seen as a specialist topic for human rights lawyers; however, they provide a powerful tool for advancing health outcomes and reducing discrimination. The evaluators, without specialist knowledge, may identify the extent to which an intervention has used international conventions and WHO's internal resources on human rights to achieve its objective. *The WHO Framework Convention on Tobacco Control has used human rights instruments, such as the Convention on the Rights of the Child and the Framework Convention on Tobacco Control to promote tobacco retail and marketing regulations in Member States.*
Disability inclusion is the meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights into the work of the Organization, the development of disability-specific programmes and the consideration of disability-related perspectives.	An estimated 16% of the world's population have a significant disability. Persons with disabilities have equal right to the highest attainable standard of health as those without disabilities. However, evidence shows that persons with disabilities continue to die earlier, have poorer health, and experience more limitations in everyday functioning than persons without disabilities. These poor health outcomes are due to unfair conditions faced by persons with disabilities in all facets of life, including barriers and discrimination in the health system itself. As such, integrating disability in evaluations is essential to identify and address the health inequities faced by this group and ensure that WHO's work is leaving no one behind. *For example, WHO and ITU produced standards on accessibility of telehealth services (19).*

Principles

The guiding principles for integrating health equity, gender equality, disability inclusion and human rights into evaluations stem from the draft WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights, 2023–2030 and the WHO Policy on Disability *(14)*. Table 2 reflects ways in which these principles translate into the conduct of evaluations.

Table 2. Implications of health equity, gender equality, disability inclusion and human rights principles for the conduct of evaluations

Guiding principles (as per WHO policy)	Implications for evaluations[a]
Intersectional	Evaluations should document how **multiple and intersecting factors of vulnerability** (gender, disability, age, ethnicity and other factors of discrimination) interact and **how resulting inequities can be addressed**.
Evidence informed	Evaluations should consider the **extent to which data is available** to document health inequities based on gender, disability, age, ethnicity and other factors of discrimination. Evaluations should **collect data on health inequities** and their implications for the subject considered. Data collection should be based on a **mixed-methods approach**, where qualitative data can help interpret quantitative data on health inequities.
Participatory and people centred	Evaluation methods should ensure that **inclusive and participatory approaches** are employed so that marginalized groups can have a say in the evaluation design, data collection and interpretation of results. Evaluations should consider people as agents of change, and not only as beneficiaries or victims.
Leave no one behind	The evaluation should include an analysis of human rights instruments[b] and **Sustainable Development Goals (SDGs)**[c] applicable to the subject considered.
Do no harm	The evaluation should spell out how different factors of vulnerability have been taken into account in its design and **ethical approach**, ensuring that the "do no harm" principle is applied in the conduct of the evaluation.
Twin-track approach	The evaluation framework should a) enquire about specific interventions or activities aimed at addressing health equity, gender equality, disability inclusion and human rights, and b) integrate those considerations across the different evaluation criteria.

[a] Based on UNEG guidance, see key principles outlined in *Integrating human rights and gender equality in evaluation (4)* (inclusion, participation, fair power relations and mixed evaluation methods); and in *Guidance on integrating disability inclusion in evaluations and reporting on the UNDIS Entity Accountability Framework Evaluation Indicator (6)* (for the twin track approach).

[b] The nine core international human rights conventions are: the International Convention on the Elimination of all Forms of Racial Discrimination; the International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the Convention on the Elimination of All Forms of Discrimination Against Women; the Convention on the Rights of the Child; the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families; the International Convention on the Protection of all Persons from Enforced Disappearance; and the Convention on the Rights of Persons with Disabilities.

[c] In particular SDG target 3.8 on universal health coverage; SDG target 5.2 on violence against women; SDG target 5.6 on sexual and reproductive health rights; SDG target 8.5 on employment and decent work; and SDG target 10.3 on equal opportunities.

Integrating health equity, gender equality, disability inclusion and human rights in the different phases of the evaluation process

Table 3 summarizes the key elements to take into account in the different phases of the conduct of an evaluation (preparation, design, data collection and analysis, reporting, management response) in order to meaningfully integrate health equity, gender equality, disability inclusion and human rights considerations.

