



**BETTER PRACTICES** *in* **Gender Sensitivity**

Tools for RH  
Service Providers  
and Managers

**Gender  
Sensitivity  
Assessment**

**PRIME II**



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Constance Newman  
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**Overview of the PRIME II gender sensitivity assessment tools for FP/RH service providers and service managers**

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*Introduction and rationale*

There are two tools in this packet: the “FP/RH service provider’s self-assessment tool for gender sensitive performance” in Part II; and the “FP/RH service manager’s self-assessment tool for gender sensitive RH services” in Part III.

The purpose of these easy-to-use tools is to help primary-level FP/RH service providers and those who manage primary-level FP/RH services to assess, monitor and improve the gender sensitivity of their FP/RH services on an ongoing basis. It is recognized that the “root causes” of gender-insensitive services are complex and many, often having their origin outside of the individual RH service provider and manager (i.e., institutional structure, values, priorities and processes; the characteristics of a country’s health sector; and the culture of the community). In spite of this, these tools are meant to address gender-sensitivity assessment and action planning at a level that is within the scope of a primary-level service delivery site (similar to a COPE or other continuous quality improvement exercises). These tools:

- Ensure that gender perspectives are addressed in FP/RH service provider performance and reproductive health service delivery at the primary level
- Link gender sensitivity, concerns and issues with family planning, elimination of female genital cutting (FGC), STI and HIV/AIDS prevention, safe motherhood, postabortion care (PAC) and adolescent reproductive health initiatives.

The gender sensitivity assessment tools respond to a need for concrete ways to assess the gender sensitivity of FP/RH service provider performance and services and to engage in continuous quality improvement at the primary

level, a level often bypassed by regular institutional oversight. To be effective, service providers and managers should be aware of and act on gender issues and perspectives as they relate to FP/RH service delivery and use. For example, it is recognized that gender-based power imbalances (such as the difficulty a woman may have in using a condom to protect herself) underlie the transmission of HIV/AIDS, that power imbalances are the biggest barrier to successful dual protection, and that condom use requires couples communication if dual protection is to work. To the extent possible, the provider must understand and address these power dynamics in counseling and education activities for men and women. In doing so, the provider can reduce barriers to FP/RH service quality, acceptance, access and use that are linked to gender differences or gender relations. This will result in more appropriate and equitable FP/RH services and, ultimately, more equality in reproductive health.

*Format and content of the tools*

Part II consists of the “FP/RH service provider’s self-assessment tool for gender-sensitive performance,” containing a checklist with gender-sensitivity indicators or characteristics, instructions for scoring and action plan guidelines to improve the gender sensitivity of provider performance. Part III consists of the “FP/RH service manager’s assessment tool for gender-sensitive services,” containing a checklist with gender sensitivity indicators or characteristics, instructions for scoring and action plan guidelines to improve the gender sensitivity of how services are organized, delivered and managed.

The assessment checklists in Parts II and III allow the service provider and manager to analyze the gender sensitivity of the following aspects of FP/RH performance and services:

- Service provider values and comfort in providing FP/RH services to women and men

- Making RH and IEC services accessible to both male and female clients
- Men’s participation in reproductive health and safe motherhood
- Reproductive and sexual rights
- Client/provider interaction that accords respect and full decision-making to female clients regardless of marital status or age
- Confidentiality and privacy as gender issues
- Gender-based violence including rape and FGC
- Power dynamics in negotiating condom use and other contraception
- Gender issues in infertility and PAC
- Adolescent reproductive and sexual health for young women and men
- Screening and counseling around STIs and HIV/AIDS
- Gender-sensitive safe motherhood services

Indicators related to gender-sensitive FP/RH provider performance are found in both the provider’s and service manager’s tools, but in the FP/RH service manager’s tool they have been reformulated as services provided. The service managers’ tool also includes additional indicators of gender equity as a feature of organizational practice.

Individual service providers and managers are asked to complete the checklist and use the instructions for scoring to calculate a score for their (FP/RH) performance and service delivery. For the service provider, the score relates to the gender sensitivity of his or her own performance. For the service manager, the score relates to the gender sensitivity of both the organization (in terms of institutional structure, mechanisms and operations) and the delivery of FP/RH services. It should be pointed out to the user—the provider especially—that the use of the results of this tool is for professional development and service improvement and not for administrative action such as promotion or dismissal.

NB: The gender-sensitivity indicators in these tools should be used with some flexibility from one context to another:

All the indicators should be considered applicable if they are a part of a service provider’s desired performance or if they reflect the minimum package of services which are supposed to be offered at a given level of service. Indicators may be considered inapplicable (and thus deleted from the checklist) if a type of service is not offered at a particular service level and requires referral to another level of service (For example, if offering VSC requires referral from a health center to a district hospital, it is inapplicable, and therefore may be deleted).

