

M&E Framework

Assessing Gender-Biased Sex Selection and Related Policies

Global Indicators

Definitions, Computations and Data Sources

National Case Study

Vietnam's M&E Framework

Global Guidelines

Monitoring & Evaluation

*Global Action on Son Preference
and Gender-Biased Sex Selection*

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List of Abbreviations

ANC	Anti-Natal Care
BCC	Behavior Change Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSR	Child Sex Ratio
DHS	Demographic and Health Surveys
EU	European Union
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GBSS	Gender-Biased Sex Selection
ICPD	International Conference on Population and Development
IDI	In-depth Interviews
IEC	Information Education Communication
IOs	International Organizations
IRM	Inter-regional Mechanism
IVF	In-Vitro Fertilization
KAP	Knowledge, Attitudes and Practices
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
NGOs	Non-Governmental Organizations
PC&PNDT	Pre-Conception and Pre-Natal Diagnostic Techniques Act
SDG	Sustainable Development Goals
SRB	Sex Ratio at Birth
SSA	Sex selective abortion
TFR	Total Fertility Rate
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

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Introduction

Since the 1980s a growing number of countries have witnessed a rise in their sex ratios at birth beyond the biological norm of 105 male per 100 female births. The trend started in Asia (India, South Korea and China) and spread to the Caucasus (Armenia, Azerbaijan and Georgia) and parts of Eastern Europe (Albania, Montenegro) in the 1990s, and more recently to countries like Vietnam and Nepal. Behind this phenomenon lay entrenched son preference and undervaluing of girls. National and international organizations have become increasingly alerted and a number of countries have introduced laws, policies and programmes to prevent the further demographic masculinization, which will affect populations for generations to come. However, little is known about policies and their efficacy in curbing skewed sex ratios at birth. In 2016, the first Global Programme to Prevent Son Preference and the Undervaluing of Girls was launched by UNFPA with the support of the European Union (EU) to improve the knowledge base and inform policies and programmes to tackle gender-biased sex selection (GBSS). The present Monitoring and Evaluation (M&E) Framework was developed as part of this Global Programme.

Purpose of M&E Framework

The main aim of this document is to provide a Global Monitoring and Evaluation Framework to assess gender-biased sex selection and related policies.

The objectives of this particular Monitoring and Evaluation Framework is as follows:

- To offer guidance in monitoring and evaluation by providing explanations of key concepts, indicators and computations.
- To propose a framework that informs national M&E systems and is easily adaptable to diverse country contexts and constraints.
- To inform data collection, analysis, interpretation and communication of SRB and policy changes over time and across countries.
- To support the monitoring and evaluation of SRB trends, GBSS drivers and policies and programmes targeting son preference and sex imbalances.
- To provide information on required data to be routinely collected by governments and statistical offices.
- To inform qualitative and quantitative information needed to track progress.
- To create evidence for informed decision-making at a policy level and provide information for accountability and performance improvement.
- To set global standards for monitoring and evaluation of GBSS, son preference and related policies beyond the Global Programme ending in 2019.

Target Group

The framework is intended primarily for international and national actors who seek to monitor and evaluate programmes on gender-biased sex selection and son preference. This includes different stakeholders such as:

- Designers and implementers of a GBSS prevention programme.
- GBSS programme managers, whether in the field or headquarters.
- Programme staff with responsibility for day-to-day monitoring activities.
- Statistical offices for insights on indicators, data sources and reliability.
- People with significant experience of M&E (including evaluators), who wish to know specifically about the monitoring and evaluating of GBSS, sex ratios at birth (SRB) and related policies.
- GBSS experts who may not have much experience of M&E and thus require more guidance.

Much of the framework is relevant for other people who wish to learn more about how to assess the effectiveness of GBSS prevention programmes including partner country government officials, parliamentarians, academics and civil society organizations.

It is helpful if the reader has some prior knowledge on the issue and is familiar with key concepts linked to GBSS and SRB, yet efforts were made to provide here a comprehensive guide with references for further in-depth reading. In sum, this practical guide aims to inform diverse stakeholders, not only in the programme countries partnering in the Global Programme, but also in other affected countries.

Overview of Framework

The framework is divided into the following six chapters:

1. The **Introduction** lays out the purpose and target group of the Framework.
2. The **Background** provides insights on GBSS, related policies, existing knowledge gaps and the Global Programme on GBSS aiming to fill these gaps.
3. The **Theory of Change** describes the situation of sex imbalance, GBSS drivers and the types of interventions to bring about the results hoped for. It also presents the underlying assumptions and external factors of influence.
4. The **Monitoring and Evaluation** chapter presents the M&E variables, related indicators, data sources, availability and constraints. It offers guidance for national indicator development, monitoring, reporting, and evaluation design. The chapter closes with recommendations for evidence-informed policy making.
5. The **Case Study Vietnam** provides a sample of a national M&E Framework with related indicators and targets.
6. The **Conclusion** offers a summary of the framework and its key lessons.

Background

Gender-Biased Sex Selection (GBSS): A Global Concern

Gender-biased sex selection (hereafter GBSS) refers to various pre- and postnatal strategies to influence the sex of one's offspring. The most common forms are sex determination via ultrasound followed by selective abortions of female fetuses and excess female mortality among children linked to infanticide or neglect after birth. GBSS started in a number of Asian countries in the 1980s and has gradually spread to become a global concern. Currently over a dozen countries are affected by sex imbalances at birth reaching from Eastern Europe, to the Caucasus region, to South Asia, Southeast and East Asia. Migrant communities in North America and Europe are also affected, yet their practice is hardly visible in national statistics.

GBSS has indeed raised global concern, not only because of its reach. First of all, it is pervasive form of gender discrimination, hindering global efforts towards greater gender equality and the elimination of all harmful practices by 2030 (SDG 5.3). Secondly, the long-term consequences associated with the practice are likely to affect broader regions. The growing number of missing women in marriageable age has increased transnational marriage migration, women and child trafficking. Some reports suggest that the lack of brides will lead to political unrest due to increased male bachelorhood and youth bulges (Hudson and Den Boer 2004; Urdal 2006), yet concrete evidence to support such claims remains limited. Thirdly, there are considerable economic losses for global growth (mounting up to US \$12 Trillion) that countries lose by lacking or not making 'full use' of their female populations (Woetzel et al. 2015).

In the light of this increasingly global concern, there is a need to better understand how to monitor and evaluate SRB and policy trends in order to reduce gender biases and contribute to sustainable development for affected countries, regions, and the global community at large.

Policies and Programmes to Prevent GBSS

Since the onset of sex imbalances at birth in the 1980s, several Asian countries have introduced public policies to counter the growing demographic masculinization of their populations. These policies include legal bans to constrain the access to sex determination and sex selection for non-medical reasons, as well as awareness raising, financial incentives and broader legal reforms to strengthen women's rights and reduce son preference pressures. Table 1 offers a comprehensive review of the types of policies, their objectives, strengths and weaknesses and provides concrete examples.

Table 1: Types of Policies Addressing Gender-Biased Sex Selection

Type of Policy	Policy Objective	Example	Strength	Weakness
<i>Legal bans</i>	Restrict access to sex selection, sex determination and advertisement	Medical Service Act (Korea), PC&PNDT Act (India), Population Ordinance (Vietnam)	Direct instrument, influencing sex-selective behavior	Weak monitoring and law enforcement, tendency to norm violation, potential limitation to access safe abortions
<i>Gender equality laws</i>	Promotion of equal rights, e.g. inheritance, property, education, employment	2005 Abolition of Family Head System (Korea), 2005 Hindu Succession Act (India), 2006 Gender Equity Law (Vietnam)	Grant human rights, comply with international norms (CEDAW, ICPD, Beijing, MDGs, SDGs)	Indirect measure, cultural barriers, sticky norms, contradictions in legal code
<i>Awareness-raising campaigns</i>	Change behavior, raise value of girls, address gender discrimination, create awareness	Care for Girls (China), Love Your Daughter (Korea), Save the Girl Child (India), Join hands against sex selection (Vietnam)	Direct instrument, address root cause / social norms, target group specific	Potential reinforcing gender stereotypes, misinterpretation, slow changes in social values
<i>Financial incentives</i>	Raise value of girls, correct skewed sex ratio, reduce infant mortality, etc.	2008 Dhan Lakshmi Scheme (India), 1994 Apni Beti Apna Dhan (Haryana, India)	Direct instrument, multiplier effects (education, health), motivation of addressees	Often linked to family planning programmes high-budget expenses, too many conditions, mismatch in target groups, perceived compensation for 'loss' of raising daughter, misuse (for dowry)
<i>Services, e.g. baby cradle scheme to drop off unwanted babies</i>	Reduce sex-selective abortions and infant mortality by promoting adoption	1992 Cradle Baby Scheme (Tamil Nadu, India)	Temporary solution for girl's safety, reduction in female infanticide	Motivation of addressees (to abandon babies), no penalization of sex selection
<i>Relaxation of fertility regulations</i>	Reduce family pressure by alleviating fertility control	Relaxation and abolition of 1-Child Policy (China), relaxation of 2-Child-Norm (Vietnam)	Reproductive autonomy	Dispute about impact, potential increase in births vs. low fertility in absence of fertility control mechanisms, indirect measure
<i>Social protection schemes</i>	State (not son) sponsored measures of social protection	Social insurance (e.g. pensions, health and unemployment insurance) and social assistance	Safety network for the elderly, reduced pressure on children to provide for parents	Indirect measure, low coverage, informal sector, cultural barriers, high expenditure

Source: Rahm (2019)

At first these policies were introduced in isolation due to independent problem solving led by South Korea, India and China (Rahm 2017). By the 1990s, however, international organizations and experts had created a platform for transnational communication, which was guided by the global population and development agenda. International agreements like the International Conference on Population and Development (ICPD) in 1994 and the Beijing Declaration and Platform for Action in 1995 provided a framework for global governance against sex selection. The first international expert meeting on GBSS hosted by UNFPA and the South Korean government took place in Seoul in 1994 (only three months after the ICPD). Ever since, there have been increased efforts to share lessons transnationally, particularly regarding data and policy expertise. The result of this international communication and harmonization has been greater convergence on how to address GBSS.

Since 2000s, scholars have placed particular attention to the demographic weight and consequences of sex imbalances, yet related policy research has been largely absent. In 2011, OHCHR, UNFPA, UNICEF, UN Women and WHO released the interagency statement on “Prevention of Gender-biased Sex Selection” with important policy guidelines for concerned countries (WHO 2011). In the same year, UNFPA organized in Hanoi an international workshop on the issue, with specialists from the many of the affected countries. The 2015 Sustainable Development Goals (SDGs) call for an end of all forms of discrimination against women and girls (SDG 5.1) and the elimination of harmful practices (SDG 5.3) committed to further advance the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other international human rights treaties. In 2016, UNFPA and the EU launched the first Global Programme to Prevent Son Preference and Gender-Biased Sex Selection to strengthen national policies and increase inter-regional dialogue on son preference and GBSS in Asia and the Caucasus.

The emergent global movement has led to increased knowledge sharing, which is also reflected in the growing number of publications reviewing the existing situation and the evidence-based concerning sex selection (e.g. WHO 2011; UNFPA 2012; Population Council and CREHPA 2015). While policy efforts to counter GBSS have been around for more than three decades, still very little is known about “what works” in preventing sex selection (UNICEF and UNFPA 2014).

Evidence and Knowledge Gaps of “What Works” in Preventing GBSS

Compared to other spheres of technical assistance, GBSS programmes have so far been less rigorously and less effectively monitored, and evaluations have been less frequent and less informative. There are several reasons to explain these current evidence and knowledge gaps.

First of all, many policies and interventions have been designed without provision for rigorous monitoring and evaluation and hastily implemented. Key stakeholders may not be familiar with monitoring and evaluation standards or lack funding and resources to carry them out.