Table 3. Key elements to include on health equity, gender equality disability inclusion and human rights in the different phases of the evaluation process

Phase of the evaluation	Elements to address	Key points to consider	Reference documents
Preparatory phase	Health equity, gender equality, disability inclusion and human rights are integrated in the **terms of reference**.	• Does the evaluation process include a **scoping exercise/evaluability assessment** to assess how the evaluation can best cover health equity, gender equality, disability inclusion and human rights? *See section on evaluation questions for more details.* • Were health equity, gender equality, disability inclusion and human rights included in the criteria of the evaluation? Is there a **dedicated evaluation question or sub-question** regarding how these aspects were integrated into the subject of the evaluation? *See section on evaluation questions for more details.*	Guidance on integrating gender equality and human rights considerations into Organisation for Economic Co-operation and Development, Development Assistance Committee (OECD-DAC) criteria and evaluation questions – UNEG Integrating Human Rights and Gender Equality in Evaluations *(5)* (p. 76–88); and Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance *(4)* (p. 25–32)
	The **evaluation team and evaluation reference group** (ERG) have knowledge and/or experience of health equity, gender equality, disability inclusion and human rights.	• **Does the evaluation team use local expertise, languages and participatory processes that enable women, girls, person with disabilities and diverse and marginalized voices to be heard?** • Is the **ERG gender balanced, does it include a mix of skills and national, regional and global perspectives and does it include a diversity of groups affected** by the intervention evaluated and/or **expertise on health equity, gender equality, disability inclusion and human rights**?	UNEG Guidance on Integrating Disability Inclusion in Evaluations *(6)* – 3.2 Evaluation teams have knowledge and/or experience of disability inclusion (p. 10)
Design phase	The **methodology** selected for data collection and analysis applies a health equity, gender equality and disability inclusion lens, and analyses human rights implications.	• Does the evaluation **specify how health equity, gender equality, disability inclusion and human rights aspects are addressed in the methodology**, including: how data collection methods integrate gender, disability and equity considerations and ensure data is disaggregated by gender, disability and other factors? • Does the evaluation methodology employ a **mixed-methods approach**? Are qualitative and quantitative data sources triangulated to help interpret quantitative data findings on health equity, gender equality,	Guidance on key elements of an appropriate gender equality and human rights responsive evaluation methodology, methods, tools and data analysis techniques – UNEG Integrating Human Rights and Gender Equality in Evaluations *(5)* (p. 91–110); and Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance *(4)* (p. 37–41)

		disability inclusion and human rights? • Were **ethical standards** considered throughout the evaluation and were all stakeholder groups treated with integrity and respect for confidentiality, with specific considerations to "do no harm" marginalized groups?	UNEG Guidance on Integrating Disability Inclusion in Evaluations *(6)* – 3.4. Evaluation stakeholder mapping and data collection methods involve persons with disabilities (p. 14)
	The evaluation **stakeholder mapping** includes stakeholders of different genders, persons with disabilities, and persons from identified marginalized groups and/or from their representative organizations.	• Does the evaluation **sampling frame address the diversity of stakeholders concerned** with the intervention, both those directly involved in the intervention and those affected by it, particularly the most marginalized, where appropriate?	
Data collection and analysis phase	**Participatory and inclusive data collection methods** are employed.	• **Were women's networks, organisations of persons with disabilities, and networks of relevant marginalized groups consulted** on how to best include their concerns in the evaluation? Were consultations (e.g. focus group discussions) conducted to capture the views of under-represented groups?	UNEG Integrating Human Rights and Gender Equality in Evaluations *(5)* – 5.1.1. Fostering inclusive participation (p. 45–46), and 5.1.2. Ensuring respect for cultural sensitivities (p. 46) On participation of persons with disabilities, see UNIDS Guidelines on Consulting Persons with Disabilities *(20)*; IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action *(21)*
	Disaggregated data analysis is conducted.	• **Overall respondent characteristics:** Were any particular groups represented more than others in the quantitative data analysis? • **Significant differences based on gender:** Did responses highlight different experiences based on respondents' gender? • **Significant differences based on disability, ethnicity, SOGIE, age or other demographics:** Were intersectional factors of vulnerability analysed? (e.g. older adults with disabilities may have a different experience from adults overall) • **Triangulation of data** from different sources and using different methodologies	UNEG Integrating Human Rights and Gender Equality in Evaluations – Guidance on gender-responsive data analysis *(5)* (p. 105–110); and Integrating Human Rights and Gender Equality in Evaluation – Towards UNEG Guidance *(4)* (p. 39–41)
	Findings are discussed and validated, including with stakeholders from different marginalized groups or their	• Was **feedback sought to critically review and validate findings** from a range of stakeholders (e.g. decision-makers, women-led organizations, organizations of	UNEG Guidance on Integrating Disability Inclusion in Evaluations *(6)* – guidance on disability data disaggregation and analysis (p. 16)

