



Gender-Intentional Digital Health Intervention & Enablers:

A Rapid Guide for Analysis, Planning, and Monitoring

An analysis, planning, and monitoring guide developed
as part of Gavi, the Vaccine Alliance's Digital Health
Information Strategy

October 2022

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As part of Gavi, The Vaccine Alliance's efforts to monitor the use of our digital health information resources and to gather recommendations to improve them in future versions, we have set up a dedicated e-mail DHI@Gavi.org. Please let us know what you have found useful and what we can do better in the next iteration. Thank you!

Glossary of Terms

Digital literacy

The ability of individuals and communities to understand and use digital technologies for meaningful actions within everyday life situations.

Digital health

The systematic application of information and communications technologies, computer science and data to support informed decision-making by individuals, the health workforce, and health systems, to strengthen resilience to disease and improve health and wellness for all (WHO 2020).

Enabler / Enabling Environment

The factors or conditions that facilitate the sustainable implementation of digital health interventions such as the national technology infrastructure, local capacity or workforce, data standards, interoperability or architecture, policies and governance related to technology design, implementation, and use.

Gender

The social, behavioural and cultural traditions, practices and expectations associated with being male, female or gender non-binary.

Gender analysis

The systematic use of approaches and methods to understand how gender and gender dynamics affect men, women and gender diverse or non-binary people's access to resources, needs, participation, social and economic relationships and how these perspectives impact development programme policy and practice.

Gender digital divide

Women, girls and gender minority population's lack of access to, use and development of information communication technologies.

Gender dynamics

The social and cultural ideas about gender roles that influence relationships and interactions between people.

Gender equality

All people, regardless of gender or gender identity, enjoy equal social and economic goods, opportunities, resources and rewards.

Gender-intentional

Identifying and understanding gender inequalities, gender-based constraints, and inequitable norms and dynamics and taking steps to minimize gender-biases and promote equity, inclusion, diversity and accessibility for all users and stakeholders.

Iterative implementation

The stepwise process of building, refining, and improving a product or programme to ensure that it is appropriate, useful and meets the target population's needs.

Meaningful engagement

All stakeholders are part of an equal partnership of learning, sharing, listening and hearing diverse viewpoints that contribute to the design and development of a new approach or intervention.

Participatory design

The design of interventions or approaches with active involvement of all stakeholders to ensure that the results, product or programme is appropriate, useful and meets the target population's needs.

Health Enabled and Gavi, the Vaccine Alliance would like to thank the following individuals for their inputs and valuable contributions serving as peer-reviewers for this resource: Carine Gachen (Gavi), Michelle Kaufman (Johns Hopkins Bloomberg School of Public Health), Deborah Levine (Johns Hopkins Bloomberg School of Public Health), Rosemary Morgan (Johns Hopkins Bloomberg School of Public Health), Jean Munro (Gavi), Chaitali Sinha (International Development and Research Centre), and Haeng-Lee Tang (Johns Hopkins Bloomberg School of Public Health).

Introduction

Gender, the social, behavioural and cultural traditions, practices and expectations associated with being male, female or non-binary, influences access to and use of health services and health information as well as digital health interventions designed to facilitate access and use. In many cultures, women and gender minorities face challenges accessing health services and information technologies as compared to men. Transportation and mobility barriers, control over financial resources, and the agency and flexibility to make independent choices may restrict a woman's ability to access health services for herself or her children.

Digital health is the use of information and communication technologies (e.g. mobile phones, computer dashboards, digital data transfer) to support decision-making by individuals, health workers, and health systems, strengthen resilience to disease and improve health and wellness (WHO 2020). Similar to health service access, gender-related barriers can restrict access and use of data, technology and digital tools that are intended to improve health systems, knowledge and communication among the health workforce and caregivers. These barriers and challenges stem from gender dynamics, the cultural ideas about gender roles that influence relationships and interactions between people. Gender dynamics and the barriers they create affect the coverage, access, and uptake of health services. To increase access to digital health-enabled health services and information, digital health interventions and the underlying supportive environment need to become more gender-intentional (Figueroa et al., 2021).

Gender dynamics describe how relationships and interactions between people are informed by cultural, social and political ideas about gender. Power, authority, independence and expectations play a large role in how people interact with each other in the home, in the workplace, and in society; gender dynamics influence interactions between men, women and gender diverse people and also in all-male and all-women groups.

For example, power dynamics may give male health providers more access to computers and handheld devices, leading to greater authority over technology in the workplace. Female health workers are often expected to bear more of the burden of routine data entry while their male counterparts use the technology and data for presentation and decision making. In

Why work towards gender-intentional digital health programming?

- Strategies, policies, interventions and programmes should reflect and meet the needs of the populations they are intended to serve – inclusion.
- Multiple perspectives, ideas and opinions generally produce better results – diversity.
- Research and evidence demonstrate that investment in women's health and having more women and gender minorities in leadership roles can lead to better policies, intervention design, outcomes, innovation, and return on investment. These advantages and benefits are most likely true for gender non-binary people in leadership as well.
- Gender empowerment accelerates economic and social development.

(Mathad et al., 2019; Remme et al., 2020; Coronado et al., 2020; Asi & Williams, 2020)

addition, the gap of women and other gender minority representation in governance and leadership for digital health can impact the resulting policies, practices and design. These illustrative examples of gendered access, use, and oversight of digital health information reflect historically unequal power relationships and societal norms influencing relationships and gender dynamics between men, women and gender diverse people in the health workforce and leadership.