Secondly, SRB is somewhat complex to monitor and make sense of (especially at disaggregated levels). Basic data such as birth registration statistics are often unavailable for a proper monitoring. In addition, the number of births may be too small to be statistically significant. There are also different interpretations and calculations of sex imbalances (e.g. sex ratios at birth, child sex ratios, population sex ratios), with limited technical expertise to measure and interpret demographic trends and policy impacts.

Thirdly, as with other demographic trends we cannot draw direct causal links between demographic outcomes and policy interventions as a lot of other contextual factors (e.g. religion, culture, socio-economic status, etc.) influence reproductive strategies of families. These and other external factors are often hard to control for.

Fourthly, GBSS is a politically sensitive issue. No country or government likes to admit the existence of this fundamental form of discrimination against girls taking place even before birth. The link between strict population policies and sex selection may also be another source of political dilemma. Hence, there is often hesitation to recognize sex selection as a relevant policy issue. At times governments have even thought of sex selection as a “welcoming” trend towards slowing down population growth, since fewer girls born would result into fewer future potential mothers (Bumgarner 2007).

Lastly, gender monitoring and evaluation may not be a priority issue for governments also because of sensitivities regarding abortion issues. Overall, these reasons (see also Box 1) contribute to the existing gaps in literature and our understanding of policies and interventions linked to GBSS. Very few studies have been carried out (Li, Yi, and Zhang 2011; Nandi and Deolalikar 2013; Sinha and Yoong 2009; Subramanian and Selvaraj 2009), leading to an absence of rigorous M&E guidelines. The present framework supported by the Global Programme aims to contribute to filling this gap.

Box 1: Summary of why GBSS programmes often face difficulties with M&E

- Key GBSS actors may not be familiar or comfortable with monitoring and evaluation.
- Different actors have different understandings of what GBSS is about.
- GBSS is a politically sensitive issue.
- GBSS is complex to identify and measure.
- Many countries do not measure SRB or GBSS related variables through nationally representative surveys.
- Actors often need to be pushed to prioritize gender, women and girls rights issues.

Global Programme: Strengthen Knowledge, Policies, Programmes and Partnerships

The EU-funded UNFPA “Global Programme to Prevent Son Preference and the Undervaluing of Girls” runs during the period 2016 - 2019. The programme is implemented in Azerbaijan, Armenia, Bangladesh, Georgia, Nepal, and Vietnam. It has the following interconnected objectives: 1) expand the existing knowledge base on Gender-Biased Sex Selection (GBSS); 2) strengthen national and regional capacity to implement and monitor policies and programmes that address GBSS; and, 3) establish an inter-regional mechanism to strengthen national capacity and South-South collaboration. In sum, the Global Programme seeks to strengthen existing knowledge, policies, programmes and partnerships to effectively address GBSS.

The South-South component entails a focus on exchange of knowledge and expertise between the six programme countries, as well as building on the experiences and lessons learned by other countries that have introduced laws, policies and programmes countering GBSS. This component is supported by the International Children’s Center located in Ankara, Turkey, serving as the inter-regional mechanism. The present M&E Framework is a part of this South-South collaboration. It tries to stimulate the common use of definitions of variables and indicators, as well as to provide guidance to the development and use of monitoring and evaluation tools.

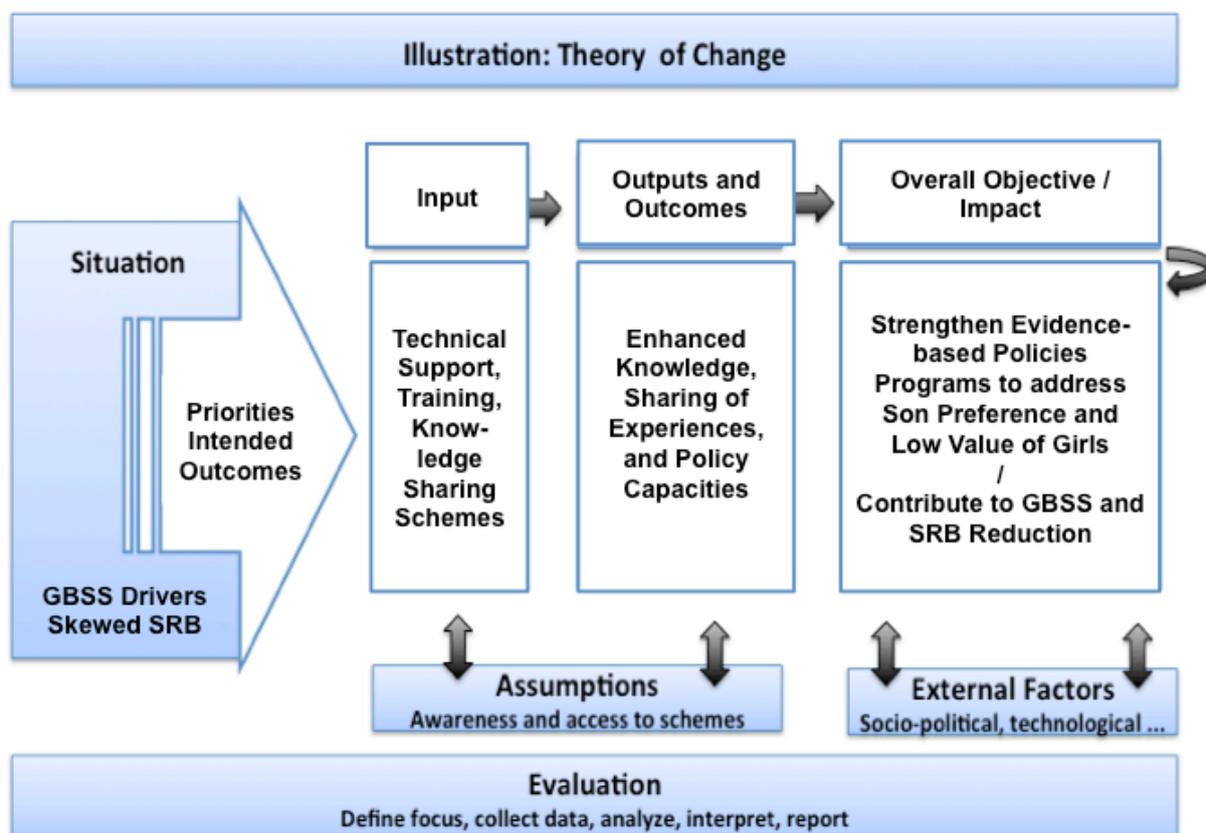
Recognizing the scarcity of evidence linked to GBSS prevention (see prior section), the Global Programme has made several other contributions to filling in existing knowledge gaps. Concrete deliverables have been a South Korean case study report (as South Korea has been the first country to overcome its demographic masculinization), a guideline on research methodologies as well as a communication and advocacy toolkit to reduce GBSS. Furthermore, national guidelines for M&E have been developed (e.g. in Armenia and Vietnam), country-level policy impact studies have been carried out in collaboration with national research institutes (e.g. in Armenia, Georgia and Azerbaijan), and training materials for demographers and policymakers with specific M&E modules have been developed and disseminated.

Theory of Change

Overview

This section presents a global theory of change for GBSS prevention inspired by the Logical Framework of the Global Programme (European Union 2015). It describes the situation, inputs, outputs, outcomes, expected impacts and underlying assumptions linked to GBSS prevention (see Figure 1).

Figure 1: Theory of Change



It is important to note that the global theory of change will need to be adapted to the particular settings and realities unique to diverse national contexts. In this sense, the global theory of change can offer a roadmap for countries to identify key interventions when setting up interventions to address GBSS and its underlying drivers (see also Box 2). Targeted actions needs to be gender responsive, with a focus on the empowerment of girls and women to refrain from sex selection, and the empowerment of boys and men to support shifts in norms and behaviors towards more gender-equal societies.

Box 2: What is a Theory of Change?

A theory of change is a logical model that helps to conduct a situation analysis and conceptualize the linkages between inputs, outputs, outcomes and impacts of policies and interventions. It also encourages M&E practitioners to outline the underlying research assumptions and external factors that need to be controlled for when assessing the program's impact. More specifically in this case, a theory of change can help to conceptualize how interventions may lead to shifting attitudes and behaviors linked to GBSS, reducing son preference pressures and ultimately sex imbalances at birth.

As stated earlier, sex selection is practiced in several countries and societies across Asia, the Caucasus and Eastern Europe. While the sociocultural and political fabrics are unique to each context, there are certain communalities across these diverse terrains contributing to the existence of sex selection. In general, GBSS is associated with persistent son preference, lowering fertility and access to reproductive technologies enabling parents to detect and deselect daughters prenatally (more below). Sex selection is also more common among the well-educated and economically well-off couples during its initial spread.¹

Reasons for this can be found in the underlying patriarchal family systems. In a sense, better-off families have “more to lose” when not having a son. Daughters are married off into another family and no longer contribute to the economic well-being of their natal families. Meanwhile, sons carry on the family lineage, inherit the family assets and reside with their parents in old age. Yet, these norms and customs are also undergoing profound changes. In a number of Asian countries (e.g. South Korea or China), inflated spending on education and marriage expenses make daughters more attractive for parents. Overall, it can be anticipated that with socio-economic stability and growth, sex selection will become less appealing for families, starting with the growing educated middle classes.

Situation: GBSS and Sex Imbalances

GBSS is the result of a strong preference for male children and of low value of female children and women in general. Both are rooted in traditional cultural values and patrilineal kinship systems that lead to boys being more valuable to parents than girls, and subsequently men having a higher status and more decision-making power than women. Commonly known drivers of GBSS are son preference, lowering fertility

¹ This is unique to GBSS and differs from other harmful practices, such as child marriage, which is more prevalent among families lacking educational and economic opportunities. While GBSS tends to be more common in urban settings, there are exceptions such as China, where the countryside is more affected than urban areas.

and access to reproductive technologies (Guilmoto 2009). While son preference is the key driver of sex selection, it needs to be accompanied by lowering fertility and access to technologies to provide a sufficient condition for the occurrence of sex selection.

Son preference can be understood “as an institution which is based on a set of values and norms that are produced and reproduced in a complex interaction between social, economic, political and cultural factors, and which does not remain at the attitudinal level but realizes itself through behaviour that favours boys and disfavors girls” (Eklund 2011, 30). It is rooted in patrilineal and patrilocal family systems where assets and privileges are passed down the male line and where parents usually reside with one of their married sons.

Secondly, the trend towards lower fertility has increased the pressure on women to produce the desired son with fewer births, as couples are voluntarily or due to fertility restrictions opting for smaller families. For example, in the absence of deliberate sex selection families with two children are more likely to remain sonless than families with three or four children.²

Lastly, access to technology has enabled couples to engage in prenatal sex selection. Ultrasound had become widely available since the 1980s, allowing women to determine the sex of their unborn child and abort unwanted girls instead of carrying them to term. In more developed countries, prenatal sex selection is being replaced by preconception or pre-implementation sex selection by those who can afford it.

These three drivers of GBSS have led to skewed sex ratios at birth (SRB) rising above the biological norm of 105 male per 100 female births, first in different Asian populations (Attané and Guilmoto 2007; Attané and Véron 2005) and then in Caucasus and Eastern Europe (Duthé et al. 2012; Guilmoto and Duthé 2013).

Inputs: Technical Support, Training and Knowledge Sharing

The Global Programme provides diverse inputs in order to counter this situation. These include research, technical support, training, advocacy and policy dialogues, education, and knowledge sharing to inform stakeholders at different levels on policy related interventions. The Programme delivers its inputs at global, regional, national and decentralized levels to enhance multilevel and multi-sectorial coordination in addressing GBSS. Concrete inputs can be found in the Action Document for the “Global Programme to Prevent Son Preference and Gender-biased Sex Selection: Improving the sex ratio at birth in select countries in Asia and the Caucasus” (European Union 2015).