	representative organizations.	persons with disabilities or technical advisors? *See section on evaluation questions for more details.*	WHO Functioning and Disability Disaggregation Tool (FDD11) *(22)*.
Reporting phase	The **evaluation findings, conclusions and recommendations** reflect a health equity, gender equality and disability inclusion analysis, and provide evidence on human rights implications.	• Does the evaluation have a **background section** that includes an intersectional analysis of the different social groups affected by the issue and spell out the relevant normative instruments or policies related to health equity, gender equality, disability inclusion and human rights? • Do the **findings** include data analysis that triangulates qualitative data and/or disaggregated quantitative data on health equity, gender equality, disability inclusion and human rights? • Do evaluation reports reflect the views of women, men, girls, boys, people of diverse SOGIE, persons with disabilities on the programme outcomes or on the process evaluated? • Are unanticipated effects of the intervention on health equity, gender equality, disability inclusion and human rights described? • Does the evaluation report provide specific **conclusions and recommendations** addressing health equity, gender equality, disability inclusion and human rights aspects, and priorities for action to improve in this area?	UNEG Guidance on Integrating Disability Inclusion in Evaluations *(6)* – 3.6. Conclusions and/or recommendations of evaluation reflect their findings on disability inclusion (p.19) CBM Disability and Gender Analysis Toolkit *(23)*
Management response and dissemination phase	The recommendations related to health equity, gender equality, disability inclusion and human rights are included in the **management response**, with milestones and targets to demonstrate progress. The evaluation outputs are shared with respondents, and the **report is made available for different audiences**	• Does the management response address all recommendations on health equity, gender equality, disability inclusion and human rights? • Are the evaluation's initial findings and recommendations **shared back** with end users/local communities and partners **in accessible formats** and diverse communication modes (e.g. sharing an evaluation brief with	UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations *(5)* – Chapter 8. Applying Human Rights and Gender Equality Principles to Evaluation Use and Dissemination (p. 115)

	taking into account disability inclusion.	respondents, inviting respondents to a feedback workshop, making the executive summary available in plain language and in the languages of data collection, and catering to different needs of persons with disabilities)?
	Aspects relating to health equity, gender equality, disability inclusion and human rights including promising practices are compiled and discussed to **foster learning** among programme and other relevant stakeholders.	• **Are activities planned to ensure that learning on health equity, gender equality, disability inclusion and human rights from the evaluation is used** to inform future programmes and strategies (e.g. thematic brief, learning repository, feedback workshop)?