Gender-intentional digital health ensures equitable representation, participation, and meaningful engagement of women, gender diverse people, and men in the analysis, planning, and monitoring of digital health interventions and relevant enablers such as leadership, governance and the capacity of the health workforce.

Gender dynamics and resulting imbalance of power can compromise the success of a digital health intervention. Any intervention that intends to introduce a digital device, promote a new use of data or access to technology must consider how cultural gender

norms and barriers could affect the intended access and use of those services and data. Gender dynamics can influence the initial design and development of digital health technologies, all the way through their uptake, use, monitoring, and evaluation, reflecting the standard policies, workflow and expectations that are predominantly designed for male-dominant norms (Steege et al., 2018a). If the intended end-user cannot engage with the digital health intervention in a meaningful way, the expected outcomes of the intervention will be weakened, and any existing gender inequalities will be reinforced and maintained.

A gender-intentional digital health intervention aims to understand how cultural gender dynamics could influence, change or reduce the intended outcomes in order to design a programme that will minimise these effects and promote equity, inclusion, diversity and accessibility for all users and relevant stakeholders.

Purpose of Gender-Intentional Digital Health Rapid Guide

Gender-Intentional Digital Health Intervention & Enabler Prioritization: A Rapid Guide for Analysis, Planning, and Monitoring is designed to support the inclusion of gender analyses and prioritisation for digital health intervention planning, implementation, and monitoring. It draws on the work of the [Health Data Collaborative Digital Health and Interoperability Small Working Group on Diversity, Equity, and Inclusion](#), efforts to include

gender in the [Global Digital Health Index and Maturity Model](#), [Gavi, the Vaccine Alliance's Gender Policy](#) and [Gender and Digital Health Information for Immunisation Briefing Document](#). These efforts all highlight the need to proactively understand and address the gender digital divide and associated gender dynamics in the health sector to achieve the full potential of digital health in low- and middle-income countries.

This guide supports targeted efforts to operationalise [Gavi, the Vaccine Alliance's Digital Health Information Strategy](#) which includes “gender-intentional” in the vision and prioritisation of gender-related activities that can support scale and impact by overcoming negative gender biases, gender dynamics, and the effects of the gender digital divide on digital health interventions. During the development of National Country Roadmaps for Digital Health Information (DHI) for Immunisation as part of the Gavi DHI Strategy testing process¹, it was clear that while gender was included as a priority in the National Immunisation Strategy, it was unclear which aspects of gender or how it would be addressed. In addition, it was difficult to engage in meaningful conversations related to gender among immunisation and digital health stakeholders during sub-national and national-level workshops. As time and resources are limited it was advised that any gender-related resource would need to be quick and easy to use with the aim of helping countries, health systems, and their digital health interventions move incrementally across a continuum of gender programming towards gender



Gavi, 2013, Evelyn Hockstein

¹ National Country Roadmaps for Immunisation DHI were facilitated in Cambodia, Central African Republic (CAR), Ethiopia, and Nigeria as part of the Gavi DHI Strategy development process between May and August 2022.

transformation, programme development and design that promotes equality, diversity and inclusion for all users.

This document is meant to be a brief overview of targeted activities, questions, and templates to guide stakeholder prioritisation in three phases of activities: 1) Analysis, 2) Planning, and 3) Monitoring. It is not meant to be exhaustive but rather to stimulate the digital health community to start a movement towards a more pragmatic approach to gender intentional action rather than the historical and current inaction.

The process, guidance and recommendations covered here are relevant to low- and middle-income country national health programmes seeking to create more equitable and effective digital health interventions and enabling environments. It draws heavily on pivotal bodies of work from the past twenty years related to gender in health and gender in technology and applies them to the specific intersection of gender and digital health. This guidance incorporates early insights from projects that have taken a proactive approach to this intersection such as [BBC Media Action](#)'s digital health work in India with more background on the specific application to immunisation available in the [Gender and Digital Health Information for Immunisation Briefing Document](#).

Effects of Gender and Gender Dynamics on Digital Health

Gender and gender dynamics impact access and use of digital health technology and data. Global trend analyses show a significant 'gender digital divide', especially in low- and middle-income countries where women are 7% less likely than men to own a mobile phone and 16% less likely to access mobile internet (GSMA 2022). The gender digital divide impacts the ability of women to access information and services delivered through digital technology as well as their ability to engage in decision-making related to the design, implementation, and policies associated with digital health interventions and enablers. It also impacts safety as women and gender minority populations may experience elevated risk of sexual and gender-based violence because of inadequate privacy measures to protect sensitive health information shared through their participation in digital health interventions.

As a result of women and gender minority's disproportionate exclusion from the digital ecosystem and a lack of a timely and meaningful reaction from