² The probability to be sonless is below 6.1% for families with four children, while one in four families with two children would have only daughters (Gietel-Basten, Casterline, and Choe 2018).

Outputs / Outcomes: Enhanced Knowledge Base, Policies, Programmes and Partnerships

The outcomes of this Global Programme can be summarized as enhanced knowledge for better policies, programmes and partnerships to address the common problem of sex selection. The specific outcomes of the global action are:

- 1) The existing **knowledge base** on sex ratio imbalance through demographic, sociocultural, operational and policy research at national and regional levels is expanded.
- 2) Multi-stakeholder and multi-sectoral national and regional capacity for advocacy, development, implementation and monitoring and evaluation of **policies and programmes** to address sex selection are strengthened.
- 3) The exchange of information, experience and tools among countries of prevalence is strengthened through south-south and triangular cooperation (**partnership**).

At the output level, the Global Programme seeks to: develop research designs and training tools; support data and trend analysis and multidisciplinary research; share and disseminate research findings; provide technical assistance for law and policy development/reform; enhance implementation and M&E capacities of national and regional partners; and establish an institutional mechanism and capacity for south-south and triangular cooperation.

Impact: Reduction in GBSS

The overall objective of the Global Programme is to strengthen evidence-based national policies and programmes in addressing son preference, low value of girls and gender inequalities resulting in gender-biased sex selection in countries of prevalence in Asia and the Caucasus. The expected impact of enhanced policies, programmes and partnerships is ultimately to contribute to the reduction of GBSS.

Underlying Assumptions and External Factors

This causal chain is based on two major assumptions: a) that increased knowledge and enhanced policy capacities can contribute to behavior change and a reduction in sex selection, and b) that other external (e.g. religious, socio-economic, political or technological) factors can be controlled for.

The Action Document of the Global Programme lists further assumptions of necessary conditions for the programme to achieve its goals (European Union 2015):

- Political will in the countries of prevalence to address the issue;
- The involved countries support/partner in programming initiatives to prevent gender-biased sex selection;
- The countries of prevalence in Asia and the Caucasus continue to be committed to the implementation of their legislations, policies and action plans on preventing gender-biased sex selection; and,
- The international community, and in particular donors, continue to support the Global Programme.

Monitoring and Evaluation of GBSS and Related Interventions

Monitoring and evaluating gender-biased sex selection and related interventions stand at the core of this framework. This chapter first gives an overview of the suggested M&E variables that need to be taken into consideration when assessing GBSS interventions. Each of the M&E variables comes with a set of measurable indicators. We present these indicators, along with their definitions and computations. Furthermore, we provide guidance for the development of national indicators and discuss available data sources and their reliability. The section then reflects on monitoring, reporting and evaluation design standards. Finally, we offer guidance on evidence-informed policies and close with recommendations for programme implementers and evaluators.

M&E Variables

In order to monitor and evaluate GBSS programmes at global and national levels, the following variables should be measured: a) sex imbalances, b) GBSS drivers/root causes, and c) policies and interventions. These variables are briefly described below and are accompanied by concrete indicators described in the following section.

Sex Imbalances

The first set of measurable indicators refers to sex imbalances and indicates the degree of GBSS, variations and trends. GBSS, when done on a large scale, manifests itself in skewed sex ratios at birth (SRB) and child sex ratios (CSR). The SRB indicates the degree of prenatal gender discrimination when above the biological norm of 105-106 males per 100 female births. Meanwhile, the CSR

indicates the combined effects of prenatal and postnatal discrimination. Postnatal discrimination refers to girl child neglect, undernutrition or infanticide leading to excess female child mortality, usually in the under five years age group. We suggest monitoring closely SRB and CSR trends, ideally at disaggregated levels (e.g. by region, socio-economic status, educational background, birth order, etc.) as well as excess female mortality under 5 years. These manifestations (missing female births and missing girls under the age of 5) have *contributed* to the share of “missing women” (Sen 2003). These are women who would be alive in the absence of sex discrimination, which is not just linked to sex selection but also other forms of discrimination (e.g. femicide). We suggest to also monitor closely and report carefully the number and percentage of missing females below 15 years. Indeed, a globally established indicator, similar to the ones on other harmful practices, is much needed (see Box 3).

Box 3: Global indicators on missing females, child marriage and FGM/C

As of 2015, an estimated 136 million women are missing due to GBSS (Bongaarts and Guilмото 2015, 266). Given this share and future projections indicating further augmentation, a global indicator on missing females should become a standardized one, just like the global indicators on child marriage of female genital mutilation/cutting.

- *Child marriage* indicator: percentage of women (over the total number of women) whose age of marriage is below 18 years.
- *Female Genital Mutilation/Cutting (FGM/C)* indicator: percentage of women (over the total number of women) subjected to FGM/C.
- Suggested *missing female* indicator: percentage of females below 15 years (over total number of females below 15) who are missing due to GBSS.

Note: For further information see Indicator 1.4 on missing females below.

GBSS Drivers

The second set of measurable indicators refers to the drivers behind sex selection, which influence the chance that GBSS will be applied, namely son preference, lowering fertility and technology (see section “Situation: GBSS and Sex Imbalances” above, as well as Guilмото 2009). Measuring these drivers is important to inform evidence-based policy making, yet it is not without pitfalls. Hence, the following should be taken into consideration. Firstly, we generally distinguish between stated and revealed son preference. Former refers to stated preferences of couples (e.g. ideal sex composition of children). Later refers to revealed preferences, where the sex of prior children influences subsequent reproductive behavior and family composition. Usually revealed son preference is a more robust indication of gender bias than stated son preference. Secondly, and similarly to son preference, we can distinguish between stated fertility preferences and revealed fertility behavior. Former

refers to the ideal number of children stated by parents or women in reproductive age (15-49). Later refers to actual fertility levels (e.g. TFR), which usually provides more reliable information than stated fertility preferences. Lastly, technology tends to be difficult to monitor, especially when the same services are commonly used for important prenatal checkups and occasionally used for socially or legally contested practices such as GBSS. Therefore, surveys need to be carefully developed and piloted in order to avoid reporting biases.

Policies and Programmes

The third set of measurable indicators relates to (policy) interventions directly or indirectly targeting sex selection. Common policy interventions are regulations linked to sex determination, sex selection and abortion practices, advocacy and awareness raising to change behaviors and attitudes concerning sex selection as well as incentives to support families with girls. We chose here to organize the variables (and related indicators) into the following subgroups: community mobilization, information and education campaigns (IEC), service delivery (mainly linked to reproductive health services), laws and policies, and international collaboration.

We intentionally divide these M&E variables into the three categories listed above (sex imbalances, GBSS drivers, and policies and programmes) to allow greater flexibility and adaptation to national contexts. The socio-demographic and policy contexts indeed vary drastically from country to country. This can be easily seen in the six countries partnering in the Global Programme. Some countries have manifestations of all three variables, where well-documented GBSS drivers have given rise to skewed SRB, and governments have introduced policies to counter the phenomena. Countries where all three variables can be measured are for example Vietnam or Armenia. Other countries have only recently recognized the existence of sex imbalances and GBSS drivers, and their governments have not (yet) responded with targeted interventions. Examples are Nepal, Georgia or Azerbaijan, where thus authorities may show greater interest in monitoring sex imbalances and GBSS drivers, instead of policies. A third set of countries do not (yet) manifest skewed sex ratios at births, but may become concerned once fertility declines and technology becomes more widely available. Their governments have not (yet) responded with targeted action, but may want to monitor closely GBSS drivers, as for example in Bangladesh. Thus, splitting the M&E variables into three categories allows countries to tailor their national M&E frameworks to the country specific needs and contexts. The variables are linked to concrete indicators, which are presented in the following section.

Indicators of M&E Variables

Indicators linked to sex imbalances

Indicators	Definition/ Measurement	Comments	Data sources
1.1. Sex ratio at birth	Ratio of male to female births in the population (normalized to 100). $SRB = (\text{male births} / \text{female births}) * 100$ Overall SRB and disaggregated by parity, regions, urban/rural, ethnicity, educational level.	The biological SRB is around 105-106, except for African populations, where it is 102-103. The confidence interval depends on the size of the birth sample.	Birth registration, census data, nationally representative demographic surveys (DHS, MICS). Otherwise, UN World Population Prospects. ³
1.2. Missing female births	Number and proportion of missing female births by country, age, and year. E.g. with a SRB of 110 (instead of 105), there are 5 missing female births per 100 females births.	Computations based on the number of births, observed and expected sex ratios.	Birth registration, census data, nationally representative demographic surveys (DHS, MICS), UN World Population Prospects.
1.3. Excess female mortality below 5	Difference between observed and expected female mortality rates among the population aged 0-5.	Computations of postnatal discrimination in infant and child mortality.	Death registration, nationally representative demographic survey.
1.4 Missing females below 15	Missing females below 15 by country, and year. Encompasses the effects of pre- and postnatal discrimination.	Computations need to control for age structure, natural SRB variations, and mortality levels (Bongaarts and Guilamoto 2015).	Computed from UN's medium-variant population projections.

³ The UN World Population Prospects data are a compilation of other (census, birth registration and DHS) data and therefore not a primary source. Use only when no other data sources are available. This comment is valid for further references to UN World Population Prospects data in this document.

Indicators linked to GBSS drivers

Indicators	Definition/ Measurement	Comments	Data sources
2.1. Son Preference			
2.1.1. Stated Son Preference	Percentage of target population <i>stating</i> son preference (“want at least a son”, “want more sons than daughters” etc.).	Stated preferences may be distorted by normative statements and ideal TFR.	National demographic survey and opinion polls
2.1.2. Revealed Son Preference	Proportion of women with n children who go on to have n+1 children by sex composition of prior children (Parity Progression Ratios) <i>revealing</i> son preference.	Requires detailed birth history or census data, advanced computation skills needed	National demographic surveys, raw census data
2.2. Fertility Preferences			
2.2.1. Stated Fertility Preferences	Ideal family size (or Desired TFR)	Stated preferences may be distorted by normative statements.	DHS data, and national surveys
2.2.2. Fertility Levels	Total fertility rates (TFR)		DHS data, national surveys and birth registration
2.3. Technology			
2.3.1. Ultrasound registered	Number and proportion of ultrasound providers/machines registered by country, region, period.	Most ultrasound exams are unrelated to GBSS.	National registration system
2.3.2. Ultrasound testing	Percentage of women who had at least one ultrasound scan during the last pregnancy.		DHS data, national surveys and statistics
2.3.3. Prenatal knowledge of the sex of the child	Percentage of women who knew the sex of their child before delivery.		Demographic surveys
2.3.4 Access to abortion facilities	Legal access to abortion	Legal grounds for abortion	United Nations, Guttmacher Institute.
2.3.5. Abortion ratio	Abortions per 1,000 live births	Abortion statistics are often defective.	Health Information System, WHO/UNICEF data

Indicators linked to policies and programmes⁴

Indicators	Definition/ Measurement	Comments	Data sources
3.1. Community mobilization			
3.1.1. GBSS prevention campaigns	Proportion of affected communities targeted by GBSS prevention campaigns.	Engage local leaders and grass-root organizations in M&E.	National programme reports
3.1.2. NGO mobilization on GBSS	Proportion of youth/women NGOs that with training for beneficiaries on reproductive rights, GBSS and SRB.		NGO reports
3.1.3. Media coverage on GBSS	Number of press reports on sex selection.		Media reports
3.2. IEC			
3.2.1. Approval of sex disclosure	Proportion of people who agree that doctors should (a) reveal the fetal sex, and (b) terminate a pregnancy based on it.	Pilot surveys to avoid survey and reporting biases. Qualitative data provides useful information on how IEC messages are perceived and should inform future campaigns.	Surveys (ideally baseline and endline in intervention and control area). Opinion polls, national surveys
3.2.2. Awareness of SRB imbalances	Proportion of people aware of the presence of sex selection in the country, region, etc.		
3.2.3. GBSS consequences	Proportion of people who think that missing girls and access boys will have bad societal consequences in the future.		
3.2.4. Legal consequences	Proportion of people who have been exposed to GBSS prevention messages and who know some of the legal consequences of GBSS.		
3.3. Service delivery			
3.3.1. GBSS prevention at health units	Proportion of health units with documented and amended protocol for GBSS prevention, and GBSS communication materials on display.	Important to monitor both private and public facilities. Capture KAP of health workers in rural and urban areas.	Periodical reports on health units and service providers
3.3.2. Awareness of legislation	Proportion of health workers aware of legislation on GBSS.		National surveys
3.3.3. Medical Council support	National medical associations issued a) statement on GBSS, and b) guidelines for practitioners.		National medical councils
3.3.4. Medical curriculum revisions	Proportion of medical schools integrating legal and medical education on GBSS into their curriculum.		Periodical report on curricula revisions at medical schools

⁴ This assumes that there is national acknowledgement, commitment and interventions regarding GBSS.