Indicators related to gender sensitivity of services related to female genital cutting (FGC) should be incorporated into the assessment only in countries where FGC is prevalent. If FGC items are added to the assessment, then the scoring system should be adjusted to accommodate the additional indicators.

Local characteristics of gender sensitivity may be generated or the current indicators can be reformulated for increased clarity or local relevance. Microsoft Word files to customize the tool to reflect local need can be found on the PRIME website: [www.prime2.org](http://www.prime2.org).

### ***Use of the gender sensitivity assessment tools***

Once the organization has decided to assess and monitor gender sensitivity at RH service sites:

- Clarify organizational priorities concerning gender sensitivity or gender equity related to FP/RH service delivery, supported by organizational, ministry of health or government directives, standing orders or policies related to gender.
- Conduct an orientation to gender and reproductive health as an introduction to using the tools, which includes communicating organizational and national priorities related to gender. The orientation may last from one-half day to one full day,

depending on the providers' and managers' familiarity with the concepts and content of the tools.

- After the orientation, users should thoroughly review and discuss the tool before filling out and scoring the checklist and developing the action plan. It should not be assumed that service providers or service managers are familiar with assessment methods, data sources, action planning or their formats. Therefore, sufficient time should be allotted for explanation and discussion of the foregoing, and for training to use the tools based on the prior experience of the users.
- After reviewing the content and format of the tools, it should take the FP/RH service provider about two hours to fill out the checklist and calculate a score (with the use of a hand calculator); and about four hours to develop an individual action plan. It may be effective for service providers to work together when filling out the checklist to increase their understanding, interest and confidence.
- Because of the number of possible data sources available to the FP/RH service manager, and the greater number of areas in which gender sensitivity may be assessed in the service manager's tool, it may not be possible to fill out the entire tool at once unless it is part of a larger more systematic assessment of all FP/RH services. It may therefore be advisable for the service manager to focus the assessment on only a few services at a time. For example, the FP/RH service manager might assess safe motherhood, family planning and STIs/HIV/AIDS services together, and then develop the action plan in one day. Then other service components might be assessed at later date.

### ***Other uses of the gender sensitivity assessment tools***

The indicators in the FP/RH service providers tool have been adapted to PRIME's *Gender Sensitivity Assessment Tool for RH Curricula*, which is intended for curriculum developers and trainers who are expected to design gender-sensitive FP/RH modules and curricula used to train service providers. The indicators can also be adapted for use in ongoing or preplanned activities, such as in observation tools to be used in a performance needs assessment, or during training evaluation and trainee follow-up activities.



**FP/RH service provider's self-assessment tool for gender-sensitive performance**

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***Introduction***

The purpose of this tool is to help you, the primary-level FP/RH service provider, assess, monitor and improve the gender sensitivity of your service performance on an ongoing basis. Gender sensitivity is defined as “the ability to perceive existing gender differences, issues and inequalities and incorporate these into strategies and actions.” To be effective, you should be aware of and be committed to act on gender issues and clients’ gender concerns as they relate to FP/RH service delivery because these can affect client perceptions of service quality, acceptance and continued service use. For example, it is recognized that gender-based power imbalances (such as the difficulty a woman may have in using a condom to protect herself) underlie the transmission of HIV/AIDS, that power imbalances are the biggest barrier to successful dual protection, and that condom use requires couples communication if dual protection is to work. To the extent possible, a service provider should be aware of these power dynamics and address them in counseling and education activities for women and men, and by doing so, increase the likelihood that clients will be able to act on the information provided. Offering services that are sensitive to gender relations and women’s and men’s gender-related needs and circumstances will result in more appropriate and equitable FP/RH services and, ultimately, more equality in reproductive health.

You are asked to analyze the gender sensitivity of the following aspects of the FP/RH services you provide:

- Service provider values and comfort in offering FP/RH services to women and men
- Making RH and IEC services accessible to both male and female clients

- Men’s participation in reproductive health and safe motherhood
- Reproductive and sexual rights
- Client/provider interaction that accords respect and full decision-making to female clients regardless of marital status or age
- Confidentiality and privacy as gender issues
- Gender-based violence including rape and FGC
- Power dynamics in negotiating condom use and other contraception
- Gender issues in infertility and PAC
- Adolescent reproductive and sexual health for young women and men
- Risk assessment, screening and counseling around STIs and HIV/AIDS
- Gender-sensitive safe motherhood services

You are then asked to calculate a score, expressed in percentage terms, which represents the gender sensitivity of your performance. You may work with your supervisor or colleagues in filling out the checklist, and you may share your score with them, but the decision to share your score remains yours. The results of this tool are for professional development and not administrative action such as promotion or dismissal.

Sample formats to help you develop an “Action plan to improve the gender sensitivity of services” are found on pages 22-23. Your action plan should be developed in collaboration with your supervisor and colleagues, in order to integrate all continuous improvement activities and to maximize all efforts at your site to increase the overall gender sensitivity of FP/RH service delivery.