Gender Digital Divide

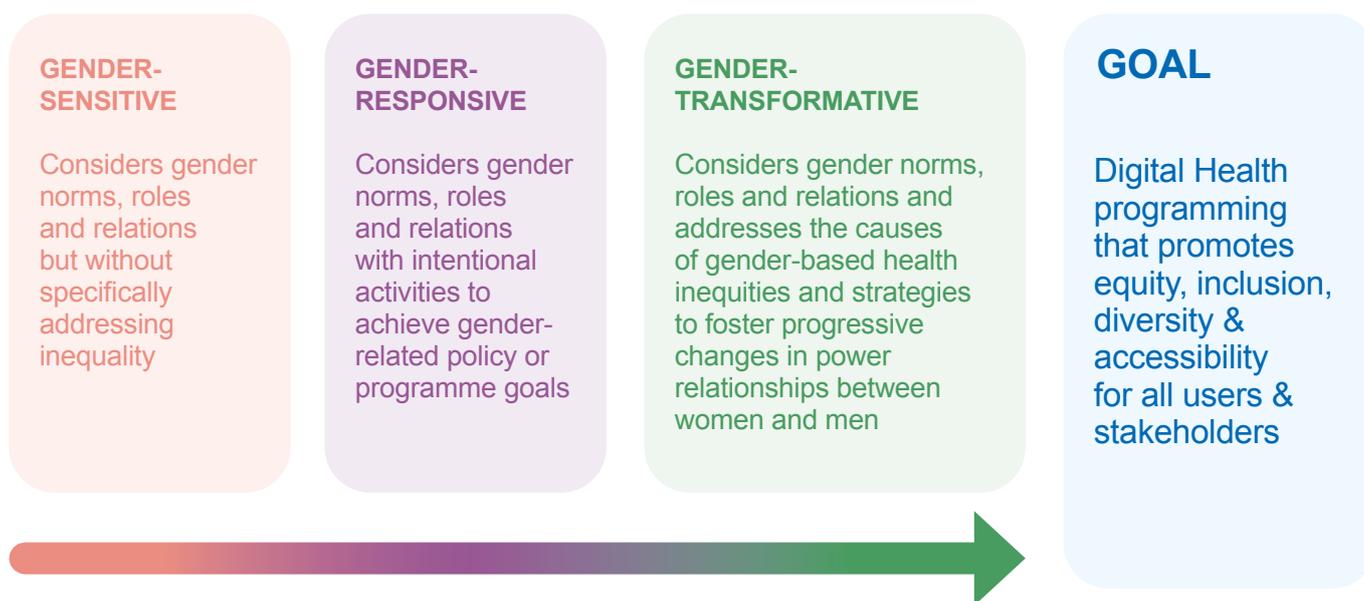
A key factor within the digital development ecosystem that can enable or hinder digital health interventions is the gender digital divide. Gender digital divide is defined as gender biases and inequalities coded into technology products, technology sector and digital skills education. This is most visibly captured in statistics on technology access and use such as the number of male or female mobile phone subscribers or Internet users, but also manifests itself in the proportion of male and female technology or content developers, proportion of male or female professionals trained to use the technology, and/or proportion of male or female policy-makers engaged in supporting the enabling environment.

programmes and policymakers, the economic impact that results from limited access, underdeveloped digital literacy, skills and agency for women continues to increase, especially in low- and middle-income countries (Alliance for Affordable Internet, 2021). Non-binary and other gender identities are rarely captured in health and development data. Most surveys and data collection tools do not distinguish between sex and gender identity, eliminating the ability to understand the impacts of an entirely different set of socially constructed gender roles and dynamics (Weber et al., 2021).

The goal for gender-intentional programming is to achieve gender transformation, a holistic and meaningful approach where all users and beneficiaries have meaningful representation, engagement, and benefit from digital health interventions. To move along the continuum of gender transformative programming and digital health interventions, the first two Principles for Digital Development can provide a good starting point: consider the recommendations in Understand the Existing Ecosystem and Design with the User with a gender lens to contextualise planned digital health interventions and enablers.

To help measure this continuum at the national level a new cross-cutting indicator (23a) in the [Global Digital Health Index & Maturity Model](#) (see below) proposes to assess the extent to which gender considerations have been accounted for digital health strategies and governance.

The Continuum of Gender Transformative Programming



(adapted from WHO 2011)

WHO Gender Responsive Assessment Scale: criteria for assessing programmes and policies (adapted from WHO 2011)

Category of gender responsiveness	Criteria and characteristics of programmes, policies & institutions
Gender-sensitive	<p>Considers gender norms, roles and relations</p> <ul style="list-style-type: none"> Does not address inequality generated by unequal norms, roles or relations Indicates gender awareness, although often no remedial action is developed
Gender-responsive or Gender-specific	<p>Considers gender norms, roles and relations for women, men and gender diverse people and how they affect access to and control over resources</p> <ul style="list-style-type: none"> Considers women’s, men’s and gender diverse people’s specific needs <p>Intentionally targets and benefits a specific group to achieve certain policy or programme goals or meet certain needs</p> <ul style="list-style-type: none"> Makes it easier for women, men and gender diverse people to fulfil duties that are ascribed to them based on their gender roles <p>Gavi Gender Policy definition: Gender-responsive approaches adopt a gender lens to consider individual needs of different gender identities without necessarily changing the larger contextual issues that lie at the root of the gender inequities and inequalities.</p>
Gender-transformative	<p>Considers gender norms, roles and relations for women, men and gender diverse people and that these affect access to and control over resources</p> <p>Considers women’s, men’s and gender diverse people’s specific needs</p> <p>Addresses the causes of gender-based health inequities</p> <p>Includes ways to transform harmful gender norms, roles and relations</p> <p>Objective is often to promote gender equality</p> <p>Includes strategies to foster progressive changes in power relationships between women, men and gender diverse people</p> <p>Gavi Gender Policy definition: Gender-transformative approaches are those that attempt to re-define and change existing gender roles, norms, attitudes and practices. These interventions tackle the root causes of gender inequity and inequality and reshape unequal power relations.</p>

