IPPF

GENDER EQUALITY TOOLKIT FOR IPPF MEMBER ASSOCIATIONS:

GENDER ASSESSMENT TOOL

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01: OVERVIEW OF THE GENDER EQUALITY TOOLKIT

"The key area for analysis is power; women and men experience power differently and unequally… Gender inequalities are all around us, we face them every day of our lives. We just need the courage to open our eyes and ears, face reality – and act." – Plowman, 2000[1]

The International Planned Parenthood Federation (IPPF) is committed to the achievement of **gender equality** because it is a human right, it advances **women's and girls' empowerment** and it is embedded in sexual and reproductive health and rights (SRHR). Until gender equality is a lived reality, and until human rights are respected and fulfilled, we will fail to achieve the highest attainable standard of sexual and reproductive health (SRH).[2] IPPF has long recognized this. Since IPPF was founded in 1952, it has been at the forefront of advocating for gender equality.[3]

Through the IPPF Gender Equality Strategy and Implementation Plan,[4] IPPF is coordinating and expanding its gender work to ensure that a gender-transformative approach is embedded across all services and programmes. This Gender Equality Toolkit is a valuable suite of resources to support IPPF Member Associations and partners in this important endeavour. The Gender Equality Toolkit consists of two packages:

1. **The Gender Assessment Tool**: this kit includes guidance and tools to help Member Associations assess the extent to which their work is gender transformative
2. **Guidance for Gender Work Toolkit**: this kit includes guidelines and checklists to support Member Associations as they take concrete actions to revitalize and strengthen their programmes and services to be gender transformative

The two packages are essential to reinvigorating the work of IPPF Member Associations to be truly gender transformative.

The case for investing in gender equality

Gender remains one of the most fundamental sources of inequality and exclusion in the world. The latest data show that gender inequality is associated with multiple poor SRHR outcomes and the exclusion of women and gender minorities. For example:[5]

- Nineteen per cent of women between 15 and 49 years of age said they had experienced physical and/or sexual violence by an intimate partner in the past 12 months.
- More than 1 in 4 women between 20 and 24 years of age reported that they were married before 18 years of age.
- In 30 countries, more than 1 in 3 girls between 15 and 19 years of age have undergone female genital mutilation (FGM).
- Only 52 per cent of women between 15 and 49 years of age, who are married or in union, make their own decisions about sex and their use of contraceptives and health services.
- Women's participation in single or lower houses of national parliaments was 23 per cent in 2017, just 10 percentage points higher than in 2000.

- Women are still underrepresented in managerial positions, with fewer than one-third of senior and middle management positions held by women.
- Gender norms, as they affect all people, underpin the HIV epidemic: women are more vulnerable to HIV infection; men are less likely to access HIV testing and treatment, and are thus more likely to die of AIDS.
- In humanitarian disasters, in countries with substantial gender inequality, women are more likely than men to die or be injured.
- Transgender women are one of the groups most affected by the HIV epidemic and are 49 times more likely to be living with HIV than the general population.

Gender norms and inequalities are pervasive and affect women and girls' SRHR disproportionately. As the data above suggest, women frequently cannot control decision-making on whether they have sex and when they do, whether they can use contraception. They have lower status, fewer opportunities and less access to power than men. Therefore, progress towards gender equality requires transformative actions to promote women's rights and empowerment. Our actions must tackle the structural inequality that is embedded in social structures, including addressing gender gaps, unequal policies and discrimination that have historically disadvantaged women and girls and affected their full participation in development.

Gender inequality harms men too. Norms about manhood often encourage men to view health-seeking behaviours as a sign of weakness, for example. Gender norms also put lesbian, gay, bisexual, transgender and intersex (LGBTI) people at increased risk of poor SRH outcomes due to a repressive legal environment, stigma, discrimination and violence.[6]

Transgender and intersex people of all ages and in all regions of the world are exposed to violations of their human rights due to their gender identity or expression or sex characteristics. They are discriminated against in the labour market, in schools, in health settings, in their communities, and often mistreated and disowned by their own families and communities and subjected to mental and physical violence including sexual assault. This is further exacerbated in humanitarian contexts, where these groups are often overlooked by preparedness and response efforts.

Gender equality cannot be addressed in isolation. Successful gender equality programming requires a holistic approach which addresses intersecting structural elements and social identities, and also understands and responds to the indivisibility of the full range of human rights. To understand and achieve gender equality, gender must be viewed through an intersectional lens. Identities that intersect with gender include age, race, wealth, ability, status and sexual orientation. A gender transformative approach requires awareness of and overcoming other layers of stigma, oppression and discrimination associated with these other social determinants.

The Sustainable Development Goals (SDGs) recognize that sustainable development cannot be achieved without gender equality.[7] Thus, gender equality was established as a Sustainable Development Goal in itself – goal five – and in addition, there is a specific target within this goal on universal access to SRHR (target 5.6), in addition to a target on SRH in the health goal (target 3.7).[8] The prioritization of gender equality within the SDGs builds on decades of work and existing international instruments, commitments and declarations for development. These include the 1994 International Conference on Population and Development (ICPD) Programme of Action;[9] the Programme of Action of the World Summit on Social Development (1995) and its review held in 2000;[i] the Beijing Platform for Action (1995),[ii] the United Nations Commission on the Status of Women (CSW) in 2004 and 2009, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Action Framework on Women, Girls, Gender Equality and HIV (2009); and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).[iii]

i See paragraphs 7, 47 and 56 of the Programme of Action of the World Summit for Social Development, and paragraphs 15, 49, 56 and 80 of the outcome of the twenty-fourth special session of the General Assembly on Further Initiatives for Social Development.

ii See paragraphs 1, 3, 40, 72, 83b, 107c, 108e, 120 and 179 of the Beijing Platform for Action.

iii Article 5 of CEDAW calls on governments to target cultural norms that dictate the domestic sphere as being for women and the public sphere for men: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women; (b) To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.

Gender is a fluid concept that is present through all social life. It is not biological or natural but is constructed from the images, messages and expectations we see around us. Expectations and informal rules about what it means to be a man or woman (also called 'gender norms') can vary over time and according to context. Expectations about women's roles have seen the greatest change in modern history. The fact that gender norms can be changed means that it is possible to overcome gender inequality.[10] Genders include women, girls, men, boys and transgender people.

Gender equality means equality of opportunity for all people to realize their rights and potential. IPPF recognizes that there is diversity in gender identity and expression, and sex characteristics, which overlap and interact with other social identities such as age, race, poverty, ability, class and sexual orientation. Therefore, throughout this document, 'in all their diversity' is used as an inclusive term to refer to all people.

Conceptual frameworks underpinning IPPF's gender work

This Gender Assessment Tool is guided by the four discrete conceptual frameworks that form the cornerstones of the IPPF Gender Equality Strategy, 2017–2022.[11] These are: i) the human rights approach, ii) the life-course approach, iii) the ecological model and iv) the Gender Integration Continuum. These approaches offer the following perspectives:

- **The human rights approach** means that human rights and principles are reflected in programmes and services. Human rights are an evolving set of entitlements that all people possess, and in sexual and reproductive health services and programmes the rights of health, freedom, equality, privacy, participation, education, accountability, autonomy and dignity are particularly relevant. *Sexual Rights: An IPPF Declaration* (2008) provides a detailed account of sexual rights and demonstrates how they are enshrined in existing human rights treaties and conventions.
- **The life-course approach** considers individuals, in all their diversity, throughout their entire lives, considering the different challenges they may face at distinct stages of their lives and how those are affected by the sociocultural context in which they live. The life-course approach places an emphasis on prevention – by giving people the information and tools they need to take care of themselves now and in future – and takes a long-term, service user-centred view of care, planning health services in line with anticipated needs.
- **The ecological model** considers the complex interplay between individual (e.g. biological, beliefs, knowledge), relationship (e.g. the impact of peers and family), community (e.g. schools, workplaces, neighbourhoods, faith institutions), and societal levels (e.g. social norms, government regulations, environment). This model allows us to understand the range of factors that impact gender equality. This model derives from ecological systems theory, developed by Russian-American psychologist Urie Bronfenbrenner.
- **The Gender Integration Continuum** illustrates different levels of gender integration in programmes or services, and the potential consequences. It distinguishes two approaches: 'gender blind', which ignores gender norms, and 'gender aware', which responds to them. Gender aware approaches are further distinguished as exploitative, accommodating or transformative, which reflect a scale of increasing recognition and intervention to respond to and change gender norms. The Gender Integration Continuum was developed by the USAID Interagency Gender Working Group.

These four frameworks have shaped how IPPF defines gender and its relevance not only to individuals but to how health services and other sexual and reproductive health programmes are planned, designed, implemented and monitored and evaluated. These perspectives have contributed to IPPF's standards for gender transformative programming and we anticipate all members of the Federation will hold themselves to these standards. These standards will be further discussed through this Gender Assessment Tool. For further detail on these conceptual frameworks, please see the IPPF Gender Equality Strategy, 2017–2022.

IPPF Member Association standards and commitments

Over the years, IPPF has established a strong set of policies and commitments to gender equality that are designed to help us achieve our mission. All Member Associations are committed to adhering to these standards, so they set a baseline for approaching work on gender equality and underpin Member Associations' obligations to continually assess and improve their gender equality work. When a Member Association carries out a gender self-assessment of its organization and its work, it reaffirms the commitments it has already made to IPPF through the policies and frameworks identified below, and it creates opportunities to strengthen its focus on gender equality.

IPPF GENDER EQUALITY POLICY

The IPPF Gender Equality Policy (Policy 1.3 in the *IPPF Policy Handbook*) includes guiding principles and several concrete, specific actions that Member Associations should take to promote gender equality, internally as well as through programmes and services. The policy states: "IPPF and Member Associations should undertake actions that transform relationships of power… [and] empower… those individuals who are marginalized on the basis of their sex, gender, sexual orientation and gender identity."[12]

The Gender Equality Strategy, 2017–2022, and the Gender Equality Strategy Implementation Plan build upon the Policy and place it in context. They recognize the vast and significant work that Member Associations are already engaged in to advance gender equality, and articulate specific ways to evaluate the impact this work is having, to galvanize IPPF's position and potential in the field of gender equality, and to coordinate IPPF's gender-transformative programming.

IPPF INTEGRATED PACKAGE OF ESSENTIAL SERVICES (IPES)

IPPF's Integrated Package of Essential Services (IPES) promotes service provision for the most pressing sexual and reproductive health needs, and incorporates a gender lens. The IPES supports IPPF Member Associations to put service users at the very centre of everything they do and provide them with eight essential services: counselling, contraception, safe abortion care, sexually transmitted infections (STIs)/reproductive tract infections (RTIs), HIV, gynaecology, prenatal care and gender-based violence. The IPES focuses on both expanding supply and increasing demand for services.

IPPF QUALITY OF CARE FRAMEWORK

IPPF Member Associations are held to a high standard across their services and programmes, and the IPPF Quality of Care Framework details precisely what this entails with regards to health service delivery. The Quality of Care Framework guides Member Associations to achieve its guiding principle: "To enable individuals, in all their diversity, to act freely on their sexual and reproductive health and rights by providing quality and gender-responsive sexual and reproductive health services."[13] 'Diversity' is a broad term; it is designed to be applied across different aspects of people's identities and circumstances that affect their capacity to exercise their rights and to access sexual and reproductive health services.

Member Associations should – and many already do – use a gender lens when ensuring compliance with the essential components of the IPPF Quality of Care Framework: comprehensive integrated services; well-managed services; highly skilled and respectful personnel; secured supply chain management system; adequate financial resources; safe and confidential environment; and effective communication and feedback systems. A gender perspective is not simply an 'add-on': it is essential to ensure that individuals, in all their diversity, experience good quality care.

Detailed guidance on applying a gender lens to the IPPF Quality of Care Framework can be found in Annex 1C.

THE IPPF GLOBAL INDICATORS PROGRAMME

As part of IPPF's annual monitoring and evaluation framework, all Member Associations are required to provide data on 30 global indicators. The global indicators "are used by the Federation to monitor progress in implementing its Strategy Framework… and to identify areas where investment needs to be focused."[14] While all the indicators measure contributions to gender equality in some regard, one is especially relevant:

- Indicator 24: Proportion of Member Associations with gender-focused policies and programmes

While all work around sexual and reproductive health and rights should contribute to gender equality, Indicator 24 makes it clear that the *effect* of this work on gender equality is not enough: Member Associations are expected to focus explicitly on gender equality. **Gender equality is an aim, not only a side effect of policies and programmes.**

ANNEX 1A: QUESTIONS AND ANSWERS ABOUT HEALTH SERVICES AND GENDER INEQUALITY

Is it realistic to expect service providers to contribute to the transformation of gender inequality? That is, can services really be 'gender transformative'? After all, service consultations are relatively brief, and the main purpose is to address the mental and physical needs of the service user.

IPPF recognizes that service providers alone cannot transform gender inequalities, but they can play a role. Service providers are trusted by service users and although they may only have a single interaction with a service user, this contact can have a lifelong impact. For example, a service provider may support young women to continue their life plans by helping them to access safe abortion or by giving them the means to control their fertility. The attitudes, messages and actions delivered by a service provider can play an important role in tackling gender inequality. Thus, throughout this guidance, we refer to services – in particular – as 'gender sensitive' rather than 'gender transformative', although in combination with programmes they certainly can transform gender inequalities.

Most of our service users are women. Does this mean our services are gender sensitive?

Not necessarily! While increasing women's access to services is necessary to improve sexual and reproductive health outcomes, service provision alone does not guarantee that providers are taking into account how gender norms and discrimination influence physical and mental health. For example, maternal health services are provided primarily to women, but they often reinforce gender stereotypes. Many providers assume that all pregnancies are wanted, ignore women's rights and use language that reinforces the idea that women should take the main responsibility as caregivers. Beyond recognizing gender inequalities, services should be actively minimizing their impact.

We provide services to any individual who accesses our facilities, regardless of their sex, age, sexual orientation or gender identity. Can we assume our services are gender sensitive?

No! Ensuring that services are open to all individuals (e.g. by having antidiscrimination policies or non-refusal policies in place) is a key part of gender-sensitive services, but it is not enough. Gender inequalities mean some individuals may not be aware of their right to access health services, so proactive steps need to be implemented to inform some populations about the range of services available to them and to attract them to health facilities. For example, sex workers may feel they do not have the right to access sexual and gender-based violence (SGBV) services and think they may be stigmatized because of their job, or LGBTI people may believe that services will not be responsive to their specific needs. In other words, gender-sensitive services **examine** factors that affect access before, during and after service users arrive at our services, **address** gender norms and stereotypes and act to **alter** inequalities.

All our providers have been trained on how to deliver youth-friendly services. Can we assume these services are gender sensitive?

IPPF's youth-friendly services are based on an understanding of, and respect for, the realities of young people's diverse sexual and reproductive lives to create a service that young people trust, and feel is there for them and their needs. Gender inequalities affect young people's lives; in many parts of the world, young women are subject to early and forced marriage, unsafe abortions, stigmatization and other practices that affect their capacity to exercise their rights. Young men also face challenges as they are often socialized to ascribe to rigid definitions of masculinity that encourage emotional repression, violence, misogyny and heteronormativity.[15] LGBTI youth, and young people perceived to be LGBTI, face bullying, harassment and challenges to accessing the care they want and need. When youth-friendly services take actions to **examine** these needs, **address** them and **alter** gender norms and inequalities, we can affirm that they are gender sensitive.

We have a separate clinic that provides SGBV services. Is that a good strategy to achieve gender-sensitive services?

The provision of SGBV services is an essential component of a gender-transformative package of care. SGBV derives from gender inequality and it is associated with a broad range of negative health impacts, including sexual and reproductive health impacts. It is essential that SGBV services are based on a survivor-centred approached and that they adhere to the principles of safety, confidentiality, non-discrimination and respect. Services must include survivor assessment, a plan for safety, provision of information and support, and referrals to other important services (e.g. legal, housing). It is essential that a survivor-centred referral system is in place for SGBV services to be gender sensitive. Having a service in place that gives service users the opportunity to share their experiences of SGBV and to take preventative and mitigation actions is critical. SGBV services can be provided in separate facilities; however, service users are more likely to access a service that provides a comprehensive package of services.

We have a specialized male clinic. Is that a good strategy to achieve gender-sensitive care?

Yes, however it is not enough, and the viability of this strategy is context-specific. Specialized male clinics can play a very important role in **addressing** the specific sexual and reproductive health needs of this population, in all its diversity. They can also provide an opportunity to make service users who identify as men aware of the needs of women and girls, gender inequality and of the role that men can play as agents of change. However, not all organizations have the resources to open specialized male clinics. Some organizations may instead find it more practical, and more suitable to their context, to add relevant services for males in their existing facilities, for example. Regardless of how the services are structured – as a specialized clinic or as part of the service package – it is important to know that providing services that cater to the needs of male populations is only one step towards gender-sensitive services.

We implement free day campaigns to offer sexual and reproductive health services to LGBTI youth. Is that a good strategy to achieve gender-sensitive services?

Yes, however it is not enough. Pervasive gender norms and inequalities impact the physical and mental health of young people in all their diversity, including young people who identify as LGBTI. Day campaigns to provide free services to these populations can help build trust among these communities and contribute to reducing stigma. Using inclusive language during the service user-provider interaction, developing visual materials that promote respect and diversity, ensuring that providers are prepared to talk about the specific needs of LGBTI individuals and referring LGBTI individuals to other services and organizations that can offer additional support, as needed, are all important steps towards gender-sensitive services.

ANNEX 1B: GLOSSARY

This annex provides a glossary of key terms used in the Gender Equality Strategy. Many of these definitions are drawn from the IPPF Gender Equality Policy[16] and the IPPF Implementation Plan (2016–2019).[17]

Agency refers to the capacity of individuals to act independently and to make their own free choices.

Champions are allies who are prepared to be publicly identified with your issue and/or to provide guidance on influencing decision-making. Champions are often well-known persons in the public eye, such as parliamentarians or celebrities, or 'insiders' in government or policymaking circles. They are in a position to effect change. Champions are not necessarily high-profile figures, but they should be willing to speak to decision makers on our issues.

Comprehensive sexuality education (CSE) seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. CSE views sexuality holistically and within the context of emotional and social development. It recognizes that information alone is not enough. Young people need to be given opportunities to develop life skills, positive attitudes and values. CSE can be delivered in and out of school settings.

Empowerment is the idea that giving people knowledge, skills, authority and opportunity, as well as holding them responsible and accountable for outcomes of their actions, will contribute to them becoming more motivated and competent to take control of their lives.

Gender is a fluid concept that is present through all social life. It is not biological or natural but is constructed from the images, messages and expectations we see around us. Expectations and informal rules about what it means to be a man or woman (also called 'gender norms') can vary over time and according to context. Expectations about women's roles have seen the greatest change in modern history. The fact that gender norms can be changed means that it is possible to overcome gender inequality.[18] Genders include men, boys, women, girls and transgender people. The term 'cis' or 'cisgender' is sometimes used to refer to people who self-identify according to established gender norms (e.g. a 'man' has male anatomy), in contrast to transgender (see below). 'Non-binary' or 'gender diverse' is sometimes used to refer to people who do not identify as a man or a woman.

Gender equality means equality of opportunity for all people to realize their rights and potential. IPPF recognizes that there is diversity in gender identity or expression, and sex characteristics, which overlap and interact with other social identities such as age, race, poverty, ability, class and sexual orientation. Therefore, throughout this document, 'in all their diversity' is used as an inclusive term to refer to all people.

Gender equity recognizes that women, men, intersex and transgender individuals have different needs and historical and social disadvantages that hinder them from otherwise operating on a level playing field. Thus, it recognizes that to achieve gender equality, some people may need more or different support or opportunities than others to achieve the same outcomes. Thus, efforts to create gender equity contribute to gender equality.

Gender harmful practices are particular forms of violence against women, girls and individuals who do not comply with binary gender definitions, which are defended on the basis of tradition, culture, religion or superstition by some community members (e.g. female genital mutilation).

Gender identity refers to an individual's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth or to gender norms. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means, and other expressions of gender, including dress, speech, and mannerisms.[19] The gender identity of intersex and transgender individuals does not always match the sex assigned to them at birth. Transgender individuals generally choose to dress and present themselves as the gender with which they identify, rather than their birth-assigned sex. They may or may not choose to alter their body physically through hormones or surgery. Intersex and transgender people should be treated as the gender with which they identify, and referred to by their chosen name and pronoun.

Gender-sensitive service delivery refers to services that are integrated – so that service users can access all the SRHR services they require within one visit –

and that seek to provide equal opportunities for all to realize the highest obtainable standard of health, regardless of gender. For example, the organization has established procedures and policies to ensure that service users can access services in an environment free from discrimination. Gender-sensitive services take account of how they are contributing to gender equality commitments and targets, in part by including gender equality indicators in monitoring and evaluation frameworks.

Gender-sensitive budgeting is budgeting that integrates a gender perspective and tracks how budgets respond to gender equality commitment and targets. It considers equality during budget planning and assesses the impact of budget decisions on the situation of men, women and other genders.[20]

Gender-transformative policies and programmes aim to change gender norms and promote relationships that are fair and just. Gender-transformative programming aims to build equitable social norms and structures; advance individual gender-equitable behaviour; transform gender roles; create more gender equitable relationships; and advocate for policy and legislative change to support equitable social systems.[21]

Humanitarian situations are those in which many lives are in danger of harm or death due to conflict or natural disasters. IPPF responds in these situations by providing essential sexual and reproductive health services.

Integrated sexual and reproductive health (SRH) services are services offered and delivered to service users within an overall package that ensures the needs of the service user are addressed. The package of SRH services includes: counselling, contraception, safe abortion care, sexually transmitted infections (STIs)/ reproductive tract infections (RTIs), HIV, gynaecology, prenatal care and sexual and gender-based violence (SGBV) services.

Intersectionality is a concept often used to describe the ways in which different aspects of one's identity (age, race, sex, gender, sexual orientation, ability/ disability, ethnicity, class, socioeconomic status, etc.) are interconnected. Intersectional theory suggests that oppression cannot necessarily be considered in relation to any single area of a person's identity and experience; that is, individuals experience themselves and the world through different lenses, and similarly different identities affect the way individuals are viewed in society. For example, a poor black woman living with HIV and a disability has multiple identities and these identities will affect the way she is treated in society and how she accesses social, legal and SRHR services.

Intersex refers to people whose biological make-up (genetic, hormonal and physical features) are neither exclusively male nor exclusively female, but are typically both at once or not clearly defined as either. These features can manifest themselves in characteristics such as muscle mass, hair distribution, breasts and stature; primary sexual characteristics such as reproductive organs and genitalia; and/or in chromosomal structures and hormones.

Intimate partner violence (IPV) is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner.

LGBTI is an umbrella term for sexual and gender diversity that stands for 'lesbian, gay, bisexual, transgender and intersex'. There are variations on this acronym, which may include 'P' for pansexual, 'A' for asexual, 'Q' for queer, '2S' for two-spirit and/or 'A' for androgynous. A '+' is sometimes added – i.e. 'LGBT+' – to suggest an inclusive understanding of gender and sexual diversity.

Marginalized describes people who are wholly or partially excluded from full participation in the society in which they live, and have not benefited from education, employment or other opportunities because of their age, race, gender, socioeconomic status, ability, class, sexual orientation or other factor.

