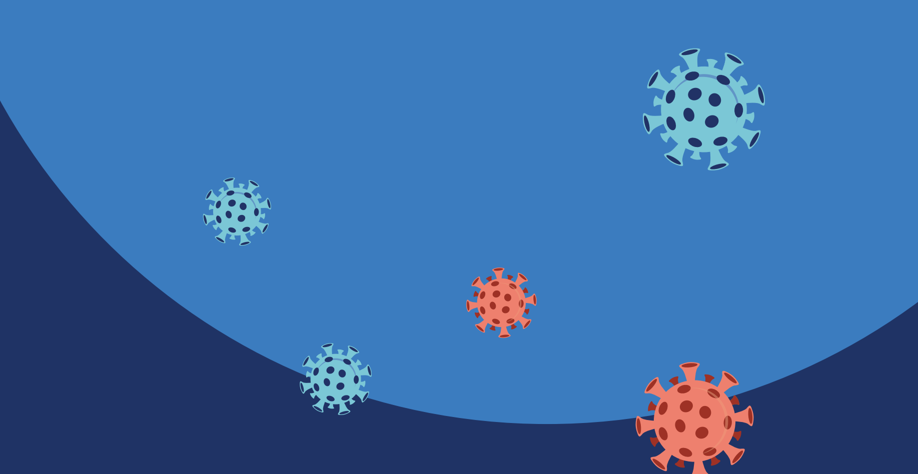


Measuring gender-responsive pandemic planning

GENDER & COVID-19

Measuring gender-responsive pandemic planning

Introduction

In the brief, **How to Create a Gender-Responsive Pandemic Plan**, the **Gender and COVID-19 Project** propose a framework that readers can employ to outline outcomes, activities, and indicators for each of their objectives related to pandemic preparedness, response, and recovery. The brief emphasizes the importance of the ethical and safe collection and analysis of intersectional, disaggregated data in highlighting the differential impacts of pandemics across groups. Here, the Project presents a non-exhaustive, illustrative list of indicators that can be employed for each of the priority areas highlighted in the brief: gender-based violence (GBV); mental health; sexual and reproductive health services; economic and work-related concerns; education; and inclusive decision-making.

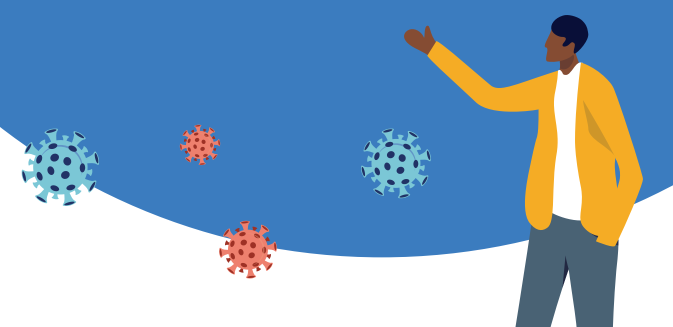
As measures that can be used to capture and reflect information, attributes and dimensions, indicators can serve many purposes including describing, monitoring, and evaluating status, scale, performance, impact and change. They vary in complexity and can be generated from basic counts, composite measures, proxies and qualitative data (i.e., perceptions). Many of the indicators herein were sourced from among the references listed in this document; the groups of interest included in some of these were expanded to include other vulnerable populations (e.g. Lesbian Gay Bisexual Transgender Queer and Intersex (LGBTQI) adults and children). Other indicators were developed by the project based on the needs and activities highlighted in the brief.

In keeping with the overarching themes of public health and gender equity, the indicators listed under each priority area are primarily grouped according to two thematic sections: dimensions of health and health care and gender analysis domains. Readers should bear in mind that any given indicator can fall under multiple themes. For example, the indicator 'percentage of births attended by skilled health personnel' could be related to a question of human resources for health – does the health system have sufficient trained personnel? Or it could be a question of access – are skilled health personnel available to particular populations (e.g. rural versus urban)? It could also be a question of care seeking – do populations intend to access these skilled health providers?