Integrating health equity, gender equality, disability inclusion and human rights into the evaluation framework

Preparatory process

Coming up with an evaluation framework that takes into consideration health equity, gender equality, disability inclusion and human rights aspects requires a preparatory process. This may include an **evaluability assessment**, **consultations** with stakeholders from the different marginalized groups affected by the intervention, and the use of a **theory of change** to help frame evaluation questions. As part of the evaluability assessment, the questions in Box 2 below can be explored with those implementing the intervention:

Box 2. Scoping questions for evaluability assessment

- To what extent have health equity, gender equality, disability inclusion and human rights been included in the design of the programme/process?
- Was sufficient information collected during the implementation period on specific result indicators to measure progress on health equity, gender equality, disability inclusion and human rights outcomes?
- What are the key stakeholder groups directly involved with the programme/organization?
- Who are the different groups that should benefit from the intervention?
- What are the vulnerability factors that may affect them and how do they interact?
- Who needs to be consulted from the identified marginalized groups?
- What are key practical/resources considerations to ensure their participation?

Designing health equity, gender equality, disability inclusion and human rights questions for different types of evaluations

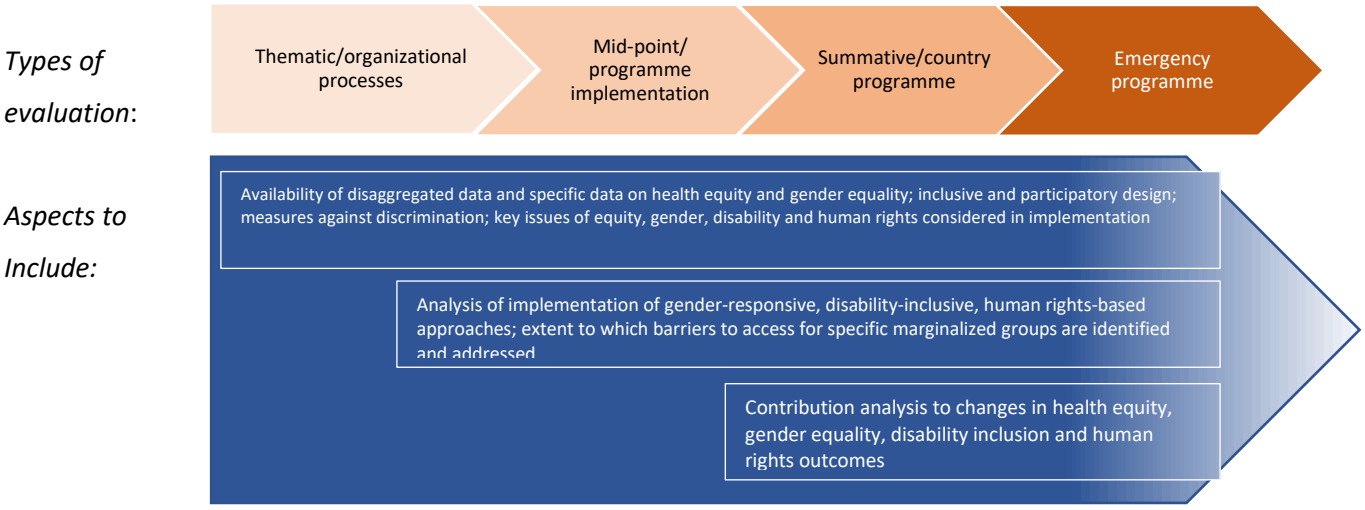
There are different ways of integrating health equity, gender equality, disability inclusion and human rights into the evaluation framework: to include those aspects as a separate criteria and evaluation question (e.g. COVID-19 Solidarity Response Fund Joint Evaluation *(24)*) or to mainstream them across the evaluation criteria (e.g. Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023) *(25)*). Those two approaches are not mutually exclusive, and can be combined. The choice may depend on how they were integrated in the intervention evaluated.

For the purpose of this guidance note, four types of evaluations are considered, based on the type of intervention evaluated:

- Thematic evaluations relating to organizational processes or functions (e.g. Evaluation of the use of consultants and agreements for performance of work by WHO *(26)*; Evaluation of WHO transformation *(27)*; Evaluation of WHO's work with collaborating centres *(28)*);
- Programmatic evaluations focussing on the implementation process (e.g. Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023) *(25)*; Mid-point evaluation of the implementation of the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (NCD-GAP) *(29)*);
- Summative programme evaluations and country programme evaluations (e.g. Summative evaluation of the WHO Rapid Access Expansion Initiative *(30)*);
- Emergency programme evaluations (e.g. Inter-Agency Humanitarian Evaluation of the response to Cyclone Idai in Mozambique *(31)*; Independent evaluation of WHO's whole of Syria response *(32)*; Independent evaluation of WHO's COVID-19 response in Ukraine *(33)*).