***Instructions for use***

In the first column of the checklist which immediately follows, you will find the source of information to respond to the assessment. In most cases, you, the FP/RH service provider, will be the source of information about your own performance.

In the second column of the checklist, there are indicators or characteristics that describe gender sensitivity related to FP/RH job performance. For each characteristic, decide whether the characteristic describes the way you deliver FP/RH services:

All the indicators should be considered applicable if they are a part of your job, as it is reflected the minimum package of services which are supposed to be offered at your level of service. Indicators may be considered *inapplicable only if a type of service is not offered at your particular service level and requires referral to another level of service* (For example, if offering VSC requires referral from a health center to a district hospital).

If the characteristic *does not* describe the way you deliver services, circle the “0” which means “No.”

In the column entitled “Comments,” provide reasons that explain your “No” or describe

conditions or reasons why you selected “No.” (For example, what part of the service do you not offer? or: You do not provide this service because you lack equipment or supplies, or there is a lack of policy guidance, or you may not know how to do it, or other causes or reasons).

If this characteristic *does* describe the way you deliver FP/RH services, circle the “1” which means “Yes.” Circle “1” *only if all the elements in the characteristic apply to your performance.*

Wait until you have finished reviewing and rating all the characteristics before you proceed to the instructions for scoring on page 19. After scoring, use the results to help you decide on actions you can take to improve the gender sensitivity of your FP/RH services.

You are not obliged to share your score with others but you are expected to share your action plan with your supervisor and colleagues.

Checklist 1

FP/RH service provider's self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
Service provider	<p>1. I understand that, in order to provide appropriate and sensitive FP/RH services, I need to <b>differentiate</b> my own personal beliefs and values from those of my clients, related to:</p> <p>a. sexual practices and behavior for males and females</p> <p>b. fertility and childbearing</p> <p>c. raising children (including their education, discipline and nutrition)</p>	0 1 0 1 0 1	
Service provider	<p>2. I <b>refrain from imposing</b> on my clients my personal beliefs and values related to:</p> <p>a. sexual practices and behavior for males and females</p> <p>b. fertility and childbearing</p> <p>c. raising children (including their education, discipline and nutrition)</p>	0 1 0 1 0 1	
Service provider	<p>3. I offer clients <b>information</b> related to their sexual and reproductive <b>rights</b>, including:</p> <p>a. the right to choose the number and timing of children</p> <p>b. the right to live without sexual harassment or forced sexual relations</p> <p>c. the right to be free from violence</p>	0 1 0 1 0 1	
Service provider	<p>4. I understand that men and women sometimes understand <b>family planning methods</b> in different ways. I take this into consideration in <b>client counseling</b> when I explain:</p> <p>a. who uses and who controls the FP method</p>	0 1	

Checklist 1

FP/RH service provider’s self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
	b. whether the FP method offers dual protection against STIs and HIV/AIDS	0 1	
	c. if or how the method might affect sexual relations	0 1	
	d. side effects or normal changes in health that a client might experience while using the FP method	0 1	
Service provider	5. I respect and maintain <b>confidentiality</b> regarding a female client’s use of an FP method.	0 1	
Service provider	6. I encourage my clients, male or female, to make their own <b>reproductive choices</b> regardless of their age, marital status or consent by family members, consistent with national FP/RH service policy.	0 1	
Service provider	7. I offer equitable access to information about contraceptive methods for men and women (e.g., information is offered to both men and women regardless of their age or marital status).	0 1	
Service provider	8. I am <b>at ease</b> offering reproductive health services to <b>both male and female</b> clients.	0 1	
Service provider	9. I offer basic reproductive health <b>services</b> to both <b>male and female clients</b> , regardless of age and marital status, including:		
	a. family planning counseling and provision of FP methods for male and female clients	0 1	
	b. screening of both male and female clients for STI and HIV/AIDS	0 1	
	c. treatment of both male and female clients for STIs	0 1	
	d. clinical examination for cancer detection (breast, cervical, prostate)	0 1	

Checklist 1

FP/RH service provider’s self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
	e. safe motherhood services addressing the needs and roles of both women and men during pre- and postpartum and delivery phases	0 1	
	10. When providing FP/RH services, I respect my clients’ right to <b>privacy</b> , <b>confidentiality</b> and <b>comfort</b> . I:		
	a. assure the client that our conversation will remain confidential	0 1	
	b. arrange for counseling and the physical exam to occur in a private setting	0 1	
Service provider	c. encourage the client to ask questions during an examination	0 1	
	d. allow the client to undress and dress in privacy	0 1	
	e. allow the client to dress as soon as an examination is over	0 1	
	f. ask the client if s/he would like her/his spouse/partner/family to participate in future visits	0 1	
Service provider, Medical records, Service statistics	11. I help clients and the community deal with <b>gender-based violence</b> (e.g., physical aggression, rape, incest, etc.) or other gender-related practices that are harmful to physical, psychological, sexual and reproductive health, including:		
	a. Identifying cases of gender-based violence during reproductive health service consultations (e.g., ante- and post natal, HIV/AIDS/STIs, FP, etc)	0 1	
	b. Providing appropriate treatment	0 1	
	c. Providing psychological support	0 1	
	d. Documenting instances of gender-based violence in the client’s medical record, including details of findings of the physical exam, consistent with local policy	0 1	
	e. Assuring strict confidentiality and privacy with regard to client/provider conversations and documentation	0 1	