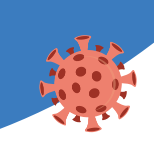
There are many different approaches that can be used to group indicators and the choice depends largely on the type of analysis individual readers wish to undertake. The presentation of sub-groups in this document is intended to illustrate a few of the many options available to researchers, practitioners, and policy makers.

Themes employed to categorize indicators within priority areas

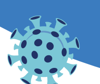
- **Dimensions of health and health care:**
  - Health-seeking behavior
  - Quality of care
  - Health promotion
  - Health financing
  - Health policy
  - Consultation and participation of target groups
- **Gender analysis domains:**
  - Access to resources
  - Distribution of labor, practices, roles
  - Power, decision-making, autonomy
  - Policies, laws, institutions
  - Norms, values, beliefs

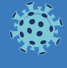


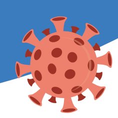
Outcomes	Indicators
	Dimensions of health and health care
Address gender-based violence	**Health-seeking behavior:** • Number of calls per GBV hotline within a specified geographic area • Number of women and children and LGBTQI children and adults using GBV services • Proportion of women, [adolescent girls and LGBTQI children and adults] who demonstrate knowledge of available GBV services • Number of GBV complaints reported to the police • Number of members of at-risk groups (such as children or survivors of sexual violence) who use safe spaces • Proportion of women, adolescent girls and LGBTQI children and adults who say they would be willing to report any experience of GBV **Quality of care:** • Attitudes of health care providers towards sexual and gender-based violence (SGBV) survivors or services • Percentage of survivors (disaggregated by sex and age) who completed a feedback survey who are satisfied with the case management services • Proportion of GBV survivors who received appropriate care • Proportion of women, adolescent girls and LGBTQI children and adults who were asked about physical and sexual violence during a visit to a health unit • Number of survivors who report they were referred to health, psychosocial, case management, legal or any other service based on their needs and informed consent within the recommended timeframe • Proportion of GBV program participants who report that the legal support they accessed was delivered in accordance with their needs and preferences **Health financing:** • Amount of funding available for programs that mobilize informal support networks (e.g. community-led organizations women, youth rights networks, programs to engage men as allies etc.) • Amount available to apply to unrestricted funding (for surge in utilization) **Consultation and participation of target groups:** • In camps, villages or settlement areas, there is a local protection group or mechanism that engages in protection monitoring, reporting and action
	Gender analysis domains
	Access to resources: • Availability of GBV services within an accessible distance • Number of confidential and safe referral and reporting systems, both in-person and remote • Number of GBV prevention, response, and support services (e.g. helplines/hotlines, shelters/safe housing and other related referral and complementary services (e.g. mental health, legal, economic support, including social protection, survivor advocacy services, legal services) within a specified geographic area • Proportion of LGBTQI adults, adolescents and children excluded from humanitarian services and resources during disasters **Power, decision-making, autonomy:** • Economic empowerment and livelihood programs are integrated into GBV standard operating procedures and included in the referral system and service mapping **Policies, laws, institutions:** • Referral pathway in place and regularly updated, and service mapping and standard operating procedures established • Law prohibits marital rape • Protocols that are aligned with international standards have been established for the clinical management of [GBV] survivors within the emergency area at all levels of the health system • Percentage of Government-funded non-governmental organizations (NGOs) or other international organization projects that include activities or services designed to reduce specific risks or harm to vulnerable populations. • Proportion of law enforcement units following a nationally established protocol for GBV complaints • Number of law enforcement professionals trained to respond to incidents of GBV according to an established protocol • Proportion of health units that have documented and adopted a protocol for the clinical management of GBV survivors