Quality of care in IPPF means the delivery of services in a way that addresses the rights of service users as well as the needs of providers. Service users have the right to information and sexual and reproductive health services. They have the right to choice, safety, privacy, confidentiality, dignity and comfort when receiving services, continuity of care and opinion. Providers also have certain needs that must be met to enable and empower them to provide quality services. These include training, information, adequate physical and organizational infrastructure, supplies, guidance, respect from service users and managers, encouragement from supervisors, feedback concerning their performance, and freedom to express their opinions concerning the quality of services they provide.

Queer is an umbrella term for gender and sexual minorities (i.e. anyone who is not heterosexual or cisgender).

Reproductive coercion is behavior that interferes with the autonomous decision-making of a woman, with regards to reproductive health. It may take the form

of birth control sabotage, pregnancy coercion, or controlling the outcome of a pregnancy.[22]

Sexual and gender-based violence (SGBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed gender differences and unequal power across genders. It may include physical, sexual, psychological/emotional abuse and/or denial of vital resources. SGBV is both a violation of human rights and a key barrier to sexual and reproductive health services.[23] Acts of SGBV violate several universal human rights protected by international instruments and conventions, notably the UN Declaration on the Elimination of Violence Against Women (1993).[iv] The vast majority of documented cases of sexual and gender-based violence are committed against women, so the term 'violence against women' is often used interchangeably with SGBV. However, people of any gender may experience SGBV.

Sexual orientation refers to each person's capacity for emotional, physical and sexual attraction to, and intimate and sexual relations with another person, regardless of sex or gender. A person may self-define as heterosexual (attracted to individuals of a different gender), gay (attracted to individuals of the same gender), lesbian (women who are attracted to other women), bisexual (attracted to individuals of any gender), asexual (a person who does not experience sexual attraction) and pansexual (a person who is attracted to people of all genders). (See 'LGBTI')

Sexual rights are a component of human rights. They are an evolving set of entitlements related to sexuality that contribute to the freedom, equality and dignity of all people.[24]

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. A wider range of sexually violent acts can take place in different circumstances and settings.[25]

Transgender is an umbrella term referring to individuals whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender individuals may self-identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and/or androgynous ways.[26] The term 'cis' or 'cisgender' is used to refer to people who self-identify according to established gender norms (e.g. a person with male anatomy who self identifies as a man), in contrast to transgender. 'Non-binary' or 'gender diverse' is sometimes used to refer to people who do not identify as either a man or a woman.

Under-served describes people who are not normally or adequately reached by sexual and reproductive health programmes due to lack of political will and/or institutional capacity. This includes people who are wholly or partially excluded from full participation in the society in which they live because of stigma and discrimination. For example, in most countries young people have a higher unmet need for sexual and reproductive health services compared to adults and are therefore categorized as under-served.

iv UN Resolution on Human Rights, Sexual Orientation and Gender Identity, which brought a focus on human rights violations based on SOGI, particularly violence and discrimination.

02.
INTRODUCING GENDER SELF-ASSESSMENT

02: INTRODUCING GENDER SELF-ASSESSMENT

"A growing body of evidence demonstrates that incorporating approaches to address gender inequality in policies and programmes can lead to improved health and development outcomes. Despite this evidence, however, gender continues to be inadequately addressed across global health and development initiatives." – Rottach et al., 2017[27]

The Gender Self-Assessment Tool is a practical set of resources that staff and volunteers, including young people, can use on a regular basis to plan and design programmes, and to monitor and evaluate their work in a participatory way. The layout of the toolkit makes it a **useful companion for undertaking a thorough gender self-assessment to evaluate and reform your services to better promote gender equality**, and IPPF expects Member Associations to undertake a thorough self-assessment at least once every two years. We recognize that it is difficult to commit a solid block of dedicated time to this task, so the resources in the toolkit are distinct: they work independently, but are connected. This means you can conduct your gender self-assessment in stages and complete the entire process within six months.

The questions and tools contained in the toolkit are also designed to be useful in everyday monitoring and evaluation, in the development of new funding proposals and programmes, and throughout programme and health service delivery. Do not leave it on a shelf, keep it at hand and revisit it frequently so that concerns about gender are at the forefront of your thoughts daily.

Why conduct a gender self-assessment?

- To understand how gender inequality affects services users' experiences with health services and programmes, regardless of their gender.
- To identify opportunities to reduce gender inequality and empower those who are poor, marginalized, socially excluded and/or under-served.
- To ensure that sexual and reproductive health and rights programming promotes human rights related to sexuality and reproduction.

The success of a gender self-assessment can be measured by the actions that are taken in response to the information and knowledge the self-assessment has generated. It is important to make adequate preparations to ensure that you devote enough time, resources and staff to the assessment as well as to respond to the results.

What tools should I use?

The Gender Self-Assessment Toolkit includes three distinct techniques for assessing the extent to which your services and programmes are gender transformative: **1) self-assessment questionnaires; 2) external gender audit; and 3) service user interviews and focus groups.** We strongly recommend that you use the self-assessment questionnaires, and it is advisable to use more than one method. Multiple methods can help you to validate your assessment findings. At the same time, each method produces some distinct results that are not replicated by other methods.

There are additional methods that may complement your self-assessment, including:

- service delivery and programme data monitoring, to assess how the needs of particular groups are already being met (you may already be doing this regularly)
- service user satisfaction surveys that focus on gender equality
- surveys with external stakeholders (e.g. competitors, community leaders, young people, clubs, public services, service users) to assess the extent to which the organization and its services are perceived as gender-transformative

Any and all of these methods may be used to make your organization more gender transformative.

Preparing to do a gender self-assessment

Here are some recommendations for organizing and planning your gender self-assessment, including your gender self-assessment team and scheduling.

Facilitator tips: Throughout the gender self-assessment tool, we offer advice for facilitators on how to organise the task and complete it. These are suggestions only – you are in the best position to decide what works for your organization – but they may help. Look for the boxes labelled 'How to'.

WHO SHOULD BE INVOLVED?

A project owner: a gender self-assessment requires someone who will lead the process and take responsibility for implementing the resulting action points and strategy. This person is usually the most senior gender specialist on staff, which may be the gender focal person or champion. The project owner may decide to engage an external (or internal) facilitator to guide the process. A facilitator can help ensure that everyone contributes, that all the aspects of the exercise are completed, and may provide an independent voice to stimulate discussion and critical analysis.

A recorder: one person (a different person from the project owner) is allocated the task of taking detailed records of the discussions, circulating these notes for comment/correction, and then maintaining these notes in a file for future reference. These records should be accessible to all staff so they can be drawn upon for future budget and planning processes.

A gender self-assessment team: assemble a team of 5–10 people (including two people for the roles above), a cross-section of personnel and volunteers from across the organization. The team must include:

- directors involved in high level decision making
- programme managers and/or officers
- health providers
- volunteers
- young people
- staff representing different geographical areas covered by the Member Association

People performing different roles have distinct but complementary views. The team should include people working at central locations, district level and in rural areas, and it is essential that young people are involved as equal partners.

The knowledge gained in a gender self-assessment will benefit the whole organization when a range of post-holders and stakeholders are involved.

YOUNG PEOPLE AT THE CENTRE

This toolkit offers valuable guidance on how to link gender-transformative approaches with youth-centred approaches. A youth-centred approach is a close ally of gender-transformative services and programmes because gender norms, roles and responsibilities limit young people's potential to grow and develop. Young women and LGBTI youth are particularly affected. It is important to identify and understand how interventions affect and need to be applied differently to young women, young men and sexually diverse youth because of how different aspects of their identities intersect, often increasing their vulnerability.

Check it out here: https://bit.ly/2jOTHjc

HOW LONG WILL IT TAKE?

The length of time required varies according to organization and context. It will depend on the size and scope of the operations, the geographic area, the complexity of the environment, existing knowledge and gender capacity, and the number of team members. It will also depend on how many of the self-assessment techniques you decide to incorporate in your self-assessment.

As a general guide, you should anticipate the following timetable:

Section 3: Rapid situation analysis (essential)	Two days
Section 4: Gender self-assessment questionnaire: Your organization (essential)	Half a day (3.5–4 hours), including Section 9: Plan for action and improvement
Section 5: Gender self-assessment questionnaire: Your health services (essential)	One day (6 hours), including Section 9: Plan for action and improvement
Section 6: Gender self-assessment questionnaire: Your programmes (essential)	One day (6 hours), including Section 9: Plan for action and improvement
Section 7: External gender audit (optional)	Variable, depends on the scope of the audit
Section 8: Service user interviews and focus groups (optional)	One week to one month, depending on your strategy for recruiting participants, whether you organize groups, etc.
Section 9: Plan for action and improvement (essential)	This section is not designed to be used on its own, so there is no estimate for implementing it in isolation. Must be paired with Sections 4, 5 and/or 6.

Please see Annex 2A for a sample agenda for organizing a basic gender self-assessment, including the essential components of this toolkit.

The days do not need to be consecutive; there are benefits both to conducting the assessment in a solid block and to spacing it out over time. However, you will lose momentum if the assessment is spaced out over too long a period, so aim to complete all steps within one month.

Schedule the self-assessment in ways that will work best for you, keeping in mind that:

- Team members should work on the self-assessment together, at the same time and in the same place. They will need to discuss the work and may benefit from sharing information.
- Team members should be advised to dedicate time to this task to complete it satisfactorily and make the most of time with other team members. That means not replying to non-urgent emails and turning on out-of-office email alerts, for example.

WHEN TO DO A GENDER SELF-ASSESSMENT

The results of a gender self-assessment are often most useful during an organization's annual planning and budgeting process. It can be useful to schedule the gender self-assessment at times of the year that are less busy. While it may be most useful before a new planning cycle, the gender self-assessment is a useful exercise at any time as it can help the organization to adapt and tailor its activities and services mid-cycle.

Conducting a gender self-assessment can help educate members of staff and build the case for more significant, transformational interventions to improve gender equality. With increased support for work around gender equality, gender equality staff and champions may be better equipped to advocate for greater resources and a stronger focus on gender equality in the organization's strategic objectives and work plans.

RESOURCES AND EQUIPMENT

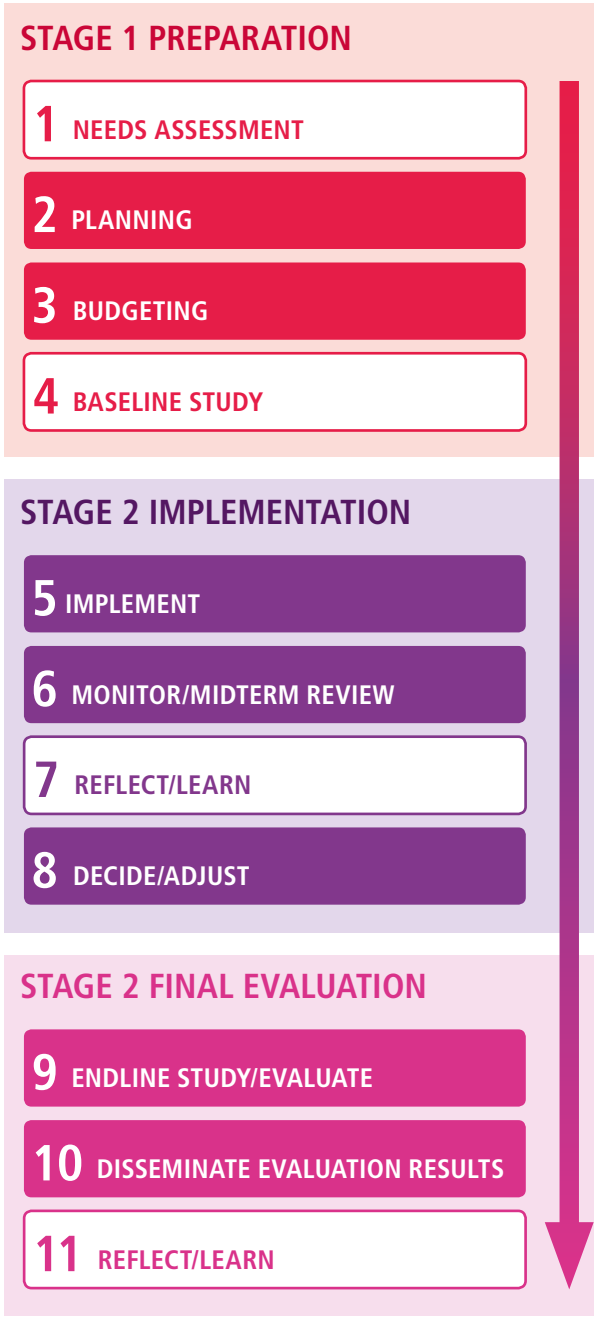
Physical resources. Ideally, all participants will convene at a well-resourced office for the gender self-assessment. They will have access to one large meeting room. If all participants can't be at the same location, they can contribute to the self-assessment from a remote location. Nevertheless, they must be able to participate in group discussions (e.g. through audio-visual technologies).

One laptop computer will be needed to record the discussion and results of the self-assessment questionnaire. Alternatively, the results can be recorded on paper, but the self-assessment questionnaire involves a certain amount of documentation (e.g. providing a rationale for the scores you have given, writing down actions for change), and word-processing applications are more flexible in this regard. In addition, electronic copies can be easily circulated.

Large flipchart boards, with big pads of paper, will be useful for group discussions, both to facilitate and record discussions. Discussions should also be noted and circulated among participants for future reference.

Information. The **project owner** should carefully review the self-assessment questions ahead of time and advise the participants on the information they should bring with them. While the rapid situation analysis will involve seeking out information from external sources, knowledge for the self-assessment itself will come from participants and existing documentation, such as evaluations and service/programme data. Thus, it will be useful to have access to the internet for the rapid situation analysis, and it will be very useful to have access to analyses and reports about service delivery and programmes.

FIGURE 2: LEARNING THROUGHOUT THE PROJECT LIFE CYCLE AND BEYOND[28]



ANNEX 2A: SAMPLE AGENDA FOR THE GENDER SELF-ASSESSMENT

Agenda

This agenda covers the essential components of the gender assessment toolkit: the Rapid Situation Analysis, the gender self-assessments for the organization (Section 5), health services (Section 6) and programmes (Section 7), and planning for action and improvement (Section 9). While it is a full agenda, it aims to enable organizations to complete the gender assessment in four days. However, the amount of time required will depend to some extent on the organization and the context.

DAY 1

9.30	**Session 1: Introducing gender self-assessment** **Chair**: _____ • Welcome and introductions • Overview of IPPF's Gender Equality Strategy and the Gender Equality Toolkit • The aims and structure of the gender self-assessment • Why do a gender assessment? (open discussion)
10:00	**Session 2: Rapid situation analysis** **Chair:** _____ • Introducing the rapid situation analysis • The landscape (plenary discussion)
11.30	Break (15 min)
11:45	**Session 3: Rapid situation analysis: Three dimensions of gender inequality** **Chair:** _____ Divide the group into three teams. Each team should be assigned one of the following categories: • Family and social environments • Legal and administrative frameworks • Institutional situation See Section 3: Rapid situation analysis for the list of questions that each group should work on. Section 3 provides clear instructions on how to answer these questions. The aim is to update the organization's knowledge and awareness of these aspects of gender equality in your context and this will be achieved through an intense but short burst of desk-based research. Please ensure that participants are not merely answering the questions through the knowledge they already have, but that they are investigating the field to explore additional sources of knowledge. As noted in Section 3, the time that each organization will take to complete the rapid situation analysis will vary, but we recommend allocating two days to this task.
13.00	Lunch

14.00 (include breaks as needed)	**Session 4: Continue researching the three dimensions of gender inequality (rapid situation analysis)**
16.45	**Session 5: Wrap-up and reflections** • Feedback and thoughts about the day • Key learning
17.00	**End of the day**

DAY 2

9.30	**Session 1: Continue researching the three dimensions of gender inequality (rapid situation analysis)**
11.00	Break (15 min)
11:15	**Session 3: Continue researching the three dimensions of gender inequality (rapid situation analysis)**
13.00	Lunch
14.00	**Session 4: Report back to the group on the Rapid situation analysis: Family and social environments** **Chair:** One person from the group that researched family and social environments (rapid situation analysis) Reconvene as a single group. Each group should take 30 minutes to report on their findings. After each presentation, the group should analyse and discuss the findings and the implications for the organization's work (30 minutes).
15.00	Break
15.15	**Session 5: Report back to the group on the Rapid situation analysis: Legal and administrative frameworks** **Chair:** One person from the group that researched legal and administrative frameworks (rapid situation analysis) As above, the group should present their findings in 30 minutes. The entire group should analyse and reflect on the findings in 30 minutes.
16.15	Break
16.30	**Session 6: Report back to the group on the Rapid situation analysis: Institutional situation** **Chair:** One person from the group that researched the institutional situation (rapid situation analysis) As above, the group should present their findings in 30 minutes. The entire group should analyse and reflect on the findings in 30 minutes.
17.30	**End of the day** Put the results of the rapid situation analysis to the side for the next day and a half. You will revisit it on Day 4, when you begin planning and strategy and have completed the gender self-assessment questionnaires.

DAY 3

9.30	**Session 1: Gender self-assessment for the organization (Section 4)** To begin with, assign a project owner and a recorder. The project owner will be the chair for this session. The team will work together through the gender self-assessment questionnaire that aims to assess the extent to which the organization itself is gender transformative. The aim of working all together, in one group, is to establish a common standard of critical analysis and reflection when answering the questions. It is also important that a diverse cross-section of staff and volunteers, from all parts of the organization, are available to contribute to this questionnaire together in a group setting. Some members may have knowledge that others do not.
11.00	**Break**
11.15	**Session 2: Results and reflections of the gender self-assessment for the organization** **Chair:** project owner of the gender self-assessment for the organization **Participants:** the whole gender self-assessment team • Map the results of the gender self-assessment questionnaires for the organization (see Annex 4A, Section 4, for mapping template) • Analysis and discussion on the results of the gender self-assessment questionnaire **Materials**: copies of the radar chart template from Section 5, Annex B. The template could be enlarged if desired.
12.00	Lunch
13:00	**Session 3: Gender self-assessment for health services and programmes (Sections 5 & 6)** If there are enough people (i.e. at least five people in each group), split into two groups for the Gender assessment tool for services (Section 5) and Gender assessment tool for programmes (Section 6). Each group should assign a project owner and a recorder. Complete the questions, recording the rationale for the score given and any specific actions that the organization could take to improve the score (in the fields provided). If there are fewer than five people for each of programmes and health services, then the self-assessments should be carried out together, as one group. As such, you will need to add an extra session to the agenda as it will take twice as much time. **Materials:** copies of Sections 5 and 6, flip chart to record 'actions for improvement' (to be referred to later, when piloting the 'Plan for action', Section 8), team members should bring appropriate materials
14.30	Break
14.45	**Session 3: Results and reflections of the health services gender self-assessment** **Chair:** owner of the services gender self-assessment exercise **Participants:** the whole gender self-assessment team • Map the results of the gender self-assessment questionnaires for health services (see Annex 5A, Section 5, for mapping template) • Analysis and discussion on the results of the gender self-assessment questionnaire **Materials**: copies of the radar chart template from Section 5, Annex B. The template could be enlarged if desired.

15.30	**Session 4: Results and reflections of the programmes gender self-assessment** **Chair:** owner of the programmes gender self-assessment exercise **Participants:** the whole gender self-assessment team • Map the results of the gender self-assessment questionnaires for programmes (see Annex 6A, Section 6, for mapping template) • Analysis and discussion on the results of the gender self-assessment questionnaire **Materials**: copies of the radar chart template from Section 6, Annex A. The template could be enlarged if desired.
16.45	**Session 6: Wrap-up and reflections** • Feedback and thoughts about the day • Key learning
17.00	**Finish**

DAY 4

9.30	**Session 1: Action points** • Compile a complete list of action points using the monitoring table provided (Annexes 4B, 5B or 6B). This table will help you to assign priority to action points, also to assign responsibility for the achievement of the action points. • Discuss: who else needs to be involved in order to gain organizational commitment to these action points and to deliver them? What resources are needed? Is the prioritisation suggested by the table suitable or should any of these be changed? Do any of the action points need to be amended to make them more sustainable and the outcomes more systematic? • Based on your results, and your discussions to date, decide if any further gender assessment would be helpful. Review Section 6 (External gender audit) and Section 7 (Service user interviews and focus groups).
10.30	**Break**
10.45	**Session 2: Plan for action and improvement (Section 9)** This exercise brings together the results of all the gender assessments, as well as the Rapid Situation Analysis. Participants will analyse the Member Association's work on gender equality with knowledge of the context and decide on their priority actions and longer-term gender equality strategy. • Review Gender Equality Continuum and discuss your results in relation to this framework • Given the context, and other agents/partners working on gender equality, what are the organization's key strengths? What opportunities are there for advancing gender equality? • Use the template provided in Section 8 to select priority opportunities and constraints for action Priority opportunities and constraints • Using the priorities that you have identified, split into groups and work through them in detail, using the table in Section 8 • Identify the resources required to action this work **Materials:** flip chart paper, printouts of the template in Section 9
12.00	Lunch

13.00	**Session 3: Planning to share the results of this gender assessment** **brainstorm (Section 9)** **Chair:** project owner for the entire gender assessment **Participants:** the whole team (open discussion) • How will you share your experiences and disseminate the results to your colleagues, service users and supporters? • What specific actions/adjustments do you require of your colleagues, service users and supporters to deliver your plan for change? • How will you secure the resources needed to achieve your action plan? **Produce the letters, posters, requests, invitations (to meetings) and communications required to achieve the above.** **Materials:** laptops, paper Consult Section 9: Plan for action and improvement
15.00	Break/End of the day
	You may wish to ask participants to reserve the rest of the day in case any of the activities have taken longer than expected and you still have more work and planning to do together. This will be essential if you have a small team and have not been able to conduct the gender self-assessment questionnaires for health services and programmes at the same time (see Day 3, session 3). You may also wish to incorporate longer breaks, social activities or team-building activities throughout the agenda.

03.
RAPID SITUATION ANALYSIS

03: RAPID SITUATION ANALYSIS

"Social justice may require that men and women be treated differently (e.g. in terms of the kinds of services provided for men and women) in order to achieve equality in the opportunity for an outcome such as health." – Vlassof and Moreno, 2002[29]

To assess how well your organization is responding to gender issues, you must have a good understanding of the legal, social and public health context. This context is defined by the area you serve – for example, a district, region or country. IPPF Member Associations already have a working knowledge of the gender issues in their area, but gender issues are constantly evolving so it is vital to periodically update this knowledge with current evidence and documentation.

A rapid situation analysis can be a valuable step to educate managers and staff about the environment they are working in and the resources available. Later, managers may need to conduct a more detailed, structured analysis.

A good resource for conducting a more thorough situation analysis is Jhpiego's Gender Analysis Toolkit for Health Systems (2015). Available at: https://gender.jhpiego.org/analysistoolkit/

FACILITATOR TIP

Prepare to carry out the rapid situation analysis:

A. Allocate the questions in the rapid situation analysis. Everyone should be involved in answering question number 1 – the landscape – but after that, it will be more efficient to distribute the questions across the team members. After question 1 – the landscape – the questions are divided into three fields:

a. Family and social environments: questions 2 to 8
b. Legal and administrative frameworks: questions 9 to 15
c. Your organization: questions 16 to 23

The project owner (in collaboration with other participants) should divide the team into three groups and allocate one of these areas to each group. If there are not enough people in your gender self-assessment team to divide up the questions, you may need to increase the amount of time allocated to the rapid situation analysis.

