



Checklist for assessing the gender responsiveness of sexual and reproductive health policies

**Pilot document for adaptation
to national contexts**

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Introduction

Promotion of gender equity is widely acknowledged to be important for improving reproductive health programmes. Gender shapes all aspects of reproductive health (RH) policies:

- How men and women make decisions about their reproductive health
- Who in a couple makes the decisions on reproductive health matters
- What type of contraceptives men and women use
- Whether clients can meet with a provider, in a clinic or community
- What they can openly discuss with the provider
- What they can do with the information they get
- Which services may be acceptable to their partner

Thus, promoting gender equity – fairness and justice in responsibilities and access to benefits to women, men, girls, and boys – is a major goal for RH programmes. But how can programmes operationalize the concept of a gender perspective when delivering family planning (FP) and other reproductive health (RH) services? And what kind of impact does this have on their use and effectiveness?

Increasing attention to gender equity/equality goals in RH programmes promotes respect for the fundamental needs and rights of individuals and communities. Gender mainstreaming makes programmes and policies responsive to the social, economic, cultural, and political realities that constrain or enhance reproductive health and satisfaction.

Concern for gender disparities and enhanced gender equity/ equality also contributes to specific RH outcomes, such as:

- Improved contraceptive prevalence;
- Reduced HIV transmission;
- Increased informed reproductive choice;
- Reduced violence against women; and
- Decreased maternal mortality.

Purpose of the checklist

The primary purpose of this checklist is to assist in the implementation of RH policies that integrate approaches to achieving gender equity/equality. RH programmes that integrate gender equity/equality objectives maximize access and quality, support individual decision-making and reproductive choice, increase sustainability, and put into practice international commitments and WHO recommendations. This checklist should help those assessing how gender is integrated into RH policies to structure their assessment and identify gaps and strengths.

WHO Strategy for integrating gender analysis and actions: principles

This checklist responds to the World Health Assembly Resolution 60.25 that encourages Member States to address gender equity in their policies and programmes. A successful gender responsive RH policy promotes the empowerment of women and the involvement of men and supports gender equity/equality goals to enhance RH outcomes for all. An equitable approach to RH/HIV/AIDS services and programmes focuses on the different needs of women, men, adolescents, and communities. In order to eliminate gender disparities women and men must actively participate in reproductive and sexual decision-making. Moreover, it is critical that adolescent boys and girls be involved and their concerns addressed if sustainable and equitable reproductive health outcomes are to be achieved.

The WHO approach is based on guiding principles and strategic directions that are fundamental to RH programmes that integrate gender.

- 1) Consideration of gender as a social determinant of health
- 2) Promotion and use of sex disaggregated data and gender analysis
- 3) Building capacity
- 4) Establishing accountability
- 5) Promoting human rights, including reproductive rights; and

Gender is a social determinant of health

Gender is a social determinant of health and as such interacts with culture, religion, ethnicity, education and social and economic background. Quality RH policies acknowledge and address these determinants in its actions.

Promotion and use of sex disaggregated data (SDD) and gender analysis

Policies should promote, and be based in, the use of quantitative and qualitative data disaggregated by sex, age and other relevant social stratifications. They will also promote research to analyse the complex effects of social and cultural factors on health and the reduction of gender biases in health information.

Building capacity

Stakeholders involved in the implementation of policies should have a basic understanding of gender issues and the interrelations between gender and other social determinants of health.

Establishing accountability

Programmes that achieve sustainable and equitable RH outcomes hold those involved accountable for the achievement of gender equity/equality goals throughout implementation. Successful implementation will need leadership and staff with gender expertise. Regular appraisal and monitoring of activities should include information on progress in integrating gender into actions. The budget should reflect the integration of gender analysis and gender sensitive indicators should be included in performance monitoring and assessment.

Promoting respect for the rights of individuals and groups

Addressing gender based discrimination is a prerequisite for achieving health equity. Gender responsive programmes support the right to adequate health care and the right to reproductive self-determination in the face of unequal power relations that form the basis for the denial of women's reproductive rights. Equitable RH programmes promote, monitor, implement, and enforce human rights norms relevant to reproductive health.

Assessing gender in policy implementation: checklist

Assessing how gender is integrated into policy that it is being implemented looks at how actions that derive from the policy are taking gender issues into consideration.

Proposed structure of assessment

1. Policy description.
2. Stakeholders: people/institutions involve in the implementation, monitoring and evaluation of the policy.
3. Policy values/principles, objectives, expected results and actions.
4. Focus areas for the assessment.
5. Data and evidence: gender relations, roles, and identities reelvant to the achievement of programme outcomes; data for gender differences that may affect achievement of programme objectives,
6. Monitoring and evaluation framework of the policy: indicators that measure gender-specific outcomes; effectiveness of programme elements designed to address gender issues.
7. Identification of strengths and gaps.

Methodology

1. Desk review
2. Interviews with relevant stakeholders
3. Field visits

1. Policy description

- Definition of the problem the policy is addressing.
- Describe the policy framework that supports this policy: national and international commitments on human rights and gender equality.
- Describe the stage of implementation of the policy: when was it approved?
- Describe process of adoption: participation of stakeholders, approval mechanisms.
- Describe references to gender in main monitoring and evaluation exercises.

2. Stakeholders

Identify all stakeholders involved in the implementation of the policy.