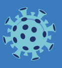
Outcomes	Indicators
	Norms, values, beliefs: • Proportion of girls, women, and LGBTQI children and adults who reported being subjected to physical or sexual violence in the previous 12 months • Percent of target audience who say that wife beating is an acceptable way for husbands to discipline their wives • Number of people trained on psychosocial first aid (PFA) by profession (e.g. health professionals, first responders, community-based and humanitarian workers etc.) • Number of service providers trained to identify, refer, and care for GBV survivors by profession (e.g. health professionals, first responders, community-based and humanitarian workers etc.) • Number of communication programs to sensitize communities to increased risk of GBV in all its forms • Proportion of individuals who report they heard or saw a mass media message on issues related to GBV • Number of programs implemented for men and boys that include examining gender and culture norms related to GBV • Number of security personnel, disaggregated by sex, trained on how to safely respond to incidents of GBV according to established protocols
	Social and health measures
	• Total number of women, girls, boys and LGBTQI child and adult victims of intentional homicide per 100,000 population • Number of victims of human trafficking per 100,000 population, by sex, age, and form of exploitation • Proportion of women, girls and LGBTQI children and adults who have been experienced SGBV in emergency settings (e.g. refugee camps)
	Dimensions of health and health care
Provide mental health support	**Health-seeking behavior:** • Proportion of [target group] who demonstrate knowledge of available mental health services • Number of communication campaigns to raise mental health awareness among households, employers, and/or within a specified geographic area **Quality of care:** • Proportion of mental hospitals and community-based mental health facilities with at least one annual external review/ inspection of human rights of patients and quality of care • Percentages of medical facilities, social services facilities and community programs who have staff receiving supervision to identify mental disorders and to support people with mental health and psychosocial problems • Level of satisfaction of people with mental health and psychosocial problems and/or their families regarding the care they received **Health policy:** • Referral pathway in place and regularly updated, and service mapping and standard operating procedures established • Percentages of medical facilities, social services facilities and community programs that have and apply procedures for referral of people with mental health and psychosocial problems **Health financing:** • Government expenditures on mental health as a percentage of total government expenditures on health (%) • Funding available for mental health support for essential workers in all sectors **Consultation and participation of target groups:** • Percentage of target communities (that is, villages, neighborhoods or institutions such as mental hospitals or orphanages) with formal or informal mechanisms that engage in protection, monitoring and reporting of safety risks or at-risk groups (for example, children, women, people with severe mental disorders)
	Gender analysis domains
	Access to resources: • Coverage of treatment interventions for substance use disorders (pharmacological, psychosocial and rehabilitation and aftercare services) • Unmet need for mental health support • Percent of schools/learning spaces offering psychosocial support for (a) children and youth; (b) teachers





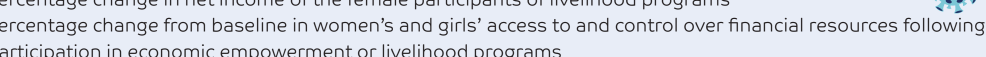


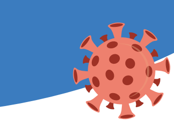
Outcomes	Indicators
	• Number of remote mental health services • Number of community-based social and health care providers trained to screen for psychological distress, by profession • Number of referrals for screening for psychological distress at points of health entry by type (e.g. pharmacy) • Number of mental health prevention, response, and support services within a specified geographic area • Percentage of formal and informal social structures that include specific mental health and psychosocial activities or supports • Number of women, men, girls and boys who receive focused psychosocial and psychological care (such as psychological first aid, linking people with psychosocial problems to resources and services, case management, psychological counselling, psychotherapy or other psychological interventions) • Number of women, men, girls and boys who receive clinical management of mental, neurological or substance use disorders through medical services (primary, secondary or tertiary health care) • Number of mental health services within a specified geographic area • Essential psychotropic medications in each therapeutic category (anti-psychotic, anti-Parkinsonian, anti-depressant, anxiolytic, anti-epileptic) are purchased and sustainable supply lines are established. **Power, decision-making, autonomy:** • Context-specific psychosocial support services focused on the needs of women, girls and LGBTQI children and adults [established within two weeks of the onset of a pandemic] **Norms, values, beliefs:** • Percentage of people who were asked about mental health during a visit to a health unit • Number of people with mental health and psychosocial problems who report receiving adequate support from family members • Perceptions, knowledge, attitudes (including stigma) and behaviors of community members, families and/or service providers towards people with mental health and psychosocial problems
	Social and health measures
	• [Percentage of target group that] started or increased substance use to cope with pandemic-related stress or emotions related to pandemic • [Percentage of target group that] seriously considered suicide in past 30 days • Incidence of mental health related symptoms/conditions • Changes in morbidity of patients with preexisting mood disorders, by disorder • Odds of incidence of symptoms of adverse mental health, by essential worker status and unpaid adult caregiver
	Dimensions of health and health care
Ensure access to sexual and reproductive health services	**Health-seeking behavior:** • Percent of the population who know of at least one source of modern contraceptive services and/or supplies • Women are aware of the full range of services available to them throughout the health care system **Quality of care:** • Abortion care is provided in a clean facility • Staff explain all aspects of abortion care to clients (current condition, treatment plan, follow-up needs, and potential post-abortion complications and how to obtain appropriate post-abortion care) • Percentage of cases in which infection-prevention practices were fully adhered to • Number of knowledgeable and trained staff available to provide abortion care • Clients are provided the opportunity to explore views on abortion options and methods • Appropriate infection prevention protocols are in place in health facilities, by facility type • Percent of deaths related to unsafe abortion at a particular point in time • Staff directly provide or offer referrals for a range of sexual and reproductive health services, including contraception and screening and treatment for HIV and sexually transmitted infections • Number of admissions for treatment of abortion complications • Percentage of women and adolescent girls who indicate they are satisfied with the items provided in the dignity kits they received, disaggregated by age **Health policy:** • Regulations, guidelines, and other policy documents have been developed, approved by national/sub-national governments, and/or disseminated to health care facilities that are supportive of access to safe abortion care consistent with WHO guidance