B. Agree the schedule for completing the rapid situation analysis. We recommend spending two full days on the rapid situation analysis. If your knowledge is already in-depth and current, and you have dedicated gender equality specialist(s) on staff, you may be able to complete it in less time. But it is also normal to spend longer gathering information and learning about the current situation.

CONTINUED

FACILITATOR TIP CONTINUED

	Day 1	Day 2
AM	For the morning of day 1, or less if possible, the team should work together on the following: Preparation tasks (one hour) • Question 1: the landscape	Continue working in three groups on allocated questions.
PM	For the afternoon, split into three groups. Each group will focus on one of the three areas identified above (a, b or c).	Reconvene as a team. Each group should present the findings of their work in an informal manner. That is, do not prepare a special presentation, just talk through what you have found and your response to it. Each group has 30 minutes to present their answers. Be concise and direct. As a team, discuss and analyse the findings, guided by the questions below under 'Analysis and reflection'.

See Annex 2A (Section 2) for a sample agenda for the gender assessment, including the rapid situation analysis.

C. Agree with the team the sources of information where they should go to answer the questions, or to update existing knowledge. Those involved will need to consult different sources to draw together all the information in the rapid situation analysis, such as:

- national and regional universities and research centres
- government departments (national/regional/district) for health, women, family, children
- demographic and health surveys: https://dhsprogram.com/
- Population Reference Bureau: www.prb.org
- reports, evaluations and other information from partner organizations and other actors working in SRHR in your coverage area (e.g. sexualrightsdatabase.org)
- your service delivery data, IPPF global indicators and other data gathered by your organization

Remember that published documents are only one type of material; one-to-one conversations can often be the most detailed and informative. Primary research like one-to-one conversations is not expected as part of a rapid situation analysis because it can be time-consuming. However, if you have time to arrange some one-to-one conversations before beginning the gender self-assessment, this information can be valuable and more current than published documents.

News reports can also be useful to identify emerging issues, but news reports often are not reliable sources of evidence so make sure you verify the information from elsewhere. Other sources of information can also be unreliable, so be critical about what you read and hear.

Data collected among providers' own service users can be the most powerful, so do not forget to include your own service delivery and programme data, especially if it is already disaggregated by sex and gender.

D. Be realistic about expectations. You are dedicating a brief, focused period to this task, and due to the time constraints, the results will be incomplete and imperfect. If you can dedicate more time to this task than suggested in the schedule – great! – but we understand that time is precious. If you can clear your schedule and conscientiously devote the time allocated to this task, we are confident you will come up with new insights and knowledge that will inform your gender equality work. Reflecting on these questions and applying them to your organization and your work may be equally as important as coming up with the most current, authoritative reports on the issues.

Step 1: The landscape

1. In a group, discuss what is known about gender inequality in your area. Guiding questions:

- What is the evidence about gender inequality in your coverage area?
- What rigorous studies document the most prominent concerns about how gender-based discrimination affects sexual and reproductive health and rights?
- What does your organization's service delivery data suggest about gender inequality in your area?

FACILITATOR TIP

Scoping out the landscape is an important task. Conduct a brainstorm as a group, documenting your responses on a big sheet of paper. Depending on the results, and how much is already known, you may wish to select about five priority issues to guide the rest of your rapid situation analysis.

After this step, split the gender self-assessment team into three groups (hopefully, there will be at least two people in each group!). The rest of the rapid self-assessment questions are also divided into three categories, so each group will take on one set of questions: a), b) or c).

The questions in Step 2 – Three dimensions of gender equality – should not be answered simply, with the knowledge that participants already know in their heads. Participants should delve into each question deeply, conduct some research and respond to it with the aid of third-party evidence.

Step 2: Three dimensions of gender equality

Step 2 contributes more information about gender equality. The information and analysis developed in steps 1 and 2 will come together in step 3.

a) How do social and family environments contribute to gender equality?

These questions explore the everyday lives of the most vulnerable groups to pinpoint some of the key barriers to services and violations of rights. As much as possible, use the evidence you have gathered to answer these questions. Your own expertise is valuable as part of the evidence but not the only perspective. It is ok to acknowledge you don't know the answer.

1. How do the knowledge and skills of vulnerable groups affect their experience of accessing health services?
2. How might immediate social networks (e.g. family, peers, colleagues) support or prevent women, men and other genders from accessing sexual and reproductive health services?
3. How might community groups or cultural norms (e.g. religion, social practices) support or prevent individuals from accessing services?
4. How does gender-based violence keep women (and other genders) from obtaining health care or other services?
5. How do gender roles affect health practices and health-seeking behaviour?
6. In your coverage area, what programmes are available that seek to promote gender equality?
7. Are there any networks of organizations working on gender-related issues and health in your community, district, region or country?

b) What is the nature of the legal/administrative framework?

8. How do laws, policies and regulations treat men, women and transgender people differently and affect their lives and health?
9. Does your country's government have any national initiatives, strategic plans or targets to address gender-related issues? What are they and how are they applied in your community? Are there any important pieces of legislation related to gender equality that are missing in your context?
10. Are there laws in your country that criminalize individuals on the basis of gender issues? (E.g. laws related to same-sex sexual activity, abortion, child

marriage and others.) What specific actions do these laws penalize?

11. Which individuals are more likely to be prosecuted under these laws? What specific traits or characteristics do these individuals have?
12. How are health service providers affected by these laws? (E.g. obligations to report domestic violence, FGM or child marriage.)
13. Are health providers obligated to restrict or alter their service provision based on the service user's age, sex, gender, marital status, (intellectual) ability or any other aspect of their identity?
14. Are any government agencies or institutions responsible for protecting and defending vulnerable individuals who are implicated in the discussion above?

c) What is the institutional situation within your healthcare organization?

15. What systems or policies are in place to ensure that staff and volunteers have the knowledge and skills they need to provide gender-transformative services and programmes?
16. Which (if any) staff members in your organization have received gender equality training? Or human rights training? Gender-based violence training? Sexual and gender diversity training? Produce a register of your organizational gender capacity by recording who has been trained, what type(s) of training, how long the training was (e.g. hours of instruction) and when it was undertaken.
17. Does your organization have any written or audio-visual resources (your own or by other organizations) that are related to gender equality? Are they available to staff and are staff aware of them?
18. Not including service delivery, what strategies or interventions is your organization implementing to reduce gender inequality? What lessons have you learned?
19. Does/has your organization collaborate(d) with other institutions that provide services or programmes specifically designed to tackle one or more gender inequality issues? What were the lessons learned?
20. What data does your organization routinely collect that is disaggregated by sex, gender and/or age?[v]
21. Within your organization, what are potential barriers to expanding work on gender equality?

Step 3: Analysis and reflections

FACILITATOR TIP

As with the first question, reconvene the whole team for analysis and reflection on the rapid self-assessment. First, each group should report back what they have found and their reflections/answers to the questions they focused on. This should be done informally, talking through it, so nobody should spend time preparing a formal presentation. Then open a general discussion, focusing on these questions.

As a group, reflect on all the information you have gathered, and the answers you have given to the questions above. Discuss the following questions:

- What are the different constraints and opportunities faced by women and men, boys and girls, and transgender individuals? How are these affected by characteristics other than gender (e.g. socioeconomic factors, age, religion, HIV status)?
- Which group(s) faces the greatest or most urgent obstacles to sexual and reproductive health services and rights, as a result of gender inequality?
- How do gender relations affect health outcomes?
- What surprises or most valuable findings emerged from the rapid situation analysis?
- How can this information contribute to your organization's work?

Record your discussion on paper, preferably using large flip chart paper that everyone who is involved can see and contribute to.

v Data on sex and gender are distinct. Sex refers to biological features, such as male or female anatomy. Collecting data on gender means that you have asked service users/beneficiaries to define their gender themselves (e.g. woman, girl, boy, man, non-binary, transgender), and this is recorded. See Annex 4B (Section 4) for information on collecting data about gender.

04.
GENDER SELF-ASSESSMENT QUESTIONNAIRE: YOUR ORGANIZATION

04: GENDER SELF-ASSESSMENT QUESTIONNAIRE: YOUR ORGANIZATION

FACILITATOR TIP

We recommend that you complete the questionnaires on a computer/laptop, so the fields expand to the required capacity, and for ease of maintaining the results of this self-assessment on your hard drive storage for future reference and for sharing them with others by email. Alternatively, you can photocopy the section according to the number of participants and fill them out in hard copy.

It is envisaged that team members will work together to fill out the questionnaire, however you may also choose to complete the questionnaire individually and then to discuss together in a group and agree a single score for each field. This may highlight some different perspectives on gender and gender inequalities in your team and across the organization.

The project owner is responsible for questioning the team members on the score and encouraging the team to be honest and reflective. There is no benefit to giving the organization a higher score than it genuinely merits. The recorder should document the group's rationale for giving themselves a given score and ensure that the group considers what actions the organization could take to improve.

Participants must be advised that they are answering the questionnaire on behalf of the whole organization to the greatest extent possible, not on the basis of their experience alone.

See **Annex 2A for a sample agenda** for completing the essential components of the gender assessment, including the self-assessment questionnaire on your organization.

This gender self-assessment questionnaire applies to the whole organization. In line with the IPPF Quality of Care Framework, it aims to measure institutional commitment to gender equality, and whether services are well managed, through a gender lens.

The terms 'training about gender equality' or 'gender equality training' – used interchangeably – are mentioned several times through the rest of this document. Please consult Annex A: Applying a gender lens to IPPF's Quality of Care Framework, and specifically key element 7, 'Highly skilled and respectful personnel', for a specific description of what should be included in this training. Thus, your responses to any questions about gender equality training should relate to the definition provided.

Score the statements in this questionnaire as follows: 1 = strongly disagree (also 'no'), 2 = disagree, 3 = neither agree nor disagree (or unknown), 4 = agree, 5 = strongly agree ('yes').

In the 'Actions for improvement' field, write down any short-term actions you could take to improve your score.

QUESTIONNAIRE

4.1. Systems and policies

	Score
GENDER EQUALITY POLICY	
4.1.1. The organization has a written gender equality policy[vi] and an implementation plan for the policy.	
Rationale: Actions for improvement:	
4.1.2. All staff are aware of the gender equality policy and where they can access it.	
Rationale: Actions for improvement:	
4.1.3. Human resources and/or senior leadership staff identify how gender-related norms and health issues (e.g. childcare responsibilities, menopause symptoms) may affect people's capacity to work and provide support accordingly.	
Rationale: Actions for improvement:	
MECHANISMS TO PROMOTE GENDER EQUALITY IN THE WORKPLACE	
4.1.4. There is a gender balance among people in senior leadership posts.	
Rationale: Actions for improvement:	
4.1.5. There are transparent systems to ensure equal pay for all people, regardless of gender, for the same work.	
Rationale: Actions for improvement:	

vi An organizational policy is one that has been approved by the organization's governing body. It is an overarching statement of principles and intent.

4.1.6. Staff who do the same work do receive the same money, regardless of gender. (E.g. systems to ensure equal pay, if they exist, are enforced.)	
Rationale: Actions for improvement:	
4.1.7. There are formal protocols and reporting mechanisms in place that enable staff and volunteers to make complaints/appeal for redress on the basis of gender discrimination.	
Rationale: Actions for improvement:	
4.1.8. There are guidelines and budget allocations that ensure that all new staff and volunteers receive gender equality training within one year of starting.	
Rationale: Actions for improvement:	
4.1.9. There are guidelines and budget allocations that ensure that existing staff and volunteers receive refresher training on gender equality at least every three years (to complement the gender audit).	
Rationale: Actions for improvement:	
Your score	
Out of a possible	45

4.2. Planning, monitoring and evaluation

	Score
BUDGETING	
4.2.1. The organization has a dedicated, core budget line for gender equality activities in every department.	
Rationale: Actions for improvement:	
PLANNING	
4.2.2. The organization's overarching strategy or plan has a stated, stand-alone objective to promote gender equality (this may be worded differently, for example 'empowering women and girls').	
Rationale: Actions for improvement:	
4.2.3. Managers have the mandate to implement existing policies and strategies to promote gender equality.	
Rationale: Actions for improvement:	
4.2.4. Young people in their diversity are involved and inform organizational planning, monitoring and evaluation of gender integration at all levels (i.e. not only youth programmes, but overarching strategies and frameworks).	
Rationale: Actions for improvement:	

MONITORING AND EVALUATION	
4.2.5. All services and programmes collect disaggregated data on sex, gender[vii] and age for all our users.	
Rationale: Actions for improvement:	
4.2.6. All monitoring and evaluation frameworks include at least one qualitative indicator on gender equality. (I.e. more than counting the number of women or men to access services, it should represent overcoming gender-related barriers.)	
Rationale: Actions for improvement:	
4.2.7. Managers and/or health providers analyse sex, gender, age and disability disaggregated data at least annually.	
Rationale: Actions for improvement:	
4.2.8. Managers and/or health providers can provide evidence of use of their analyses of sex-, gender- and age-disaggregated data to improve organizational processes, services and programmes every year.	
Rationale: Actions for improvement:	
4.2.9. The organization assesses the extent to which organizational systems, services and programmes are gender transformative every year through a thorough self-assessment – such as this one – or an independently commissioned audit.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	45

vii Data on sex and gender are distinct. Sex refers to biological features, such as male or female anatomy. Collecting data on gender means that you have asked service users/beneficiaries to define their gender themselves (e.g. woman, girl, boy, man, non-binary, transgender), and this is recorded. If you do not collect data on gender, ensure this is reflected in your score. See Annex 4B for information on collecting data about gender.

4.3. Gender capacity and expertise

	Score
GENDER CAPACITY	
4.3.1. There is a resourced Gender (or Gender Equality) Unit in the organization that is funded by core, not project, funding.	
Rationale: Actions for improvement:	
4.3.2. There are active gender equality champions[viii] within the organization.	
Rationale: Actions for improvement:	
GENDER EXPERTISE	
4.3.3. All staff have attended gender equality training in the last three years or have at least one year's work experience specifically in gender equality (in the last three years).	
Rationale: Actions for improvement:	
4.3.4. One staff member is responsible for disseminating updates to all staff, at least once a year, about developments in the legal and policy environment in relation to gender equality, including relevant organizational policies.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	20

viii A champion is a person with influence who supports and enables gender equality work. This person does not have to have formal responsibilities for gender equality but is passionate and informed about gender equality.

Map the results

Map the results of your gender self-assessment using radar (or spider) charts. A radar chart is a graphic way of organizing different aspects of a complex issue, in this case the extent to which your organization is gender transformative. It is often called a spider chart because it looks a bit like a spider's web when the data are charted. This exercise is a good way of visualising the extent to which your organization is gender transformative and will help you identify priorities and your weakest areas.

To illustrate how this works, we have used an example score, as shown in the table below.

	Example score	Your score	Possible total
YOUR ORGANIZATION			
Systems and policies	20		45
Planning, monitoring and evaluation	31		45
Gender capacity and expertise	18		20

In the column provided, insert your scores from your gender self-assessment questionnaire.

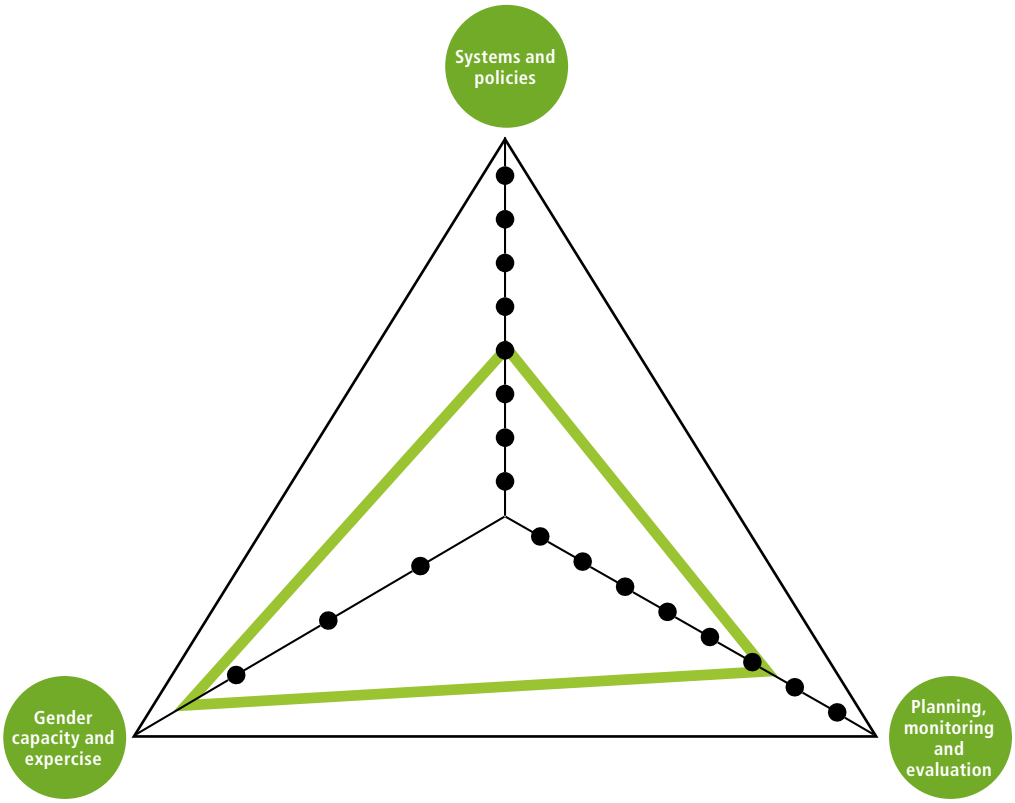
In the radar chart below, the example scores are charted along the dedicated axes for each component of the questionnaire.

This is a visual representation of how gender-transformative the organization is, based on the self-assessment tool. Using Sections 5 and 7, you will conduct gender self-assessments for your health services and for your programmes and chart the results in a similar way, leaving you with a set of radar charts to help monitor your progress.

Create your own radar chart using your own scores. A template for this radar chart is available in Annex A. You can print this out and copy it. Remember to check the topmost value of the axis (e.g. the greatest value for 'Gender capacity and expertise' is 20), so that you plot your results correctly. We recommend printing and/or enlarging your radar chart(s) and putting it/them up on the wall to review and revisit over time.

The radar chart can also be used to monitor change over time by using the gender self-assessment tool at different points in time – for example, six months and/or a year later – and charting the new data (i.e. your scores) alongside the original data. If you use the chart for comparison, it is best if at least some of the same people are involved in the self-assessments being compared. This is because the values given in the self-assessment are subjective, so the scores may not be comparable if completed by an entirely different group of people who bring different standards or measures to the process.

FIGURE 2: THE EXTENT TO WHICH OUR ORGANIZATION IS GENDER TRANSFORMATIVE



Reflections

After you have completed the gender self-assessment questionnaire, above, take some time to reflect on this process and discuss your reactions to this process as a group.

Write down your reflections and observations and keep them for future reference (for example, the next time you come to do a gender self-assessment).

Action points

Now it is time to review the actions you have recommended and make plans to realize them.

1. Compile all action points

Compile all the action points using the table below (an expanded version is available in Annex 4B). In the 'Priority' column, enter the score that the team agreed on in relation to each action. For the moment, leave the other columns blank.

2. Make each action sustainable

Reread each action point, asking, "Will this action ensure that the result is systematic and sustained?" In other words, will this action change the situation in the future, or is it a necessary fix for the short term only? If possible, amend the action to make it sustainable. For example, if you noted that staff are not familiar with gender equality policy and/or its implementation plan, making an action to host a meeting to talk about it, or sending the policy by email, is not enough. In addition, you may wish to raise the profile of your organization's gender equality work by making it a key component of new staff and volunteer induction processes, and through periodical internal communications on progress and plans. Think through the steps that need to take place in order to ensure that the intended impact of the action endures.

2. Share action points

The project owner, on behalf of the team, should share the results of your gender self-assessment with your organization. While you may choose to begin with the senior leadership team, we encourage you to share the results with all staff and volunteers. Share information about what the gender self-assessment exercise was like, how it was undertaken and who was involved, so that everyone understands the process and outcomes. You can mention some of the discussions the team had, revelations and areas the team feels should be explored further. Of course, you should also share the action points because this is where you will need to call on your colleagues, managers, directors, volunteers and others for support and commitment to make your organization gender transformative.

4. Allocate responsibility and agree timetables for delivering the action points

Convene your senior leadership team and other relevant staff, volunteers and young people to allocate responsibility for each action point. Discuss feasible timetables for delivering each of them, beginning with those that have a '1' priority and proceeding to '2', '3', etc. Fill out the remaining columns: 'By whom', 'Deadline' and 'Monitoring date'.

Next steps

Proceed with the self-assessment exercises for your organization and your health services, if you have not completed them already. If you have planned additional self-assessment exercises (for example, assessing your programmes or conducting an external gender audit), please proceed with them.

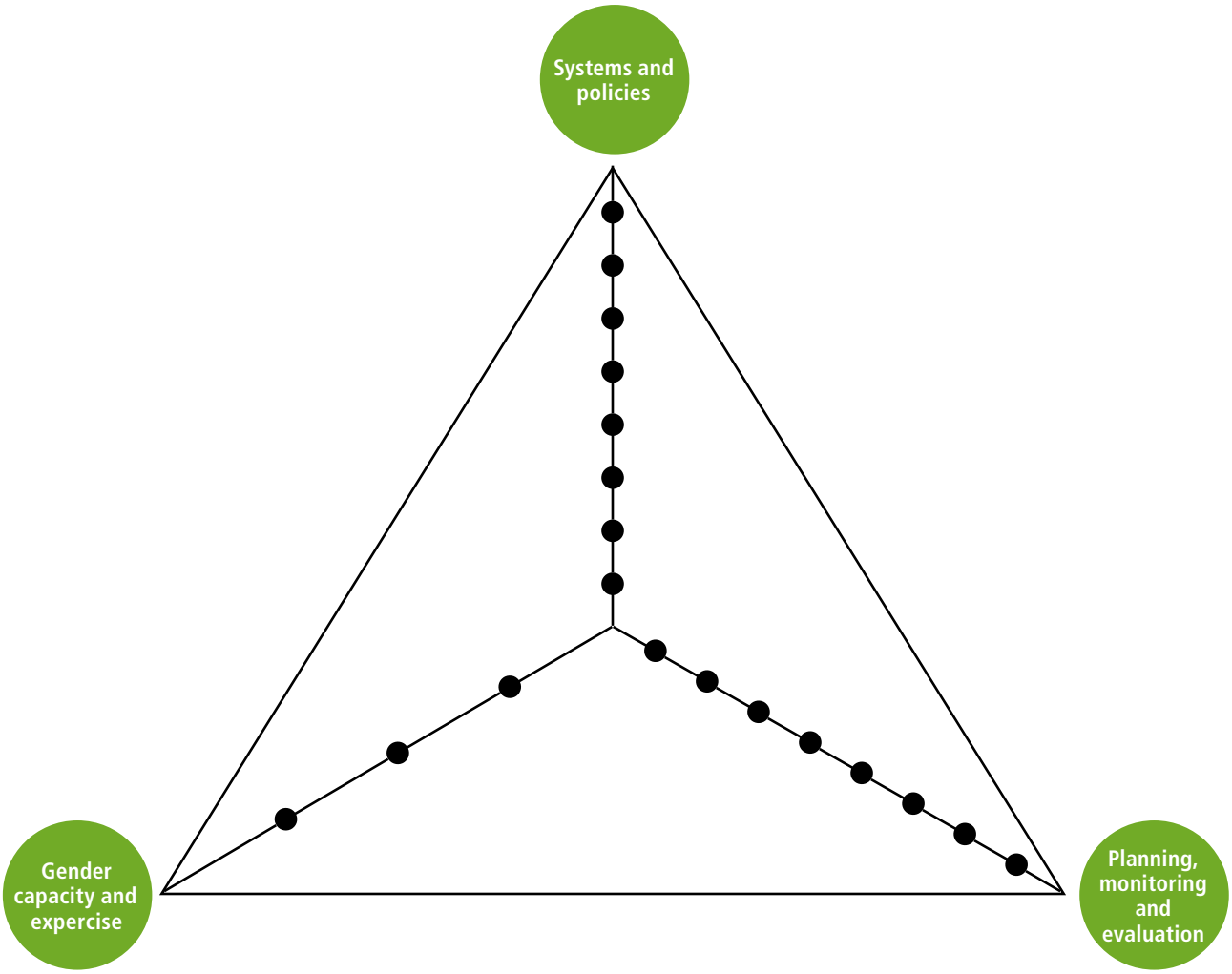
When you have completed all the gender assessments you plan to conduct, proceed to Section 9: Planning for action and improvement. This section will guide you through a process for bringing together and analysing all the results of your gender assessments and planning longer-term strategies to make your organization more gender transformative.