Checklist 1

FP/RH service provider's self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No	1 = Yes	Comments
	f. Prescribing emergency contraception, when needed	0	1	
	g. Screening for HIV/AIDS and STIs.	0	1	
	h. Referring women at risk for gender-based violence for community-based assistance.	0	1	
	i. Organizing awareness-raising activities in the community that promote/advocate the elimination of sexual or other types of gender-based violence	0	1	
	j. Advising a woman at risk of gender-based violence about actions she can take to increase her protection and safety	0	1	
	12. I give my clients <b>information</b> about:			
Service provider	a. existing <b>laws</b> that protect against sexual or other types of gender-based violence	0	1	
	b. existing <b>services</b> for women who are at risk for gender-based violence	0	1	
	13. I discuss with all my clients the client's or couple's <b>sexual health</b> , including:			
Service provider	a. the risks of contracting a STI or HIV/AIDS (for the self or others) and the means for preventing them	0	1	
	b. possible feelings of guilt or embarrassment in discussing sexual matters	0	1	
	c. possible difficulty in expressing needs or wishes	0	1	
	d. the possibility that both men and women may occasionally experience sexual problems	0	1	
Service provider	14. I take into account the <b>unequal power</b> in decision-making between men and women when counseling clients. I help women and adolescents who face opposition to	0	1	

Checklist 1

**FP/RH service provider’s self-assessment checklist for gender-sensitive performance**

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
	condoms or other contraception (from male partners or from family members) to develop safe strategies to prevent pregnancy and STIs.		
	15. I offer services related to the prevention and treatment of <b>HIV/AIDS</b> . I:		
	a. explain transmission of the HIV virus	0 1	
	b. help the client determine his/her own individual risk with regard to specific sexual practices and preferences, including (as locally relevant):	0 1	
	1) multiple partners	0 1	
Service provider	2) same-sex partners	0 1	
	3) unprotected sexual relations	0 1	
	4) “dry” sex	0 1	
	5) non-consensual sex	0 1	
	6) sex with a partner who has (an)other partner(s)	0 1	
	7) sex with a partner who is an intravenous drug user	0 1	
	c. help female clients recognize the economic, social and physical factors that increase women’s vulnerability to HIV	0 1	
	d. help the client explore strategies to prevent HIV	0 1	

Checklist 1

FP/RH service provider's self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No	1 = Yes	Comments
	e. explain the advantages of abstinence and dual protection, including the use of the male or female condom where feasible	0	1	
	f. strengthen the client's negotiation and decision-making skills based on:	0	1	
	1) the realities of her/his sexual relations	0	1	
	2) the client's personal needs	0	1	
	g. help clients make <b>fully informed</b> choices about their reproductive and sexual lives regardless of HIV status	0	1	
	h. help clients make <b>independent</b> choices about their reproductive and sexual lives regardless of HIV status	0	1	
	i. explore gender-based violence with all women who come to the clinic for HIV counseling and testing	0	1	
	j. offer support or services (if they exist) to women identified as victims of violence	0	1	
	k. organize awareness-raising activities for men, women and/or adolescents that:	0	1	
	1) promote/advocate the <b>prevention</b> of HIV/AIDS	0	1	
	2) promote/advocate <b>sharing in the care</b> of persons living with AIDS	0	1	
	l. collaborate with women's groups which create conditions to reduce women's economic and social vulnerability to HIV	0	1	
	m. offer support to clients who suffer stigma associated with seropositivity	0	1	

Checklist 1

FP/RH service provider's self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
	n. offer support to women who suffer <b>gender-based stigma</b> associated with seropositivity	0 1	
	o. offer equitable access to treatment and care to women and men	0 1	
	16. I offer <b>safe motherhood</b> services, including:		
Provider, Service records	a. outreach with community groups to provide information regarding the recognition of danger signs during pregnancy	0 1	
	b. outreach with community groups to arrange rapid transport from the village to the health center	0 1	
	c. safe delivery in obstetric emergencies	0 1	
	d. birth preparedness planning with the pregnant women and her spouse/partner and family (stressing recognition of danger signs, the importance of financial savings, rapid transport and a skilled attendant at delivery)	0 1	
	e. counseling with woman, spouse/partner and family concerning nutrition during pregnancy	0 1	
	f. voluntary counseling and testing (VCT) for HIV/AIDS for men and women, or VCT referral	0 1	
	17. I offer <b>postpartum</b> services to the new mother and her spouse or partner, including:		
	a. care throughout the recovery process, including counseling on postpartum sexual practices/customs	0 1	