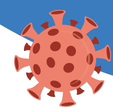
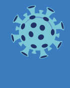
Outcomes	Indicators
	Health financing: • Funding available for increased sexual and reproductive health support (e.g. provision of dignity kits, accessible contraception, abortion, and obstetric, maternal health and newborn care) **Consultation and participation of target groups** • Percent of young people trained as peer educators who are active during a reference period
	Gender analysis domains
	Access to resources: • Number/percent of service delivery points providing postabortion care services by type and geographic distribution • Percentage of women of reproductive age who can identify a nearby source of safe abortion care • Percent of population living within two hours travel time from nearest facility offering a specific reproductive health service • Percent of primary health care facilities providing family planning services • Number of remote sexual and reproductive health services • Percentage of women and adolescent girls who received dignity kits, disaggregated by age **Distribution of labor:** • Percentage of births attended by skilled health personnel **Power, decision-making, autonomy:** • Proportion of women of reproductive age who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care **Policies, laws, institutions:** • Existence of national laws, regulations, or policies that limit access to effective family planning services for unmarried and/or young people **Norms, values, beliefs:** • Women perceive few financial, geographic, and cultural barriers to safe abortion care
	Social and health measures
	• Maternal and neonatal mortality ratio (per 100,000 live births) • Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group • Percent of women of reproductive age who are using (or whose partner is using) a contraceptive method at a particular point in time
	Dimensions of health and health care
Address economic and work-related concerns	**Health policy:** • Governments have issued policies or standards to address labor practices specific to the community engagement workforce (e.g. security, pay scale/incentives, and schedules) • Percentage of workplaces that have non-discriminatory policies related to parental leave **Health financing:** • Increased access to financial support (i.e. unemployment benefits, paid sick leave, insurance etc.) for formal sector and informal sector • Number of emergency cash transfers to assist those whose livelihoods have been affected by the pandemic using systems that allow women direct access to the funds • Number of cash transfer programs for vulnerable groups • Financial stimulus for care based economic recovery ensuring that all can return to work who need/want • Percent of households receiving cash/voucher • Percent households receiving food assistance, by type of assistance • Number of projects to support the economic empowerment of women and older adolescent girls through targeted livelihood and employment interventions • Number of women and girls who receive cash and/or voucher assistance • Percent of households with no income sources provided with income support (transfer or generation)