ACTION POINTS				
Action to be taken	Priority (score)	By whom	Deadline	Monitoring date

ANNEX 4A: RADAR CHART TEMPLATE FOR MAPPING YOUR RESULTS

Gender self-assessment results: Our organization

(Points on the axis are in increments of 5, starting from the centre, so a score of 15, for example, would be three points away from the centre point.)



ANNEX 4B: MONITORING TEMPLATE FOR ACTION POINTS

ACTION POINTS				
Action to be taken	**Priority (score)**	**By whom**	**Deadline**	**Monitoring date**

ANNEX 4C: MONITORING AND EVALUATION CHECKLIST

Monitoring gender results is an integral part of your monitoring, evaluation and reporting system. Accordingly, gender aspects should be incorporated into the entire monitoring process.

Collecting meaningful data about your gender work and how it is integrated and mainstreamed into all your activities is essential to generate evidence and promote learning. Monitoring and evaluating your gender work will also enable you to demonstrate the contribution of your work to gender equality and your progress in implementing the IPPF Gender Equality Strategy.

Please refer to Sections 4 and 5 of the IPPF Gender Equality Strategy and Implementation Plan for examples of specific activities and indicators.

For the checklist below, answer each question and select, yes, in progress or no. When the checklist has been completed, review where the current gaps are and develop an action plan for addressing these. Technical support should be sought from the relevant Secretariat office if required.

Item	Yes	In progress	No	If 'No', please provide a reason
M&E SYSTEM				
Has the organization developed or reviewed monitoring and evaluation (M&E) systems to routinely capture sex-, gender- and age-disaggregated information?				
Is the M&E system designed so that it can provide information to be used for internal and external quality control mechanisms and the annual monitoring of Member Association APB progress?				
Do the latest annual programme and budget submissions to IPPF include at least one activity under each programmatic area in the Gender Equality Strategy?				
Have specific indicators been chosen to support the monitoring of the implementation of the IPPF Gender Equality Strategy? (See Annex 1 for ideas.)				
Does the organization collect, analyse and use sex- and age-disaggregated information for each of the areas outlined in the IPPF Gender Equality Implementation Plan? • Advocating to end harmful practices and gender discrimination • Empowering women and girls • Engaging men and boys • Improving gender-sensitive SRHR service provision • Mainstreaming gender equality across organization				

Item	Yes	In progress	No	If 'No', please provide a reason
STAFF CAPACITY AND RESPONSIBILITY				
Has a gender champion been appointed with clear terms of reference to oversee the mainstreaming of gender issues at the organization?				
Do all new staff receive gender induction training within their first six months?				
Have all staff attended a refresher course on gender at least once in the past two years?				
Is the subject of gender equality or the monitoring of gender results clearly and understandably presented in written guidelines or instructions on monitoring that describe the principles, procedures, formats, instruments, responsibilities, etc. for everyone working at the Member Association?				
Do the people responsible for M&E have sufficient gender knowledge and competence?				
Is there a common understanding of gender-related terminology within the Member Association?				
Has the Member Association built the capacity of all staff involved in M&E in gender-sensitive M&E?				
DATA COLLECTION AND ANALYSIS				
Are the identified sources of data and information reliable, and do they provide the necessary information?				
Are the collected data sex-disaggregated wherever possible?				
Has the specific gender dimension and perspective been included during the data collection process, for example by surveying men and women in separate groups, depending on the respective cultural context?				
Has a gender assessment been conducted in the past year to ensure relevant policies are in place and existing policies are implemented in a gender-transformative way?				
Has a gender audit been conducted at least once in the past five years?				
KNOWLEDGE MANAGEMENT AND LEARNING				
Is new evidence being captured and disseminated on successful strategies for improving gender equality and strengthening women's rights?				
Do reports have age-, sex- and gender-disaggregated data? (i) Quarterly? (ii) Annually?				
Has there been an external evaluation conducted on the Member Association's gender equality work in the past five years?				

For further information about setting up a gender-transformative M&E system see the following publication by the German state organization for international development:

GIZ (2014) Guidelines on designing a gender-sensitive results-based monitoring (RBM) system. Available at: https://www.oecd.org/dac/gender-development/GIZ-guidelines-gender-sensitive-monitoring.pdf

ANNEX 4D: INDICATORS FOR GENDER EQUALITY

The following table includes indicators that IPPF has developed to measure progress towards the IPPF Gender Equality Strategy. While they may not all be relevant to each Member Association, we encourage you to draw on these indicators to develop your own monitoring and evaluation framework for your gender equality work.

Advocate to end harmful practices and gender discrimination	Empower women and girls	Engage men and boys	Improve gender-sensitive SRHR service provision	Mainstream gender equality across IPPF
Increased number of successful national policy initiatives and/or legislative changes in support of gender equality to which IPPF advocacy contributed Increased number of countries with a budget line at national and/or local level for gender equality activities Increased number of countries that published health data disaggregated by age and sex in the past year Increased number of partnerships with human rights, women's and other civil society organizations to promote and advance gender equality†	Increased number of young people who have completed a quality-assured CSE programme (delivered or enabled by Member Association volunteers or staff) Increased number of adolescent girls and young women provided with leadership training Increased number of adolescent girls and young women meaningfully participating in key national, regional and global platforms Increased number of adolescent girls and young women leading national initiatives Increased proportion of women who have access to and control over financial and other economic resources Increased number of local opinion leaders engaged to tackle harmful gender norms Increased percentage of currently married women aged 15–49 years who make a decision about their own healthcare either by themselves or jointly with their partners Decreased prevalence of recent intimate partner violence (IPV) Decreased prevalence of female genital mutilation Decreased proportion of young women (20–24) who were married before age 15 years	Increased proportion of Member Associations with a comprehensive integrated SRH package available for men and boys Increased number of community support groups for men Increased number of people engaged in community based gender-transformation programmes to change harmful gender norms Increased number of couple counselling and testing for HIV provided Number of young men and boys engaged in programmes to model positive masculinity Increased number of male role models to challenge sexual and gender-based violence Fewer women/girls experiencing incidents of sexual violence per 10,000 population of the emergency area over a specific time period	Increased number and proportion of service providers trained to identify, screen, refer and care for SGBV survivors Increased proportion of IPPF's clients that would recommend our services All Member Associations meet Integrated Package of Essential Services criteria for provision of sexual and gender-based violence services at all service delivery points Increased number of humanitarian responses that includes sexual and gender-based violence services in the minimum initial service package Increased number of sexual and gender-based violence services provided Increased proportion of Member Associations that have client record keeping systems that capture sex and age of clients Increased proportion of Member Associations that report client-based sex- and age- disaggregated data to the IPPF Secretariat at least once per year	All Secretariat offices to have reviewed all existing policies to ensure they are gender transformative Annual gender review undertaken at all Secretariat offices and findings are shared Gender champions appointed within each division at each Secretariat office. Increased number of Member Associations with an appointed Gender Champion. Increased proportion of staff across the Secretariat that have undertaken training on gender-transformative programming in the past two years Increased proportion of new staff across the Secretariat that have completed a Gender induction. Increased number of Member Associations that completed the Annual Programme and Budget (APB) Gender Assessment Tool Increased number of Member Associations that have a specified budget line for gender equality programmes Increased level of funding spent on gender equality programmes at IPPF

ANNEX 4E: COLLECTING DATA ABOUT GENDER

When health providers are informed about the service user's gender identity, it can facilitate good quality care. It is now well documented that gender minorities – in particular, transgender individuals – experience significant discrimination in healthcare settings and some face barriers to receiving appropriate care due to their gender identity. However, most health providers do not ask questions about gender identity, either when taking the patient's initial medical history or during specific treatments or examinations. Gathering data about gender identity will help not only to improve clinical care, but systematic, disaggregated data collection and analysis can help health providers to understand service user health outcomes and disparities.

Researchers and clinical service providers in the US and the UK have worked with service users, including gender minorities, to test acceptable and feasible methods for collecting data about gender. The following questions are some examples of good practice that have proved to be successful in clinical settings, and which are also, importantly, acceptable to many people who identify as LGBTI.

1. What is your current gender identity? (Check all that apply)

- ☐ Male
- ☐ Female
- ☐ Female-to-Male (FTM)/Transgender Male/Trans Man
- ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
- ☐ Gender queer, neither exclusively male nor female

If you prefer another term, please specify: _____

Decline to answer (please explain why):

_____

2. What sex were you assigned at birth (e.g. on your birth certificate or by your parents/carers)?

- ☐ Male
- ☐ Female
- ☐ Decline to answer (please explain why):

_____

_____

3. **Do you think it is important for your health provider to know about your sex and/or gender identity?**
If you would like to explain, please do.

_____

_____

This third question is not as important but may help your health service to have a better understanding of your service users' views about how their sex and/or gender identity affects their access to health care. It also encourages service users to reflect on what benefits there may be to sharing the information above.

Other considerations

Forms of ID: If a service user is required to provide identification in order to receive a product or service, health providers should accept a range of different forms of ID (e.g. passport, driving licence, citizenship or identity card, employee card, etc.) so that the service user can select one that they feel is most reflective of their gender identity. Some forms of ID, for example a birth certificate, may not reflect their current gender identity.

Choosing a title and pronouns: Health providers should offer opportunities for service users to define the title and pronouns that they wish staff and others to use in referring to them. For example, Mr, Mrs, Ms, Dr or other titles. Pronouns include he/him/his, she/her/hers, and they/them. Service users may also have other pronouns or titles they wish to use.

Gender identity on medical records: As above, service users may prefer that their medical records reflect their self-defined gender identity. Health providers should check and adhere to service users' preferences. Service users should be able to change their personal information on their records efficiently and sensitively.

For more information, please refer to the following publications:

Fenway Institute. 'Asking Patients Questions About Sexual Orientation and Gender Identity in Clinical Settings: A Study in Four Health Centers'. Available at: http://thefenwayinstitute.org/wp-content/uploads/COM228_SOGI_CHARN_WhitePaper.pdf

Fenway Institute. 'Policy Focus: Why gather data on sexual orientation and gender identity in clinical settings'. Available at: https://www.lgbthealtheducation.org/wp-content/uploads/policy_brief_why_gather.pdf

Stonewall UK. 'Communicating Commitment to Trans Inclusion: The Trans inclusion journey and communicating commitment to all staff'. Available at: http://www.docs.csg.ed.ac.uk/EqualityDiversity/Communicating_Trans_Inclusion.pdf

05.
GENDER SELF-ASSESSMENT QUESTIONNAIRE: YOUR HEALTH SERVICES

05: GENDER SELF-ASSESSMENT QUESTIONNAIRE: YOUR HEALTH SERVICES

This gender self-assessment questionnaire aligns with the IPPF's Quality of Care Framework and Integrated Package of Essential Services (IPES) and thus uses the following domains as its fields of inquiry:

- Safe and confidential environment
- Secured supply chain management system
- Comprehensive integrated services
- Adequate financial resources
- Effective communication and feedback systems
- Highly skilled and respectful personnel

An additional field of inquiry, 'rights-based and stigma-free care', explores service provision for particular groups, who are more likely than the general population to experience discrimination and stigma on the basis of gender. You will have identified relevant groups to focus on in your rapid situation assessment.

This self-assessment also aligns with the World Health Organization's (WHO) guidance. In order for sexual and reproductive health services to deliver a quality of care based on human rights standards, WHO stipulates that four requirements must be met: 1) a functioning health system, 2) technically competent healthcare providers, 3) user satisfaction, and 4) an accountability mechanism.[30] Thus, the statements below allude to established standards in the provision of health services, which may not reference gender specifically. They are nonetheless important to guarantee the rights of individuals in all their diversity.

For simplicity, the statements below use 'service users' or 'users', but please take an inclusive perspective and take these terms to mean 'service users, in all their diversity'.

Score the statements as follows: 1 = strongly disagree (also 'no'), 2 = disagree, 3 = neither agree nor disagree (or unknown), 4 = agree, 5 = strongly agree ('yes').

In the 'Actions for improvement' fields, provide details about your score and write down any short-term actions you could take to improve.

FACILITATOR TIP

We recommend that you complete the questionnaires on a computer/laptop, so the fields expand to the required capacity, and for ease of maintaining the results of this self-assessment on your hard drive storage for future reference and for sharing them with others by email. Alternatively, you can photocopy the section according to the number of participants and fill them out in hard copy. In conducing the gender self-assessment, make sure you know how information is distributed and shared and ensure that you maintain confidentiality and data security with regards to service user data.

It is envisaged that team members will work together to fill out the questionnaire, however you may also choose to complete the questionnaire individually and then to discuss together in a group and agree a mutual score for each field. This may highlight some different perspectives on gender and gender inequalities in your team and across the organization.

The project owner is responsible for questioning the team members on the score and encouraging the team to be honest and reflective. There is no benefit to giving the organization a higher score than it genuinely merits. The recorder should document the group's rationale for giving themselves a given score and ensure that the group considers what actions the organization could take to improve.

Prior to completing these self-assessment questionnaires for your health services, we recommend that all members of the team read **Annex 5C: Applying a gender lens to the IPPF's Quality of Care Framework.** This will help all participants to think critically about what it means, in practice, to be delivering gender-sensitive services. This may support them to more accurately assess health services, as well as to think of appropriate action points to improve services.

Participants must be advised that they are answering the questionnaire on behalf of the whole organization to the greatest extent possible, not on the basis of their experience alone. Member Associations that offer services through a wide range of associate partners may wish to answer the questions in relation to the facilities and services that they manage themselves (i.e. Member Association-managed services), but they should equally be asking themselves to what extent the statement is true for their partners and how they can promote gender-sensitive service provision in all the service points they are associated with.

See **Annex 2A for a sample agenda** for completing the essential components of the gender assessment, including the self-assessment questionnaire on your health services.

Please note: 'health facility' refers to all service delivery points, static, mobile or outreach.

QUESTIONNAIRE

5.1. Safe and confidential environment

	Score
SAFETY AND PHYSICAL INTEGRITY OF THE FACILITIES	
5.1.1. Managers have assessed the environment around all health facilities (static, mobile, outreach) and made accommodations, where necessary, to ensure that service users can present for care safely (e.g. can young women attend on their own? Do transgender people risk harassment? Sex workers? Etc.)[ix]	
Rationale: Actions for improvement:	
5.1.2. Examination and counselling rooms are protected from others being able to listen, see or interrupt.	
Rationale: Actions for improvement:	
5.1.3. All service users can request a health provider of a specific gender, and this right to choose is clearly displayed in all health facilities.	
Rationale: Actions for improvement:	
CONFIDENTIALITY	
5.1.4. All service user information is kept confidential and health records are kept in a secure place where only authorized personnel can access them.	
Rationale: Actions for improvement:	
5.1.5. Health providers always ask for the service user's consent, regardless of their gender or age, before involving another person in the consultation.	
Rationale: Actions for improvement:	

ix Note that this question refers to the security of the service user's person in the location, not the safety of medical procedures.

CONTINUITY OF CARE AND REFERRALS	
5.1.6. If required by the service user, the health facility will make it possible for the user to see the same (or a different) health provider.	
Rationale: Actions for improvement:	
5.1.7. All health facilities maintain referral networks with a diverse range of medical services, including specialist services, and service users are referred when required.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	35

5.2. Secured supply chain management system

	Score
5.2.1. In the last 12 months, all health facilities have maintained a range of available contraceptive methods so that all users can choose a suitable method.	
Rationale: Actions for improvement:	
5.2.2. In the last 12 months, all health facilities have maintained supplies of the necessary commodities for STIs, including HIV.	
Rationale: Actions for improvement:	
5.2.3. In the last 12 months, all health facilities have maintained supplies of emergency contraception.	
Rationale: Actions for improvement:	

5.2.4. When health facilities refer service users, they verify that the referral partner is able to provide the supplies and care that is required by the service user.	
Rationale: Actions for improvement:	
5.2.5. If stock-outs have occurred, managers can provide evidence that they have analysed the cause (e.g. poor forecasting, product availability, poor storage, poor inventory taking, failure to order new supplies) and taken steps to prevent future stock-outs.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	25

5.3. Comprehensive integrated services

	Score
GENDER-SENSITIVE SERVICES[x]	
5.3.1. Clinical guidelines and protocols include information about how gender affects health (e.g. different symptoms according to gender; non-stigmatizing pregnancy counselling, safe abortion care).	
Rationale: Actions for improvement:	
5.3.2. All health facilities offer gender-sensitive sexual and reproductive health services.	
Rationale: Actions for improvement:	

x Gender-sensitive service delivery refers to services that are integrated – so that service users can access all the SRHR services they require within one visit – and that seek to provide equal opportunities for all to realise the highest obtainable standard of health, regardless of gender. For example, the organization has established procedures and policies to ensure that service users can access services in an environment free from discrimination. Gender-sensitive services take account of how they are contributing to gender equality commitments and targets, in part by including gender equality indicators in monitoring and evaluation frameworks.

5.3.3. Health providers have referral directories to connect service users to gender-transformative/ empowerment programmes (e.g. transgender or women's support groups, specialist medical clinics for men/ women/LGBTI, girl-only social programmes).	
Rationale: Actions for improvement:	
INTEGRATED SEXUAL AND GENDER-BASED VIOLENCE SERVICES	
5.3.4. All health facilities provide intimate partner violence (IPV) and SGBV services (as recommended in the IPPF Integrated Package of Essential Services (IPES)).[xi]	
Rationale: Actions for improvement:	
5.3.5. All health facilities have effective follow-up mechanisms in place to ensure that when survivors of IPV and SGBV request access to services such as emergency contraception, post-exposure prophylaxis (PEP) for HIV and/or abortion-related services, they are able to access them (even if they are referred to another service provider) (see the IPES).	
Rationale: Actions for improvement:	
5.3.6. All health facilities have formal partnerships for referrals to other external services (e.g. legal support for SGBV survivors, housing, financial support).	
Rationale: Actions for improvement:	
Your score	
Out of a possible	30

xi There are eight sexual and reproductive health service categories in the IPES: counselling, contraception, safe abortion care, sexually transmitted infections/reproductive tract infections, HIV, gynaecology, prenatal care and sexual and gender-based violence.

5.4. Adequate financial resources

	Score
5.4.1. The organization has systems in place to minimize the financial barriers that poor and vulnerable service users face in accessing healthcare (e.g. vouchers, public-private partnerships, free services).	
Rationale: Actions for improvement:	
5.4.2. The organization has a clear no refusal policy (regardless of service users' ability to pay) that is displayed and followed at all health facilities.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	10

5.5. Effective communication and feedback systems

	Score
5.5.1. All health facilities collect feedback from **young** service users of **all genders** to measure their satisfaction.	
Rationale: Actions for improvement:	
5.5.2. All health facilities collect feedback from service users of **all genders** to measure their satisfaction.	
Rationale: Actions for improvement:	
5.5.3. Service users are informed about formal mechanisms to express their opinion and make complaints or suggestions.	
Rationale: Actions for improvement:	

5.5.4. Service users are informed about what will happen (e.g. follow-up, disciplinary procedures, any help available to them) should they choose to make suggestions or complaints about the care they received.	
Rationale: Actions for improvement:	
5.5.5. Health service providers and managers are informed and able to follow established protocols for complaints.	
Rationale: Actions for improvement:	
5.5.6. Feedback from service users is included in monitoring and evaluation and contributes to service planning.	
Rationale: Actions for improvement:	
5.5.7. After service user feedback has influenced service delivery, service users are informed about what changes service user feedback has resulted in.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	35

5.6. Highly skilled and respectful personnel

	Score
MANAGEMENT AND SUPERVISION	
5.6.1. Managers support staff to work on gender equality concerns and participate in further professional development related to gender equality.	
Rationale: Actions for improvement:	

TRAINING	
The Member Association/IPPF has provided the following training to all health providers, counsellors and peer educators in the last five years:	
5.6.2. Use of gender-inclusive language during the service user-provider interaction	
Rationale: Actions for improvement:	
5.6.3. Medical ethics, including the principles of non-discrimination on the basis of gender	
Rationale: Actions for improvement:	
5.6.4. How to avoid practices that reinforce gender stereotypes	
Rationale: Actions for improvement:	
5.6.5. Counselling on gender, sexuality and relationships	
Rationale: Actions for improvement:	
5.6.6. Male involvement in contraceptive services and other sexual and reproductive health services	
Rationale: Actions for improvement:	
5.6.7. SGBV screening, first-line support, management of IPV and SGBV, and referrals	
Rationale: Actions for improvement:	

5.6.8. All health facility staff (e.g. support staff, service providers, administrative staff, managers) have received training on stigma related to abortion, HIV, fertility, gender identity, sexual behaviours, sexual orientation and sexual rights in the last five years.	
Rationale: Actions for improvement:	
AUTONOMOUS DECISION-MAKING	
5.6.9. All service users are given all necessary information to make voluntary, informed decisions about their care, regardless of gender, age or marital/relationship status.	
Rationale: Actions for improvement:	
5.6.10. Health providers clearly explain to the service user what the counselling, examination or other service will involve.	
Rationale: Actions for improvement:	
5.6.11. Health providers explicitly ask all service users, regardless of age, marital status or gender, 'Do you consent?' (or equivalent phrase) before administering any treatment or intervention.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	55

5.7. Rights-based, stigma-free services

In this section, focus on up to three specific under-served populations that experience discrimination and barriers to sexual and reproductive health and rights on the basis of their sex or gender. The first group is young people: expectations and prejudices around different combinations of sex, age and gender present barriers for young people in many contexts. The second and third group you will identify yourself, drawing on your rapid situation analysis and/or any under-served groups you currently focus on. For example, sex workers, women living with disabilities, young parents, people who identify as LGBTI, unmarried women, older men, etc.