Indicators	Definition/ Measurement	Comments	Data sources
3.4. Laws and Policies			
3.4.1. National laws on GBSS/gender	Laws related to gender equity and GBSS: abortion, prenatal diagnosis, sex-selective abortions, PGD, equal inheritance, family, equal labor opportunities, etc.	The proposed indicators need to be adapted to the diverse national policy contexts.	Health and justice ministries
3.4.2. GBSS prevention/mitigation	Proportion of communities with a) annual plans, targets, and budget for GBSS prevention/mitigation; b) reporting systems to monitor/report GBSS cases to authorities.		National programme reports
3.4.3. Trained law-enforcement staff	Number of law-enforcement professionals trained to respond to GBSS incidences and proportion of law enforcement agencies following national plan for GBSS violations.		Law-enforcement protocols
3.4.4. Complaints and police cases	Number of GBSS complaints reported to the police and proportion of GBSS cases investigated by the police.		Police reports
3.4.5. GBSS inspections/prosecution	Number and proportion of inspections carried out by trained professionals and number of cases prosecuted.		Periodical inspection and prosecution reports
3.4.6. Girl Child support schemes	Number of recipients of support schemes for families with daughters (e.g. conditional cash transfers, in-kind services, loans, savings accounts for girls).		Support scheme reports
3.5. International Cooperation			
3.5.1. Financial/technical assistance	Dollar value of North-South, South-South and triangular cooperation committed to addressing sex selection.	The proposed indicators should inform a second phase of the Global Programme.	Global programme reports, donor reports, periodical monitoring reports of programme countries
3.5.2. International exchanges	Number of international conferences on GBSS prevention (policy forums, trainings, workshops, expert visits, etc.). ⁵		
3.5.3. International SRB reporting	Number of affected countries with national statistical plans to collect, monitor, report SRB to international bodies.		

⁵ A similar indicator is applicable to the country level as well.

Guidance on Developing National Indicators

Above we presented a list of proposed indicators to guide global and national programmes for GBSS prevention. We separated these indicators according to a) sex imbalances, b) GBSS drivers, and c) policies and programmes to allow greater flexibility for national adaptation. The indicators can only provide a roadmap and need to be adapted to national (policy and data related) contexts and constraints. We want to offer further guidance for the development of national indicators. The following content was inspired by UN Women (2010), Gage and Dune (2009), and adapted to GBSS prevention.

Firstly, it is important to get familiar with different indicator metrics:

Counts refer to simple *numeric* variables, for example to the number of beneficiaries targeted in GBSS prevention campaigns.

Calculations refer to *percentages, proportion, rates, or ratios* such as the ratio of male to female births in a country or region (SRB) or the percentage of the target population stating that it is important to have at least one son/one daughter.

Index refers to a *compound measure* that aggregates multiple indicators. Examples are the Gender Inequality Index, the Gender Development Index, or the newly launched SDG Gender Index.

Thresholds refer to the presence or absence of something, for example, the existence of a national plan of action to address GBSS.

Defining good metrics is critical for any M&E framework. A good metric shows which dimensions the indicator measures. It needs to be **replicable**, in the sense that any value measured for the indicator with a particular data source is exactly comparable to values measured at a different time with the same data source.

Secondly, it is important to differentiate between process and results indicators.

Process Indicators (or input indicators) are used to monitor the number and types of activities carried out. Examples include the number and types of services provided; the number of people trained; the number and type of materials produced and disseminated; or the number and percentage of health units screened.

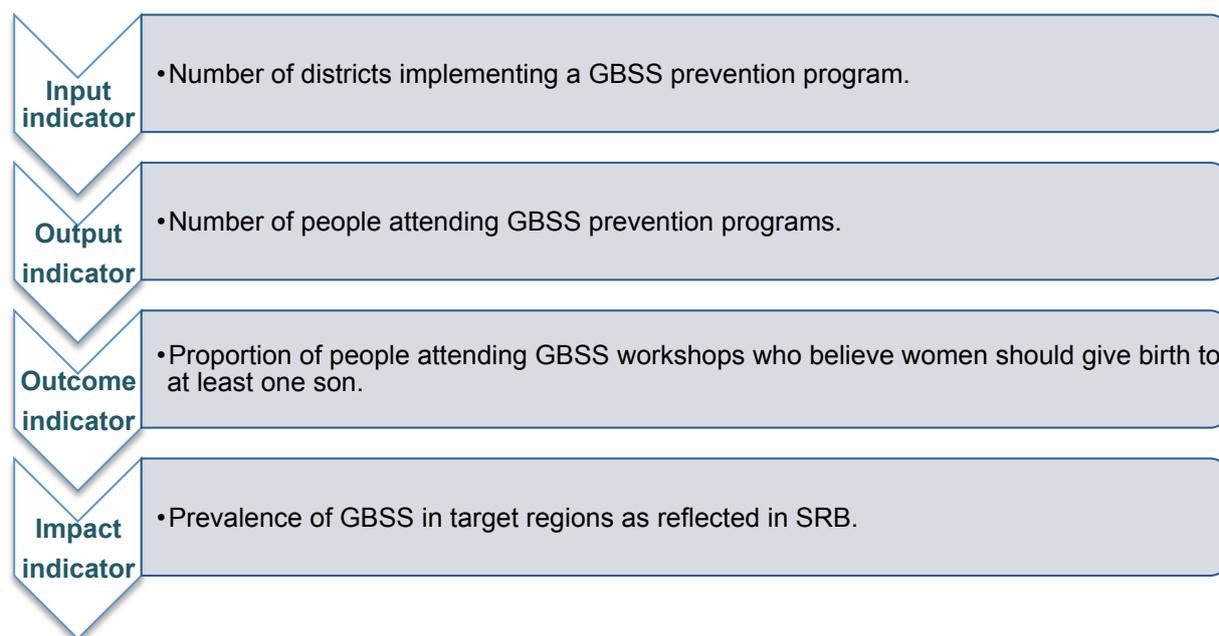
Results Indicators are used to evaluate whether or not the activity achieved the intended objectives or results. Examples include selected indicators of KAP (knowledge, attitudes and practices) as measured by a survey; or the perceptions of people participating in GBSS prevention campaigns about the quality and benefits of information received as measured by individual interviews.

Results indicators can be developed at the output, outcome and impact levels:

- **Output indicators** illustrate the change related directly to the activities undertaken within the programme (e.g. percentage of community leaders in the target region who completed a GBSS training and whose knowledge improved). For gender responsive accountability, consider a gender differentiation (e.g. percentage of men vs. women being aware of GBSS consequences).
- **Outcome indicators** relate to change that is demonstrated as a result of the programme interventions in the medium-to-longer term (e.g. the number of government decisions and concrete actions in the target region related to GBSS that reflect a human rights-based approach).
- **Impact indicators** measure the long-term effect of programme interventions (e.g. the prevalence of GBSS in the target region as reflected in the SRB).

National monitoring and evaluation frameworks should incorporate both process and results indicators. Figure 2 offers an overview of these indicators by providing concrete examples.

Figure 2: Examples of Indicators at Different Programmatic Levels



Thirdly, it is important to consider the adequate number of indicators to ensure greater accountability and clarity (see Box 4). Generally speaking, fewer clear and carefully crafted indicators are preferable than planning for too many indicators that at the end won't be properly monitored and assessed. Indicators should be precise, measurable, timely and relevant in order to track the process of the interventions and the achieved programmatic results.

Box 4: How many indicators are enough?

- At least one or two indicators per result (ideally, from different sources).
- At least one indicator for every core activity (e.g. training, airing of TV spots).
- No more than 8-10 indicators per area of significant programme focus.
- Use a mix of data collection strategies and sources.

Source: Gage and Dunn (2009)

Fourthly, the main impact indicator of a GBSS prevention programme is likely to be linked to a reduction in the prevalence and incidence of GBSS as reflected in SRB. Yet, this involves several challenges which is why more indicators are needed to measure whether a certain policy or programme is moving in the right direction. For example, we cannot draw direct causal linkages between demographic outcomes and interventions (see attribution problem below). Furthermore, SRB related behavior changes take years to achieve and to measure. Demographic trends undergo random fluctuations and can only be robustly detected over time. Lastly, SRB undergoes different trajectories and tempos, which need to be considered when developing related targets and indicators (see Box 5).

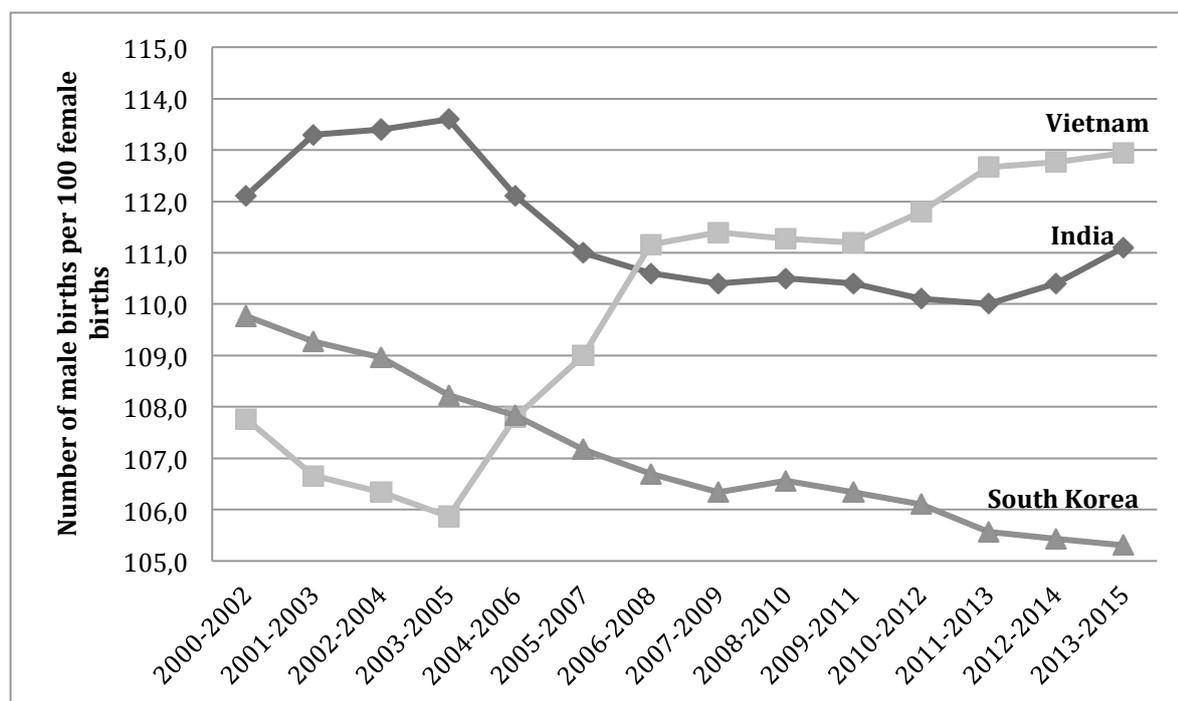
Box 5: Rise, Plateau or Decline in SRB

Sex ratios can rise, plateau or decline. Figure 3 below shows the SRB in South Korea, India and Vietnam between 2000 and 2015 using the three-year moving average to illustrate different trajectories and tempos. During this period, the SRB in Vietnam rose from a normal level to 111 in only six years (an increase of 0.8 male births annually). It followed a slower increase from 111 to 113 over the following six years (an increase of 0.3 male births annually).