Outcomes	Indicators
	Gender analysis domains
	Access to resources: • Percent of women (compared to men) enrolled in return-to-work programs and job [re]training • Availability of affordable care provision • Availability of universally accessible, free/subsidized childcare and long-term eldercare • Percent of individuals employed in human health activities with uninterrupted access to appropriate personal protective equipment, by gender
	Distribution of labor, practices, roles: • Proportion of informal employment in non-agriculture employment, by sex • Percent of women employed in human health activities • Female labor force participation rate • Unemployment rate, by sex, age, and persons with disabilities • Percentage of women in informal work sector
	Power, decision-making, autonomy: • Percentage change in net income of the female participants of livelihood programs • Percentage change from baseline in women's and girls' access to and control over financial resources following participation in economic empowerment or livelihood programs • Proportion of workplaces that provide protection from harassment for female health workers
	Norms, values, beliefs: • Proportion of time spent on unpaid domestic and care work, by sex, age, and location • Number of programs to advocate for employers to adopt non-discriminatory policies e.g. paternity leave by sector • Proportion of workers reporting fear of losing jobs or professional opportunities if they quarantine after exposure • Number of communication campaigns to sensitize households to a more equitable distribution of household and caregiving responsibilities
	Social and health measures
	• Percent households according to food consumption score (< 21 and 21-34, 35+) • Percent households by duration of food stock • Percent households with less than three daily meals for children < 5 years • Percent households with less than two daily meals for adults • Average hourly earnings of female and male employees, by occupation, age, and persons with disabilities • Number of workplaces that provide psychosocial support to prevent burnout
	Dimensions of health and health care
Ensure equitable and meaningful representation in decision making	**Health policy:** • Specified geographic area has a community action plan that details community interests, and defines the roles and responsibilities of programs, community actors, and local governments, timeframe for implementation, and progress benchmarks • Proportion of local administrative units with established and operational policies and procedures for participation of local communities
	Health financing: • Amount of funding available for community-based groups (by group type: women's activist groups, youth groups) • Financial and non-financial support to staff and mobilizers (e.g., supervision, training, logistics) is sufficient to ensure that community engagement can be carried out as required • Percentage of women-led organizations and groups that receive direct funding from country-based pooled funds • Increased access to financial support (i.e., unemployment benefits, maternity protection, paid sick leave, insurance etc.) for formal sector and informal sector workers

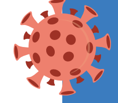


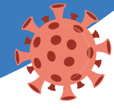


Outcomes	Indicators
	Consultation and participation of target groups: • All subnational and local government offices have conducted participatory assessment and shared results with communities • Human resources and policies are in place that also include support to community mobilizers • Community engagement platforms/processes have been adapted to address specifics of local contexts, programmatic areas, and special requirements of stakeholders (including young people) • Local capacities (including formal institutions, formal structures and informal social networks, informal social networks, and individual skills) have been integrated into project planning, management and evaluation using routine strategies and practices • Community members are given an opportunity to identify barriers to participation • Number of NGOs, CSOs and partners that identify and use strategies to sustain or increase participation • Qualitative materials and participatory practices have been integrated into all aspects of implementation • Governments have established reporting mechanisms for identifying if work with existing community groups and institutions is locally supported • Proportion of community members aware of mechanisms for participation • Direct consultations with local women's organizations have taken place and their inputs integrated into the [pandemic] response plans • Percentage of affected people who report that emergency responses (i) fit with local values, (ii) are appropriate and (iii) are provided respectfully • Percentage of affected people who report being actively involved in different phases of emergency response (for example, participation in needs assessment, program design, implementation, and monitoring and evaluation activities) • Percentage of target communities where local people have been enabled to design, organise and implement emergency responses themselves • Programmatic changes made after comments were filed through feedback mechanisms • Percentage of target communities where representatives of target groups are included in decision-making processes on their safety **Quality of care:** • At least one post-assessment participatory consultation with [vulnerable groups] to share results and strategize on improvements to interventions is included in every assessment plan and budget • Course corrections have been made when community members and leaders indicated issues with activities and strategies
	Gender analysis domains
	Roles, power, decision-making: • Age at first marriage • The country has a mechanism for participation of children and youth at the local and/or subnational and/or national level to influence development agendas that affect the most disadvantaged and marginalized • Proportion of disadvantaged/marginalized/excluded groups (by gender, disability, ethnicity, SES status, urban/rural) in government • Levels of input of women/men at different levels (government departments, NGOs, local stakeholders) to identification and planning • Percent of women (compared to men) on task forces, in relevant governing bodies, and consulted with (including submissions to task forces) at all levels • Percentage of women in leadership roles at all levels of national and global health governance **Access to resources:** • Resources are made available for coordination of community engagement activities with partners and government **Norms, values, beliefs:** • Community members have positive experiences of participation