Checklist 1

FP/RH service provider's self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
	b. counseling and methods for birth spacing, prevention of unwanted pregnancy and protection against HIV/AIDS/STIs for both men and women	0 1	
	c. detection/treatment of postpartum depression	0 1	
	d. counseling with woman, spouse and/or family related to the mother's and child's nutrition, breastfeeding and hygiene	0 1	
	18. I offer <b>postabortion care</b> as needed, including:		
Service provider, Service records or notebooks	a. emergency treatment (with prompt pain management)	0 1	
	b. counseling and psychological support	0 1	
	c. contraceptive services	0 1	
	d. linkage with other reproductive health services (e.g., safe motherhood, HIV/AIDS/STI screening, etc.)	0 1	
	19. I offer <b>postabortion care</b> , taking into account the woman's <b>feelings and personal situation</b> :		
Service provider, Service records or notebooks	a. in a non-judgmental way	0 1	
	b. exploring whether the pregnancy was the result of unwanted or forced sex	0 1	
	c. referring a woman for assistance if she says the pregnancy was a result of unwanted or forced sex	0 1	
Service provider	20. I offer services to couples who suffer from <b>infertility</b> , including:		
	a. simultaneous investigation of both male and female factor infertility	0 1	
	b. individual or couple's counseling and education	0 1	

Checklist 1

FP/RH service provider's self-assessment checklist for gender-sensitive performance

Data source	Characteristics of gender sensitive performance	0 = No 1 = Yes	Comments
	c. referral to a support group (if available) of women who experience blame and guilt due to infertility	0 1	
	21. I promote positive <b>adolescent sexual and reproductive health</b> through education of girls and boys on:		
	a. sexual development in adolescence (including values clarification and self-esteem)	0 1	
	b. the right to say no to unwanted sex	0 1	
Service Provider, Service records or notebooks	c. negotiation skills for condom and contraceptive use to protect against HIV/AIDS/STIs and unwanted pregnancy	0 1	
	d. male and female anatomy and physiology and reproduction	0 1	
	e. shared responsibility of men and women in childbearing and raising children	0 1	
	f. awareness-raising in the area of gender-based violence, gender inequities, and other practices or attitudes harmful to health and well-being	0 1	
	g. awareness raising for parents regarding the physical and emotional issues and needs related to adolescence (including the need to speak freely and the importance of interaction between the adolescent and parents/guardian)	0 1	
Service provider	22. I support positive <b>men's participation</b> in reproductive health. In my work with male clients and men in the community, I:		
	a. encourage them to support their spouse's/partner's reproductive health needs (e.g., family planning, nutrition, ante- and postpartum care, safe delivery)	0 1	
	b. encourage dialogue between spouses/partners	0 1	
	c. encourage them to share with their spouses/partners decisionmaking related to the conception and raising of children (including education, discipline and nutrition)	0 1	

**Checklist 1**

**FP/RH service provider’s self-assessment checklist for gender-sensitive performance**

<i>Data source</i>	<i>Characteristics of gender sensitive performance</i>	<i>0 = No</i>	<i>1 = Yes</i>	<i>Comments</i>
	d. explain both male and female anatomy and physiology, indicating that it is an error to believe that a woman determines the sex of her child	0	1	
	e. help them identify and change behaviors that have a negative impact on their own sexual/reproductive health	0	1	
	f. help them identify and change male behaviors that have a negative impact on their own and on women’s physical, reproductive, sexual and psychological health (e.g., domestic violence, multiple partners, unprotected sexual relations, non-consensual sex)	0	1	
Total possible points: 104		Total:		

Include the following items into the FP/RH service providers' tool only in countries where FGC is practiced. Be sure to adjust the instructions for scoring by including the new total possible points.

**Checklist 2**

**Performance related to FGC services**

<i>Data source</i>	<i>Characteristics of gender sensitive performance</i>	<i>0 = No</i>		<i>Comments</i>
		<i>1 = Yes</i>		
Service provider	I help clients understand how FGC affects sexuality and sexual intercourse, and offer counseling on how to minimize discomfort during intercourse.	0	1	
Service provider	I educate men and boys about the harmful effects of FGC on a woman's reproductive and sexual health.	0	1	
Service provider	I educate community leaders regarding a positive role men can play in abandoning the practice of FGC.	0	1	
Service provider	I am capable of identifying, treating and counseling clients related to the complications of FGC, including providing information about how to manage discomfort.	0	1	
Service provider	I help pregnant women who have experienced FGC understand how FGC affects childbirth, and help them and their spouses/families plan for appropriate preventive, curative and emergency care.	0	1	
Service provider, Service records or notebook	I refer women and girls to community-based services for psychosocial support, as needed.	0	1	
Service provider	I provide my client and her spouse and families with information about national and local laws regarding FGC, including the human rights and legal implications of the practice.	0	1	
Service provider	I refer to legal aid, shelters or support groups those women, men and adolescents who want protection for themselves or for their daughters.	0	1	
Service provider	I am aware of institutional policies prohibiting the practice of FGC by me and other service providers in my clinic/hospital.	0	1	