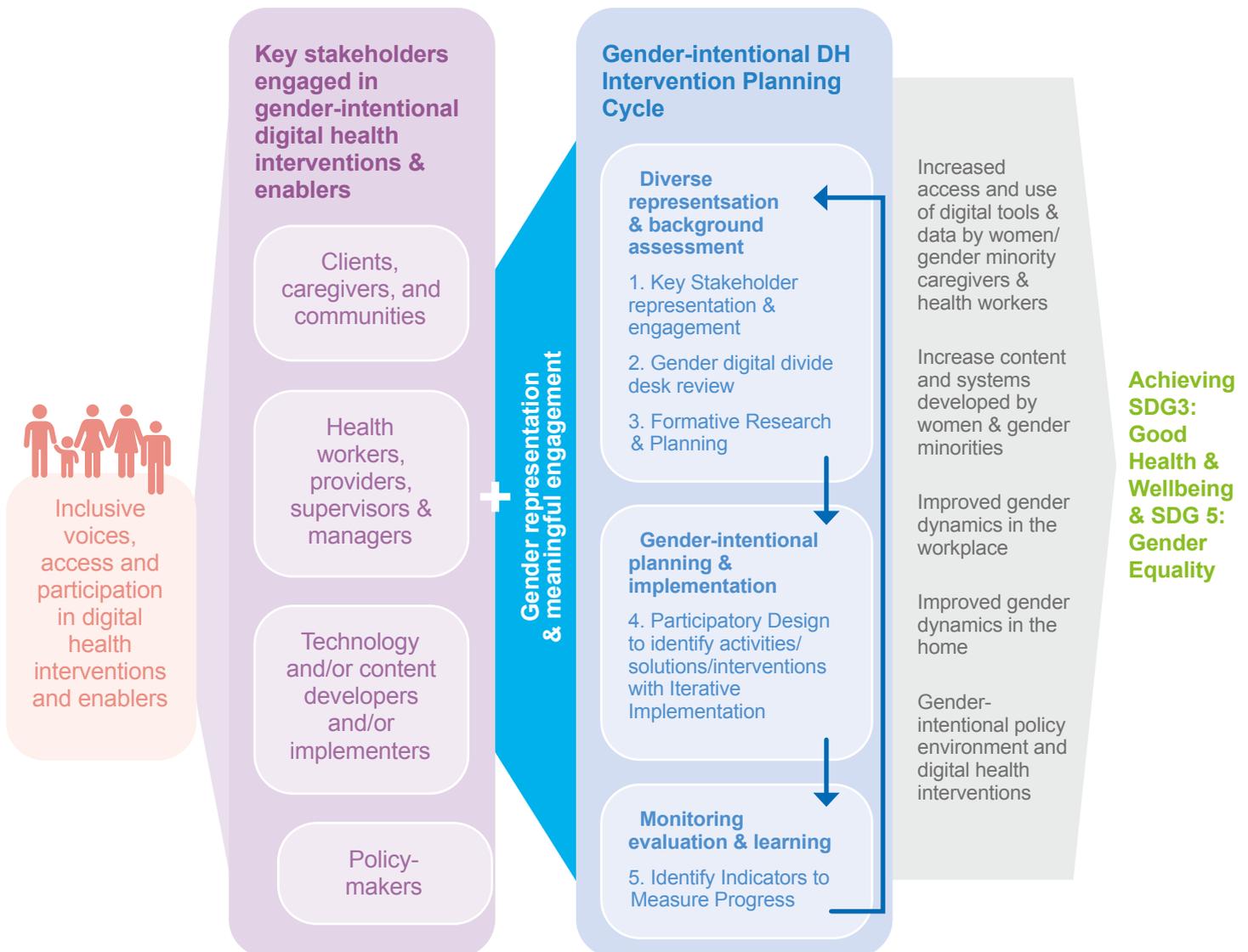
Framework for Gender-intentional Digital Health Interventions and Enablers

Frameworks and visual models can help decision-makers and programme planners understand and organise ideas, data, and analysis for a more inclusive and gender-intentional digital health intervention. This Framework for Gender-intentional Digital Health Interventions and Enablers is adapted from the *mHealth and MNCH Framework for Analysis Addressing Gender and Women’s Empowerment* and presents a structure to guide programme planners in gender-intentional design and implementation, beginning with gender analysis.

is to drive impact towards both the Sustainable Development Goal for Health (SDG3) as well as Gender Equality (SDG5). This can be achieved through increased access and use of digital tools and data by female and gender-minority caregivers and health workers, improved gender dynamics in the health workforce and home, and gender-intentional policy environment and interventions. The digital health intervention and enabler cycle provides a systematic pathway through which gender representation and meaningful engagement of various stakeholders can contribute to these outcomes.

The aim of the framework and related activities

A framework to analyse, design and address gender and gender dynamics for gender-intentional digital health interventions and enablers



Diverse Representation in Stakeholder Engagement

Gender-intentional digital health interventions and enablers begin with four main stakeholder groups to include in any gender analysis and gender-intentional planning process. A gender-intentional stakeholder consultation process includes a two-way exchange and sharing of information in an accessible format across all stakeholder groups, including marginalised groups, the gender diverse and gender minority community, men, and women in all domains. A gender-intentional digital health intervention or enabler cycle begins by gathering diverse stakeholders who will be involved as meaningful partners throughout the process.

Meaningful engagement means that stakeholders are not just sources of data and information but are part of an equal partnership of learning and sharing. The process of meaningful engagement, listening, hearing, and sharing diverse viewpoints, is as important as the final digital health intervention or enabler.

Engage members of each stakeholder group through a transparent process where all stakeholder groups are provided with an opportunity to participate in

a manner that is appropriate and accessible for everyone. Depending on the context these may take the form of working groups, advisory committees, workshops, in-depth informational interviews, or other formats to ensure regular two-way feedback and meaningful exchange of views and priorities that are incorporated into the intervention concept, design, and implementation. Stakeholders should be invited to give regular feedback during implementation to ensure their views and priorities are incorporated into intervention design and practice. When possible, engage a gender specialist as part of the analysis, planning, and monitoring process.

