

RADAR Gender Analysis Matrix for Coverage, Implementation Strength, and Quality of Care Surveys

A gender analysis matrix is a way of organizing information for gender analysis; it is a tool used for brainstorming. Matrixes can be used to identify key gender-related considerations, including barriers and opportunities, relevant for health or health system area and/or develop gender analysis questions and indicators. Using a gender analysis matrix will allow you to create gender responsive interventions in a systematic way. It can be used to: (1) identify how gender analysis can be conducted within existing data sets, and/or (2) identify key gender-related considerations for programmes or policies and how programmes or policies can be modified to take into account such considerations. As such, a matrix can be used to identify and/or develop: gender considerations (barriers and opportunities), analytical gender analysis questions, gender analysis questions for inclusion in data collection tools, codes for qualitative data analysis, variables for quantitative analysis, and gender indicators for monitoring and evaluation. While, gender analysis matrixes are meant to be modified to meet study or intervention needs and objectives, the gender analysis domains should remain the same. The topic domains should be modified to relate to areas of consideration within your program, intervention, or policy.

The questions within each domain are meant to provide examples of the types of questions that can be asked and are not meant to be exhaustive. Due to the context specific nature of gender power relations, not all questions will be relevant for all contexts.

The matrix below builds off of [Taking sex and gender into account in emerging infectious disease programmes: An analytical framework](#), published by the World Health Organization.

Topic Domains	Social and Biological Stratifiers	Sex/ gender disaggregated data	Gender analysis domains			
			Access to Resources	Distribution of Labour, Practices, Roles	Norms, Values, Beliefs	Decision-making power, Autonomy
Access to and utilization of services	Age Sex Income Disability Race/ethnicity Migrant status Sexual orientation Geographic location	Percentage of men and women accessing/using services. How does this differ between different groups of men and women?	To what extent do men and women have access to knowledge about services? How does this differ between different groups of men and women? To what extent do men and women have access to financial resources to pay health care access or supplies?	Are there occupational or household activities that prevent men and women from accessing and using services? To what extent does women's domestic workload prevent them from accessing and using services?	How do social and cultural gender norms affect whether or not the service is accepted by the community? Do gender norms affect men's or women's willingness or ability to utilize services? How does this differ between different groups of men and women?	Who decides whether or not someone can participate in screening – and at what level, i.e. within households, communities, institutions? Do male gate keepers within family prohibit access to community health volunteers? Do women have decision-making power to access health facilities for

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			<p>To what extent do women’s (frequent) lack of skills and resources (education, money, technology, employment) affect their ability to access services?</p> <p>To what extent do user fees or the removal of user fees have an impact on women access to or uptake of services?</p> <p>Are both male and female health providers available?</p> <p>How do the conditions at health facilities affect access to services? To what extent do health facilities provide services with appropriate conditions (such as functioning toilets, bathing areas for inpatient facilities, shelter from sun/rain in the waiting area) and confidential services?</p>	<p>How do women’s social roles, such as childcare, infant feeding and other reproductive tasks, affect their access to and utilization of services?</p> <p>To what extent does men’s work outside the home prevent them from accessing and using services?</p> <p>To what extent are screening activities, such as health outreach visits or clinics, organized considering men’s and women’s agricultural, economic, or caretaking activities in their communities?</p>	<p>How does stigma affect men’s and women’s decision to access and utilize services?</p> <p>How do social norms and notions of masculinity and femininity influence men’s and women’s decisions to access and utilize services?</p> <p>How do women and men within households and communities prioritize individuals’ use of services, e.g. is the service more likely to be seen as relevant for men due to their role as providers or as relevant for women because of its unpaid, low-prestige status?</p> <p>How do perceptions of risk to disease (by men, women, and health providers) affect men’s and women’s uptake and use of services?</p>	<p>screening and/or community-based screening?</p> <p>Who decides whether and how much household resources should be used to pay for health care services, including screening?</p>
Quality of care - provider-	Age Sex Income	Number of female	To what extent do men and women have in-person	To what extent is respectful maternity care practiced?	Are there differences in attitude towards men and women by health services staff? How does	Do female community health workers have the autonomy to

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patient interactions	Disability Race/ethnicity Migrant status Sexual orientation Geographic location	providers available.	<p>contact with a health provider?</p> <p>Do health providers understand men's and women's unique health care needs?</p>		<p>this differ between different groups of men and women?</p> <p>Are women who are accompanied by their male partners treated differently from those who are not?</p> <p>How do perceptions of risk to disease by health providers affect how men and women are treated?</p> <p>Are men and women provided the same level of care by health providers?</p> <p>To what extent are health providers aware of differences in the symptoms used to diagnose males and females for certain diseases?</p>	make decisions related to service provision?
Facility/ infrastructure	Age Sex Income Disability Race/ethnicity Migrant status Sexual orientation Geographic location		How do the conditions at health facilities affect access to and utilization of services? To what extent do health facilities provide services with appropriate conditions (such as functioning toilets, bathing areas for inpatient		Can patients request to consult a health care provider of their choice if they prefer to?	<p>Is there a policy requiring male partners to accompany women for screening?</p> <p>Do hours of operation affect men's and women's ability to access services?</p>