When SRB started to rise in Vietnam, it started to fall in India from 113 in 2003-05 to below 111 within five years. Over the next decade, the SRB plateaued in India at around 111 male births per 100 female births. Meanwhile, South Korea witnessed a sustained decline from 110 at the beginning of the 2000s to 105 male births 15 years later. The annual rate of decline was on average 0.4 male births.

We clearly see different trajectories and tempos in the SRB transition. Common is a rapid increase in SRB, followed by a slower increase, a plateauing trend, which is then followed by a rapid or slower decline. What we haven't witnessed so far is a SRB rebound, i.e. a new increase after the SRB has plateaued. The question is rather how long the plateau lasts and how fast the return to normalcy will be.

Figure 3: Sex ratio at birth in South Korea, India and Vietnam (2000-2015)



Sources: Korea: KOSIS; Vietnam: GSO; India: Sample Registration System converted to male birth per 100 female births. The SRB is presented in a three-year moving average to minimize noise in raw data.

A general rule of thumb proposed by Guilмото (2019, personal communication) predicts that the decline takes slightly longer than the original rise in the SRB. For example, in South Korea the SRB took about 15 years (1980-1994) to climb up to above 115, and another 20 years (1995-2015) to reach normal levels of around 105. In Georgia, the rise to above 115 lasted 12 years (1992-2004) followed by a slightly longer decline to normal levels by 2017. In Vietnam, the SRB took 10 years (2003-2013) to rise and has currently reached a plateau. It can be anticipated that once the SRB starts to fall, it will take another 10-15 years to reach normal levels (e.g. by 2030).

This rule of thumb offers some indication for developing SRB related targets, yet it also has to be regarded with caution as numerous other factors such as population size and level of heterogeneity influence the sex ratio transition in a given country. Therefore, each country needs to assess existing and past trends in order to make careful predictions whether the SRB is likely to rise, plateau or decline. Other valuable sources of information to take into consideration when setting SRB targets are government/donor involvement and expectations, expert opinion, research findings and SRB trends observed elsewhere.

Data Sources, Availability and Reliability

Data sources, availability, and reliability certainly vary from country to country. While international organizations offer useful data sets for M&E and cross-country comparison, national and local data is crucial to complement and contextualize the information. Generally speaking, it is useful to mix quantitative and qualitative data sources and data collection strategies.

Quantitative data sources are useful for tracking trends accurately and highlighting differences. They include for example vital statistics, census data, clinic records, demographic surveys, health statistics, and crime statistics. While quantitative data analysis is critical for any programme assessment, it requires a certain skill set of implementers and evaluators, in particular their ability to design surveys and to use quantitative evidence from surveys.

Qualitative data sources are useful for understanding the context in which trends and differences occur and to interpret quantitative data accurately. They include for example policy file analysis, focus group discussions or in-depth interviews. While FGD and IDI offer important insights on GBSS interventions, they can be time consuming and may require additional skills by the interviewer (e.g. asking the right questions, not forcing answers, making the interviewees feel comfortable to open up, being sensitive and maintaining confidentiality). Ideally, qualitative and quantitative data sources complement each other.

Data availability is an important issue for any M&E exercise. Without available data we cannot measure the extent and impact of a given intervention on a given phenomenon. With regard to GBSS, the availability of quality data greatly differs from programme country to country. Most affected countries offer reliable census data that can be used for SRB related computations, but only after long intervals. The information is hardly timely to inform decision-making and to adjust government actions. Many countries lack a reliable civil registration system that would allow for monitoring annual SRB changes (European Union 2015). However, thanks to international cooperation and attention given to the subject, data availability has significantly improved over the past two decades and more and more commitment is given to strengthen availability and comparability of demographic data. This framework aims to further contribute towards this trend.

Data reliability is another important factor to consider. At times, setting targets for improved outcomes can lead to perverse and unintended effects, for example when cases of GBSS are under-reported, or SRB improvements are over-reported. This can easily happen when political pressure builds up or incentives are given to local authorities to improve sex ratios. These cases of over- and under-reporting raise doubts about data reliability. Reliability is also undermined when fundamental changes in data collection procedures or definitional changes are introduced. These can cause breaks in time series and present a challenge for compilation, comparison and publication of statistical data. Therefore, crosschecking and using various data

sources are important to strengthen data reliability and accuracy and allow for more robust and systematic monitoring systems.

Expert capacity for data interpretation is also required to make sense of available data. In some cases, the interest for sex imbalances leads to the systematic examination of any GBSS-related figures coming from civil registration, census and other sources that are often derived from small or distorted samples. As a result, contradictory statements circulate in the media about unexpected cases of sudden improvement or deterioration in specific areas, adding to the statistical confusion on real trends. In India, there are for instance several such “SRB scoops” every year based on faulty data or interpretation and this tends to deflect public and political interest. It is crucial to rely on established statistical sources and on experts used to deciphering demographic information.

Monitoring and Reporting

Monitoring refers to tracking changes in programme performance over time. It is the act of systematically documenting what is being done in relation to the actions development and implementation: to what extent is the action being implemented as planned; and when, why and how diverge activities from this planning. Monitoring concentrates on the input and output level (not the outcome or impact level, which are reserved for evaluations). Monitoring provides important information for stakeholders on whether or not a programme is “on track.” Especially policy makers rely on receiving timely data to improve decision-making.

Reporting of monitoring activities is usually done quite frequently: quarterly, biannually, and/or annually. Depending on donor requirements, there might be mandatory reporting templates and deadlines to be considered. Besides providing information for donors, reporting is also an important communication and visibility tool to inform national and local authorities as well as the general public on the programme development. We distinguish between internal reporting (e.g. to government officials, donors and internal agents) and external reporting (to public and interest groups such as NGOs) for transparency and accountability. Furthermore, monitoring reports can provide valuable inputs for future actions.

Within the Global Programme, the global and national coordinators are responsible for continually monitoring performance and making adjustments as necessary. Special funding is allocated for the M&E components. The six programme countries submit annual narrative and financial reports using a common logical framework. At the end of the program, a final financial and narrative report is submitted, which outlines the results and measures for the interventions sustainability (European Union 2015). In sum, monitoring and reporting of activities and processes are critical to ensure compliance with global and national action for GBSS prevention and to provide comprehensive data for programme evaluation.

Evaluation Design

Evaluation refers to assessing whether objectives have been met and assessing the extent to which a programme is responsible for the observed changes. Evaluations require partly the use of other methods than those used in monitoring, such as (independent) research in the target group(s) of the program. While monitoring is a continuous process that is part of project development and implementation, evaluation is an activity that is undertaken only once or twice (i.e. midterm evaluation and end evaluation), ideally by someone not involved in the development and implementation of the program.

Evaluating the impact of policies and interventions on demographic outcomes (such as changes in the sex ratios at birth) is a difficult endeavor and not without pitfalls. At the macro-level, many different kinds of policies directly or indirectly affect reproductive choices. Meanwhile, it is at the micro-level, within families all over the world, that reproductive decisions are being made. Individuals and families determine the future demographic outcomes of their nations. Within their personal and legal boundaries, they decide on the number, timing, spacing of birth and increasingly also over the sex composition of the family. Their ability to make those decisions depends on knowledge of and access to services, and a variety of other factors, such as education, culture, religion, and socio-economic status, among others (Rahm 2019).

In order to produce strong evidence that a policy or programme contributed to changes in sex-selective behavior, or other outcomes, randomized experimental designs are often considered the “gold standard.” Yet, randomization is not always feasible or resource-efficient. In fact, randomized trials tend to be very expensive and samples would be too small to test sensitive variables such the SRB. There are, however, other evaluation designs that we will discuss shortly. Evaluations ask: Did the intervention produce the intended outcomes and impacts? What are the unintended consequences? Did other contextual factors influence the observed changes in outcomes? In brief, evaluations measure the changes in key indicators (here linked to sex imbalances, GBSS drivers, policies and programmes) that have occurred since the implementation of a given action and the extent these changes can be attributed to the programme (see also Box 6).

Box 6: Attribution versus contribution

It is only possible to attribute changes to a programme if evaluators can demonstrate a direct causal link between the action and the results. This is often easy to do at an output level, and plausible at outcome level. However, it is very difficult to do this at impact level. For example, a desired impact of an intervention might be to reduce the national SRB from 112 to 107 within 8 years (Decision No: 1472/QD-BYT of the Vietnamese SRB Imbalance Control scheme, 2016–2025). A GBSS programme is launched that seeks to improve the capacity of authorities to prevent GBSS and change the behavior of couples in a given

country. Let's imagine after four years, there has been a reduction in the SRB to 109. But can this be directly attributed to the programme? There may be many other reasons why this has occurred, such as an economic upswing that has eased son preference pressures, a new Health Minister coming to power who throws his/her weight behind policy reform, or a religious leader offering baptisms for third born children, and so on. In fact, there are likely to be hundreds of major and minor factors that have influenced SRB trends. In such circumstances, it is best to say that the GBSS programme has contributed to the changes that have occurred. Thus, implementers should seek to contribute towards positive change at the impact level, but should not expect the M&E system always to be able to attribute such changes to the program.

Source: Adapted from OECD (2011)

Evaluations need to choose an appropriate study design (see Table 2). First, evaluators determine whether or not it is possible create an experimental design with a randomly assigned control group. When a random assignment is not possible, the next best option is a quasi-experimental design, which means finding a comparison group that is as similar to the intervention group as possible. If the intervention has already happened and no baseline information has been collected, evaluators should use a post-test design and consider using multivariate analytic techniques. If the intervention has not yet been carried out and an experimental or quasi-experimental design is not feasible, then it is recommended to use a time series design or opt for at least a pretest-post-test design. Later refers to obtaining baseline information that can be compared against endline (post-test) information (Gage and Dunn 2009). A sample baseline survey to assess a GBSS intervention can be found in Annex 1 and a sample M&E template using baseline information is available in Annex 2.

Evaluators always need to keep in mind the issue of validity. What does the data tell us? Is the data correct? What other factors might explain the programme results? Available funds, time and resources obviously affect the type of study design that is selected to measure impact. Ultimately, whatever study design is being used, the evaluation results should inform evidence-based policy-making.