Step 1: Key Stakeholder Representation & Engagement

To achieve meaningful engagement, make sure that relevant stakeholder groups are conducting and represented in the analysis and planning process. The following matrix can be used to guide an analysis of key stakeholders who should be involved in the development of gender-intentional digital health programming. Understand the current gender representation as well as age, geographic location, education and ethnicity of stakeholder groups to make plans for specific activities to progress towards meaningful engagement and gender equality.



Stakeholder Worksheet*

Using the categories below, fill in the current and target goals related to gender in the digital health intervention or programme. List the activities and methods that will be used to achieve the target goals (adapted from Deshmukh & Mechael 2013).

Stakeholder	Proportion of participants in digital health intervention or enabler by gender (current - baseline)	Target proportion of participants in digital health intervention or enabler by gender (future goal - endline)	Activities to ensure gender-intentional participation in digital health interventions and enablers
Clients, caregivers, community members	<p>% of current participants that are men</p> <p>% of current participants that are women and gender minorities</p>	<p>What is the goal for gender representation among clients, caregivers and community members?</p> <p>Goal: % of participants that are men</p> <p>Goal: % of participants that are women and gender minorities</p>	<p>This may include recruitment of participants through nomination, award processes or leadership recognition initiatives; consider the target population represented by age, location (rural/urban), socioeconomic status, people with disabilities and other gender minority groups and the different challenges or barriers to participation for each group or participants.</p> <p><i>Example: Engage the community volunteer network to recruit and support women and gender minority users in rural districts.</i></p>
Health workers, providers, supervisors and managers	<p>% of current engaged providers that are men</p> <p>% of current engaged providers that are women and gender minorities</p>	<p>What is the goal for gender representation among health workers and providers in this programme?</p> <p>Goal: % of providers that are men</p> <p>Goal: % of providers that are women and gender minorities</p>	<p>This may include recruitment of providers through nomination, award processes or leadership recognition initiatives. Consider provider participation across different professions such as community health workers, midwives, nurses, pharmacists, doctors; age, location (rural/urban), disability groups and other minority groups are also important factors to consider.</p> <p><i>Example: Provide scholarship/stipends for women/gender minorities from rural districts to participate in the programme assessment activities and professional development opportunities.</i></p>
Technology and/or content developers and implementers	<p>% of current technology/content developers/implementers involved in the digital health programme that are men</p> <p>% of current technology/content developers/implementers involved in the digital health programme that are women and gender minorities</p>	<p>What is the goal for gender representation among technology, content and implementers in this programme?</p> <p>Goal: % of implementers that are men</p> <p>Goal: % of implementers that are women and gender minorities</p>	<p>This may include request for information on gender engagement in technology and content development as part of procurement and vendor selection processes.</p> <p><i>Example: Work with the local minority-led entrepreneur association to identify women and gender minority programmers and minority-led ICT businesses; recruit local professional women/gender minorities to be involved in the design process and contribute to as content development.</i></p>
Policy-makers & Decision-makers	<p>% of current policymakers/decision-makers involved in the digital health programme that are men</p> <p>% of current policymakers/decision-makers involved in the digital health programme that are women and gender minorities</p>	<p>What is the goal for gender representation for policymakers, leaders and decision-makers in this programme?</p> <p>Goal: % of policymakers that are men</p> <p>Goal: % of policymakers that are women and gender minorities</p>	<p>This may include recruitment of leadership through nomination and/or award processes or leadership recognition initiatives.</p> <p><i>Example: Engage the head of the Department of Women, Youth and Gender to guide the programme and help facilitate the coordination between Ministries of Health and Department of Digital Health.</i></p>

* please see Annex A for a black-and-white printer friendly version of this form

- **Clients, caregivers, and communities** - As the ultimate focus of any health programme, the gendered access and use of digital technologies in the home and community play a significant role in the success of digital health interventions and enablers.
- **Health workers, providers, supervisors and managers** - Health providers must be involved to share experiences about gender barriers and gender dynamics impacting their ability to use digital tools and provide equitable and effective health services for their clients. This includes power dynamics in supervisory relationships. They may also have insights about gender barriers and norms among the communities they serve.
- **Technology and/or content developers and/or implementers** - Technology solutions will best serve the needs and concerns of inclusive voices when designed and informed by women, gender diverse people and representatives from the population they are meant to serve. Women and gender minorities remain underrepresented in technology fields, making it especially crucial that they are included as stakeholders in the digital health intervention and enabler planning cycle.
- **Policy-makers** - Decision-makers responsible for the development and implementation of national policies governing digital health, data and statistics have an important role to play in informing and learning from a gender-intentional analysis.

Output of Step 1: Create an overall plan to ensure greater gender balance of all stakeholders involved in the digital health intervention and enabler activities.

Step 2: Gender Digital Divide Desk Review

It is important to have a basic appreciation for the intersectional gender digital divide in the community, target population and in the institutions involved in the programme. This can be accomplished through a rapid desk review of existing documents to understand aspects of digital health, technology, and health systems that will inform gender-intentional prioritisation, planning and monitoring. If helpful, you may want to refer to some standard gender frameworks to help organise this data collection process (see for example [UNICEF's Immunisation and Gender guide](#)). By understanding the basic considerations and metrics in the analysis phase, you can also set a baseline that will make it easier and more straightforward to monitor and measure progress across the continuum.