**Checklist 2**

**Performance related to FGC services**

<i>Data source</i>	<i>Characteristics of gender sensitive performance</i>	<i>0 = No</i>	<i>1 = Yes</i>	<i>Comments</i>
Service provider	I refrain from offering FGC as a service of this clinic/hospital or in the community.	0	1	
Service provider	I serve as a resource to community groups or agents who conduct community education, advocacy and mobilization related to FGC.	0	1	
Service provider	I educate parents and the community regarding the ways HIV may be transmitted through FGC.	0	1	
Total possible points: 12				

***Instruction sheet for scoring the FP/RH service provider's self-assessment checklist for gender-sensitive performance***

To arrive at a “gender sensitivity score,” do the following:

1. Identify the threshold score that represents the acceptable level of gender-sensitive FP/RH performance in your organization or at your site. There may already be an organizational standard or expectation in this area, expressed in percentage terms such as 75%, 80% or 100%. If no such organizational standard exists, determine what percentage score represents gender-sensitive performance with your service manager and colleagues.

Suppose it has been decided that scoring 85% and above on the tool will be considered an acceptable level of gender-sensitive performance. A score below 85% indicates that performance does not reflect organizational expectations for gender-sensitive performance.

2. Count the total number of “Yes” responses you circled. For example, suppose you circled 44 “Yes” responses.

3. Calculate a percentage score: Divide your number of “Yes” responses by 104 (i.e., 104 is the total number of responses\*) and multiply by 100. For example,

$$44 \text{ divided by } 104 = 0.423$$

$$0.423 \times 100 = 42.3 \text{ or } 42\%.$$

(\*the total number will be higher if FGC services are assessed)



***Action plan guidelines: How to improve the gender sensitivity of your performance***

A score of 42%, as calculated in the previous example would show that your FP/RH performance is characterized by some elements of gender sensitivity, but that performance falls far below the standard of 85%. To improve the gender sensitivity of your FP/RH service performance:

Review all the gender sensitivity characteristics which received a “No” or “0.” Re-read what you wrote in the “Comments” column. These notes will remind you of the conditions or reasons why you selected “No.” For example, it will indicate what part of a service do you not offer, or that you do not provide this service because you lack equipment or supplies, or that there is a lack of policy guidance in this service area, or you may not know how to do it.

Based on the reasons indicated in the “Comments” column, discuss with your supervisor and colleagues ways to overcome these obstacles and to improve the gender sensitivity of your performance.

Develop a “Provider’s action plan to improve the gender sensitivity of FP/RH performance.” (See the illustrative example of an action plan and the blank format in the pages that follow). Working with your colleagues and supervisor to develop the action plan will be very helpful.

Monitor your action plan at least once every three months to assure that improvements are made. If possible, hold meetings with other providers to discuss how to improve gender sensitivity of RH services and overcome the obstacles to doing so.

Complete the tool again in a year, and revise your action plan accordingly.

In developing an action plan, keep in mind these important points:

- Be sure to identify and select priority actions, such as an action that is likely to produce quick but important results, an action that is economically feasible, and/or an action that is within your power to carry out.
- Select priority actions that do not depend on financial or other resources (such as the purchase of motorcycles) that you or your supervisors cannot access; but do not forget to budget for realistic expenses.
- Write activities as discrete steps that are realistic, attainable and measurable.
- Identify clear responsibilities for yourself, co-workers and service managers.
- Develop a specific time schedule for completing activities.
- Identify resources necessary to complete the activities, including important associated costs.

**Table 1**

**Action plan format**

<b>Provider's "Action Plan to Improve the Gender Sensitivity of FP/RH Performance"</b>						
Provider:		Health Center or Hospital:			Date:	
My Support Team		Supervisor: Colleague(s): (Optional)				
Specific Elements to Improve (Identify the results and activities to accomplish):						
Obstacles to Overcome (Describe any barriers to eliminate/overcome and how to go about it):						
Detailed activities and sub-activities (in sequence, making sure to include progress reviews with your support team as a specific activity)		Person responsible and partners	Resources needed	By when	Expected changes/ results	Costs/ source of funds
Activity 1						
Activity 2						
Activity 3						
Activity 4						
Activity 5						
Colleague commitments: I support the action(s) described above and I will complete the activities assigned to me. If I cannot complete the activities in the agreed-on timeframe, I will help modify this plan.		Provider signature: Supervisor signature: Date: Colleague(s) signature (s): (Optional)				