Table 2: Conditions and Evaluation Designs

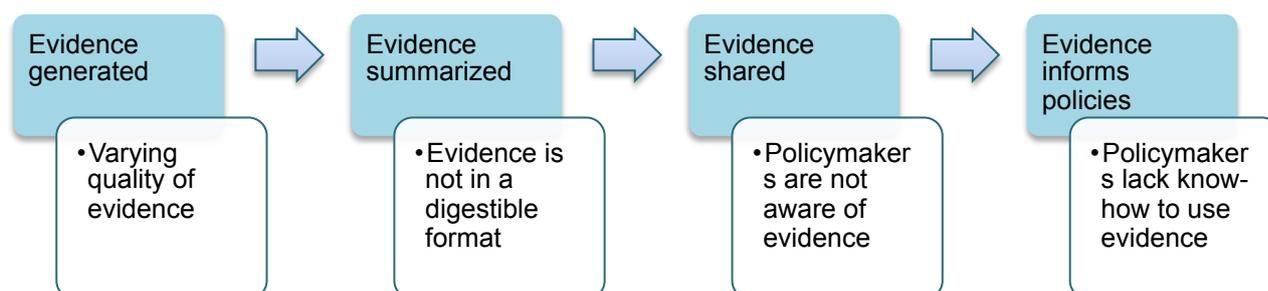
Condition	Evaluation Design
Evaluating programme impact; interested in attribution/causality	Experimental (with randomization) or quasi-experimental design
Programme already implemented; no baseline	Post-test design (then multivariate analysis)
Programme not yet implemented	Pretest-post-test design; time series design

Source: After Gage and Dunn (2009)

Evidence Informed Policies

Over the past decade a burgeoning literature on evidence-based policymaking has emerged, but only rarely does evidence actually inform policies. Only a minor fraction of that data actually ends up influencing decision-making processes. Time is often crucial in the political arena and sifting through immense data sets is deprioritized. Of all the issues that require attention only a fraction can be addressed at any one time. The statement, “We have to get on with the work, while you indulge yourselves in the pursuit of evidence,” adequately describes the common response researchers hear from policy makers (Banerjee and Duflo 2012, 15). Whether or not policy makers actually take evidence into consideration, to inform future interventions and adjust current ones, depends on multiple factors such as the quality of evidence; acceptable, digestible, timely results; awareness and openness of authorities; and their capabilities to use evidence (see Figure 4).

Figure 4: Evidence to Inform Policies and Its Constraints



Policy makers are often hindered in using evidence to inform policies, as evaluations may be hard to locate or interpret. In addition, studies often fail to address the key questions that are particularly pertinent to decision makers or overlook practical problems. This creates a strong need for policy-relevant M&E research.

Policy-relevant research ensures:

- M&E activities respond to governmental needs.
- Cooperation with governments and community representatives.
- Feasibility of rigorous evaluation, timeliness of evidence and results.
- Usage of different reporting channels so that evidence is more digestible and visible (e.g. bulletins, policy briefs, databases, reviews, expert meetings).
- Sensitization of policymakers through trainings on GBSS and by sharing of evidence-based programmes.
- Training on interpretation of results (e.g. how to identify quality of evidence or how to draw policy lessons from evidence).

The effectiveness of M&E will depend primarily on the capacity and skills of those who use them. Strengthening policy-relevant research for M&E is therefore a critical tool to improve the programme outcomes and inform evidence-based policy making. Building national and local capacity to monitor and evaluate GBSS should thus be a core element of any GBSS intervention, and international actors should allocate extra training/support to this end.

Recommendations

The following recommendations can be made for implementers and evaluators of GBSS prevention programmes:

- Develop national M&E Frameworks to assist in tracking GBSS interventions.
- Draw lessons from existing frameworks and research, e.g. several countries have developed national M&E Frameworks such as Vietnam and Armenia.
- Conduct rigorous monitoring and evaluation of past, current and future SRB and policy trends.
- Consider baseline and endline surveys to provide important information for policy evaluation.
- Collect only data you will actually use.
- Consider a peer review process to ensure quality control and collect feedback from national and international experts.
- Ensure timeliness, relevance and 'digestibility' of evaluation results.
- Ensure cooperation with and training for government authorities on how to collect and use M&E data.
- Allocate sufficient (financial and technical) resources for M&E activities.

Case Study Vietnam: National M&E Framework

Below we present the *preliminary* Vietnamese national M&E framework for the implementation of the SRB Imbalance Control Scheme, 2016-2025 (Decision No. 1471/QD-BYT) as a case study and illustration of national indicators and targets.

No	Indicator	Bases	Definition	Classification	Publicizing frequency	Data source for/ methods of collection	Agencies in charge of	
							Providing information	Collecting information
1. Indicators used to measure the implementation of the Scheme								
1	The level of percentage points/year of SRB of the whole country and provinces / centrally run cities reaching the planned objectives for this ratio to reach 109 by 2030	Objective 1 of the SRB imbalance control Scheme for the 2016-2025 period, strategy	- Is the percentage point/year of SRB of the whole country obtained vs the planned objectives for this ratio to reach 109 by 2030 - Is the percentage point/year of SRB of provinces/ cities obtained vs the planned objectives for this ratio to reach 109 by 2030	- Nationwide; - Provinces/ centrally run cities	Year	Periodical report	- GSO; Department of Population & Family Planning of provinces/ centrally run cities - DOHs	Dept of Population Structure & Quality, GOPFP, MOH
2	The proportion of provinces / centrally run cities reaching the planned percentage point/ year of the SRB	Objective 1 of the SRB imbalance control Scheme for the 2016-2025 period, strategy	- Is the percentage of provinces / cities reaching the planned percentage point/ year of the SRB vs the total number of provinces/ cities allocated with the planned objectives for this ratio to reach 109 by 2030	- Nationwide; - Provinces/ centrally run cities	Year	Periodical report	- GSO; Department of Population & Family Planning of provinces/ centrally run cities - DOHs	Dept of Population Structure & Quality, GOPFP, MOH
2. Indicators used to measure the direction, management, execution of the implementation of SRB imbalance control Scheme								
3	The proportion of provinces / centrally run cities having annual plans for SRB imbalance control activities locally	Directive 04/CT-BYT dated 15/3/2016	Is the percentage of provinces/cities having annual plans for SRB imbalance control activities locally vs the total number of provinces/ cities	- Provinces/ centrally run cities	Year	Periodical report	- DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
4	The allocated budget amount &	Directive 04/CT-BYT	- Is the budget amount annually allocated by	- Provinc	Year	Periodical	- DOHs - People's	Dept of Populat

	proportion of provinces / centrally run cities allocating annual budget for SRB imbalance control activities locally.	dated 15/3/2016	provinces/cities for SRB imbalance control activities locally. - Is the percentage of provinces/ cities annually allocating budget for SRB imbalance control activities locally vs the total number of provinces/ cities.	es/ centrally run cities		report	Committees of/ centrally run cities	ion Structure & Quality, GOPF P, MOH
5	The proportion of provinces / centrally run cities having SRB targets included in the local socio-economic development plan.	Directive 04/CT-BYT dated 15/3/2016	Is the percentage of provinces/ cities having SRB targets included in the local socio-economic development plan vs the total number of provinces/ cities.	- Nationwide; - Provinces/ centrally run cities	Year	Periodical report	- DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPF P, MOH
6	The proportion of party committee and authority levels having documents (Resolution, plan) to direct the local implementation of the Scheme;	Directive 04/CT-BYT dated 15/3/2016 Targets of Task 1 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	- Is the percentage of party committee and authority levels having documents (Resolutions, plans) to direct the local implementation of the Scheme vs the total number of party committees and authority level of provinces/ cities throughout the country;	- Nationwide; - Provinces/ centrally run cities	Year	Periodical report	- DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPF P, MOH
7	The proportion of ministries and sectors having annual plans for SRB imbalance control activities locally	Directive 04/CT-BYT dated 15/3/2016	The proportion of ministries and sectors having annual plans for SRB imbalance control activities locally vs the total number of ministries/ sectors	- Ministries/ sectors	Year	Periodical report	- Relevant ministries/ sectors	Dept of Population Structure & Quality, GOPF P, MOH
8	The allocated budget amount and proportion of ministries and sectors allocating annual budgets for SRB imbalance control activities locally	Provinces/ cities/ ministries	- Is the budget amount annually allocated by ministries and sectors for SRB imbalance control activities locally - Is the percentage of ministries and sectors annually allocating budget for SRB imbalance control activities locally vs the total number of ministries/ sectors	- Ministries/ sectors	Year	Periodical report	- Relevant ministries/ sectors	Dept of Population Structure & Quality, GOPF P, MOH

3. Indicators about the results of implementing the Scheme's activities								
3.1. Indicators about the results of awareness raising and behavior changing activities								
9	The proportion of villages, hamlets and residential areas/ streets / quarters and provincial agencies incorporating propaganda contents related to SRB imbalance control into their relevant regulations/ village conventions	Targets of Task 1 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of villages, hamlets and residential areas/ streets / quarters and provincial agencies incorporating propaganda contents on gender equality, not discriminating the gender roles in taking care of parents, in family and clan work, prohibition of GBSS (screening, diagnosis, abortion for fetal sex selection) into village conventions and agencies' regulations vs the total number of villages, hamlets and residential areas/ streets / quarters and provincial agencies.	- Nationwide - Provinc es/ centrally run cities	Year	Period ical report	- DOHs - People's Committee s of/ centrally run cities	Dept of Populat ion Structure & Quality, GOPF P, MOH
10	The proportion of communes organizing at least one talk on sex imbalance at birth each year and conducting IEC on prohibiting propaganda, dissemination, diagnosis and selection of fetal sex in communes	Targets of Task 2 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	- Is the percentage of Scheme communes organizing at least one talk on sex imbalance at birth each year and conducting IEC on prohibiting propaganda, dissemination, diagnosis and selection of fetal sex in communes vs the total number of the Scheme communes	- Nationwide; - Provinc es/ centrally run cities	Year	Period ical report	- DOHs - People's Committee s of/ centrally run cities	Dept of Populat ion Structure & Quality, GOPF P, MOH
11	The proportion of communes annually organizing propaganda and direct counseling to male / female youths on SRB imbalance control during their preparation for marriage	Targets of Task 2 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of the Scheme communes annually organizing propaganda and direct counseling to male / female youths on SRB imbalance control during their preparation for marriage vs the total number of the Scheme communes	- Nationwide; - Provinc es/ centrally run cities	Year	Period ical report	- DOJs - DOHs - People's Committee s of/ centrally run cities	Dept of Populat ion Structure & Quality, GOPF P, MOH
12	The proportion of health service providers (public and private) related to fetal sex diagnosis and selection having posters and communication materials on SRB	Targets of Task 2 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of health service providers (public and private) related to fetal sex diagnosis and selection having posters and communication materials on SRB imbalance control vs the total number of health service	- Nationwide - Provinc es/ centrally run cities - Public	Year	Period ical report	- DOHs - People's Committee s of/ centrally run cities	Dept of Populat ion Structure & Quality, GOPF P, MOH

	imbalance control		providers (public and private) related to fetal sex diagnosis/ selection	and private health facilities				
13	The proportion of ultrasound and abortion service providers (public and private) pledging not to perform fetal sex diagnosis and selection.	Targets of Task 2 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of ultrasound and abortion service providers (public and private) pledging not to perform fetal sex diagnosis and selection vs the total number of ultrasound and abortion service providers (public and private).	- Nationwide - Provinces/ centrally run cities - Public and private health facilities	Year	Periodical report	- DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
14	The proportion of teachers in charge of extracurricular activities and teachers directly teaching biology and civic education provided with information related to SRB imbalance control.	Targets of Task 3 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of education administrators and teachers directly teaching biology and civic education subjects trained on gender, gender equality, SRB imbalance control vs the total number of education administrators and teachers directly teaching biology and civic education subjects.	- Nationwide - Provinces/ centrally run cities	Year	Periodical report	- DOETs - DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
15	The number of IEC materials and the proportion of lower and upper secondary schools provided with IEC materials related to SRB imbalance control for students.	Targets of Task 3 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the number of IEC materials on SRB imbalance control for lower and upper secondary schools (L&USSs) to provide for students. - Is the percentage of lower and upper secondary schools provided with IEC materials on gender, gender equality and SRB imbalance control so that they will provide the materials for students vs the total number of L&USSs.	Nationwide - Provinces/ centrally run cities - L&USSs	Year	Periodical report	- DOETs - DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
16	The proportion of lower and upper secondary schools organizing extracurricular activities and setting up IEC places related to SRB imbalance control	Targets of Task 3 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of L&USSs organizing extracurricular activities and setting up IEC places on gender, gender equality and SRB imbalance control vs the total number of L&USSs	Nationwide - Provinces/ centrally run cities - L&USSs	Year	Periodical report	- DOETs - DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH