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			facilities, shelter from sun/rain in the waiting area) and confidential services?			Are both male and female health providers remunerated equally?
Access to/ uptake of treatment	Age Sex Income Disability Race/ethnicity Migrant status Sexual orientation Geographic location	Percentage of men and women accessing/using treatment. How does this differ between different groups of men and women? Percentage of men and women treated once diagnosed; difference in lag time to treatment between men and women.	To what extent do men and women have access to financial resources to pay health care access or supplies? To what extent are men and women able to access relevant information and care related to treatment? To what extent do user fees or the removal of user fees have an impact on women access to or uptake of a treatment? Are both male female health providers available to conduct treatment? To what extent do men and women have the same access to equipment or technologies needed for treatment?	Are there occupational or household activities that prevent men and women from accessing/ obtaining treatment? To what extent does women's domestic workload prevent them from accessing/ obtaining treatment? How does this differ from men? How does this differ between different groups of women? How do women's social roles, such as childcare, infant feeding and other reproductive tasks, affect their access to and utilization of treatment? How does this differ between different groups of women? To what extent does men's work outside the home	How do social and cultural gender norms affect whether or not the treatment is accepted by the community? Do gender norms affect willingness or ability to recognize illness and seek treatment? How does this differ between different groups of men and women? How do social norms and notions of masculinity and femininity influence men's and women's decisions to obtain treatment? How do perceptions of risk to disease (by men, women, and health providers) affect men's and women's uptake of treatment? How does stigma affect men's and women's decision to access treatment?	Who decides whether or not someone can participate in a treatment – and at what level, i.e. within households, communities, institutions? Do male gate keepers within family prohibit access to community health volunteers? Do women have decision-making power to access health facilities and/or treatment? Who decides whether and how much household resources should be used to pay for treatment?

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			How do the conditions at health facilities affect access to treatment? To what extent do health facilities provide services with appropriate conditions (such as functioning toilets, bathing areas for inpatient facilities, shelter from sun/rain in the waiting area) and confidential services?	<p>prevent them from accessing/ obtaining treatment?</p> <p>To what extent are female family members expected to care for those who are ill?</p> <p>To what extent are the treatment activities, such as health outreach visits or clinics, organized considering men's and women's agricultural, economic, or caretaking activities in their communities?</p>		
Adherence to treatment	Age Sex Income Disability Race/ethnicity Migrant status Sexual orientation Geographic location	Percentage of men and women adhering to treatment. How does this differ between different groups of men and women?	<p>To what extent are men and women able to access relevant information and care related to treatment?</p> <p>To what extent do women have sufficient literacy, autonomy, and access to technology to effectively use engage in a treatment?</p>	<p>How do roles and responsibilities affect men's and women's ability to continue treatment?</p> <p>Are there occupational or household activities that prevent men and women from adhering to treatment?</p>	<p>How do women and men within households and communities prioritize individuals' involvement in treatment, e.g. is the treatment more likely to be seen as relevant for men due to their role as providers or as relevant for women because of its unpaid, low-prestige status?</p> <p>How do social norms and notions of masculinity and</p>	<p>Who decides whether or not someone continue with treatment – and at what level, i.e. within households, communities, institutions?</p> <p>Do women have decision-making power to decide to continue with treatment?</p> <p>Who decides whether and how much household resources should</p>

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				<p>To what extent does women's domestic workload prevent them from adhering to treatment?</p> <p>How do women's social roles, such as childcare, infant feeding and other reproductive tasks, affect their adherence to treatment?</p>	<p>femininity influence men's and women's decisions to use the equipment required in a treatment?</p> <p>How do social norms and notions of masculinity and femininity influence men's and women's decisions to continue with treatment?</p>	<p>be used to pay for continued treatment?</p>
Quality of care – provider-patient interactions	Age Sex Income Disability Race/ethnicity Migrant status Sexual orientation Geographic location	Number of female providers available.	<p>To what extent do men and women have in-person contact with a health provider?</p> <p>Do health providers understand men's and women's unique health care needs?</p> <p>Are men and women given the same access to equipment or technologies needed for treatment by health providers?</p>		<p>Are there differences in attitude towards men and women by health services staff? How does this differ between different groups of men and women?</p> <p>Are men and women provided the same level of care by health providers?</p> <p>Are women who are accompanied by their male partners treated different from those who are not?</p> <p>How do perceptions of risk to disease by health providers</p>	Do female community health workers have the autonomy to make decisions about treatment?

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					<p>affect how men and women are treated?</p> <p>To what extent are health providers aware of differences in treatment for males and females for certain diseases?</p>	
Facility/ infrastructure	Age Sex Income Disability Race/ethnicity Migrant status Sexual orientation Geographic location		How do the conditions at health facilities affect access to treatment? To what extent do health facilities provide services with appropriate conditions (such as functioning toilets, bathing areas for inpatient facilities, shelter from sun/rain in the waiting area) and confidential services?		Can patients request to consult a health care provider of their choice if they prefer to?	Is there a policy requiring male partners to accompany women for treatment? Do hours of operation affect men's and women's ability to access treatment? Are both male and female health providers remunerated equally?