Table 2

## Sample Action Plan

<i>RH Provider's "Sample Action Plan to Improve the Gender Sensitivity of FP/RH Performance"</i>					
Provider: Mwenzi Jean	Health Center or Hospital: Nyanza Health Center	Date: February 18, 2003			
My Support Team	Supervisor: Dr. Mutesa Maurice Colleague(s): Lele Mbeng (Village Health Worker)				
Specific Elements to Improve (Identify the results and activities to accomplish):					
1. Improve the way I provide counseling to men and women for dual protection against pregnancy and HIV/AIDS/STIs.					
2. Start outreach activities for men and for adolescents to prevent HIV/AIDS/STIs and gender-based violence at the school and in the surrounding villages.					
Obstacles to Overcome (Describe any barriers to eliminate/overcome and how to go about it):					
For #1: I need to improve my knowledge and skills, especially: my understanding of why men and women may not use condoms and when it might be feasible; and the way I explain how/why to use condoms. I will ask for on-the-job training from my immediate supervisor or at the district hospital.					
For #2: The rural population does not understand how HIV/AIDS/STIs are transmitted, and they believe that hitting women is acceptable, even if a woman is pregnant. Also, the school does not give classes on sex education. So, I will work with the Village Health Worker to organize health talks for men and boys about violence against women in the five surrounding villages, and also work with the local high school principal and teachers to include the prevention of HIV/AIDS/STIs in the health education classes. For this I will need some educational material on the prevention of HIV/AIDS/STIs and gender-based violence.					
<i>Detailed activities and sub-activities (in sequence, making sure to include progress reviews with your support team as a specific activity)</i>	<i>Person responsible and partners</i>	<i>Resources needed</i>	<i>By when</i>	<i>Expected changes/results</i>	<i>Costs/ source of funds</i>
<b>Activity 1</b> a. Meet with Village Health Worker to discuss series of village health talks	Mwenzi with Mbeng	None	May 1, 2003	Commitment to do village health talk series	
b. Visit Dr. Mutesa to start activities in my action plan, especially to arrange counseling training and to arrange with Agororo District Management Team (DMT) a schedule of transportation to five villages.	Mwenzi	A taxi ride to Agororo, etc.	By May 18, 2003	A schedule for training Improved counseling skills At least one type of educational material on HIV/AIDS and gender violence at my site	1000 francs from clinic management fund
<b>Activity 2</b> Counseling training	Mutesa with Mwenzi	Training objectives & lessons plans	By June 14	Improved counseling skills	
<b>Activity 3</b> a. Prepare or borrow poster or flip-chart about the transmission of HIV/AIDS/STIs; find a book on HIV/AIDS. b. Talk to Mrs. Kagera at the women's NGO about violence and	Mwenzi	Taxi ride to Agororo	By May 25		1000 francs from clinic management fund

<p>get a pamphlet</p> <p><i>Detailed activities and sub-activities</i> <i>(in sequence, making sure to include progress reviews with your support team as a specific activity)</i></p>	<p><i>Person responsible and partners</i></p>	<p><i>Resources needed</i></p>	<p><i>By when</i></p>	<p><i>Expected changes/ results</i></p>	<p><i>Costs/ source of funds</i></p>
<p><b>Activity 4</b> HIV/AIDS/STIs and gender violence.</p>					
<p>a. Talk to village chiefs and health committees to plan health education days, places and content of HIV/AIDS and gender violence talks</p>	<p>Mwenzi and Mbeng</p>		<p>July 2003</p>	<p>Schedule for community and school health education talks</p>	
<p>b. Outline points to cover in village health talks.</p>	<p>Mwenzi and Mbeng</p>		<p>Aug.</p>	<p>Plan for each community health talk</p>	
<p>c. Review progress with Dr. Mutesa; update on transportation and teaching materials for village health talks</p>	<p>Mwenzi and Mutesa</p>		<p>Aug.</p>		
<p>d. Arrange a meeting with the principal and teachers at the high school to discuss health education on HIV/AIDS/STIs (those already planned or needed)</p>	<p>Mwenzi and Mutesa</p>		<p>Sept.</p>	<p>Health education sessions for high school students completed</p>	
<p>e. Attend high school health education classes</p>	<p>Teachers and Mwenzi</p>		<p>Oct.</p>		
<p>f. Village health talks</p>	<p>Mwenzi and Mbeng</p>	<p>Ride with DMT to five villages</p>	<p>Nov. 2003 through March 2004</p>	<p>Talks in five villages completed by March 2 Villagers educated</p>	
<p><b>Activity 5</b> Review gender sensitivity action plan at next supervision session to evaluate how well improvement activities have gone; and to select new activities</p>	<p>Mwenzi with Mutesa</p>	<p>Two copies of my "Action Plan to Improve the Gender Sensitivity of Performance"</p>	<p>Nov. 2003 and Feb. 2004</p>	<p>Revised action plan</p>	
<p>Colleague commitments: I support the action(s) described above and I will complete the activities assigned to me. If I cannot complete the activities in the agreed-on timeframe, I will help modify this plan.</p>	<p>Provider signature: Jean Mwenzi Supervisor signature: Dr. Maurice Mutesa Date: February 20, 2003 Colleague(s) signature (s): Lele Mbeng</p>				