Some resources for gender-related health and technology statistics, analyses, and country case studies include the [World Bank](#), [World Health Organization](#) (WHO), International Telecommunications Union ([ITU](#)), and the [GSMA](#). In cases where these data are not readily available, it is advised to conduct some key informant interviews with key stakeholders familiar with the local digital health, health, and technology landscape to provide any insights they have that can inform prioritisation and planning.

Any existing sources of information can help facilitate this review process which should include elements from the following categories:

Relevant National and (where available) Sub-national Strategies

- National Health Strategy or Plan – document if and how digital health and/or gender is prioritised.
- National Digital Health Strategy or Plan – document if and how gender is reflected.
- National Gender Strategy or Plan - document if and how technology and/or health and/or digital health is reflected.
- National Technology/ Digital Transformation Strategy - document if and how gender is reflected.
- National Education Strategy or Plan – document if and how gender parity is promoted for students in information, communication technology training and education.

Relevant National and (where available) Sub-national Statistics, Data and Measurements

- **Digital technology penetration and use:** Mobile phone (basic handset vs. smart phone), tablet, computer, radio and TV - access and use by gender, geographic area, socioeconomic status etc. This information will help to inform what sort of digital health devices and/or mix of devices or media platforms would be most appropriate for target populations and will form an understanding of who would be left out of a digital health intervention without explicit planning for intermediary engagement or complementary approaches across accessible platforms.
- **Internet access and use:** Internet connectivity, cost and access by gender, rural and urban populations - can help understand if mobile Internet or web-based applications will be accessed and appropriate. Although internet-based interventions are often more cost effective,

some key populations will be left out behind without explicit planning for alternative and accessible engagement approaches.

- **Health Workforce:** Map the existing gender composition of health workers and supervisors as an indicator of potential gender dynamics – examine the gender composition across cadres, at different levels and geographic areas (rural/urban).
- **Literacy:** Understand the literacy rates by gender and other key characteristics to help inform appropriate delivery methods (voice, SMS, Internet, etc.) or mix of forms most appropriate for target populations.
- **Digital Literacy:** What is the level of comfort and ease, by gender, in accessing and using different technology applications among the target population and the health workforce
- **Digital technology workforce** – Map the representation and participation of women and gender minority groups in technology design, implementation and leadership

Output of Step 2: A report highlighting the baseline Gender-Intentional Digital Health Situational Analysis

Step 3: Formative research and planning

The planning and assessment stage for gender-intentional digital health intervention design should be structured in a way that encourages equitable and meaningful participation in all activities, including the initial formative research design. The use of well-structured qualitative research methods such as key informant interviews and focus group discussions alongside more targeted quantitative surveys lend themselves well to understanding some of the potential gender-related enablers and barriers to planned digital health interventions and enablers.

Use the following checklist to answer some key questions at the start of formative research. In addition to gender, consider other relevant characteristics of participants/representatives such as rural/urban, socioeconomic status, age, profession and disability.

Output of Step 3: A Gender-Intentional Formative Research Plan & Report

Formative Research Checklist*

Questions		
Are men, women and gender diverse people equally represented in the stakeholder consultation and planning team? Be sure to consider all roles at all levels across the stakeholder groups and relevant characteristics (e.g. age, location education, socio-economic status)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are women, men and gender diverse people equally represented on the writing team?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are women, men and gender diverse people able to participate and engage equally in the stakeholder consultation and planning meetings? What barriers and opportunities might skew participation?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are the concerns of women, men and gender diverse people included equally in the analysis of the problems being addressed and/or intervention or enabler being developed?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Does the formative research plan include considerations for increasing equitable engagement and representation of women, men and gender diverse people in the research as study subjects? Depending on the intervention this may include individuals in the general population, caregivers, health professionals, administrators, and policymakers.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?

* please see Annex A for a black-and-white printer friendly version of this form

Gender-Intentional Digital Health Planning & Implementation

At each stage in the gender-intentional planning cycle, gender representation and meaningful engagement should be considered across the four stakeholder domains. The following sections present key questions and considerations that should be adapted and tailored to the specific digital health intervention priorities and local context.

This will then result in the identification of relevant activities, solutions, and interventions with a design that is gender-intentional. The following checklist and questions provide a high-level assessment and opportunity for collaborative activity planning to increase the gender considerations in design and implementation.

Step 4: Participatory Design, Solutions Identification, and Iterative Implementation

Taking a gender-intentional approach to formative research, whether for an intervention or an enabler, provides the foundational information from within the local context needed for greater inclusivity and equity in the design process.

Output of Step 4: A list of prioritised actions included as part of a digital health intervention implementation plan to increase gender considerations in the digital health intervention/enabler design and implementation

Gender-Intentional Design Checklist*

Questions			
Does the proposed approach for the digital health intervention/ enabler include considerations for how it can support and/ or benefit men, women and gender-diverse people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Does the proposed design for the digital health intervention/ enabler account for how gender dynamics and gender roles in the home or workplace impact the intended use or engagement of key stakeholders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Will women and gender minority caregivers or health workers have the same access to the intervention or opportunities to engage with enablers as male counterparts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
How do gender dynamics and differences vary for beneficiaries or end users in different demographic, socio-economic, minority groups and geographic areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are gender-related indicators included in the monitoring and evaluation framework? Are gender-related goals and objectives included as part of the digital health intervention’s definition of success?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are there review processes embedded in the implementation through an iterative design to assess the extent to which men, women and gender diverse people are engaging with the intervention/ enabler, as well as mechanisms for corrective action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Does the implementation and design account for local legal and policy guidance or global best practices with regards to quality, safety and personal data protection and differences to how these are applied to men, women and gender-diverse people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?