Outcomes	Indicators
	Policies, laws, institutions: • Government has established reporting mechanisms for receiving complaints regarding ownership and mandates for community engagement activities or related programs • Proportion of government ministries with community engagement department/team/working groups that have mechanisms to reach out to affected or at-risk populations at national, provincial, district and/or local levels • A two-way information and knowledge exchange system has been established to communicate local strategies to officials, and to provide local communities with information, resources, etc. • Government provides feedback to local populations on how their inputs have been incorporated into policies, plans and processes. • All subnational and local government offices have implemented national community engagement strategies • All subnational and local government community engagement programs have been aligned to national government priorities
	Programmatic measures
	• Community engagement activities have been implemented as planned • Contextual analysis (e.g. situation analysis, risk analysis and gender analysis) and qualitative research (e.g. networks, social processes, and local contexts) have informed program planning
	Gender analysis domains
Ensure equitable access to education	**Access to resources:** • Percentage of households that received educational resources for each child • Number and percentage of female and male students receiving direct support (e.g. stipends, scholarships, conditional cash transfers, or nutritional supplements) • Number of males and females attending educational institutions made more accessible for people living with disabilities • Measures taken to include vulnerable populations in distance learning platforms, by [type and] income group • Number of schools with access to functioning handwashing facilities • Number of households/enrolled children with access to technologies for remote learning at home • Number of households/enrolled children with access to internet connection • Number of households reporting additional challenges for children with disabilities to access remote learning • [Percent] of parents/caregivers able to support home-based learning • [Percent] of children no longer receiving food as a result of [pandemic school] closures • Actions taken to improve connectivity, by [type and] income group • Measures for students at risk of exclusion from remote learning, by [type and] income group • [Percentage of children who received] remote learning modalities, by [type and] income group • [Percent] of [children] with access to online learning, by income level and tool • Percent of schools/learning spaces with life skill-based education on [pandemic]-related issues • Percent of teaching personnel unable to deliver classes due to the [pandemic] • Number of affected people who use different formal and informal social structures (such as schools or informal education for children of all ages, health care, social services, early child development programs, women's groups and youth clubs) • Different approaches to limiting learning loss, by income group • Measures for students at risk of exclusion from remote learning, by income group • Actions taken to improve internet connectivity, by income group • Communication modalities between teachers, students and their parents/caregivers • Number and type of targeted activities to monitor and assist boys and girls at risk of dropping out, by level of education • Number of males and females benefiting from special education **Norms, values, beliefs:** • Proportion of women who do not intend to marry their daughters before the age of 18 • Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 • Number of teacher training programs that include GBV in their curriculums • Percentage of teachers trained in and receiving follow-up support on how to support learners' psychosocial well-being • [Percent] of teachers reporting usefulness of training they received in using computers for instruction • Perceived effectiveness of remote learning, by modality and income group