Depending on the topic evaluated, the link to health equity, gender equality, disability inclusion and human rights may be more or less direct. However, even in evaluations of organizational processes, those aspects can at least be included in terms of the quality of the processes employed (e.g. availability and use of disaggregated data; inclusion and participation; non-discrimination and identifying key health equity, gender equality, disability inclusion and human rights issues). For mid-point evaluations, focussing on implementation aspects of a programme, the implementation of gender-responsive, disability-inclusive, human-rights-based approaches, should be considered in addition (e.g. the extent to which the intervention has analysed and addressed barriers to access of different marginalized groups). For summative programme evaluations and country programme evaluations, an analysis of the contribution to health equity, gender equality, disability inclusion and human rights outcomes can be added. Finally, emergency programme evaluations must take into account specific considerations (see Fig. 1 below).

Fig 1. Health equity, gender equality, disability inclusion and human rights aspects to take into consideration depending on the topic evaluated



In general, there is a need to pay attention to both organizational processes and programmatic outcomes. The evaluation may highlight good practices and gaps on "walking the talk" internally, thus fostering gender equality, diversity, disability inclusion and non-discrimination in the day-to-day operations of the Organization, as this goes hand in hand with a meaningful integration of those aspects in the programmes.

Table 4 presents a non-exhaustive list of questions that can be used or adapted to investigate health equity, gender equality, disability inclusion and human rights aspects in an evaluation.

Table 4. Example questions on health equity, gender equality, disability inclusion and human rights for different types of evaluation

Criteria	Evaluation questions on health equity, gender equality, disability inclusion and human rights	Examples of data sources
Questions for evaluations of organizational process		
Participation and inclusion	**Mechanisms to ensure participation** • Was the intervention designed in a participatory manner, including all relevant stakeholders? • To what extent were practical measures in place to guarantee that women, persons with disabilities and the most marginalized stakeholders could participate in the intervention? • Are women and men represented equally at all levels of the Organization, including senior decision-making and governance positions? • Are the Organisation's operations/products accessible in line with WHO's disability and inclusion commitments? **Accountability for participation and inclusion** • Is disaggregated data – based on gender, disability, age, ethnicity or other relevant factors – collected and presented in key accountability processes and reports? • Is senior management held responsible for ensuring compliance with health equity, gender equality, disability inclusion and human rights standards? **Organizational resources for participation and inclusion** • Are organizational policies, standards and procedures in place to addresses equality and non-discrimination in line with the Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women? • Are both gender equality and disability inclusion part of mandatory induction training for all staff? • Do staff have the necessary knowledge and skills relevant to their role to support progress on commitments on health equity, gender equality, disability inclusion and human rights? Do organizational budgets ensure adequate human and financial resources to support gender equality and disability inclusion?	Programme documents, organizational policy and guidance documents Human resources reports, disaggregated data – by gender, disability, geographical origin, level of seniority Audit reports and reports issued by other accountability functions within the Organization if available Key informant interviews with relevant staff, including ombudsman, focal points or representatives of different stakeholder groups (e.g. staff associations)
Equality and non-discrimination	**Mechanisms to prevent discrimination** • Did all stakeholders benefit from the results of the intervention, regardless of their gender, disability status, ethnicity or age? Were there functional and appropriate mechanisms (e.g. complaint mechanisms, focal points) to prevent and address workplace discrimination and harassment?	As above (Participation and inclusion), and focus group discussions with staff members (organized by gender, disability status and/or other factors of discrimination)
Social	**Change in attitudes, behaviours and culture**	As above (Participation and inclusion), and questions in staff survey if used