				- Extracurricular activities / Setting up IEC places				
17	The proportion of provinces and centrally run cities annually developing and broadcasting at least 4 programmes on television; 6 programmes on radio; 12 articles on newspapers	Targets of Task 4 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	- The number of programmes / thematic series annually developed and broadcast on television, radio and newspapers - Is the percentage of provinces and cities annually developing and broadcasting at least 4 programmes on television; 6 programmes on radio; 12 articles on newspapers vs the total number of provinces/cities	- Nationwide - Provinces/centrally run cities	Year	Periodical report	- DoCSTs - DOHs - People's Committees of/centrally run cities	Dept of Population Structure & Quality, GOPF, MOH
18	The proportion of young men and women at the preparation for marriage provided with information on legal regulations on and the status of GBSS	Targets of Task 4 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of young men and women at the preparation for marriage provided with information on legal regulations and GBSS consequence / status vs the total number of young men and women at the preparation for marriage	- Nationwide - Provinces/centrally run cities - Urban/rural areas	Year	Periodical report	- DOHs - People's Committees of/centrally run cities	Dept of Population Structure & Quality, GOPF, MOH
19	The proportion of couples in childbearing age provided with information about legal regulations on and the status of GBSS	Targets of Task 4 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of couples in childbearing age provided with information about legal regulations and GBSS consequences/ status vs the total number of couples in childbearing age	- Nationwide - Provinces/centrally run cities - Urban/rural areas	Year	Periodical report	- DOHs - People's Committees of/centrally run cities	Dept of Population Structure & Quality, GOPF, MOH
3.2 Indicators about developing and implementing policies on encouraging and supporting the improvement of the role and position of women and girls								
20	The number of priorities and support policies for couples giving birth to only daughters developed and piloted by the	Targets of Task 6 in the Scheme for the 2016-2025 period according to Decision	- Is the number of priorities and support policies for couples giving birth to only daughters annually developed and piloted locally	- Nationwide - Provinces/centrally	Year	Periodical report	- DOHs - People's Committees of/centrally run cities - Relevant	Dept of Population Structure & Quality, GOPF

	respective locality, and the proportion of provinces / cities developing annual priority & support policies for couples giving birth to daughters only and piloting such policies in the respective locality.	1472/QĐ-BYT	- Is the percentage of provinces/cities annually developing annual priority & support policies for couples giving birth to daughters only and piloting such policies locally vs the total number of provinces/cities	run cities - Developed policies / piloted policies - Policy issuing level			central-level ministries/agencies;	P, MOH
21	The proportion of provinces / cities reviewing and revising their annual priority and support policies for couples giving birth to daughters only and piloting such policies in their respective locality.	Targets of Task 6 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	- Is the percentage of provinces/cities reviewing and revising their annual priority and support policies for couples giving birth to daughters only and piloting such policies in their respective locality.	- Nationwide - Provinces/centrally run cities	Year	Periodical report	- DOHs - People's Committees of/centrally run cities - Relevant central-level ministries/agencies;	Dept of Population Structure & Quality, GOPF P, MOH
22	The proportion of girls receiving priority and support from priority & support policies related to SRB imbalance control	Task 6 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	- Is the percentage of girls receiving priority and support from priority & support policies for couples giving birth to daughters only, being poor, near poor, ethnic minorities in difficult and extremely difficult areas, living in island districts/communes; parents giving birth to only daughters when their working age is over but having no pension vs the total number of girls of couples giving birth to daughters only and being poor, near-poor and ethnic minorities in difficult and extremely difficult areas, living in island districts/communes; parents giving birth to daughters only when their working age is over but they have no pension.	- Nationwide - Provinces/centrally run cities - Urban/rural areas	Year	Periodical report	- DOLISAs - DOHs - People's Committees of/centrally run cities - Relevant central-level ministries/sectors/agencies;;	Dept of Population Structure & Quality, GOPF P, MOH
23	The proportion of couples giving birth to only daughters receiving priority & support from priority & support policies related to SRB imbalance control.		- Is the percentage of couples giving birth to only daughters and receiving priority & support from priority & support policies for couples giving birth to daughters only, being poor, near poor, ethnic	- Nationwide - Provinces/centrally run cities	Year	Periodical report	- DOLISAs - DOHs - People's committees of provinces/centrally run cities	Dept of Population Structure & Quality, GOPF P, MOH

			minorities in difficult and extremely difficult areas, living in island districts/communes; parents giving birth to only daughters when their working age is over but having no pension vs the total number of couples giving birth to only daughters.	- Urban/rural areas			- Relevant central-level ministries/sectors/agencies;	
3.3. Enhancing the law enforcement in the prohibition of fetal sex selection forms								
24	The proportion of health workers (public and private) related to SRB imbalance control provided with information about their agency/organization's regulations/ rules on prohibiting GBSS.	Task 7 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of health workers (public and private) related to SRB imbalance control provided with information about legislation and their agency/ organization's regulations/ rules on prohibiting GBSS vs the total number of health workers (public and private) related to SRB imbalance control.	- Nationwide - Provinces/centrally run cities - Health workers (public and private)	Year	Periodical report	- DOHs - People's committees of provinces/centrally run cities	Dept of Population Structure & Quality, GOPF P, MOH
25	The proportion of specialized inspectors under the medical and cultural inspectorate and police investigators participating in SRB imbalance control trained on the required contents and inspection of the implementation of laws and policies on SRB imbalance control and GBSS	Task 7 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of specialized inspectors under the medical and cultural inspectorate and police investigators participating in SRB imbalance control trained on the required contents and inspection of the implementation of laws and policies on SRB imbalance control and GBSS vs the total number of specialized inspectors under the medical and cultural inspectorate and police investigators participating in SRB imbalance control.	- Nationwide - Provinces/centrally run cities	Year	Periodical report	- DOHs - People's committees of provinces/centrally run cities	Dept of Population Structure & Quality, GOPF P, MOH
26	The proportion of medical colleges/universities integrating the legal education on SRB imbalance control into their training programme (curricula)	Task 7 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of medical colleges/universities integrating the legal education on SRB imbalance control into their training programme (curricula) vs the total number of medical colleges/universities.	- Nationwide - Provinces/centrally run cities	Year	Periodical report	- DOHs - MOET - People's committees of provinces/centrally run cities	Dept of Population Structure & Quality, GOPF P, MOH
27	The proportion of health facilities	Task 8 in the Scheme for	Is the percentage of health facilities (public	- Nationwide	Year	Periodical	- DOHs - People's	Dept of Population

	(public and private) related to fetal sex diagnosis and selection introduced to and provided with written regulations on fetal sex diagnosis and selection services	the 2016-2025 period according to Decision 1472/QĐ-BYT	and private) related to fetal sex diagnosis and selection introduced to and provided with written regulations on fetal sex diagnosis and selection services vs the total number of health facilities related to fetal sex diagnosis/ selection	de - Provinces/ centrally run cities - Public/ private health facilities		report	committees of provinces/ / centrally run cities	ion Structure & Quality, GOPFP, MOH
28	The proportion of communes / wards having mailboxes for reporting and denouncing violations related to SRB imbalance control in residential communities.	Task 9 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of communes / wards having mailboxes for reporting and denouncing violations related to SRB imbalance control in residential communities vs the total number of communes / wards.	- Nationwide - Provinces/ centrally run cities - Urban/rural areas	Year	Periodical report	- DOHs - People's committees of provinces/ / centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
29	The proportion of producers and traders of all kinds of IEC products related to GBSS inspected according to the set plan.	Task 9 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of producers and traders of all kinds of IEC products related to GBSS inspected according to the set plan vs the total number producers and traders of all kinds of IEC products related to GBSS.	- Nationwide - Provinces/ centrally run cities - Urban/rural areas	Year	Periodical report	- DOHs - DoCSTs - People's committees of provinces/ / centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
30	The proportion of fetal sex selection related service providers inspected according to the set plan.	Task 9 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of fetal sex selection related service providers inspected according to the set plan vs the total number of fetal sex selection related service providers according to the set plan.	- Nationwide - Provinces/ centrally run cities - Public/ private service providers	Year	Periodical report	- DOHs - People's committees of provinces/ / centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
31	The proportion of GBSS related violations handled according to the law	Task 9 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of GBSS related violations handled according to the law vs the total number of violations	- Nationwide - Provinces/ centrally run	Year	Periodical report	- DOHs - People's Committees of/ centrally run cities	Dept of Population Structure & Quality, GOPFP,

				cities - Urban/rural areas				MOH
32	The proportion of communication staff at all levels, population - family planning collaborators and village health workers trained on communication content, methods and skills related to SRB imbalance control, fetal sex selection, gender and gender equality in families.	Task 10 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of communication staff at all levels, population - family planning collaborators and village health workers trained on communication content, methods and skills related to SRB imbalance control, fetal sex selection, gender and gender equality in families vs the total number of communication staff at all levels, population - family planning collaborators and village health workers.	- Nationwide - Provinces/centrally run cities - Communication staff at all levels, population - family planning collaborators and village health workers	Year	Periodical report	- DOHs - People's Committees of/centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
33	The proportion of health workers in fetal sex selection related service providers trained on regulations, procedures and technical regulations related to GBSS prohibition.	Task 10 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of health workers in fetal sex selection related service providers trained on regulations, procedures and technical regulations related to GBSS prohibition vs the total number of health workers in fetal sex selection related service providers.	Nationwide Provinces/centrally run cities - Health workers of public/private health facilities	Year	Periodical report	- DOHs - People's Committees of/centrally run cities	Dept of Population Structure & Quality, GOPFP, MOH
3.4 Indicators used to measure international cooperation								
34	The proportion of central-level officials involved in implementing the SRB imbalance control Scheme participating in exchanges, learning and sharing experiences with foreign partners.	Task 11 in the Scheme for the 2016-2025 period according to Decision 1472/QĐ-BYT	Is the percentage of central-level officials involved in implementing the SRB imbalance control Scheme participating in exchanges, learning and sharing experiences with foreign partners vs the total number of central-level officials involved in implementing the SRB imbalance control Scheme.	- Central level	Year	Periodical report	- MOH	Dept of Population Structure & Quality, GOPFP, MOH

Conclusion

Monitoring and evaluation frameworks can help substantially to develop and implement sound M&E plans and activities, which are crucial to inform current and future policies and programmes. This M&E Framework was prepared for the first “Global Programme to Prevent Son Preference and the Undervaluing of Girls” (2016-2019). It aimed at supporting data collection, analysis, interpretation and communication of SRB and policy changes over time and across countries, in order to inform the development of national M&E systems that are easily adaptable to diverse country contexts and constraints, beyond the closing of the first Global Programme on Son Preference and the Undervaluing of Girls.

We provided insights on GBSS, related policies and the existing knowledge gaps of “what works” in effectively addressing gender biases and reviewed how the Global Programme aims to fill these gaps. The theory of change presented here drew largely on the logical framework of the Global Programme and described the situation of sex imbalance, GBSS drivers and the types of interventions to bring about the results hoped for. In the “Monitoring and Evaluation of GBSS and Related Interventions” chapter we presented the M&E variables, related indicators, data sources, and discussed data availability and constraints. By presenting the Vietnamese national M&E Framework as a concrete case study, we hope to provide further depths and usability of these guidelines.