Some of these questions are the same as questions you have already seen above, but the purpose of this section is to ascertain how specific, vulnerable service users – in all their diversity – may experience your service delivery. People experience gender in vast array of ways, including a wide range of barriers and experiences of stigma and discrimination on the basis of gender. To accurately and precisely assess how distinct population groups experience your services, it is vital to focus in on data especially about those service users. Your sex- and age-disaggregated service delivery data (if available) may come in useful here.

i) GROUP 1: YOUNG PEOPLE

	Score
SAFE AND CONFIDENTIAL ENVIRONMENT	
5.7.1. The organization has ethical protocols in place for working with young people, taking into account gender inequality, to protect children and young people.	
Rationale: Actions for improvement:	
5.7.2. Health services are designed to make young people comfortable, taking into account gender-related discrimination and potentially stigmatizing factors.	
Rationale: Actions for improvement:	
ADEQUATE FINANCIAL RESOURCES	
5.7.3. Young people of all genders can afford our health services and supplies, including by availing themselves of free services if required.	
Rationale: Actions for improvement:	
5.7.4. The costs of presenting for services (e.g. transport) do not prevent young people, of any gender, from accessing care.	
Rationale: Actions for improvement:	

EFFECTIVE COMMUNICATION AND FEEDBACK SYSTEMS	
5.7.5. Monitoring and evaluation markers/indicators include qualitative measures of young people's wellbeing and experience of services, particularly those of gender and sexual minorities.	
Rationale: Actions for improvement:	
5.7.6. Young people of all genders are meaningfully involved in monitoring and evaluation activities, and in programme and service planning.	
Rationale: Actions for improvement:	
5.7.7. Young people of all genders are informed about formal mechanisms to make complaints and appeal for redress.	
Rationale: Actions for improvement:	
Highly skilled and respectful personnel	
5.7.8. Health providers identify and respond to internal gender-specific barriers that prevent young people from exercising sexual and reproductive rights.	
Rationale: Actions for improvement:	
5.7.9. All health providers are able to provide high quality, non-judgemental health information and services to young people, regardless of their gender.	
Rationale: Actions for improvement:	
5.7.10. All health providers respect the choices made by young people, regardless of gender, even if they disagree with them (taking country legislation and medical eligibility into account).	

Rationale: Actions for improvement:	
Your score	
Out of a possible	50

ii) GROUP 2: _____

In the table, replace '[INDIVIDUALS]' with a specific, under-served group you identified in the rapid situation analysis.

	Score
SAFE AND CONFIDENTIAL ENVIRONMENT	
5.7.1. [INDIVIDUALS] are presenting themselves to our facilities for health care.	
Rationale: Actions for improvement:	
5.7.2. Services are designed to make [INDIVIDUALS] comfortable, taking into account gender-related discrimination and potentially stigmatizing factors.	
Rationale: Actions for improvement:	
Adequate financial resources	
5.7.3. [INDIVIDUALS] can afford our health services and supplies, including by accessing free services if required.	
Rationale: Actions for improvement:	
5.7.4. The costs of presenting for services (e.g. transport, lost wages, childcare, insecure employment) do not prevent [INDIVIDUALS] from accessing care.	
Rationale: Actions for improvement:	

EFFECTIVE COMMUNICATION AND FEEDBACK SYSTEMS	
5.7.5. We collect feedback from [INDIVIDUALS], who are service users, to measure their satisfaction.	
Rationale: Actions for improvement:	
5.7.6. Feedback from [INDIVIDUALS], including their participation, is included in monitoring and evaluation activities, and contributes to service planning.	
Rationale: Actions for improvement:	
5.7.7. [INDIVIDUALS] are informed about formal mechanisms to make complaints and appeal for redress.	
Rationale: Actions for improvement:	
HIGHLY SKILLED AND RESPECTFUL PERSONNEL	
5.7.8. Health providers identify and respond to gender-specific barriers that prevent [INDIVIDUALS] from exercising sexual and reproductive rights.	
Rationale: Actions for improvement:	
5.7.9. All health providers provide quality, non-judgemental health information and services to [INDIVIDUALS].	
Rationale: Actions for improvement:	
5.7.10. All health providers respect the choices made by [INDIVIDUALS] even if they disagree with them.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	50

iii) GROUP 3 (OPTIONAL):

In the table, replace '[INDIVIDUALS]' with a specific, under-served group you have identified.

	Score
SAFE AND CONFIDENTIAL ENVIRONMENT	
5.7.1. [INDIVIDUALS] are presenting themselves to our facilities for health care.	
Rationale: Actions for improvement:	
5.7.2. Services are designed to make [INDIVIDUALS] comfortable, taking into account gender-related discrimination and potentially stigmatizing factors.	
Rationale: Actions for improvement:	
Adequate financial resources	
5.7.3. [INDIVIDUALS] can afford our health services and supplies, including by availing themselves of free services if required.	
Rationale: Actions for improvement:	
5.7.4. The costs of presenting for services (e.g. transport, lost wages, childcare, insecure employment) do not prevent [INDIVIDUALS] from accessing care.	
Rationale: Actions for improvement:	
Effective communication and feedback systems	
5.7.5. We collect feedback from [INDIVIDUALS], who are service users, to measure their satisfaction.	
Rationale: Actions for improvement:	

5.7.6. Feedback from [INDIVIDUALS], including their participation, is included in monitoring and evaluation activities, and contributes to service planning.	
Rationale: Actions for improvement:	
5.7.7. [INDIVIDUALS] are informed about formal mechanisms to make complaints and appeal for redress.	
Rationale: Actions for improvement:	
Highly skilled and respectful personnel	
5.7.8. Health providers identify and respond to gender-specific barriers that prevent [INDIVIDUALS] from exercising sexual and reproductive rights.	
Rationale: Actions for improvement:	
5.7.9. All health providers are able to provide quality, non-judgemental health information and services to [INDIVIDUALS].	
Rationale: Actions for improvement:	
5.7.10. All health providers respect the choices made by [INDIVIDUALS] even if they disagree with them.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	50

Map the results

Map the results of your gender self-assessment using radar (or spider) charts. A radar chart is a graphic way of organizing different aspects of a complex issue, in this case the extent to which your health services are gender sensitive. It is also called a spider chart because it looks like a spider's web when the data are charted. This exercise is a good way of visualising how your health services respond to gender concerns and will help you identify priorities and your weakest areas.

To illustrate how this works, we have used an example score, as shown in the table below.

In the column provided, insert your scores from your gender self-assessment questionnaire.

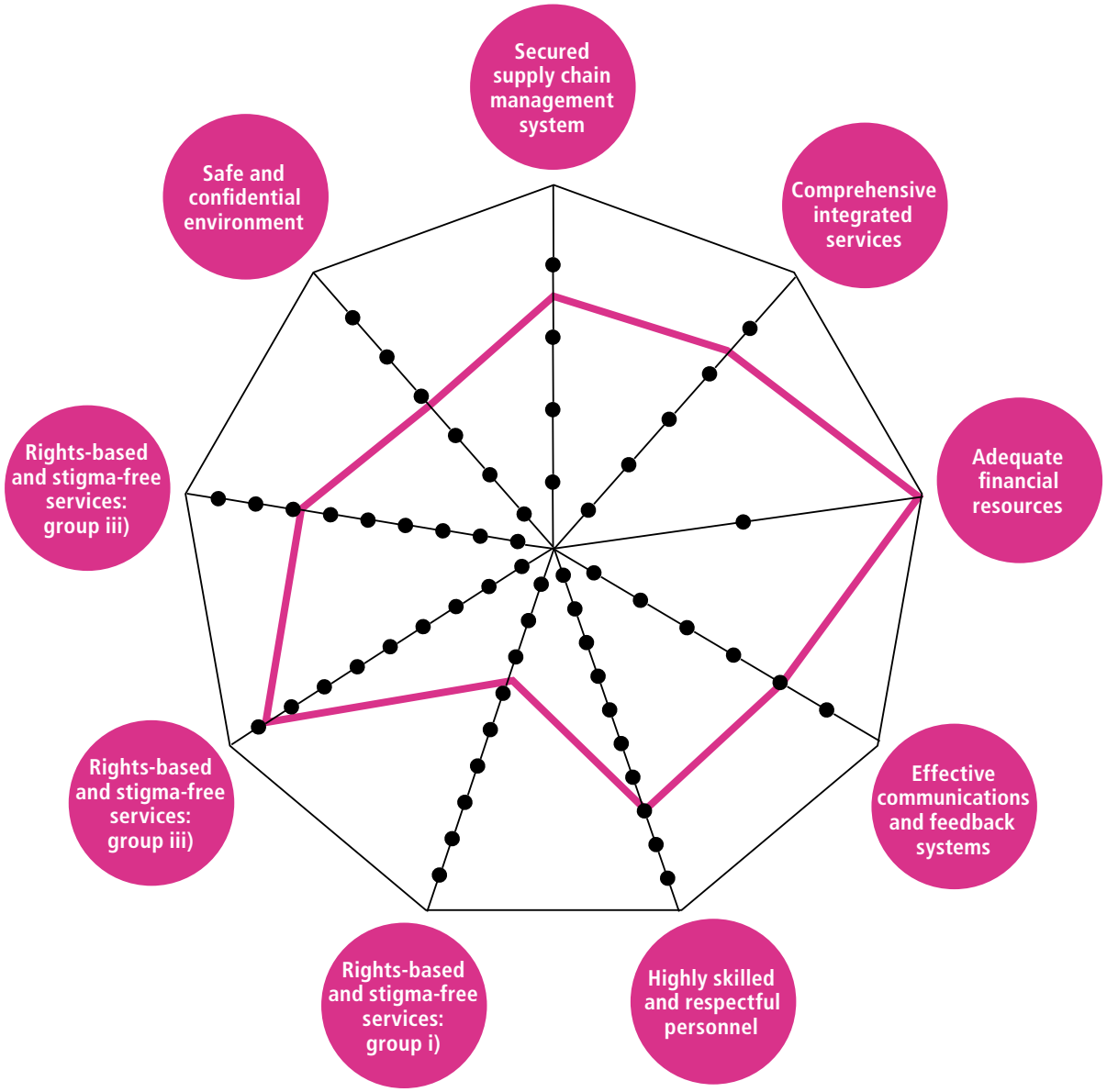
In the radar chart on the next page, the example scores are charted along the dedicated axes for each of the components of the questionnaire.

This example illustrates the results of the gender self-assessment questionnaire for the example organization. This is a visual representation of how gender transformative the organization is, based on the self-assessment tool. Using Sections 4 and 6, you will conduct gender self-assessments for your organization and for your programmes and chart the results in a similar way, leaving you with a set of radar charts to help monitor your progress.

Create your own radar chart using your own scores. A template for this radar chart is available in Annex 5A. You can print this out and copy it. Remember to check the topmost value of the axis (e.g. 50 for 'Rights-based and stigma-free programmes', or 40 for 'Safe and confidential environment'), so that you plot your results correctly. We recommend printing and/or enlarging your radar chart(s) and putting it/them up on the wall to review and revisit over time.

The radar chart can also be used to monitor change over time by using the gender self-assessment tool at different points in time – for example, six months and/or a year later – and charting the new data (i.e. your scores) alongside the original data. If you use the chart for comparison, it is best if at least some of the same people are involved in the self-assessments being compared. This is because the values given in the self-assessment are subjective, so the scores may not be comparable if completed by an entirely different group of people who bring different standards or measures to the process.

	Example score	Your score	Possible total
YOUR HEALTH SERVICES			
Safe and confidential environment	19		35
Secured supply chain management system	17		25
Comprehensive integrated services	22		30
Adequate financial resources	10		10
Effective communications and feedback systems	25		35
Highly skilled and respectful personnel	40		55
Rights-based and stigma-free services: group i)	19		50
Rights-based and stigma-free services: group ii)	44		50
Rights-based and stigma-free services: group iii)	35		50



Reflections

After you have completed the self-assessment questionnaire, above, take some time to reflect on this process and discuss your reactions to this process as a group.

Write down your reflections and observations and keep them for future reference (for example, the next time you come to do a gender self-assessment).

Action points

Now it is time to review the actions you have recommended and make plans to realize them.

1. COMPILE ALL ACTION POINTS

Compile all the action points using the table below (an expanded version is available in Annex 5B). In the 'Priority' column, enter the score that the team agreed on in relation to each action. For the moment, leave the other columns blank.

ACTION POINTS				
Action to be taken	Priority (score)	By whom	Deadline	Monitoring date

2. MAKE EACH ACTION SUSTAINABLE

Reread each action point, asking, 'Will this action ensure that the result is systematic and sustained?' In other words, will this action change the situation in the future, or is it a necessary fix for the short term only? If possible, amend the action to make it sustainable. For example, if you noted that health providers have not received gender equality training or support, making an action to provide gender equality training, or to host an internal workshop on gender equality, is not sufficient. The action could instead be to broken down into 1) provide gender equality training for health providers *and* 2) change the institutional regulations so that new health providers are required to attend gender equality training and so that budget planning processes/new funding proposals regularly allocate funds for this purpose. Think through the steps that need to take place in order to ensure that the intended impact of the action endures.

3. SHARE ACTION POINTS

The project owner should share the results of your gender self-assessment with your organization. We encourage you to share the results with all staff and volunteers. Share information about what the gender self-assessment exercise was like, how it was undertaken and who was involved, so that everyone understands the process and outcomes. You can mention some of the discussions the team had, revelations and areas the team feels should be explored further. Of course, you should also share the action points because this is where you will need to call on your colleagues, managers, directors, volunteers and others for support.

4. ALLOCATE RESPONSIBILITY AND AGREE TIMETABLES FOR DELIVERING THE ACTION POINTS

Convene your senior leadership team and other relevant staff, volunteers and young people to allocate responsibility for each action point. Discuss feasible timetables for delivering each of them, beginning with those that have a '1' priority and proceeding to '2', '3', etc. Fill out the remaining columns: 'By whom', 'Deadline' and 'Monitoring date'.

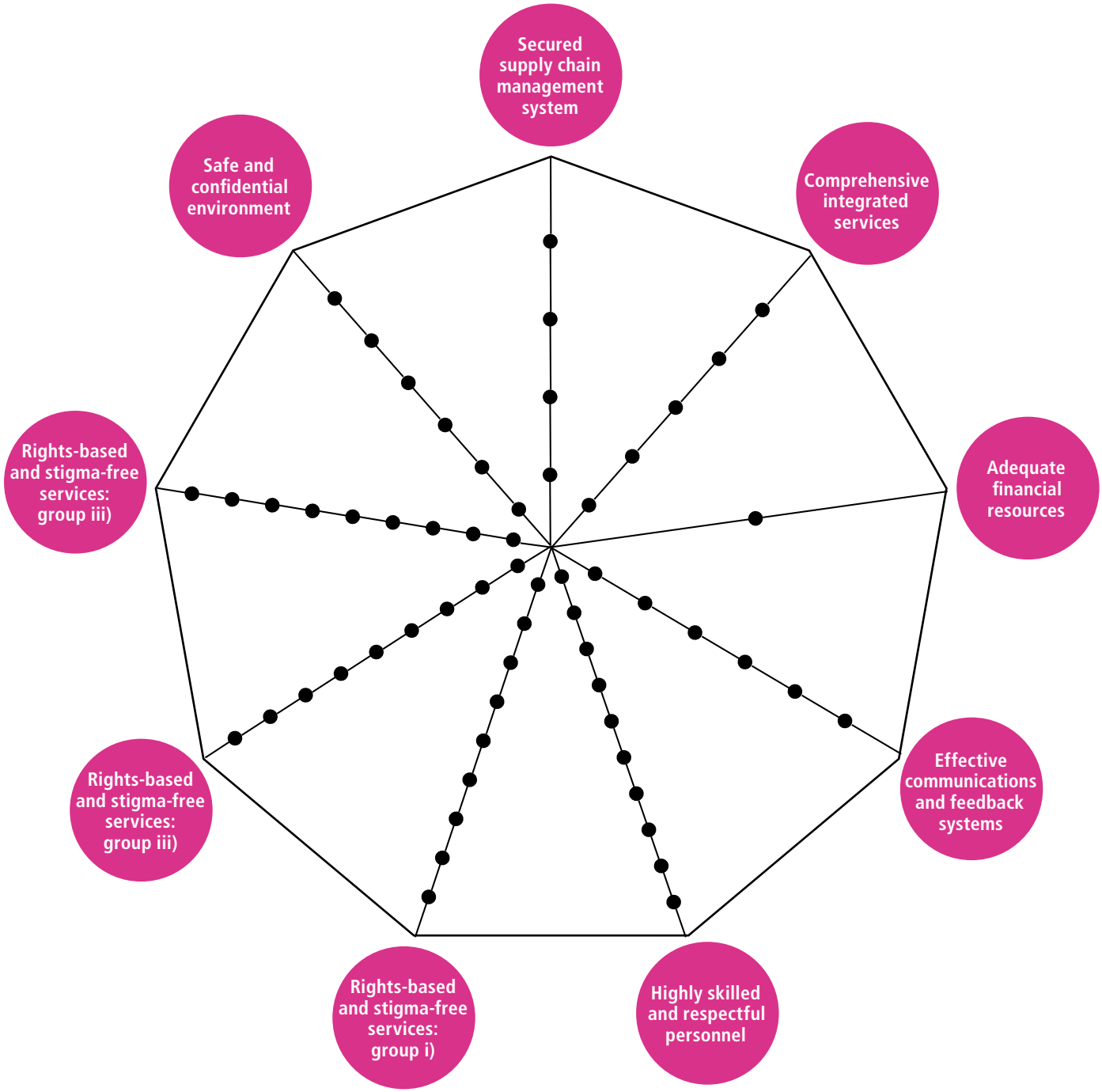
Next steps

Proceed with the self-assessment exercises for your organization and your programmes, if you have not completed them already. If you have planned additional self-assessment exercises (for example, assessing your programmes or conducting an external gender audit), please proceed with them.

When you have completed all the gender assessments you plan to conduct, proceed to Section 9: *Planning for action and improvement*. This section will guide you through a process for bringing together and analysing all the results of your gender assessments and planning longer-term strategies to make your organization more gender transformative.

ANNEX 5A: RADAR CHART TEMPLATE FOR MAPPING YOUR RESULTS

Gender self-assessment results: our health services



ANNEX 5B: MONITORING TEMPLATE FOR ACTION POINTS

ACTION POINTS				
Action to be taken	**Priority (score)**	**By whom**	**Deadline**	**Monitoring date**

ANNEX 5C: APPLYING A GENDER LENS TO THE IPPF'S QUALITY OF CARE FRAMEWORK

The IPPF Quality of Care Framework aims to enable individuals, in all their diversity, to act freely on their sexual and reproductive health and rights by providing quality and gender-sensitive sexual and reproductive health services.

Cross-cutting themes: youth, gender, under-served and marginalized groups

Key elements:

1. Safe and confidential environment
2. Secured supply chain management system
3. Comprehensive integrated services
4. Adequate financial resources
5. Well-managed services
6. Effective communications and feedback systems
7. Highly skilled and respectful personnel

The following paragraphs articulate how a gender lens should be applied to each of these key elements. The Quality of Care Framework can be downloaded at ippf.org.

1. SAFE AND CONFIDENTIAL ENVIRONMENT

Gender-sensitive services may require adaptations to the physical layout of the clinic or the service user flow within a specific facility. For instance, to increase safety for survivors of SGBV, a facility may decide to create a separate entrance or change the way the consultancy rooms are labelled so that other people are unable to identify survivors. An organization can also implement systems to ensure safe access by individuals with disabilities. It is crucial that health services consult vulnerable and marginalized groups directly on their needs.

2. SECURED SUPPLY CHAIN MANAGEMENT SYSTEM

Implementing gender-sensitive services can mean the introduction of new products or services (e.g. female condoms, de-infibulation, lubricants), and this process should adhere to the procurement procedures. Making services gender sensitive may also mean that services need to be provided outside a fixed facility to increase access for service users who face accessibility obstacles, whether due to distance between home and the facility, physical or mental impairments, stigma, etc. This, in turn, means that the organization will need to increase the availability of mobile units/ outreach teams. The supply chain management of the organization needs to be ready to accommodate the requirements of gender-sensitive services by having sensitized staff, supply chain management systems and processes in place, and appropriate budget allocations.

3. COMPREHENSIVE INTEGRATED SERVICES

A gender-sensitive package of services takes into consideration the needs of individuals, in all their diversity, at different stages of their lives. IPPF's Integrated Package of Essential Services (IPES) (see box) was designed to meet the most pressing sexual and reproductive health needs of all individuals in all their diversity. Full compliance with the IPES is, therefore, a first step to achieve gender-sensitive services.

IPPF'S INTEGRATED PACKAGE OF ESSENTIAL SERVICES

There are eight sexual and reproductive health service categories in the IPES: counselling, contraception, safe abortion care, sexually transmitted infections/reproductive tract infections, HIV, gynaecology, prenatal care and sexual and gender-based violence.

IPPF Member Associations are encouraged to implement additional services in their delivery points (fixed, mobile or community-based) based on the specific needs of the local populations and on their internal capacity. These services may include hormone therapy for transgender and intersex populations, male reproductive cancer treatment or legal services for SGBV survivors.

Gender-sensitive services also provide access to information, communication and education materials to help service users complement the information offered by service providers and volunteers. These materials are available in waiting rooms and consultation rooms or are distributed by community-based providers during awareness

activities at community level. A careful analysis of these materials can reveal gender bias (e.g. information on contraceptives only targets women), lack of awareness about the specific needs of some groups of population (e.g. a lack of information on SGBV targeted to women and girls) or the use of language and images that reinforce gender stereotypes (e.g. post-operative instructions reinforce the idea that women will be/should be cared for only by other women). Adaptations should be made to all materials with input from experts and the target audiences.

4. ADEQUATE FINANCIAL RESOURCES

Budgeting to deliver gender-sensitive services

Strengthening a health service's capacity to be gender transformative usually requires funding. Some costs associated with this work include staff sensitization and training, developing information, education and communication (IEC) materials, changing the quality of care and evaluation systems, adapting the physical structure of the health facility, introducing new supplies/commodities, allocating resources to strengthen SGBV services or to introduce services that address the consequences of FGM (when relevant to the context), etc.

Taking this into account, IPPF's Gender Equality Strategy has committed to the creation of a specific budget line at all levels of the Federation to fund specific work on gender equality. This includes IPPF Member Association Annual Programme and Budgets (APBs), as well as budget allocation for gender equality work within each Secretariat. Additionally, gender should be a key component within all projects supported by external donors.

Fee structure

Pervasive gender inequalities impact individuals' access to and control of the resources needed to attain optimal health, including financial resources (see box: Why adapt fee structures to ensure gender-transformative care?). Gender-sensitive services respond to these needs by adapting the fee structure. For example, offering free services, reduced tariffs or vouchers; linking service users to economic empowerment programmes when available; or by partnering with other public and private organizations to increase the coverage of under-served populations.