* please see Annex A for a black-and-white printer friendly version of this form

Monitoring, Evaluation, and Learning

To make progress towards gender transformation in digital health, it must be measured and documented. To do this it is recommended that a monitoring, evaluation, and learning (MEL) plan for gender transformation be developed or that indicators related to gender be added to broader digital health intervention or enabler MEL plans. The ultimate goals of gender-intentional programme planning and design include:

- Increased access and use of digital tools and data by women and gender minority caregivers and health workers
- Improved gender dynamics in the workplace (health workers)
- Improved gender dynamics in the home
- Gender-intentional policy environment, data collection and DHI design

Elements and incremental changes that contribute to these improvements can be monitored and measured through both quantitative and qualitative means with some examples below.

Step 5: Identify Indicators to Measure Progress

The following is a list of sample indicators that can be adapted for use depending on the digital health intervention, enabler or ecosystem that is striving to be more gender-intentional. These can and should be developed and/or incorporated into monitoring, evaluation, and learning plans and/or priorities. The easier they are to measure the more likely they will be measured on a regular basis. It is important to set a baseline, which can be adapted from outputs from Phase 1 and 2 and then measure progress on an annual basis, if not more frequently, to demonstrate progress and areas that require more attention. Some of these have been adapted from the MEASURE evaluation resource, [Integrating Gender in the Monitoring and Evaluation of Health Programs: A Toolkit](#).

Example Indicators

The following illustrative indicators can be adapted to measure progress in gender-inclusion, programming, and design.

In addition, there are qualitative measures and questions that are worth considering and documenting through MEL activities, including:

Input

Percentage of leadership or management positions by gender: Digital health policy makers, technology and/or content and/or implementing partners.

Percentage of stakeholders by gender involved in the design, development, and implementation of the digital intervention and/or enabler.

Number of gender trainings and/or workshops.

Output

Digital health intervention content, messages and/or materials address known gender priorities and considerations.

Percentage of stakeholders by gender involved in the design, development and implementation of digital health intervention/ enabler who recognise the ways gender affects access to digital health interventions and enablers.

Number of existing policies or governance documents for the health programme or digital health programme that include the acknowledgement, considerations and/or measures to increase gender equity? (beyond gender disaggregated data)

Percentage of target and actual end users by gender of the digital health intervention or enabler.

Proportion of eligible users/healthcare workers who were trained on the use of the digital intervention or tool, disaggregated by gender and cadre. What factors make participating in the training easy or challenging by gender?

Percentage of users who are successful in adopting the digital health intervention/enabler by gender. What reasons do they give for their success or challenges?

Percentage of users who started activities/engagement with the intervention or enabler by gender and then dropped out. What are the reasons given for dropping out?

Outcome

Percentage of users by gender who believe that their spouse, co-workers, friends, relatives, and community members approve (or disapprove) of their use of digital tools and technology.

Percent of target and actual users that agree with the concept that men, women and gender diverse people should have equal access to digital technology, information, and data.

Percentage of users by gender that agrees with the statement: women and gender minorities in my community/workplace regularly access and use digital technology, information and data.

In addition, there are qualitative measures and questions that are worth considering and documenting through MEL activities, including:

Frontline Health Workers

What are the perceptions of frontline health workers by gender, staff and management level about gender equality, power dynamics and the agency/empowerment of women and gender minority groups?

How are roles and responsibilities different between men, women and gender diverse people with the same job title/position?

Do men, women and gender diverse frontline health workers, staff and management feel that power dynamics between genders affect their access and use of digital technologies, information, and/or data?

How do power dynamics impact their ability to deliver health services? Why?

Community members, caregivers, mothers and fathers

What are the perceptions of community members, caregivers, mothers and fathers about gender equality, power dynamics and the agency/empowerment of women and gender minority groups?

Do men, women and gender diverse people feel that gender dynamics affect their access and use of digital technologies and information?

Do men, women and gender diverse people in the community have different levels of digital skills?

Do men, women and gender diverse people in the community have different access to digital technologies and information?

How do gender dynamics impacts community member's access to health information and/or health services?

At the national level a new cross-cutting indicator (23a) in the [Global Digital Health Index & Maturity Model](#) proposes to assess the extent to which gender considerations have been accounted for digital health strategies and governance. It includes the following phases of maturity:

- **Phase 1:** Digital health strategies and interventions are developed and implemented without consideration of gender norms, roles, and relations.
- **Phase 2:** Digital health strategies and interventions are developed and implemented with ad hoc consideration of gender norms, roles, and relations.
- **Phase 3:** Digital health strategies and programs are developed and implemented with formal consideration of gender norms, roles, and relations without the policies or structures for accountability (gender-sensitive).
- **Phase 4:** Digital health strategies and programs are developed and implemented with formal consideration of gender norms, roles, and relations with specific strategies targeting governance bodies, health workforce, and clients with mechanisms for accountability (gender-specific or gender responsive).
- **Phase 5:** Digital health strategies, policies, and interventions address gender inequality and foster progressive change in gender dynamics based on routine gender analyses and impact assessments (gender transformative).

Output of Step 5: Prioritised indicators and measures identified and implemented as part of broader or independent gender-intentional digital health intervention or enabler MEL Plan



Conclusion

The steps and exercises outlined in this guide are a brief introduction to some key considerations and potential concrete activities that can help address gender in the design, planning and implementation of digital health interventions and enablers. By acknowledging that gender equality contributes to better health outcomes for everyone, digital health programmes can begin to recognise, understand and address the gender norms, unequal power relations, and socio-cultural practices that contribute to the gender digital divide and affect health behaviours, health outcomes and health service delivery.