Describe the participation of men and women and representatives of civil society.

Stakeholders can be grouped as:

- **Implementers:** those involved in programme operations.
- **Partners:** those who actively support the programme.
- **Participants:** those served or affected by the programme.
- **Decision-makers:** those in a position to do or decide something about the programme.

Suggestions for information/questions for stakeholders:

- Is gender important for the implementation of this policy? If yes, why?

- Was gender considered during the planning of the policy? How?
- Were gender experts involved in the development of the policy?
- Are groups of men and women representing different vulnerable population groups involved in the implementation of the policy? If yes, how?
- Have you attended gender capacity building events during the implementation of the policy?
- What would you like this programme to accomplish from a gender perspective?

3. Policy values, objectives, expected results and action

Examine policy objectives for their attention to gender considerations

Examine overall objectives of the policy in light of the gender relations, roles, and identities of the target population.

Suggested questions:

- Is gender addressed in objectives/results/actions? On which level?
- Are there aspects of the goals and objectives that will be affected by local gender relations, roles, or identities?
- Is the policy addressing the needs of vulnerable population groups including men and women of different ages, ethnic groups, and socioeconomic status?
- Do actions consider how differences in participants' sex, age, socioeconomic status, and ethnicity might affect their ability to control resources, voice opinions, make decisions, or access information and services?
- What are the different roles and responsibilities women and men have that affect programme outcomes and allocation of its benefits?
- What are the social, legal or cultural taboos or obstacles that might prevent women or men (or adolescent girls or boys) from participating in the action?
- Are gender-based constraints in access to services being considered?
- Are men and boys particularly targeted for reproductive health information and services?

4. Focus areas for the assessment

The assessment can cover the whole strategy or identify priority areas such as: abortion, use of contraception, violence, teenage pregnancy, etc. It will vary from country to country.

5. Data and evidence: gender relations, roles and identities that pertain to the achievement of the programme outcomes

The starting point of gender analysis research is to collect sex-disaggregated data linked to the programme's objectives. What kind of information does the programme team need to collect to understand how gender roles and identities are defined within a particular society and how they vary across age, class, and ethnicity?

Information is often available through national census and surveys and in published and unpublished research reports. Occasionally it is necessary to conduct primary data collection using survey or participatory research techniques. Data collected from both quantitative and qualitative methods, and at a variety of levels (individual,

household, community, regional, and national) provide a firmer informational base for making decisions on how to most effectively integrate gender considerations into programmes.

Suggested questions:

Is the policy based on the analysis of sex disaggregated data?

Are actions promoting its use?

Are there actions oriented to collecting evidence on gender inequities?

Has the data been analysed for gender differences that may affect achievement of programme objectives?

What are the issues that are discussed in public fora and who is able to bring them forward? What roles do men and women, adolescent boys and girls play in these public arenas?

Are there social factors that constrain the participation of individuals or groups in research? For example:

- Will women's limited mobility outside of the household restrict their participation in focus groups?
- Will the need for a husband's consent for a woman to participate in an interview affect the confidentiality of the information?
- Will women agree to participate in research when only male community leaders participated in giving permission to conduct the research?
- Are there potential negative consequences for research participants?

6. Monitoring and evaluation framework: indicators that measure gender specific outcomes; evaluating the effectiveness of the programme elements designed to address gender issues

By developing gender-specific indicators or sex disaggregating most indicators, the M&E plan can help to point out gender differences in programme implementation and impact. Without further analysis, quantitative indicators only highlight differences; they do not explain why or how differential outcomes occur. Sex-disaggregated indicators may contribute little to an understanding of the importance of gender in a programme without a plan for interpreting the sex differences revealed by the indicators.

- Are indicators disaggregated by sex, ethnic group, age, and socioeconomic status?
- Are baseline data collected on women and men of different ages, socioeconomic status, and ethnicity?
- Are there specific indicators to measure changes in gender relations, access to services and resources, and power?
- Does the project have a systematized way for collecting and analysing the information on a regular basis?
- Does the monitoring and evaluation framework include what to do when monitoring and evaluation (M & E) data reveal gender inequities?
- How do gender-specific objectives link to the impact on RH?

7. Identification of strengths and gaps

- What intermediate steps that address gender differences will enhance policy effectiveness and contribute to a more equitable distribution of its benefits?
- What types of organizations have the gender and technical skills and knowledge to assist the programme to achieve gender-equitable results?
- Who controls programme resources? What is the likelihood that resources can be allocated to address gender-based constraints through intermediate objectives and activities? Who needs to be influenced and how?

- What tasks (formal and informal) are essential to accomplishing the results? Which tasks do women perform and which do men perform? Is a gendered division of labour among the programme staff, service providers, or government personnel likely to affect the project's ability to achieve greater gender equity/equality in its programme?
- What activities and services will the programme have to implement to ensure that gender specific needs and concerns will be addressed?
- How will activities and services ensure equitable participation by women and men and girls and boys?
- In what ways will programme activities benefit women and men?
- What kinds of strategies will help the programme to ensure that activities benefit women and men equitably or will address institutionalized inequities?
- How will the programme ensure that women and men have equitable access to and control over information, health resources (training, outreach, products), and services?
- What strategies will the programme employ to address discriminatory laws, policies, regulations, and institutions?