5. WELL-MANAGED SERVICES

Member Associations should have in place a) a Gender Equality Policy which outlines the Member Association's commitment to mainstream gender in all policies, programmes and structures of the organization; b) workplace policies and practices that promote gender equality and equal gender representation; and c) clinical guidelines and protocols that provide recommendations on how to mainstream gender during the care process. Clinical guidelines and protocols should detail:

- how to screen, treat and intervene according to differences in prevalence, symptoms and other gender-related factors
- SGBV service provision guidelines
- service user flow diagrams, including stages before, during and after visiting the facility, to clearly identify referral pathways (e.g. to empowerment programmes, specialized facilities), and
- potential barriers to access care faced by individuals as a result of gender inequality.

WHY ADAPT FEE STRUCTURES TO ENSURE GENDER-TRANSFORMATIVE CARE?

Even when service users appear to be able to pay for services, confounding factors may limit their access and decision-making power with regards to money. For example:

- Many women are responsible for unpaid care, household chores and unofficial businesses. When women work in the formal economy, they are often paid less.
- Many women and girls are victims of economic violence. That is, men or women may monitor and/or control women's and girls' earnings, their management and/or expenditure of money, and/or they may also threaten to confiscate women's and girls' economic resources. This controlling behaviour may extend to healthcare services.
- Lack of economic self-reliance contributes to SGBV and is a consequence of SGBV. Survivors often face challenges to generating economic resources for themselves and their families, either because of consequences over their mental and physical health, stigma or because of a lack of opportunities.
- Transgender and intersex individuals, as well as women living with disabilities, face difficulty securing stable jobs and economic stability due to stigma and discrimination against those who do not conform to traditional gender roles and identities.
- Young women's age and gender identities can intersect to magnify their vulnerability, and both contribute to a lack of financial resources.

6. EFFECTIVE COMMUNICATIONS AND FEEDBACK SYSTEMS

Member Associations should conduct gender sensitization activities at the community level. For example, using mobile caravans, home visits, theatre, waiting room activities and dialogues. These activities can become an opportunity to link community members to essential health services or advocacy efforts.

Comprehensive sexuality education (CSE) can play a crucial role in tackling gender norms. Research suggests that CSE that engages with ideas of power and gender is five times more effective at reducing rates of unwanted pregnancy and new incidence of HIV than programmes that did not.[31] Comprehensive sexuality education should also be linked to service provision not only for referral, but so that young people's feedback and experiences in either service can help to strengthen the other.

In addition, organizations should ensure continuous, good quality services at all health facilities by developing systems for service users' feedback and participation in the care process, and to involve community members in the design and delivery of care. In addition, Member Associations should conduct regular assessments of their health facilities and make any necessary improvements to ensure that services are meeting IPPF Quality of Care standards.

Quality assessment tools should incorporate questions on how gender-sensitive services are, as gender is a cross-cutting theme. In practice, this means two things. First, that all services provided in a fixed facility or a community-based setting should be planned after careful examination of gender inequalities and should address and act on gender issues, rather than just SGBV services being subject to a gender assessment. Second, it means that a gender lens should be used when assessing quality of care and implementing quality improvement measures.

7. HIGHLY SKILLED AND RESPECTFUL PERSONNEL

Member Associations should include sufficient and appropriate number of staff to meet the needs of service users, in all their diversity. It is important to give service users the opportunity, to the greatest extent possible, to choose the provider who serves them (e.g. some service users may prefer a provider of the same sex). Member Associations should also actively recruit staff and volunteers from under-served populations.

In addition, training and sensitization activities with providers should offer an opportunity to examine gender inequalities and learn how to strengthen or create systems that support gender equality and how to contribute to change pervasive gender inequalities. Consider including the following topics in your sensitization and training efforts:

- human rights frameworks and rights-based services
- differences between sex and gender
- gender identity, gender expression, sexual orientation and sex characteristics
- individual/relationship/community/societal factors contributing to gender inequality
- social determinants of health
- different individuals' exposure to risk factors or vulnerability
- differences between groups of population in terms of incidence and prevalence of distinct health concerns (especially distinct SRH concerns for women, men, transgender)
- the impact of SGBV on individuals, particularly their sexual and reproductive health
- different challenges individuals face through the life course
- use of inclusive language during the service user-provider interaction
- training on medical ethics/bioethics, including principles of justice, autonomy, non-maleficence (do no harm) and beneficence (the research should have benefits, ideally for the research subjects and the broader population they represent)
- practices that reinforce gender stereotypes during the consultation process
- SGBV screening and referral services
- integrating FGM prevention and care in SRH and/or general health services
- counselling on sexuality and relationships
- provision of/referral to gender-affirming services for transgender/intersex individuals
- male involvement in contraceptive services and other sexual and reproductive health services
- stigma related to abortion, HIV, being an unwed/single mother, infertility, etc
- how health providers and other staff can contribute to advocacy for gender equality

06.
GENDER SELF-ASSESSMENT QUESTIONNAIRE: YOUR PROGRAMMES

06: GENDER SELF-ASSESSMENT QUESTIONNAIRE: YOUR PROGRAMMES

Score the statements as follows: 1 = strongly disagree (also 'no'), 2 = disagree, 3 = neither agree nor disagree (or unknown), 4 = agree, 5 = strongly agree ('yes').

In the Actions for improvement section, provide details about your score and write down any short-term actions you could take to improve.

For simplicity, the statements below use 'participants', 'service users' or 'users', but please take an inclusive perspective and take these terms to mean 'people in all their diversity'.

FACILITATOR TIP

We recommend that you complete the questionnaires on a computer/laptop, so the fields expand to the required capacity, and for ease of maintaining the results of this self-assessment on your hard drive storage for future reference and for sharing them with others by email. Alternatively, you can photocopy the section according to the number of participants and fill them out in hard copy.

It is envisaged that team members will work together to fill out the questionnaire, however you may also choose to complete the questionnaire individually and then to discuss together in a group and agree a mutual score for each field. This may highlight some different perspectives on gender and gender inequalities in your team and across the organization.

The project owner is responsible for questioning the team members on the score and encouraging the team to be honest and reflective. There is no benefit to giving the organization a higher score than it genuinely merits. The recorder should document the group's rationale for giving themselves a given score and ensure that the group considers what actions the organization could take to improve.

Participants must be advised that they are answering the questionnaire on behalf of the whole organization to the greatest extent possible, not on the basis of their experience alone.

See **Annex 2A for a sample agenda** for completing the essential components of the gender assessment, including the self-assessment questionnaire on your programmes.

QUESTIONNAIRE

6.1. Safe and confidential environment

	Score
6.1.1. Programme locations take into consideration barriers faced by individuals due to gender inequality (e.g. safety, discrimination, stigma).	
Rationale: Actions for improvement:	
6.1.2. There are inclusive spaces for under-served groups to interact in single-gender settings (e.g. girl-only events and spaces, transgender support groups).	
Rationale: Actions for improvement:	
6.1.3. There is an organizational protocol for staff and volunteers to guide their response to disclosures about SGBV (e.g. how to preserve the service users' privacy, referring service users to appropriate services, supporting service users to ensure their immediate safety).	
Rationale: Actions for improvement:	
6.1.4. Programme officers are familiar with the organizational protocol/guidelines for responding to disclosures about SGBV and can implement it confidently.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	20

6.2. Comprehensive integrated programmes

	Score
6.2.1. Programmes have established partnerships with relevant specialist services (e.g. specialist gender-based violence counselling, transgender organizations, disability organizations).	
Rationale: Actions for improvement:	
6.2.2. Programme staff ensure that beneficiaries understand that the Member Association's health services are gender inclusive.	
Rationale: Actions for improvement:	
6.2.3. Advocacy strategies and plans are informed/guided by an awareness of and evidence of gender equality programming.	
Rationale: Actions for improvement:	
6.2.4. Health service planning is informed/guided by knowledge of programming for gender equality.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	20

6.3. Well-managed programmes

	Score
MANAGEMENT	
6.3.1. Managers support programme officers to promote gender equality in programme delivery (e.g. through verbal/written communications, instructions, incentives, rewards).	
Rationale: Actions for improvement:	
6.3.2. Managers assess whether potential partner organizations share IPPF gender equality principles and values before collaborating with them.	
Rationale: Actions for improvement:	
PROGRAMME DESIGN	
6.3.3. Every new proposal/programme design includes a budget for work focused on gender equality.	
Rationale: Actions for improvement:	
6.3.4. Existing programmes and new proposals are informed by local gender assessments or analyses (e.g. rapid situation analysis).	
Rationale: Actions for improvement:	
6.3.5. Programmes identify how responsibilities and obligations related to gender norms might affect people's capacity to participate in programmes and adapt the programme accordingly (e.g. sensitive to the needs of the women; if women have child-rearing responsibilities, childcare is available, or children can accompany them).	
Rationale: Actions for improvement:	

6.3.6. Programmes identify and respond to how gender norms and gender differences present barriers to achieving programme objectives.	
Rationale: Actions for improvement:	
6.3.7. Planning processes take a life-course perspective, considering programme beneficiaries' existing needs and how they will change over time.	
Rationale: Actions for improvement:	
6.3.8. Monitoring and/or evaluation frameworks for all programmes include at least one indicator on gender equality (e.g. women's empowerment).	
Rationale: Actions for improvement:	
Your score	
Out of a possible	40

6.4. Effective communication and feedback systems

	Score
6.4.1. All programmes collect feedback from beneficiaries about their experiences and satisfaction.	
Rationale: Actions for improvement:	
6.4.2. Beneficiaries are informed about formal mechanisms to provide feedback and to make complaints, particularly with regards to gender discrimination.	
Rationale: Actions for improvement:	

6.4.3. Feedback from beneficiaries contributes to monitoring and evaluation processes, and future programme planning.	
Rationale: Actions for improvement:	
6.4.4. Programme staff inform beneficiaries about how their feedback has influenced programmes.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	20

6.5. Rights-based, stigma-free programmes

In this section, focus on up to three specific vulnerable populations that experience discrimination and barriers to sexual and reproductive health and rights on the basis of their sex or gender. You will have identified these specific populations in your rapid situation analysis. For example, sex workers, women living with disabilities, young parents, people who identify as LGBTI, unmarried women, etc.

Some of these questions are the same as questions you have already seen above, but the purpose of this section is to ascertain how specific, vulnerable service users – in all their diversity – may experience your programmes. People experience gender in vast array of ways, including a wide range of barriers and experiences of stigma and discrimination on the basis of gender. To accurately and precisely assess how distinct population groups experience your programmes, it is vital to focus in on data especially about those service users. Your sex- and age-disaggregated programme data (if available) may come in useful here.

i) GROUP 1: YOUNG PEOPLE

	Score
6.5.1. The organization has ethical protocols in place for working with young people of all genders, to protect children and young people.	
Rationale: Actions for improvement:	
6.5.2. Young people of all genders know how to report abuse and other human rights violations and where to go for help.	
Rationale: Actions for improvement:	

6.5.3. The organization has systems in place to minimize the financial barriers that prevent young people, particularly young women and sexual and gender minorities, from participating (e.g. transport vouchers).	
Rationale: Actions for improvement:	
6.5.4. Programmes are offered at times that are convenient to young people, taking into account gender roles and other responsibilities, such as school.	
Rationale: Actions for improvement:	
6.5.5. Programmes are offered at locations that are convenient to young people, taking into account gender roles and other responsibilities, such as school.	
Rationale: Actions for improvement:	
6.5.6. Young people of all genders are entrusted with substantive roles in programmatic work, which may include planning, budgeting, implementation, monitoring and/or evaluation.	
Rationale: Actions for improvement:	
6.5.7. Programme partners have received training on involving young people of all genders in meaningful ways OR have otherwise been assessed and found competent in engaging young people of all genders in meaningful ways.	
Rationale: Actions for improvement:	
6.5.8. Programme staff collect feedback from young people of all genders to measure their satisfaction and gather information about their experiences of the programme(s).	
Rationale: Actions for improvement:	

6.5.9. After young people's feedback has influenced programme design and delivery, staff inform young people about how their feedback has influenced programmes.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	45

ii) GROUP 2: _____

(In the table, replace '[INDIVIDUALS]' with a specific under-served group you have identified.)

	Score
6.5.1. Programme implementation plans should have gender-inclusive strategies to engage [INDIVIDUALS].	
Rationale: Actions for improvement:	
6.5.2. The organization has systems in place to minimize the financial barriers that prevent [INDIVIDUALS] from participating (e.g. transport vouchers, childcare).	
Rationale: Actions for improvement:	
6.5.3. Programmes are offered at times that are convenient to [INDIVIDUALS], taking into account gender roles and responsibilities and working hours.	
Rationale: Actions for improvement:	
6.5.4. Programmes are offered at locations that are convenient to [INDIVIDUALS], taking into account gender roles and responsibilities.	
Rationale: Actions for improvement:	

6.5.5. [INDIVIDUALS] are participating in programme planning, monitoring and evaluation.	
Rationale: Actions for improvement:	
6.5.6. All [INDIVIDUALS] can request a health provider of a specific gender, and this right to choose is clearly displayed in all health facilities.	
Rationale: Actions for improvement:	
6.5.7. Programme staff collect and document feedback from [INDIVIDUALS] to measure their satisfaction.	
Rationale: Actions for improvement:	
6.5.8. After [INDIVIDUALS] feedback has influenced programme design and delivery, staff inform [INDIVIDUALS] how their feedback has influenced programmes.	
Rationale: Actions for improvement:	
6.5.9. [INDIVIDUALS] return to engage in programmes, or with the Member Association's services, after they have benefited from a given programme.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	45

iii) GROUP 3 (OPTIONAL): _____

	Score
6.5.1. Programme implementation plans should have gender-inclusive strategies to engage [INDIVIDUALS].	
Rationale: Actions for improvement:	
6.5.2. The organization has systems in place to minimize the financial barriers that prevent [INDIVIDUALS] from participating (e.g. transport vouchers, childcare).	
Rationale: Actions for improvement:	
6.5.3. Programmes are offered at times that are convenient to [INDIVIDUALS], taking into account gender roles and responsibilities and working hours.	
Rationale: Actions for improvement:	
6.5.4. Programmes are offered at locations that are convenient to [INDIVIDUALS], taking into account gender roles and responsibilities.	
Rationale: Actions for improvement:	
6.5.5. [INDIVIDUALS] are participating in programme planning, monitoring and evaluation.	
Rationale: Actions for improvement:	
6.5.6. All [INDIVIDUALS] can request a health provider of a specific gender, and this right to choose is clearly displayed in all health facilities.	
Rationale: Actions for improvement:	

6.5.7. Programme staff collect and document feedback from [INDIVIDUALS] to measure their satisfaction.	
Rationale: Actions for improvement:	
6.5.8. Staff inform [INDIVIDUALS] how their feedback has influenced programmes.	
Rationale: Actions for improvement:	
6.5.9. [INDIVIDUALS] return to engage in programmes, or with the Member Association's services, after they have benefited from a given programme.	
Rationale: Actions for improvement:	
Your score	
Out of a possible	45

Map the results

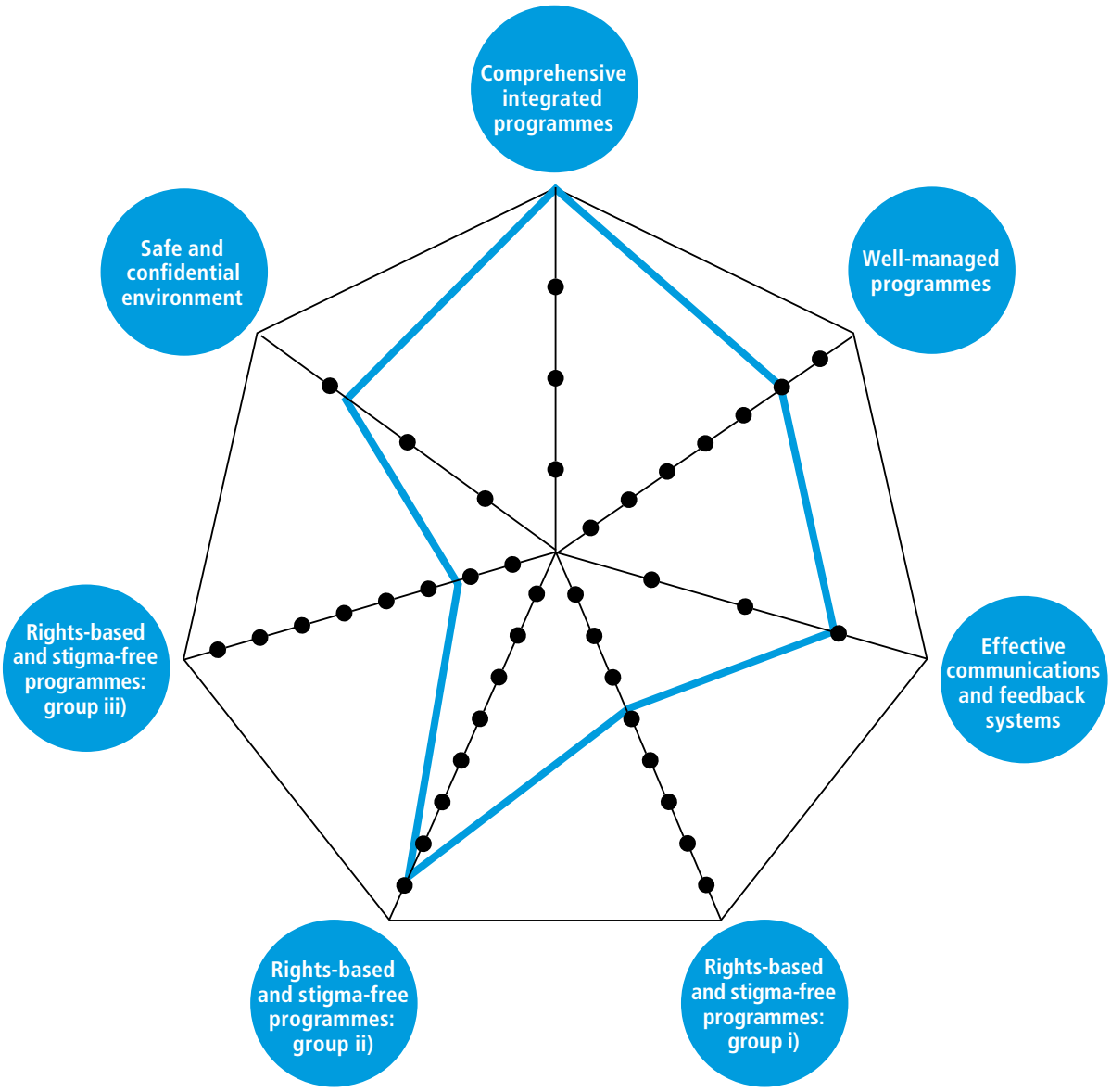
Map the results of your gender self-assessment using radar (or spider) charts. A radar chart is a graphic way of organizing different aspects of a complex issue, in this case the extent to which your programmes are gender transformative. It is often called a spider chart because it looks a bit like a spider's web when the data are charted. This exercise is a good way of visualising your programmes and will help you identify priorities and your weakest areas.

To illustrate how this works, we have used an example score, as shown in the table below.

In the column provided, insert your scores from your gender self-assessment questionnaire.

In the radar chart on the next page, the example scores are charted along the dedicated axes for each of the components of the questionnaire.

	Example score	Your score	Possible total
YOUR PROGRAMMES			
Safe and confidential environment	14		20
Comprehensive integrated programmes	20		20
Well-managed programmes	30		40
Effective communications and feedback systems	15		20
Rights-based and stigma-free programmes: group i) young people	19		45
Rights-based and stigma-free programmes: group ii)	39		45
Rights-based and stigma-free programmes: group iii) (optional)	11		45



This example illustrates the results of the gender self-assessment questionnaire for the example organization. This is a visual representation of how gender-transformative the organization is, based on the self-assessment tool. If you have already carried out the self-assessment questionnaires in Sections 3, 4 and 5, you will now have a set of radar charts to help monitor your progress.

Create your own radar chart using your own scores. A template for this radar chart is available in Annex A. You can print this out and copy it. We recommend printing and/or enlarging your radar chart(s) and putting it/them up on the wall to review and revisit over time. Remember to check the topmost value of the axis (e.g. 45 for Rights-based and stigma-free programmes, or 20 for Safe and confidential environment), so that you plot your results correctly.

The radar chart can also be used for comparative purposes. For example, you can monitor change over time by using the gender self-assessment tool at different points in time – for example, six months and/or a year later – and charting the new data (i.e. your scores) alongside the original data. If you use the chart for comparison, it is best if at least some of the same people are involved in the self-assessments being compared. This is because the values given in the self-assessment are subjective, so the scores may not be comparable if completed by an entirely different group of people who bring different standards or measures to the process.

Reflections

After you have completed the self-assessment questionnaire, above, take some time to reflect on this process and discuss your reactions to this process as a group.

Write down your reflections and observations and keep them for future reference (for example, the next time you come to do a gender self-assessment).

Action points

Now it is time to review the actions you have recommended and make plans to realize them.

1. COMPILE ALL ACTION POINTS

Compile all the action points using the table below (an expanded version is available in Appendix 6B). In the 'Priority' column, enter the score that the team agreed on in relation to each action. For the moment, leave the other columns blank.

ACTION POINTS				
Action to be taken	Priority (score)	By whom	Deadline	Monitoring date

2. MAKE EACH ACTION SUSTAINABLE

Re-read each action point, asking, 'Will this action ensure that the result is systematic and sustained?' In other words, will this action change the situation in the future, or is it a necessary fix for the short term only? If possible, amend the action to make it sustainable. For example, if you noted that indicators related to gender equality are only included in selected monitoring and evaluation frameworks, you will likely need high level support for standardising the inclusion of gender equality indicators in all programmes. If there are existing checklists for elements that must be included in new proposals/programmes, see whether this standard can be included on it, and explore whether the gender equality policy implementation plan may need to be revised to meet this standard. Ask the senior leadership team to commit to this standard and to communicate it to all staff so that it has ownership at the highest level. Think through the steps that need to take place in order to ensure that the intended impact of the action endures.

3. SHARE ACTION POINTS

The project owner, on behalf of the team, should share the results of your gender self-assessment with your organization. While you may choose to begin with the senior leadership team, we encourage you to share the results with all staff and volunteers. Share information about what the gender self-assessment exercise was like, how it was undertaken and who was involved, so that everyone understands the process and outcomes. You can mention some of the discussions the team had, revelations and areas the team feels should be explored further. Of course, you should also share the action points because this is where you will need to call on your colleagues, managers, directors, volunteers and others for support and commitment to make your organization gender transformative.

4. ALLOCATE RESPONSIBILITY AND AGREE TIMETABLES FOR DELIVERING THE ACTION POINTS

Convene your senior leadership team and other relevant staff, volunteers and young people to allocate responsibility for each action point. Discuss feasible timetables for delivering each of them, beginning with those that have a '1' priority and proceeding to '2', '3', etc. Fill out the remaining columns: 'By whom', 'Deadline' and 'Monitoring date'.