Gender analysis and gender-intentional planning is not only about promoting the rights of women, girls, and gender-minorities, but about nurturing incremental and progressive changes in the attitudes, beliefs and social structures that affect all people. With thoughtful attention to gender issues, digital health programmes will develop people-centred, equitable services that contribute to human rights and universal health care for all people.

The exercises and templates in this guide can be used to start the journey to understanding how gender affects digital health programming. Initiate conversations with colleagues; consult the additional resources listed here; facilitate a mini-workshop; and question your own norms and ideas about what it means to be a woman, a man, or gender non-binary in your society. It is through these actions and intentional efforts that digital health interventions can contribute towards greater equity, inclusion, diversity and accessibility for all.



Additional Resources

Gender mainstreaming for health managers: a practical approach (*Facilitators' guide and Participant's notes with workshop activities and resources*) – WHO, 2011. <https://www.who.int/publications/item/9789241501057>

Principles for Digital Development <https://digitalprinciples.org/>

Gender Analysis Toolkit For Health Systems - Jhpiego - a practical guide for public health professionals seeking to understand how gender can impact health outcomes. EN and FR <https://gender.jhpiego.org/analysistoolkit/>

Immunization and Gender: A Practical Guide to Integrate a Gender Lens into Immunization Programmes, UNICEF Regional Office for South Asia <https://www.unicef.org/rosa/media/12346/file>

Addressing Gender and Women's Empowerment in mHealth for MNCH: An Analytical Framework. 2013. [[link to PDF](#)]

Inclusion, Not Just an Add-On. 2022. Policy, Uganda. This guide aims to drive conversations for digital health and digital for development implementers to reconceptualize how to approach inclusive design practices <https://pollicy.org/resource/inclusion-not-just-an-add-on/>

Beyond the Binary: A Guidance for Inclusion of LGBTI People in Development Activities. CanWaCH. 2021. Guidance for LGBTI inclusion in the implementation of global health and gender equality programming. EN and FR <https://canwach.ca/learning/beyond-the-binary-a-guidance-for-inclusion-of-lgbti-people-in-development-activities/>

Guide détaillé sur l'intégration d'une optique sensible au genre et inclusive dans les interventions de vaccination de la République démocratique du Congo (RDC). GRID3 and Flowminder. 2021. A set of gender toolkits to help reduce barriers to vaccination linked to gender and social exclusion factors in the Democratic Republic of the Congo (DRC) - FR [[link](#)]

Gavi and HealthEnabled. 2022. Gender and digital health information in immunisation programming: Gavi Digital Health Information Strategy Technical Brief. [[link to PDF](#)]

Gold Standard for the Global Goals: [Gender Equality Requirements and Guidelines](#) and [Gold Standard Gender Policy](#)

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Annex A: Print-friendly forms

Stakeholder Worksheet*

Stakeholder	Proportion of participants in digital health intervention or enabler by gender (current - baseline)	Target proportion of participants in digital health intervention or enabler by gender (future goal - endline)	Activities to ensure gender-intentional participation in digital health interventions and enablers
Clients, caregivers, community members			
Health workers, providers, supervisors and managers			
Technology and/or content developers and implementers			
Policy-makers & Decision-makers			

* please see page 10 for the original version

Formative Research Checklist*

Questions		
<p>Are men, women and gender diverse people equally represented in the stakeholder consultation and planning team? Be sure to consider all roles at all levels across the stakeholder groups and relevant characteristics (e.g. age, location education, socio-economic status)</p>		
<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>If no, what are the proposed actions?</p>
<p>Are women, men and gender diverse people equally represented on the writing team?</p>		
<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>If no, what are the proposed actions?</p>
<p>Are women, men and gender diverse people able to participate and engage equally in the stakeholder consultation and planning meetings? What barriers and opportunities might skew participation?</p>		
<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>If no, what are the proposed actions?</p>
<p>Are the concerns of women, men and gender diverse people included equally in the analysis of the problems being addressed and/or intervention or enabler being developed?</p>		
<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>If no, what are the proposed actions?</p>
<p>Does the formative research plan include considerations for increasing equitable engagement and representation of women, men and gender diverse people in the research as study subjects? Depending on the intervention this may include individuals in the general population, caregivers, health professionals, administrators, and policymakers.</p>		
<p>Yes</p> <input type="checkbox"/>	<p>No</p> <input type="checkbox"/>	<p>If no, what are the proposed actions?</p>

* please see page 12 for the original version

Gender-Intentional Design Checklist*

Questions			
Does the proposed approach for the digital health intervention/ enabler include considerations for how it can support and/ or benefit men, women and gender-diverse people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Does the proposed design for the digital health intervention/ enabler account for how gender dynamics and gender roles in the home or workplace impact the intended use or engagement of key stakeholders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Will women and gender minority caregivers or health workers have the same access to the intervention or opportunities to engage with enablers as male counterparts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
How do gender dynamics and differences vary for beneficiaries or end users in different demographic, socio-economic, minority groups and geographic areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are gender-related indicators included in the monitoring and evaluation framework? Are gender-related goals and objectives included as part of the digital health intervention's definition of success?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Are there review processes embedded in the implementation through an iterative design to assess the extent to which men, women and gender diverse people are engaging with the intervention/ enabler, as well as mechanisms for corrective action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?
Does the implementation and design account for local legal and policy guidance or global best practices with regards to quality, safety and personal data protection and differences to how these are applied to men, women and gender-diverse people?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what are the proposed actions?

* please see page 13 for the original version