Yet, as we have seen, there are also certain challenges linked to the M&E of GBSS programmes. For one, it is hard to separate the contribution of multiple strategies and contributing factors (attribution problem). Necessary financial and technical resources for rigorous evaluation are often lacking. Both factors have contributed to our limited knowledge on and evidence of programme efficacy. Furthermore, there are as of now no standardized GBSS definitions and indicators to monitor and assess programmatic interventions. This framework makes a first contribution towards the development of a set of global standards. The M&E variables and related indicators have been classified according to a) sex imbalances, b) GBSS drivers and c) policies and interventions to allow greater leeway for adapting global guidelines to national M&E frameworks. Data quality and availability certainly differ from country to country, and continuous efforts need to be made to enhance national statistical competences as well as cross-country data comparability. Tailored trainings for statistical offices and decision makers can help to sensitize relevant stakeholders and help to better measure and interpret GBSS related changes. While any M&E framework supports short and midterm interventions, we ultimately need to acknowledge that social norm changes necessary to counter gender biases may take years to achieve.

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Annex 1: UNFPA Baseline Survey

UNFPA Baseline survey on imbalanced Sex Ratio at Birth (SRB) - Vietnam 2013

Survey staff	Name	Code	Dd/mm/yy
Interviewer	_____	---	__/__/__
Supervisor	_____	---	__/__/__
Data editor	_____	---	__/__/__
Data entry	_____	---	__/__/__

Location information:	Code
Province Name: _____	---
City/District Name: _____	-----
Ward/Commune Name: _____	-----
Address: _____	
Telephone/Other contact information: _____	

Introduction

Hello! My name is _____, I am from Mekong Economics. Commissioned by the United Nations Population Fund (UNFPA) and the Government of Vietnam (GoV), we are conducting a survey on son preference, sex selection at birth and imbalanced sex ratio at birth (SRB) issue in your community. We will interview married female and male at the age from 18 to 40 in both urban and rural areas, according to random calculation you are chosen to be invited in our survey. This interview will take about 30 minutes. I assure you that your answer will be strictly confidential and used only for research purpose. Your answer will allow us to suggest the intervention with activities involved male in the community. Do you agree to participate in the survey?

If you don't mind, I would like to start by asking you a little about yourself.

Section A: Respondent Information

Q1.	Name of interviewee:	_____
Q2.	What is your gender? <i>(Interviewer marks without asking)</i>	1. Male 2. Female
Q3.	How old are you this year? <i>(as of January 2013)</i>	1. Between 18-19 2. Between 20-24 3. Between 25-29 4. Between 30-34 5. Between 35-40
Q4.	In which year you were born?	_____
Q5.	What is the highest level of education that you achieved?	1. Not complete Grade 1/unable to read, write 2. Primary 3. Secondary 4. High School 5. Vocational training 6. Junior college 7. College 8. University 9. Post-graduate 10. Other (specific) _____ 11. Refuse/No answer
Q6.	Your order among your siblings in the family?	1. The first child 2. After the first child 3. The only child 4. Other (specific) _____
Q7.	Your spouse's order among the siblings in the family?	1. The first child 2. After the first child 3. The only child 4. Other (specific) _____
Q8.	What is your ethnicity?	1. Kinh 2. Hoa 3. Other (specify) _____
Q9.	What is your religion?	1. No Religion 2. Christian 3. Buddhism 4. Refuse/No answer 5. Other (Specify) _____
Q10.	What is your main occupation?	1. Farmer 2. Student 3. Teacher 4. Health officer 5. Military/Police 6. Public sector's officer 7. Enterprise's officer

		8. Casual worker 9. Self-employed 10. Handcraft 11. Retired 12. Housewife/ Househusband 13. Others (Specific) _____
Q11.	According to local government's ranking, what is your family socio-economic situation?	1. Poor 2. Medium 3. Good 4. No ranking

Section B: Household Information

Q12.	Who do you live with in your household?	1. One generation 2. Two generations 3. Three generations 4. Extended family 5. Other (specific) _____
Q13.	Where do your parents live?	1. Same village/group 2. Same commune/ward 3. Same district/city 4. Same province 5. Different province
Q14.	Where do your parents-in-law live?	1. Same village/group 2. Same commune/ward 3. Same district/city 4. Same province 5. Different province
Q15.	Who makes the most of the income in the house?	1. Just myself 2. Just my spouse 3. Myself and my spouse 4. My parents 5. My parents-in-law 6. My children 7. Other (specific) _____
Q16.	Do you have children?	1. Yes (Go to Q.17) 1.1. Male 1.1.1. How many: _____ 1.2. Female 1.2.1. How many: _____ 2. No (Go to Q. 21) 3. Pregnant (wife) (Go to Q.21)
Q17.	Your first child:	1. Age: _____ 2. Gender: 2.1. Male 2.2. Female
Q18.	Your second child:	1. Age: _____ 2. Gender: 2.1. Male 2.3. Female
Q19.	Your third child:	1. Age: _____

		2. Gender: 2.1. Male 2.3. Female
Q20.	Your fourth child:	1. Age: _____ 2. Gender: 2.1. Male 2.3. Female
Q21.	Who makes decisions regarding family planning (e.g. when to have baby, how many children...)?	1. Just myself 2. Just my spouse 3. Myself and my spouse 4. My parents 5. My parents in law 6. Myself, my spouse and parents 7. Others (specific) _____

Section C. Knowledge, Attitude and Practice about SRB

Now we will ask you about your knowledge, attitude about gender equity, son preference, and sex ratio at birth imbalance situation. There is no right or wrong answer, we care about your opinion. Please state (1) totally agrees, (2) agree, (3) disagree and (4) totally disagree with the following statement. **Interviewers read the statements out loud.**

C.1 Gender perception						
		Strongly Agree	Agree	Disagree	Strongly Disagree	Others
Q22.	It is important for men and women in your community to have equal opportunities for employment and income.					
Q23.	Men should be invested for higher education.					
Q24.	Women should be invested for higher education.					
Q25.	The man is responsible for the sex of the child (not woman).					
Q26.	Fathering a son shows he is a complete man.					
Q27.	Among many roles, a woman's most important role is to give birth to a son for her husband's family.					
Q28.	Do you agree with husband's violence on wife?					
Q29.	Do you agree with wife's violence on husband?					
Q30.	Do you agree with parents' violence on sons only?					
Q31.	Do you agree with parents' violence on daughters only?					

C.2 General questions of child preference						
	<i>Continue using the same measurement of attitude to ask other questions regarding son preference.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	Others
Q32.	It is important to have a son because of the economic reasons (labor need, taking care when old/sick)					

Q33.	It is important to have a son because of social pressure and prejudice (<i>being looked down on by relatives or peers, being teased during clan parties</i>).					
Q34.	It is important to have a son because of cultural, religious reasons (<i>carry on the family line, ancestral worship</i>).					
Q35.	It is important for you to have at least one girl among your children.					
Q36.	It is important for you to have at least one boy among your children.					
Q37.	Among the reasons of having at least one son, which is the most important?	1. Economic reason 2. Social pressure and prejudice reason 3. Cultural reason 4. Other (specific) _____				

C.3 Economic need for sons						
	<i>How do you agree/disagree with these statements?</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	
Q38.	It is better for a couple to have at least one son to take care of them when they are old/sick					
Q39.	A daughter cannot help you enough when you are old/sick.					
Q40.	It is important to have at least one son for labor need (<i>farming work, heavy work at home, main income contribution...</i>)					
Q41.	A male child can contribute more to your current income than having a female child.					
Q42.	Having a daughter is a financial burden.					
Q43.	Having a son is a financial burden.					

C.4 Cultural factors						
	<i>How do you agree/disagree with these statements?</i>	Strongly Agree	Agree	Disagree	Strongly Disagree	
Q44.	It is better to have a son to take care of tombstone and funeral arrangements.					
Q45.	It is alright if daughter takes care of tombstone and funeral arrangements					
Q46.	It is better to have a one son for carrying on the family line and ancestral worship					
Q47.	It is alright if daughter takes care of carry-on the family line and ancestral worship it is alright if you have only daughters.					
Q48.	Living in a family with many generations will increase pressure of having at least one son.					

Q49.	Who should be entitled to property inheritance in case parents pass away?	<ol style="list-style-type: none"> 1. All to the (first) son 2. Mostly to the (first) son 3. Shared among sons 4. Shared among sons and daughter equally 5. Shared among children, but sons get the most 6. Shared among daughters 7. Mostly to the (first) daughter 8. All to the (first) daughter 9. Other (specific) _____
Q50.	Have you parents ever asserted pressure on you to have at least one son?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer
Q51.	Have your relatives/clans ever asserted pressure on you to have at least one son?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer

C.5 Normative aspects		
Q52.	Suppose a man doesn't have a son, will you consider him an incomplete father?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer
Q53.	Suppose a man doesn't have a son, will you look down on him?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer
Q54.	Do you consider a couple with only daughters unfortunate?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer
Q55.	If a wife/partner doesn't give birth to a son, do you think it is the good reason for the husband to leave her or divorce her?	<ol style="list-style-type: none"> 1. Yes (it is a good reason) 2. No (it is not) 3. Don't know 4. Refuse/No answer 5. Other (specific) _____
Q56.	If a wife/partner doesn't give birth to a son, do you think it is the good reason for the family to exert the pressure on the husband to leave her or divorce her?	<ol style="list-style-type: none"> 1. Yes (it is a good reason) 2. No (it is not) 3. Don't know 4. Refuse/No answer 5. Other (specific) _____

C.6 Awareness of SRB imbalance and perception of the SRB imbalance consequences		
Q57.	In your community, do majority of parents typically prefer their baby to be a boy or a girl?	<ol style="list-style-type: none"> 1. Strong preference for boy 2. Preference for boy 3. No preference 4. Preference for girl 5. Strong preference for girl 6. Don't care/don't know
Q58.	According to the family planning policy, each family should have one or two kids, assuming you already had one daughter as first child, when having second child, would you ever think or decide to abort if you know the fetus is female?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 4. Refuse/No answer
Q59.	Should doctors be allowed to give information about the sex of the fetus?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer
Q60.	Have you ever known of any woman who terminates their pregnancy because the fetus is female?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer
Q61.	What is the legal status is of sex-selective abortion?	<ol style="list-style-type: none"> 1. It is legal 2. It is not legal 3. It depends on the situation 4. Other (specify) _____ 5. Don't know
Q62.	Do you know that there is sex ratio at birth imbalance in Vietnam, especially in rural area?	<ol style="list-style-type: none"> 1. Yes (Go to Q63) 2. No (Go to Q64) 3. Refuse/No answer (Go to Q64)
Q63.	If yes, from which channel? <i>(Please choose the most three common channels to you)</i>	<ol style="list-style-type: none"> 1. Words of mouth 2. Village's loudspeaker 3. Billboard, propaganda 4. Leaflet 5. Meetings 6. Newspaper, radio, television 7. Health officer approach 8. Other (specific) _____
Q64.	Have you ever been approached by health officer to popularize the knowledge about reproductive health and sex ratio at birth?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Refuse/No answer

Q65.	Do you think having too many boys will cause bad consequences for society in the future?	<ol style="list-style-type: none"> 1. Yes (Go to Q66) 2. No (Stop the interview) 3. I don't know (Stop the interview) 4. Refuse/No answer (Stop the interview)
Q66.	If yes, what are the consequences? <i>(Please choose maximum two options)</i>	<ol style="list-style-type: none"> 1. Reduce family income 2. Increase social problems (gambling, drug, ...) 3. Affect relationship of couple 4. Hard for men to get married 5. Other (specific) _____

The interview ends here, thank you for spending your time and sharing information. Your answers together answers from 800 respondents will help us in understanding the situation and cause of son preference and SRB imbalance in Vietnam. This information will be very useful for the national socio-economic development in the future. Thank you and goodbye!

Annex 2: Monitoring & Evaluation (M&E) Framework Example

	INDICATOR	DEFINITION How is it calculated?	BASELINE What is the current value?	TARGET What is the target value?	DATA SOURCE How will it be measured?	FREQUENCY How often will it be measured?	RESPONSIBLE Who will measure it?	REPORTING Where will it be reported?
Goal								
Outcomes								
Outputs								

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