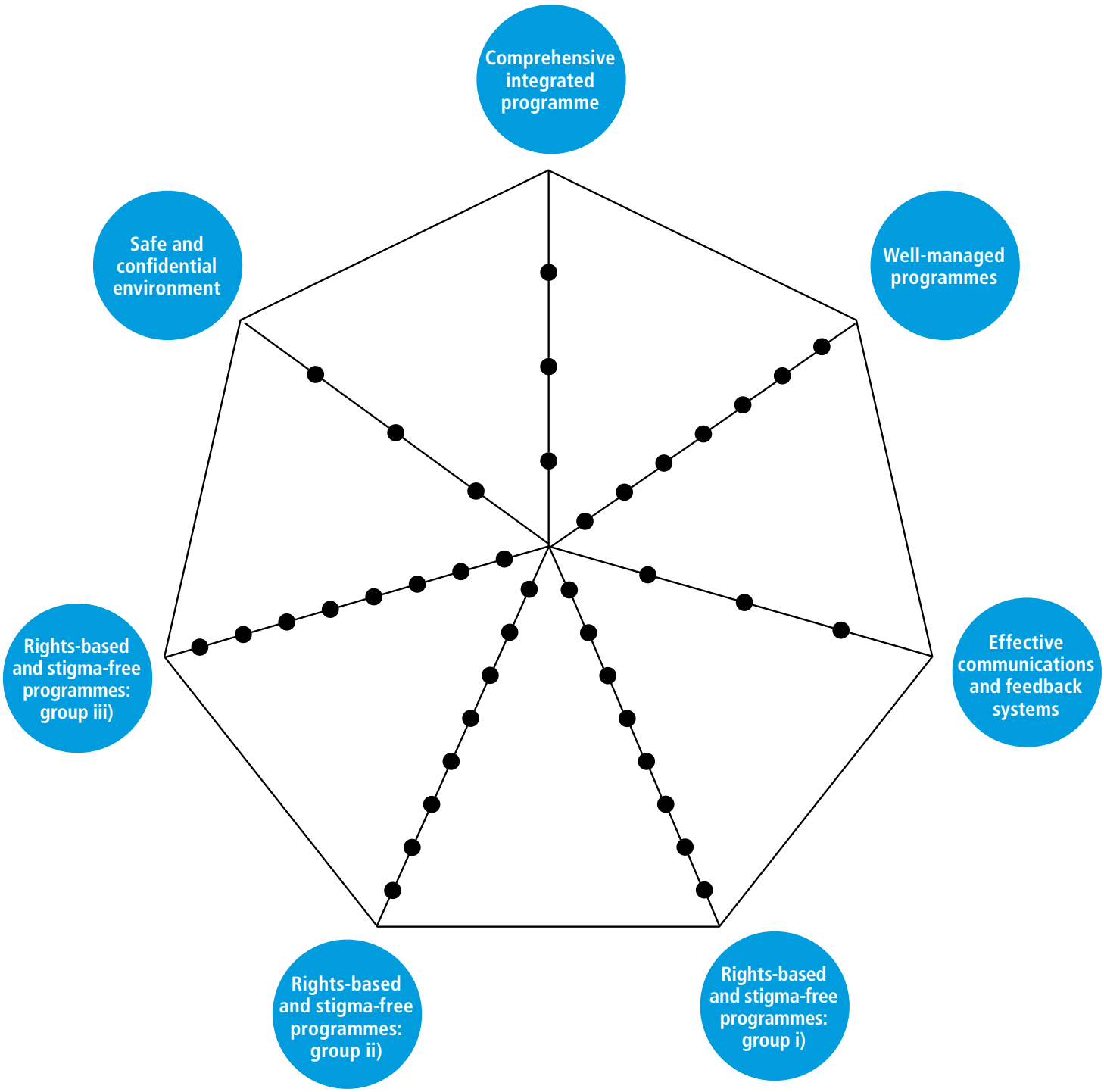
Next steps

Proceed with the self-assessment exercises for your organization and your health services, if you have not completed them already. If you have planned additional self-assessment exercises (for example, assessing your programmes or conducting an external gender audit), please proceed with them.

When you have completed all the gender assessments you plan to conduct, proceed to 'Section 9: Planning for action and improvement'. This section will guide you through a process for bringing together and analysing all the results of your gender assessments and planning longer-term strategies to make your organization more gender transformative.

ANNEX 6A: RADAR CHART TEMPLATE FOR MAPPING YOUR RESULTS

Gender self-assessment results: our programmes



ANNEX 6B: MONITORING TEMPLATE FOR ACTION POINTS

ACTION POINTS				
Action to be taken	**Priority (score)**	**By whom**	**Deadline**	**Monitoring date**

07.
EXTERNAL GENDER AUDIT

07: EXTERNAL GENDER AUDIT

An external gender audit for IPPF Member Associations is a systematic investigation of organizational systems, procedures and services that is designed to assess four things:

1. the organization's knowledge about gender and how it impacts sexual and reproductive health and rights
2. the organization's skills to analyse and effectively address gender differences in services and programming
3. the organization's policies and systems to support gender equality
4. commitment, will and leadership for gender equality

As an 'external' audit, it is led and facilitated by an external, independent person – normally a consultant. This is one of the major factors that distinguishes a gender audit from a self-assessment. Conducted by an experienced consultant, the assessment is more likely to be unbiased and reflect a more objective perspective that is informed by a wealth of knowledge about what other organizations are doing to promote gender equality. However, in order to ensure that the gender audit honestly reflects what the Member Association is doing, the gender audit should be participatory, involving a number of staff members and potentially also volunteers and service users.

In addition, a gender audit tends to be focused on organizational policies, systems and ways of doing things compared to assessments of the services and programmes that are delivered (as in two of the self-assessment questionnaires).

Please note that this section is guided by and heavily indebted to the Trocaire *Gender Audit Manual,* published in 2010.[32] This manual was used by IPPF to conduct a pilot participatory gender audit in 2017, covering IPPF Central Office, IPPF Africa Regional Office and Family Health Options Kenya. A summary of the results of this gender audit have been published in a pamphlet entitled, *Gender informative… gender transformative*.

Preparing for a gender audit

A gender audit will require cooperation throughout the organization and can feel demanding and challenging for those who are asked to participate, so it is important to make the necessary preparations to ensure that it goes well. To get the most from your gender audit, try to ensure that you have the following things in place:

- Senior leadership of the gender audit is required in order to gain the support of all staff and gain access to different areas of work. The senior leadership should communicate the goals of the gender audit to all staff and ask for their cooperation throughout the process.
- If the person initiating the gender audit has difficulty gaining the support of senior management, they could appeal to a sympathetic governing body member, or other staff who may be able to help them make the case and gain support for the gender audit.
- There must be a project leader for the gender audit, and ideally a small team who help facilitate and organize it, including both men and women.
- Select the right external consultant to lead the gender audit. This person should not only have experience conducting gender audits but should also be receptive to and aware of differing views, in order to help facilitate movement towards a greater focus on gender equality.
- Staff and other participants must be encouraged to ask as many questions as they want and feel

supported to express their genuine views and concerns, including those that may not be seen as supportive of gender equality. Understanding difference is important in order to motivate people and gain commitment for advancing gender equality.

- The consultant and all participants must be given adequate time to contribute to the gender audit, as well as any other resources needed to participate.
- Set ground rules for participating, such as confidentiality, respect, safety and openness.

Steps in a gender audit

After the Member Association's senior leadership has declared their support for the gender audit, there is a fairly standard process for conducting the gender audit. This is not unlike a conventional research project. The steps are as follows:

1. **Agreeing a budget.** A gender audit is an investment, not only in the consultant but in the time that you will ask staff members to put aside to participate in the audit. Assess local rates for hiring a consultant for this work and agree a suitable budget with the senior leadership.
2. **Recruiting a gender audit consultant.** This will involve preparing terms of reference, advertising the work and selecting the consultant.

The terms of reference will depend on your organization and your services, but normally an organization will expect the consultant to use a combination of qualitative and quantitative methods to examine all the following (if applicable):

- Organizational guidelines, procedures, manuals and internal policies
- Financial and human resources available for gender-related work
- Internal human resource policies (e.g. equal opportunities, maternity rights, parental rights, security, complaint management)
- Fundraising, including proposal writing and reporting
- Policy and advocacy work
- Services
- Programmes
- Partnerships

3. **Developing the methodology, timeline and methods for the audit.** You should be able to articulate some elements that you would like the consultant to include in the methodology, and these should be included in the terms of reference. However, the methodology, timeline and methods should be finalized in collaboration with the consultant.

Some elements you may wish to consider:

- The ethical issues of carrying out the research: carefully considering any risks that might arise from carrying out the research to any of the research participants and how to avoid causing harm; what consent is required and how to obtain it; whether confidentiality should be observed; how the resulting data will be stored and reported.
- The consultant should collect information about how different staff members and different parts of the organization understand 'gender equality', attitudes and values in relation to gender equality, and how staff see their work contributing towards gender equality objectives.
- The consultant should define gender equality criteria and lead a process to score key organizational documents (e.g. strategic framework, planning and budget documents, HR policies, major funding applications, campaign materials and outward facing communications) against these criteria.
- Through primary research, the consultant should assess how familiar staff members and volunteers, including young people, are with the organization's policies and procedures as they relate to gender equality, and the extent to which they are put into practice.
- Focus group discussions with male-only and female-only staff groups, volunteer groups and/or other stakeholders.
- Interviews with senior staff.
- Sharing preliminary findings and gaining feedback on them.

4. **Document reviewing and scoring against gender criteria.** These activities should be led by the consultant but will require staff time to locate and provide the documents. Depending on the methodology you have agreed – whether it is participatory – staff time may also be needed to review and score the documents.
5. **Accurately recording all the data collected,** including document reviews, interviews, focus groups, notes, phone calls and workshops. Audio recordings should be transcribed, and written notes

typed. All data should be stored electronically for future reference.

6. **Data analysis, to draw out the key findings of the research and produce recommendations.**
7. **Report writing,** detailing the methods, the findings and the recommendations. It should be decided in the methodology, earlier on, whether the report will name the participants. Normally participants remain anonymous, but some participants may like to have their participation noted.
8. **Face-to-face as well as written report to the organization's staff and governing body,** to share and discuss the results of the gender audit.
9. **Action planning workshop,** to respond to the results of the gender audit and make decisions about how to put the recommendations into practice (or if not, why). This workshop may focus on:
    - Training and capacity building needs of governing body members, staff and volunteers
    - Need to create any new guidelines, manuals or templates, or how existing ones should be changes
    - Policy changes required to promote equal opportunities and gender equality
    - How to tackle attitudes and values that are not supportive of gender equality, as well as misunderstandings or ignorance
    - Providing support, including financial resources, for those who are taking this work forward

ANNEX 7A: SAMPLE QUESTIONNAIRE FOR ASSESSMENT OF ORGANIZATIONAL COMMITMENT TO GENDER EQUALITY

This is a questionnaire used in the IPPF gender audit conducted in 2017. It may be useful to adapt for your own gender audit.

Organizational commitment to gender equality

The questionnaire should not take longer than 20 minutes to complete.

For each of the following questions, please circle the answers that you consider most appropriate.

1. Is the integration of gender equality in programmes/projects mandated in your organization?

Completely / Sufficiently / Insufficiently / Not at all

2. Does your organization have a written policy that affirms a commitment to gender equality?

Yes / No / Don't know

If Yes, **does your organization's *gender policy* have an operational plan that includes clear allocation of?**

responsibilities
Yes / No / Don't know

funds
Yes / No / Don't know

time and resources for monitoring and evaluation
Yes / No / Don't know

3. Are there proactive strategies implemented in your organization to ensure gender balance in the recruitment and promotion of staff?

Yes / No / Don't know

If Yes, **are potential employees routinely asked at the time of recruitment/interviews whether they conform to the gender equality principles of the organization?**

Yes / No / Don't know

4. Does your organization have a reputation of integrity and competence on gender issues among leaders in the field of gender and development?

Yes very much / Yes somewhat / None / Not sure

Organizational culture

5. Does your organization encourage gender transformative behaviour, for example in terms of language used, jokes and comments made?

Always / Usually / Seldom / Never

6. Are gender issues taken seriously and discussed openly by all people regardless of gender in your organization?

Always / Usually / Seldom / Never

7. Is there a gap between how staff of different genders in your organization view gender issues?

Yes / No / Don't know

Accountability

8. Does your organization implement focused programmes for the following groups?
[Tick all that apply]

- ☐ Women and girls
- ☐ Men and boys
- ☐ Transgender individuals
- ☐ All the above

9. Does your organization implement programmes on primary prevention of sexual and gender-based violence (SGBV)?

Yes / No / Don't know

10. Are sex-/gender-disaggregated data collected for your organization's projects and programmes?

Yes / No / Don't know

11. Are sex-/gender-dis0ggregated data utilised for your organization's projects and programmes?

Yes / No / Don't know

If Yes, please describe how those data are utilised.

12. Does your organization collect data on specific indicators that include a sex/gender dimension?

Yes / No / Don't know (If Yes, please give example(s))

13. Over the past two years, has your organization made *significant progress* in mainstreaming gender into your operations and programmes?

Yes, very much / Yes somewhat / Not enough

None / Not sure

14. Over the past two years, has your organization experienced any *successes* in integrating gender in programming or other aspects of work?

Yes / No / Don't know

If Yes, please explain briefly (write in response)

15. Over the past two years, has your organization experienced any *challenges* in integrating gender in programming or other aspects of work?

Yes / No / Don't know

If Yes, please explain briefly (write in response)

Technical capacity

16. Are there staff responsible for gender awareness/mainstreaming in your organization?

Yes / No

If Yes, **how many staff have gender awareness/ mainstreaming responsibility?**

17. Are all these staff sufficiently capable to carry out their work with gender awareness/ mainstreaming regarding their knowledge, skills and attitudes?

Yes, all of them / Yes, most of them

Only a few of them / None of them

18. How often is training undertaken on gender competencies?

Once in two years or less frequently / Yearly

Quarterly / Biannually / More frequently

19. In your opinion, what do you think your organization can/should do more of to mainstream gender equality?
(Include any additional workplace gender issues or capacity building issues that you consider important but not yet taken up by your organization.)

ANNEX 7B: GENDER EQUALITY DATA MONITORING

Member Associations may wish to use this form, or adapt it to their own purposes, to collect and analyse data about gender in relation to their services or programmes.

Gender equality data monitoring

We aim to keep this survey anonymous, and therefore we do not ask for your name. However, the aim of the survey is to help improve how our organization can promote gender equality, in part by reducing discrimination on the basis of gender. Therefore, it would be useful if you could answer the following questions:

1. What is your current gender identity? (Check all that apply)

- ☐ Male
- ☐ Female
- ☐ Female-to-Male (FTM)/Transgender Male/ Trans Man
- ☐ Male-to-Female (MTF)/Transgender Female/ Trans Woman
- ☐ Gender queer, neither exclusively male nor female

If you prefer another term, please specify:

_____

Decline to answer (please explain why):

_____

_____

_____

2. What sex were you assigned at birth (e.g. on your birth certificate or by your parents/carers)?

- ☐ Male
- ☐ Female
- ☐ Decline to answer (please explain why):

_____

_____

_____

3. Do you think it is important for your health provider to know about your sex and/or gender identity? If you would like to explain, please do.

_____

_____

_____

_____

Your designation/job title:

_____

_____

Date: _____

08.
SERVICE USER INTERVIEWS AND FOCUS GROUPS

08: SERVICE USER INTERVIEWS AND FOCUS GROUPS

Interviews and focus groups are excellent techniques to engage with different stakeholders, including service users, programme participants and potential service users/participants. These techniques are known as 'primary research', in that you are gathering new information, or data, directly from people who have experiences of the services you are you are interested in. Secondary research, by contrast, involves gathering information that has been produced by other people. For example, reports, evaluations and studies conducted by colleagues, other organizations or government bodies. The rapid situation analysis, for example, would most likely be based on secondary information primarily.

For the purposes of your gender self-assessment, we are focusing here on interviews and focus groups with service users. This is because the self-assessment questionnaires (Sections 6, 7 and 8) are designed to engage and gather information from service providers, programme staff, managers, directors and volunteers. However, if there are specific staff members who are not able to participate in the self-assessment questionnaire, you may wish to ask them to participate in an interview and design a separate interview guide for that purpose. This could be based on the questions in the self-assessment questionnaires.

Interview or focus group discussion?

When deciding to carry out interviews or focus group discussions, think carefully about which technique would be the best option. Focus groups and interviews are similar, in that they are soliciting specific types of information in a face-to-face format, but they have a number of important differences. Interviews are normally one to one, which make them best suited for doing research about sensitive and highly confidential information. They are also appropriate if you want to focus on obtaining very specific information and therefore you want to maintain control over the conversation. Interviews are often more suitable if you are concerned about power differentials among participants, or clashes in views and experiences. It is your job to put your participants at ease so they feel happy to talk to you and share their experiences and information.

In contrast to interviews, focus groups are carried out in a group setting, normally in a group of three to six people. You do not want the group to get too large because some participants may then feel inhibited, or specific individuals may come to dominate the discussion, and you will then not hear from everyone. However, some people are more comfortable talking among peers, for example young people or particular vulnerable populations. Secondly, focus groups tend to be far less structured than one-to-one interviews. Instead of specific questions, you are more likely to use a topic guide to lead the conversation. But the direction and content of the conversation will be influenced far more by the participants than by the interviewer. As such, you have less control over what participants might focus on. One of the benefits of focus groups, in comparison to interviews, is that there is interaction among individuals, so you often get some validation from others in the group – agreeing with their peers/colleagues – or you may get some challengers, questioning what others have said, which can then lead to some interesting discussion and perhaps a better reflection of the real situation. However, occasionally focus groups discourage individuals who have differing (outlier) views from voicing their experiences and opinions, when they may be the one person who does not share the views of

the rest of the group. Thus, a group of six may appear to agree that the services are all wonderful, when in fact one or two individuals have had really unpleasant experiences but do not feel supported or able to share this information. This may also be because of concerns of confidentiality: in a group, individuals with sensitive information may not be comfortable sharing that information.

Before deciding on one technique or another, do a brainstorm to clearly identify what information you want to learn about, the service users or other individuals you really want to speak to, and any concerns or issues that may be relevant in your choice of data collection technique.

Before discussing interviews and focus groups in more depth, we will introduce ethical issues for conducting primary research, and provide guidance so you can be sure you are upholding established standards in ethical practice. After this, we will provide guidelines for conducting both service user interviews and service user focus groups.

Research ethics

Ethical procedures in research aim to ensure that research has been planned, conducted and reported in the interests of protecting those individuals who participate in it. A second important objective is to ensure that research is conducted in ways that serve the interests of individuals and society as a whole.

In most research, there is a power bias, favouring the researcher and putting those who are being researched at a disadvantage. For example, the research participants are sharing their identity and their information – which includes their opinions, feeling and views – with the researcher (in this case, you). Once they have shared this information, they lose control of it. There have been many documented cases of researchers manipulating and distorting research data in the past (often with good intentions), and of studies that have harmed and put the research participants in danger. In addition, many researchers have failed to conceal participants' identities and to keep their information confidential, which can make these individuals vulnerable and/or dissatisfied with having taken part in the research at all. These ethical errors have resulted in codes of ethics for carrying out research. The specific code of ethics varies slightly from one discipline to another (e.g. psychology vs sociology), so here we will highlight common ethical issues across disciplines.

Presented here are the established principles of research ethics in social research. To preserve the integrity of your findings, and to protect your research participants, we strongly advise you to reflect on and adhere to these principles to the greatest extent possible.

PRINCIPLES OF RESEARCH ETHICS[33]

- Non-maleficence: avoid harming participants, avoid harm to yourself
- Beneficence: research should produce some positive and identifiable benefit, rather than simply be carried out for its own sake
- Autonomy or self-determination: respect research participants' values and decisions
- Justice: treat all people equally

To put these research ethics into practice, researchers must reflect on and examine their proposed procedures before beginning their research. Before conducting any interviews or focus groups, please fill out an ethical reflection form (Annex 8A). This form will lead you to answer the following five questions:

1. Why is this research necessary at all?
2. Explain the aim of the research.
3. Under what circumstances will research subjects participate in it? What procedures and methods will be used? (E.g. where will it be done, when, how, with whom, will it be recorded, will it be published, who will be present, who will see the results, how will it be analysed and stored in the future, etc.)
4. Will the research acts (including the entirety of the procedure) have positive or negative consequences for the participants? Researchers must assess the possible violations and damages arising from doing their project – and be able to do so *before* they begin the project.
5. What steps can be taken to prevent the violations and damages identified above? If these risks cannot be adequately addressed, is it still worth conducting this research?

Further to these questions, researchers must not make false statements about the usefulness of their research. Researchers must also respect the current regulations of data protection (e.g. in some countries, researchers are required to store their research data under specified conditions, such as in encrypted electronic files, and for a specified period of time).

Research participants deserve to have some knowledge about the research before participating in it, and it is crucial to gain their informed consent. Flynn and Goldsmith, experts in ethical standards of research, wrote, "informed consent implies that subjects know and understand the risks and benefits of participation in research. They must also understand their participation is completely voluntary."[34] Researchers must provide research participants with an information sheet (normally one page is enough) to describe the research aims and procedure, and to explain what their involvement will entail. It must also explain that they can withdraw their consent and stop participating at any time. At the same time, researchers must provide research participants with a consent form to obtain their agreement to participate in the study and to use their data. If you plan to take and use any photographs in your study, you will need specific consent for photographs.

FACILITATOR TIP

A sample information sheet can be found in Annex 8B; a sample consent form for participants can be found in Annex 8C. Adapt these and use them for your own study to ensure you are supporting participants to engage in the research as fully informed and consenting participants.

Service user interview guide

In this section we include a sample interview guide for conducting interviews with service users, as well as some brief advice to prepare yourself for the interview.

One month or more before you plan to conduct the interviews:

- Recruit participants through posters, word of mouth and other effective communications. Make sure you detail the aims of the research and what it will entail for participants in your communications about recruitment.
- Provide contact details so that participants can contact you, anonymously if they wish, if they are interested in taking part.
- *Do not* conduct the interview on the spot, when participants have not had time to consider their involvement thoroughly and before they have had time to review and sign the consent form.
- Find out if participants are likely to speak other languages than those spoken by the interviewer, and therefore if a translator is necessary. Decide whether to arrange your own translator or whether you could invite participants to bring someone to translate for them.

At least one week before the interviews:

- Circulate information sheets about the research as well as the consent forms, to all individuals who are interested in participating.
- Schedule times and places for the interviews. Ideally, arrange to have the interview in premises owned or rented by the Member Association. It should be somewhere that you are familiar with and are confident will be safe for both you and the research participant.

For the interview itself:

- Bring a recorder/mobile phone application for recording. Ensure that there is sufficient battery. Also bring a notebook in case the service user does not want to be recorded and to record anything else of interest (e.g. body language).
- Make sure that you have a signed consent form from each participant before commencing the interview. Bring blank copies of the consent form in case the participants do not bring the consent form with them.
- Introduce yourself: your name, role, affiliation. Set expectations for the interview by summarizing again what the aims of the research are, and reiterate that your participant can withdraw consent at any time (and therefore end the interview) or just skip a question if they are not comfortable answering it. Confirm that the interview will last between 30 to 45 minutes.
- You should try to avoid interruptions and can ask your participants to turn off their mobile phones, for example, but it is still possible that the interview will be interrupted. Be flexible to accommodate these interruptions but progress quickly once the interruption has finished.

INTERVIEW GUIDE

PERSONAL INFORMATION

- Tell me about yourself. For example, your name and age, whether you are married, have a family, live alone or with friends, if you are studying or work or take care of the home. And, if you are comfortable, please share your gender identity and sexual orientation.
- Date when you last accessed a service in this facility/with these service providers.
- What kind of services have you received in this facility/with these service providers in the past? (You may want to specify that you do not need to know the details or outcome, just what type of service the service user accessed.)