transformation and empowerment	• Was the intervention successful in promoting a culture of participation and inclusion? Are there clear changes in attitudes and behaviours that demonstrate a fairer distribution of power among the stakeholders of the intervention?	
Additional questions for mid-point/programme implementation evaluations		
Relevance	• Did the situation analysis clearly identify under-represented groups and analyse social roles, relations, norms and inequalities in relation to gender, disability and ethnicity? • Did the programme design have objectives and result areas that contribute to achieving health equity, gender equality, disability inclusion and human rights? • Were marginalized populations (e.g. women and girls, adolescents and youth, persons with disabilities, indigenous communities and people of diverse SOGIE – as relevant) consulted and meaningfully involved in programme design and implementation? Was accessibility to persons with disabilities considered in the design of the programme?	Baseline report, programme design document Key informant interviews with staff and relevant partners, and representatives of right holders (women's networks, organizations of persons with disabilities, etc.) that may or may not have been engaged in the programme
Coherence	• How does the programme align with other plans, programmes and priorities relating to health equity, gender equality, disability inclusion and human rights (e.g. United Nations Country Team at country level)? • Were programme outputs designed to complement national priorities on health equity, gender equality, disability inclusion and human rights?	As above, and relevant United Nations frameworks, including at country level the United Nations Sustainable Development Cooperation Framework, national health plan, national gender equality strategy, key human rights commitments
Efficiency	• Are there sufficient resources (financial, time, people) allocated to integrate health equity, gender equality, disability inclusion and human rights in the design, implementation and monitoring of the intervention? • To what extent has the programme partnered with other actors (both at all three WHO levels and external actors) to achieve results on health equity, gender equality, disability inclusion and human rights?	Programme monitoring framework Programme budget and financial reports Progress reports
Effectiveness	• Did the monitoring framework and implementation plan of the programme include indicators and targets on health equity, gender equality, disability inclusion and human rights? • Did data collection systems include disaggregated data – based on gender, disability, age, ethnicity or other relevant factors –to monitor progress and equity in results (outcomes and impact)? • To what extent did the programme support the elimination of barriers to access to health for marginalized populations (e.g. women, adolescents and youth, persons with disabilities, indigenous communities, people of diverse SOGIE), particularly those that are furthest behind? • What were the main results achieved by the intervention towards the realization of health equity, gender equality, disability inclusion and human rights? • Did women and girls have access to health services on an equal basis with men and boys, and according to their gender-specific	As above, and key informant interviews with duty bearers including programme staff and partner organizations Focus group discussions with members of networks of marginalized groups concerned with the programme outcomes

	needs (e.g. sexual and reproductive health)? • Did persons with disabilities have access to health services on an equal basis, and according to their specific needs? • Has the programme led to a decrease in violence against women? Or exacerbated violence against women?	
Sustainability	• To what extent were women's networks, organizations of persons with disabilities and marginalized group networks at national and local level involved in the intervention implementation? • Have women and men achieved more equal participation in decision-making in public and private spheres? • Have gender stereotypes and discriminatory attitudes towards women and girls, adolescents and youth, persons with disabilities and indigenous communities (as relevant) been changed? • Were partners made aware of the importance of the inclusion of persons with disabilities?	As above and questions in survey if used
Additional questions for summative programme evaluations or country-level programme evaluations		
Impact	• Did the programme contribute to the realization of targeted health equity, gender equality, disability inclusion and human rights changes for the stakeholders identified? • Has the programme improved outcomes for persons with disabilities? • Were there any unintended results of the intervention related to gender equality, discrimination against specific groups and the inclusion of persons with disabilities? Did the programme contribute to mainstreaming of health equity, gender equality, disability inclusion and human rights in national strategies/ policies/plans?	As above and observation methods in field visits if applicable
Questions for emergency programme evaluations		
Integrating health equity, gender equality and human rights across all criteria	Health equity, gender equality, disability inclusion and human rights aspects can be integrated across the evaluation framework for humanitarian evaluations of the Inter-Agency Standing Committee (IASC) focusing on the following questions: • To what extent have objectives been based on the identified needs of the most marginalized groups affected by the emergency (men, women, children, persons with disabilities and relevant marginalized groups)? • To what extent did the assistance provided meet the needs of the most marginalized? • What were the positive and negative, intended and unintended effects of the assistance for marginalized people affected by the crisis? • To what extent have partnerships been established to deliver assistance to affected people, including fostering the participation of local actors (women's networks, local civil society organizations, organizations of persons with disabilities)? • Have local stakeholders from marginalized groups been involved in the response design and have their capacities and systems been strengthened? • Was humanitarian assistance well-coordinated and equitable,	Further guidance in the Inter-Agency Humanitarian Evaluations process guidelines *(34)* Gender-based violence, sexual and reproductive health services and disability inclusion standards in humanitarian