<table>
<tr><th>Outcomes</th><th>Indicators</th></tr>
<tr><td rowspan="3"></td><td>Policies, laws, institutions:
• Percent of schools that have procedures to take action on reported cases of GBV
• Support provided to teachers, by [type and] income group
• School reopening status, by income group
• Policies to support parents/caregivers with home learning environment, by income group</td></tr>
<tr><td>Social and health measures</td></tr>
<tr><td>• Proportion of youth and adults with information and communications technology skills, by type of skill
• Percentage of girls who do not return to school
• Number of additional girls and boys enrolling, attending, and completing primary and secondary education
• Repetition and dropout rates for primary and secondary schooling by sex, ethnicity, and location (rural or urban)
• Parity indices (female/male, rural/urban, bottom/top wealth quintile, and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on list that can be disaggregated
• Percent of school-age children and youth not currently attending school/learning
• Number of school days disrupted or lost due to the [pandemic]
• Performance disadvantage experienced by eighth graders who missed school relative to students with perfect attendance in the last month, by number of days missed
• Out-of-school population – Total number of primary or lower secondary-school-age children who are not enrolled in primary (ISCED 1) or secondary (ISCED 2 and 3) education
• Pre-primary school gross enrolment ratio – Number of children enrolled in pre-primary school, regardless of age, expressed as a percentage of the total number of children of official pre-primary school age
• Primary school gross enrolment ratio – Number of children enrolled in primary school, regardless of age, expressed as a percentage of the total number of children of official primary school age
• Primary school net attendance ratio – Number of children attending primary or secondary school who are of official primary school age, expressed as a percentage of the total number of children of official primary school age
• Primary school net enrolment ratio – Number of children enrolled in primary or secondary school who are of official primary school age, expressed as a percentage of the total number of children of official primary school age
• Secondary school net attendance ratio – Number of children attending secondary or tertiary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age
• Secondary school net enrolment ratio – Number of children enrolled in secondary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age
• Survival rate to last primary grade – Percentage of children entering the first grade of primary school who eventually reach the last grade of primary school
• Minimum proficiency levels in reading and mathematics</td></tr>
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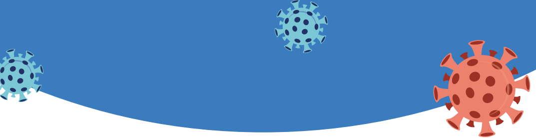


References

Buvinic, M., O'Donnell, M., Knowles, J. C., & Bourgault, S. (2020, December 2). *Measuring Women's Economic Empowerment: A Compendium of Selected Tools*. Center For Global Development. **https://www.cgdev.org/publication/measuring-womens-economic-empowerment-compendium-selected-tools**

Czeisler, M. É. et al. (2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR. Morbidity and Mortality Weekly Report, 69*(32), 1049–1057. **https://doi.org/10.15585/MMWR.MM6932A1**

DataForImpactProject. (n.d.-a). *Adolescent and Youth Sexual and Reproductive Health*. Retrieved March 8, 2021, from **https://www.data4impactproject.org/prh/womens-health/adolescent-and-youth-sexual-and-reproductive-health/**

DataForImpactProject. (n.d.-b). *Attitudes of health care providers towards SGBV survivors or services –*. Retrieved March 8, 2021, from **https://www.data4impactproject.org/prh/womens-health/sexual-and-gender-based-violence/attitudes-of-health-care-providers-towards-sgbv-survivors-or-services/**

DataForImpactProject. (n.d.-c). *Family Planning (Core)*. Retrieved March 8, 2021, from **https://www.data4impactproject.org/prh/family-planning/fp/**

DataForImpactProject. (n.d.-d). *Postabortion Care*. Retrieved March 8, 2021, from **https://www.data4impactproject.org/prh/womens-health/postabortion-care/**

DataForImpactProject. (n.d.-e). *Postabortion Care*. DataForImpactProject. Retrieved March 8, 2021, from **https://www.data4impactproject.org/prh/womens-health/postabortion-care/**

DataForImpactProject. (n.d.-f). *Sexual and Gender-Based Violence*. Retrieved March 29, 2021, from **https://www.data4impactproject.org/prh/womens-health/sexual-and-gender-based-violence/**

Department of Gender and Women's Health. (2002). *Gender Analysis In Health: A Review of Selected Tools*. **https://apps.who.int/iris/bitstream/handle/10665/42600/9241590408.pdf;jsessionid=963AD56E137BD9BE6285C89D17EBD786?sequence=1**

García, E., & Weiss, E. (2020). *COVID-19 and student performance, equity, and U.S. education policy. Lessons from pre-pandemic research to inform relief, recovery, and rebuilding*. **https://epi.org/205622**

Global Education Cluster. (2020). *Education Key Indicators and Questions for Covid-19 Assessment*. Global Education Cluster. **https://www.educationcluster.net/COVID19**

Global Health 50/50. (n.d.). *The Sex, Gender and COVID-19 Project*. Retrieved April 7, 2021, from **https://globalhealth5050.org/the-sex-gender-and-covid-19-project/**