YOUR VIEWS ON GENDER EQUALITY

- Do you see any differences in the way men and women are treated in your community, school or family? What are your views on that?
- What different roles do men and women perform?
- Are you aware of any individuals or groups in your community who do not simply see themselves as men or women, e.g. transgender, intersex?
- How do you think your beliefs about gender, and about gender roles, affect sexual and reproductive health?

YOUR VIEWS ON GENDER AND SEXUAL DIVERSITY

- What are your community's views on people who have relationships, or sex, with people of the same gender? (Some of these people describe themselves – their sexual identity or orientation – as lesbian, gay, bisexual, queer.) What do you think about that?
- How do social norms and expectations about sexuality and intimate partnerships affect men, women and others who identify as LGBTI?
- Do you believe that individuals can have different sexual and reproductive needs depending on their sex characteristics, gender identity or sexual orientation? Explain.

YOUR VIEWS ON THIS FACILITY/SERVICE PROVIDERS

- Have you had positive experiences accessing services in this facility/with these service providers? Provide examples of what you consider positive experiences.
- Have you had negative experiences when you accessed services in this facility/with these service providers? Provide examples of what you consider negative experiences.
- When you have accessed services in this facility, did you ever feel that providers were treating you differently from other service users because of your sex, gender identity or sexual orientation? In what way? Is that positive or negative?
- Did you ever feel that service providers were treating you differently for any other reason?
- Based on your experience in this facility/with these service providers, do you believe that they take service users' sex, gender identity and sexual orientation into account? In other words, do you think they are sensitive to individuals' different needs and situations?

RECOMMENDATIONS

- In your opinion, how could the services providers at this facility, or the facility more broadly, improve their services?
- In particular, how could the service providers/the facility become more responsive to the different gender roles and identities of their service users, and people in the local community?
- How could the service providers/the facility be more supportive of individuals who self-identify as LGBTI?
- Is there anything else you would like to add that I have not asked about?

Conclude the interview by thanking your participant and informing them how the results of the interviews will be used. You can also offer to share the findings with them. For example, you could send them a copy of the final findings, have a telephone call to tell them about the findings, or meet with them to discuss the results.

SERVICE USER FOCUS GROUP TOPIC GUIDE

In this section we include some brief advice on setting up and preparing for the focus groups, and a sample focus group topic guide for conducting interviews with service users. It is called a 'topic guide', in contrast to the interview 'guide', because focus groups give participants the freedom to branch off from the guiding question and develop the conversation autonomously. The specific topics and questions to be explored may be guided more by participants than the facilitator. As suggested here, your role will not be the 'interviewer' but the 'facilitator'.

One month or more before you plan to conduct the focus groups:

- Recruit participants through posters, word of mouth and other effective communications. Make sure you detail the aims of the research and what it will entail for participants in your communications about recruitment.
- Provide contact details so that participants can contact you, anonymously if they wish, if they are interested in taking part.

At least one week before the focus groups:

- Circulate information sheets about the research as well as the consent forms, to all individuals who are interested in participating.
- Schedule times and places for the focus groups. Ideally, arrange to have the focus groups in premises owned or rented by the Member Association. It should be somewhere that you are familiar with and are confident will be safe for both you and the research participant.
- Plan the composition of each group carefully. Try to ensure that power differentials among the participants in each group will not be significant. For example, you may wish to group women together and men together, and/or people of the same age range in distinct groups, and people who hold distinguished positions, or have more wealth, in groups of their own. If you have participants who you suspect may feel more vulnerable, and have had significant experiences of discrimination or stigma, you may wish to put them together, or even to separate them out and conduct interviews with these individuals. Think carefully about how to avoid causing stress or trauma to individuals who may already have had negative experiences accessing or trying to access services. These are examples only of where power differentials and sensitivities may be observed; it is up to you to reflect on your participants and consider the most useful groupings.

For the focus group itself:

- Bring a recorder/mobile phone application for recording. It may even be useful to have a video recorder, although make sure that you have asked for consent for audio-visual recordings. Ensure that there is sufficient battery. Also bring a notebook.
- Make sure that you have a signed consent form from each participant before commencing the focus group discussion. Bring blank copies of the consent form in case the participants do not bring the consent form with them.
- Introduce yourself: your name, role, affiliation. Set expectations for the focus group by summarizing again what the aims of the research are, and reiterate that your participants can withdraw consent at any time (and therefore leave the conversation) or just skip a question if they are not comfortable answering it. Confirm that the focus group will last between 45 minutes and an hour.
- You should try to avoid interruptions and can ask your participants to turn off their mobile phones, for example. Be flexible to accommodate any unavoidable interruptions but progress quickly once the interruption has finished.
- Set some shared ground rules to promote a cooperative and supportive space for the focus group. For example, no interrupting each other, no putting each other down. While it is difficult to ensure confidentiality – and you should make participants aware of this – we would strongly recommend that you ask participants to respect the confidentiality of all participants by not repeating what is said in this focus group afterwards, and not identifying other participants to other people later. You may wish to decide on these rules yourself, or you may ask the group to come up with them itself after you have introduced yourself.

FOCUS GROUP TOPIC GUIDE

INTRODUCTIONS

- Ask everyone to introduce themselves. For example, their name, how they became interested in participating in the focus group.

ICE BREAKER

- An activity to put people at ease. Try to avoid getting into too much personal detail (it could compromise confidentiality).
- For example, each person says their name and something about themselves. The other participants must guess if it is true or false. Or, each person says their name and what they had for breakfast/ favourite musician/plans for the weekend. The following participant must remember what everyone has said.

TOPICS

Gender in the community

- Do you see any differences in the way men and women are treated in your community, school or family?
- What different roles do men and women perform?
- Are you aware of any individuals or groups in your community who do not simply see themselves as men or women, e.g. transgender, intersex?
- How do you think your beliefs about gender, and about gender roles, affect sexual and reproductive health?

Gender and sexual diversity in the community

- What are your community's views on people who have relationships, or sex, with people of the same gender? (Some of these people describe themselves – their sexual identity or orientation – as lesbian, gay, bisexual, queer.)
- How do social norms affect men, women and others who identify as LGBTI?
- Do you believe that individuals can have different sexual and reproductive needs depending on their sex characteristics, gender identity or sexual orientation?

Experiences at this health facility

- How gender sensitive are the sexual and reproductive health services at this facility?
- What experiences have you had accessing services here? Do you feel that service providers or other staff have adapted services in any way in relation to your gender/sexuality?
- Have you had positive experiences accessing services in this facility/with these service providers? Provide examples of what you consider to be positive experiences.
- Have you had negative experiences when you accessed services in this facility/with these service providers?
- When you have accessed services in this facility, did you ever felt that providers were treating you differently because of your sex, gender identity or sexual orientation? In what way? Is that positive or negative?

Ideal health service experience

- How do you think health services could be organized to be welcoming and supportive to all people, taking into account their gender and sexual identity?

Conclude the focus group by thanking your participants and informing them how the results of the focus groups will be used. You can also offer to share the findings with them (e.g. they could ask for a copy of the final findings in a month's time, for example, or you could offer to send them a report by post when it is ready).

Analysis

Become very familiar with the information you have collected by listening to the recordings several times and/or making transcriptions of all your recordings. Identify key themes that have emerged and write down your key findings (normally, the most common threads). Also write down any observations of things that you may have expected to emerge, but which did not. Be aware of opinions and views that are reflected across many participants, and those that are reflected only by one or two. Experiences and views reflected by few participants are not less valuable, in fact they may reflect the views of individuals who are themselves minorities and experience discrimination or stigma of some kind.

There are numerous free guides available online for analysing qualitative information, such as interviews and focus groups. This tool is not the place for in-depth instructions on how to analyse this data, but we anticipate that you will equip yourself in order to fully analyse and reflect on the information you have gathered.

ANNEX 8A: ETHICAL PROCEDURE: RESEARCHER REFLEXIVITY

1. Why is this research necessary?

2. Explain the aim of the research.

3. Under what circumstances will research subjects participate in it? What procedures and methods will be used? (E.g. where will it be done, when, how, with whom, will it be recorded, will it be published, who will be present, who will see the results, how will it be analysed and stored in the future, etc.)

4. Will the research acts (including the entirety of the procedure) have positive or negative consequences for the participants? Researchers must assess the possible violations and damages arising from doing their project – and be able to do so *before* they begin the project.

5. What steps can be taken to prevent the violations and damages identified above? If these risks cannot be adequately addressed, is it still worth conducting this research?

ANNEX 8B: ETHICAL PROCEDURE: SAMPLE INFORMATION SHEET ABOUT THE RESEARCH

Note: this is a sample only, and it is for interview research, not focus groups. You will need to write your own information sheet for your research participants, and describe the research process whether it is for interviews or focus groups. You may want to duplicate the subheadings in this information sheet.

Research: Health services by [IPPF Member Association] Information sheet

My name is _____
and I am leading this research.

My role is _____

_____

and I work at [IPPF Member Association]. You are invited to take part in a research project about our health services.

It is important that you also understand what the research will involve, so please take time to read this information sheet carefully. If there is anything that is not clear or if you would like more information, please contact me, NAME at name@emaildomain.com. Also attached is a consent form, which I ask that you sign if you are happy to participate.

WHAT IS THE PURPOSE OF THE RESEARCH?

[IPPF Member Association] is committed to improving their health services and they would like to know about your opinions and experiences to ensure that their improvements respond to your needs. They are equally interested in what the health service currently does well, and where the gaps and problems are. This research will contribute to our planning and budgeting processes.

WHY ARE YOU INVITED?

You are invited to take part in this study because you have used our health services and so have valuable experience to contribute to our research.

WHAT YOUR PARTICIPATION INVOLVES

You will be asked to attend one interview at [IPPF Member Association], located at [insert address]. We will arrange the date and time so that it is convenient for you. I will conduct the interview, and there will be nobody else present in the room.

I will record the interview using an application on my phone/a dictaphone/other audio equipment. This is so that I can listen to it later and write down key findings and notes. The recording will be stored in a secure location where nobody else can access it without my permission.

WHAT WILL HAPPEN TO THE INFORMATION YOU PROVIDE?

All information collected during the project will be kept strictly confidential. That means nobody but me will know that the information that you provide comes from you. I may share the information with colleagues, particularly once I have put together all the information from all the participants, but they will not know that the information comes from you.

The findings of the research will shared with staff and volunteers in reports, evaluations and possibly other publications. At no point will your identity be revealed.

CONTACT FOR FURTHER INFORMATION

If you need any further information, please contact me by email (email **address**) or telephone (telephone number).

ANNEX 8C: ETHICAL PROCEDURE: CONSENT FORM FOR PARTICIPANTS

As noted about, this is a sample only. You will need to rewrite it for your own research participants.

Research: Health services in [IPPF Member Association] Participant consent form

Name: _____

Best way to get in touch (telephone/email):

_____

	Initial each box if you consent
Have you read the information sheet?	
Have you had an opportunity to ask questions about the research?	
Have you received enough information about the research?	
Do you understand that you are free to withdraw from the research project at any time, without giving a reason?	
Do you agree to participate in the research?	
Do you agree to have the discussion recorded?	
Do you agree that the findings of the research can be included in reports for [IPPF Member Association]?	
Is it ok to call or email you to share the results of the research?	

_____ _____

Signature Date

Contact for further information

If you need any further information, please contact me at email (insert email address) or telephone (*********).

09.
PLAN FOR ACTION AND IMPROVEMENT

09: PLAN FOR ACTION AND IMPROVEMENT

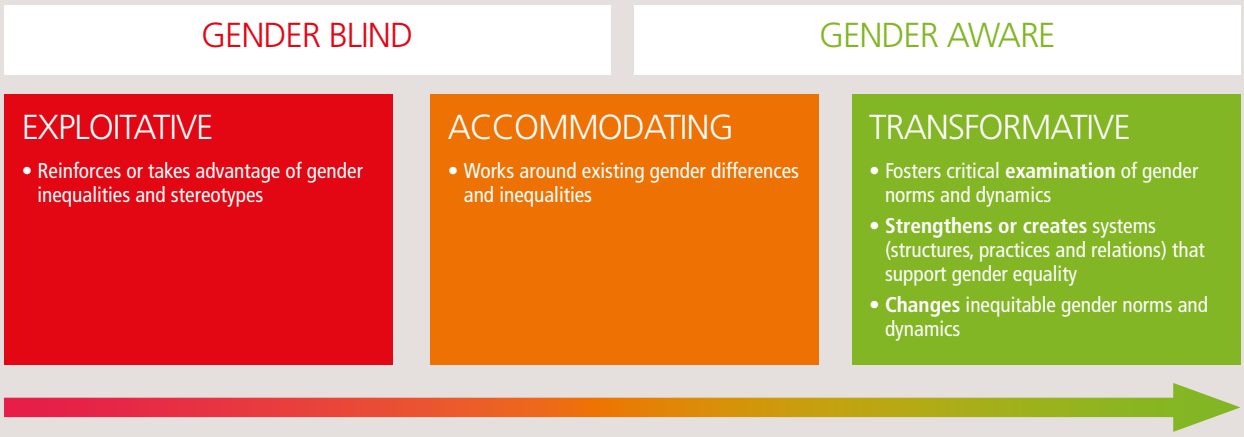
Identify gaps and opportunities

In this stage, you will analyse what you have learned in your situation analysis and gender self-assessment and distil this learning into priority areas for action. This is an important part of the gender assessment process. This is the point where you will bring together everything you have learned so far, reflect on it, discuss it, and make some decisions about what your priorities are for addressing gender equality.

It may help to review the Gender Continuum so that your gender self-assessment team is critical about the different ways that programmes and services can relate to gender, and to encourage the team to be aspirational when it comes to planning your own gender interventions.

The Gender Continuum categorises programmes and services as either 'gender blind' or 'gender aware'. Gender blind means that programmes/services are designed without prior analysis of the culturally specific gender dynamics. In contrast, gender aware programmes/services anticipate gender-related outcomes and take these into account. As illustrated in the diagram, the gender aware category is further stratified into exploitative, accommodating and transformative. IPPF strives to be gender transformative: to challenge inequitable gender norms and to create opportunities for those who experience discrimination or inequality on the basis of gender to be empowered and exercise their rights.

FIGURE 3: GENDER EQUALITY CONTINUUM TOOL



In a recent analysis of how sexual, reproductive and child health programmes integrated gender in their programming and services, Rottach et al. (2017)[35] found that gender-transformative programmes not only identified power differentials and gender norms as barriers to health, but took steps to address these constraints. In contrast, 'gender accommodating' programmes often identified power differentials and gender norms as barriers to health, but usually did not take steps to address them. Importantly, the gender-transformative programmes that took on the challenge of changing gender norms and power dynamics often were successful, even when activities were short term. We anticipate that you will take action so that your health service will change power dynamics among genders and transform gender norms to promote gender equality.

It is also valuable to recall the other three conceptual frameworks that underpin IPPF's gender equality strategy: the life-course approach, the ecological model and the human rights approach. These are introduced at the beginning of this document, but please draw on the IPPF Gender Equality Strategy, 2017–22 and *Sexual Rights: An IPPF Declaration* to enrich your discussions.

REVIEWING THE RESULTS OF YOUR GENDER SELF-ASSESSMENT

Reflecting on your rapid situation analysis, your gender self-assessment and your radar chart, discuss and seek to answer the following questions:

- What are your organization's strengths in addressing the links between gender and sexual and reproductive health and rights?
- How can your health services and programmes (and the results you aim to achieve) affect the relative status of men and women and other genders?
- How do gender relations affect the sustainability of the impact of your health services?
- What good practices are there from the health sector (either from your own work or from other organizations) that have successfully contributed to gender equality in society?
- How and by whom is gender inequality and health being addressed now in your area/district/country?
- How do your organization's strategic priorities and objectives relate to the most prominent gaps and problems related to gender in your coverage area?

To make the most of this discussion, and to make visible what is being said, document it on flip chart paper and post it on the wall. For future reference, maintain notes on these discussions.

SELECT PRIORITY CONSTRAINTS AND OPPORTUNITIES FOR ACTION ON GENDER EQUALITY

Based on your gender assessment exercises, including your rapid situation analysis and self-assessment questionnaires, select up to five priority areas to focus on to improve your health services and programmes. These priorities should be written as critical constraints and opportunities that you have identified in your analyses and discussions. Some examples:

- Women experiencing gender-based violence do not know that our health service can provide support and they do not know they can trust our health providers to keep their information confidential.
- Men would be more willing to be involved in their wives' antenatal care, and the care of their newborn baby, if they saw that other men were also involved and could speak to others about their experiences.
- Young people in same-sex relationships do not access our programmes or health services.

The number of priorities you identify may depend on the scope of each one, and your organization's size and capacity. Start with a number that you feel is manageable, and if you later decide you have capacity for more then by all means revisit your analyses and select additional constraints and opportunities to address. You may also want to address specific constraints and opportunities now, rather than later, if they fit in with activities and processes that are happening simultaneously at your organization or externally.

Write down your priority constraints and opportunities. You will work with these further in the next part as you create an action plan.

Plan next steps

Now is the time to plan your response: specific, transformative, empowering actions!

These recommendations will be designed to improve the organization's current programmes and services, and will also contribute to future service design, implementation, monitoring and evaluation to make them inspiring vehicles of gender equality.

There are two sections below: 1) Action points (which you have already developed as part of each self-assessment questionnaire) and 2) Actions and strategies for the longer term.

Research suggests that organizations that have made the greatest impact in reducing gender inequality have made a combined effort: 1) they have streamlined gender equality throughout their institution and services, and 2) they have developed unique initiatives and programmes that focus on specific aspects of gender discrimination and inequity. Encourage your team to this keep in mind as you plan your next steps.

ACTION POINTS

Review the action points you developed as part of each gender self-assessment questionnaire (Sections 5, 6 and 7). Assess progress towards them. Which ones have you achieved already? Which ones have yet to be accomplished?

Assess whether any of them could be, or should be, part of a longer-term strategy to expand your gender equality work. Keep them in mind as you move into longer-term planning for gender equality.

ACTIONS AND STRATEGIES FOR THE LONGER TERM

Now it is time to return to your priority constraints and opportunities. Here, we will develop specific actions to address these constraints and opportunities, complete with activities, schedules and owners. The key question that you will answer, for each of your priorities, is:

- How can we strengthen, adjust or expand our health service and programmes to fill the gaps and take up available opportunities to effectively address gender issues and promote gender equality?

There is a range of options – or tools – for responding to the gaps and opportunities you have identified, and to address the question above. These are:

- results (and associated indicators) that can be incorporated into health service planning and design
- activities related to gender equality that can be offered by your health service or sit alongside your health service
- resources required to strengthen the gender equality dimension of the health service, such as new methods of contraception or other medical supplies, separate facilities for specific population groups (e.g. separate waiting rooms, mobile services), or specialised staff
- partnerships or collaborations with external organizations that offer complementary programmes that could be effectively linked up or integrated with your health service

In order to translate your priority constraints and opportunities into concrete recommendations for action, think through each of the options above and write down your ideas using the table below. Two examples are already included. (A template for this table is available in Annex 9A.)

ACTIONS AND STRATEGIES TO PROMOTE GENDER EQUALITY			
Critical constraints and opportunities	**To respond to this constraint/ opportunity, what gender equality objectives can be included in strategic plans?**	**What activities can we undertake to address this constraint/opportunity?**	**What indicators for monitoring and evaluation will show if the gender-based opportunity has been maximized or the gender-based constraint removed?**
Women experiencing gender-based violence do not know that our health service can provide support and they do not know they can trust our health providers to keep their information confidential.	Women experiencing gender-based violence come to our health service for support.	Publicise the support available for women experiencing gender-based violence (e.g. notices in the waiting room, in community venues and publications). Health providers could screen women who present for services or notify them about the support available. Publicise protocols that preserve confidentiality and privacy, and ensure that health providers are following them. Seek feedback from women who have sought support for gender-based violence.	More women who experienced gender-based violence are seeking support from us. Women who experienced gender-based violence express satisfaction with our services and support.
Men would be more willing to be involved in their wives' antenatal care, and the care of their newborn baby, if they saw that other men were also involved and could speak to others about their experiences.	Men are involved and concerned about family planning, pregnancy and the care of their baby/ ies.	Invite women to invite their partners to accompany them to antenatal appointments. Invite fathers to bring their children for immunization and other healthcare appointments. Collaborate with local men's organizations on activities to involve men, and/or ask for their advice on ways to engage men. Organize men-only talks about family planning, pregnancy and children's health care, in places where men congregate.	Men are accompanying their wives (if desired) for antenatal appointments and/or neonatal appointments. Women suggest that their male partners are involved in pregnancy/child-rearing.

An additional, important consideration for each constraint or opportunity is anticipated resistance or obstacle(s) to affecting change. How will you cope with these challenges? In Plowman's work[36] in facilitating organizational change, and in particular changing the gender dynamics in organizations and their work, she found that changing gender norms can be intensely personal for many people, and some people find the prospect of changing gender norms frightening. Men, in particular, may feel that their position and power is under threat. This is understandable, but manageable. The overall aim is to develop a shared vision of the world that enables and enriches experiences and practices for all people, in all their diversity. Responding to and dealing with resistance is part of the process of change.

RESOURCING YOUR ACTION PLAN

Finally, it is critical to identify what resources will be required to carry out the actions and changes that you have identified. What human resources – including time allocations from existing staff – are required? Do you require any specific financial resources to fund activities, materials, meetings, etc?

Assign an owner for each priority in your table, and if necessary additional staff to support this priority, and agree a schedule for carrying out the tasks you have identified.

This step can make all the difference for the impact and ultimate success of your gender self-assessment. To gain the support of the leaders and financial decision makers in your organization (if they are not already involved), it may be worthwhile organizing a meeting with them to present the process and outcomes of the gender self-assessment, and make a point of clearly articulating the necessary resources for achieving the gender equality aims you have identified.

Making the action happen

Congratulations! You have completed your gender self-assessment. Now begins the real work: making change happen.

Now that you have researched and analysed the gender dynamics of your environment and your work, and produced useful plans for challenging power differentials and improving gender equality, it is important to take forward this work and share with others what you have learned and decided.

Here are some suggestions for disseminating the results of this gender self-assessment throughout your organization and communicating to others what its impact will be:

- Produce a one-page summary of the key findings and top-line decisions and actions that you have agreed on. Circulate this through email networks and/or by posting hard copies at your workplace.
- Hold a meeting for staff, volunteers and/or service users to present the findings and outcomes of the gender self-assessment.
- Articulate specific actions/adjustments that you would like your colleagues to make to support the outcomes of this gender self-assessment.

All the best on your journey ahead.

ANNEX 9A: INTEGRATING GENDER EQUALITY ACTIONS AND STRATEGIES IN LONG-TERM PLANNING AND BUDGETING

ACTIONS AND STRATEGIES TO PROMOTE GENDER EQUALITY				
Critical constraints and opportunities	To respond to this constraint/opportunity, what gender equality objectives can be included in strategic plans?	What activities can we undertake to address this constraint/ opportunity?	What indicators for monitoring and evaluation will show if the gender-based opportunity has been maximized or the gender-based constraint removed?	Budget implications

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