	reaching all affected populations? In relation to the realization of health rights in emergencies, specific themes should be included: What has been the contribution of the intervention to addressing gender-based violence? to the realization of sexual and reproductive health rights? to the protection of the rights of persons with disabilities?	action are outlined in technical packages (e.g. IAWG Minimal initial service package for sexual and reproductive health *(35),* and IASC gender-based violence guidelines *(36)* and Guidelines on inclusion of persons with disabilities in humanitarian action *(21)*)

Validation phase

At the end of the data collection phase, it can be helpful to reflect on the interpretation of emerging findings with key groups of stakeholders engaged in the implementation, as well as those affected by the intervention evaluated, in order to validate interpretations and allow a plurality of views to inform the design of key findings, conclusions and recommendations. This can be done for example in the format of a facilitated discussion, or a series of meetings with different stakeholder groups as appropriate, using guiding questions (see Box 3).

Box 3. Validation questions with key stakeholders

- What results are in line with your experiences? Which results surprised you?
- Do you have alternative interpretations of the results presented?
- What do you recommend is done in relation to those findings?
- What is your vision for gender equality/disability inclusion/culture and ethnicity in this intervention or programme?

What to do if the intervention evaluated did not include health equity, gender equality, disability inclusion and human rights considerations?

The extent to which evaluations integrate health equity, gender equality, disability inclusion and human rights is often linked to whether the programme or process considered have themselves paid attention to these aspects. Yet, the evaluation represents a key opportunity to provide an analysis of these issues and support their better integration going forward. For this reason, an evaluation of an intervention which has not considered health equity, gender equality, disability inclusion and human rights should not differ fundamentally from an evaluation of a programme that has successfully done so. Some WHO-commissioned evaluations have produced recommendations in relation to better integrating health equity, gender equality, disability inclusion and human rights into interventions (see Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023) *(25);* FAO/WHO Project and Fund for Enhanced Participation in Codex (Codex Trust Fund) Final project evaluation *(37)*; Summative evaluation of the WHO Rapid Access Expansion Initiative *(30)*).

Box 4 presents some highlights to ensure that health equity, gender equality, disability inclusion and human rights aspects are captured in evaluations of interventions that did not include those considerations to a significant extent.

Box 4. How to integrate health equity, gender equality, disability inclusion and human rights aspects in the evaluation of an intervention that did not include those aspects to a significant extent

- **Showcase what a gender equal, disability inclusive approach looks like**, by fostering participation of relevant stakeholder groups affected by the intervention, and adopting a participatory and inclusive approach throughout the design and conduct of the evaluation.
- Provide an **analysis of the processes** employed by the intervention, in relation to participation and inclusion, non-discrimination and fostering social change, pointing out entry points to improve on these areas.
- **Identify relevant stakeholders** that the programme or organizational unit should consider engaging with.
- **Identify key health equity, gender equality, disability inclusion and human rights issues**, including through an analysis of unintended effects.
- Produce a **gap analysis of available data** (e.g. identify relevant human rights instruments and how they relate to the intervention, point out existing data sources and identify what indicators could be disaggregated or collected separately on the issues identified previously).
- Using the validation phase, **foster discussions** with the team on identified issues and engage in a dialogue with identified stakeholder groups.

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