Incorporating intersectional gender analysis into research on infectious diseases of poverty: a toolkit for health researchers. (2020). **https://www.who.int/tdr/publications/year/2020/tdr-intersectional-gender-toolkit/en/**

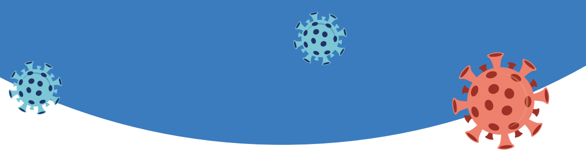
Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2017). *A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings*. **https://interagencystandingcommittee.org/system/files/2021-03/IASC Common Monitoring and Evaluation Framework for MHPSS Programs in Emergency Settings_0.pdf**

Interagency Standing Committee. (2012). *Key Humanitarian Indicators*. IASC. **https://interagencystandingcommittee.org/needs-assessment/documents-public/iasc-key-humanitarian-indicators-2012**

Kerr-Wilson, A., McLean Hilker, L., Mitra, S., Busiello, F., Maguire, S., & Jennings, M. (2011). *Working with the Security Sector to End Violence against Women and Girls*. **https://www.endvawnow.org/en/articles/1108-indicators-.html**

OCHA. (n.d.). *Indicator Registry*. Retrieved April 7, 2021, from **https://ir.hpc.tools/indicators**

Social Impact, I., & Johns Hopkins Bloomberg School of Public Health Center for Refugee and Disaster Response. (2013). *Evaluation Report Evaluating The Effectiveness Of Gender-Based Violence Prevention Programs With Refugees In Uganda Evaluating The Effectiveness Of Gender-Based Violence Prevention Programs With Refugees In Uganda*. **https://www.oecd.org/derec/unitedstates/DoS_PRM_GBV_Uganda_Evaluation_Report_-_Social_Impact.pdf**



The Global Health Observatory. (n.d.). *Indicators*. World Health Organization. Retrieved April 1, 2021, from **https://www.who.int/data/gho/data/indicators**

Turner, K. L., & Huber, A. (2013). *Woman-centered, comprehensive abortion care: Reference manual (second ed.).* IPAS. **https://www.ipas.org/wp-content/uploads/2020/06/ACREFE16-WomenCenteredCACReferenceManual.pdf**

UN. (n.d.). *SDG Indicators — SDG Indicators*. Retrieved March 8, 2021, from https://unstats.un.org/sdgs/indicators/indicators-list/

UNESCO, UNICEF, & World Bank. (2020). *What Have We Learnt? Overview offindings from a survey of ministries of education on national responses to COVID-19*. **http://www.unesco.org/open-access/terms-use-ccbysa-en**

UNFPA. (2015). *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*. **https://www.unfpa.org/featured-publication/gbvie-standards**

UNFPA. (2019). *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. **https://www.unfpa.org/minimum-standards**

UNICEF. (n.d.). *SDGs for Children - UNICEF Data*. Retrieved March 29, 2021, from **https://data.unicef.org/sdgs/**

UNICEF. (2019). *Education overview: Data*. UNICEF. **https://data.unicef.org/topic/education/overview/**

United Nations Statistics Division. (n.d.). *Gender Statistics - Time use data portal*. UN. Retrieved April 7, 2021, from **https://unstats.un.org/unsd/gender/timeuse/**

USAID Bureau For Humanitarian Assistance. (2021, March 24). *Emergency Application Guidelines. Annex B - Indicator Handbook*. U.S. Agency for International Development. **https://www.usaid.gov/bha-guidelines/annex-b-handbook**

World Bank. (n.d.-a). *Open Data*. Retrieved March 29, 2021, from **https://data.worldbank.org/**

World Bank. (n.d.-b). *World Bank Open Data | Data*. Retrieved March 29, 2021, from **https://data.worldbank.org/**

Zhou, J., Blaylock, R., & Harris, M. (2020). Systematic review of early abortion services in low- and middle-income country primary care: potential for reverse innovation and application in the UK context. *Globalization and Health 2020* 16:1, 16(1), 1–11. **https://doi.org/10.1186/S12992-020-00613-Z**