**FP/RH service manager's assessment tool for gender-sensitive services**

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***Introduction***

The purpose of this tool is to help you, the manager of primary-level FP/RH services, to assess, monitor and improve the gender sensitivity of service delivery on an ongoing basis. Gender sensitivity is defined as “the ability to perceive existing gender differences, issues and inequalities and incorporate these into strategies and actions.” To be effective, you should be aware of and committed to act on gender issues and clients’ gender concerns as they relate to FP/RH service delivery because these can affect client perceptions of service quality, acceptance and continued service use. For example, it is recognized that gender-based power imbalances (such as the difficulty a woman may have in using a condom to protect herself) underlie the transmission of HIV/AIDS, that power imbalances are the biggest barrier to successful dual protection, and that condom use requires couples communication if dual protection is to work. To the extent possible, a FP/RH service manager should ensure that service providers are aware of these power dynamics and address them in counseling and education activities for women and men. This will increase the likelihood that clients will actually be able act on the information provided. Offering services that are sensitive to gender relations and women’s and men’s specific gender-related needs and circumstances will result in more appropriate and equitable FP/RH services and, ultimately, more equality in reproductive health.

The gender sensitivity assessment checklist that follows will allow you to analyze the gender sensitivity of the following components of the FP/RH services you manage:

- Service provider values and comfort in providing FP/RH services to women and men
- Making RH and IEC services accessible to both male and female clients

- Men’s participation in reproductive health and safe motherhood
- Reproductive and sexual rights
- Client/provider interaction that accords respect and full decision-making to female clients regardless of marital status or age
- Confidentiality and privacy as gender issues
- Gender-based violence including rape and FGC
- Power dynamics in negotiating condom use and other contraception
- Gender issues in infertility and postabortion care (PAC)
- Adolescent reproductive and sexual health for young women and men
- Screening and counseling around STIs and HIV/AIDS
- Gender-sensitive safe motherhood services

As a service manager, you will not only be interested in way FP/RH services are organized and delivered, but in the institutional operations and mechanisms related to gender. Therefore, your focus is not only on the extent to which services are delivered to clients in ways that are sensitive to existing gender differences and concerns, but also on issues of gender equity as a feature of organizational functioning at the service site (e.g., staff training, recruiting, salary policies and practices, etc.).

***Instructions for use***

In the first column of Checklist 3, you will find sources of information to help you complete the assessment, including:

- Existing personnel policies, and FP/RH service policies, standards and protocols
- Medical and service records
- Service notebooks or service statistics
- Administrative reports
- IEC materials
- Interactions or interviews with clients or FP/RH service providers
- Discussions with community members or groups

- Observations of FP/RH service providers or the service site itself.

As you go through the indicators, identify the best source(s) of data for each aspect of FP/RH service delivery or service organization.

In the second column of the checklist, there are characteristics or indicators that describe gender sensitivity in FP/RH service delivery.

All the indicators should be considered applicable if they are reflected in the minimum package of services which are supposed to be offered at a given level of service. Indicators may be considered *inapplicable only if a type of service is not offered at a particular service level and requires referral to another level of service* (For example, if offering VSC requires referral from a health center to a district hospital).

For each service component, decide whether the characteristic of gender sensitivity describes the way FP/RH services are delivered or are organized at the site. If the characteristic does not describe the way services are delivered or are organized, circle the “0” which means “No.”

In the column entitled “Comments” (and continuing on the back of the page, if necessary), provide observations that explain your “No” or describe reasons why you selected “No” (for example, if there is a lack of material, a lack of policy guidance, if staff members do not know how to do it, or other causes or reasons).

If this characteristic does describe the way FP/RH services are delivered at the site, circle the “1,” which means “Yes.” Circle “1” *only if all the elements in the characteristic apply to the service.*

You are asked to calculate a score, expressed in percentage terms, which represents the gender sensitivity of the FP/RH services you manage. Wait until you have finished rating all the characteristics before you proceed to the instructions for scoring. The results of your assessment should be discussed during staff meetings in order to guide improvements to reproductive health service delivery. You should compare and discuss your results with those of the

service providers who have filled out the “RH service provider’s self-assessment tool for gender-sensitive performance.”

Based on the score you calculate, information from the “Comments” column, the results of the “FP/RH service provider’s self-assessment tool for gender-sensitive performance” and discussion with colleagues, you can develop and monitor an “Action plan to improve the gender sensitivity of FP/RH services.” An action plan format is found on page 44 followed by a sample action plan.

It is best that your assessment be conducted at the same time as the RH service providers’ assessment of the gender sensitivity of their performance, and that their action plans are incorporated in your action plan for the site or the district. In this way, all continuous improvement activities will be integrated, and you will avoid duplication and maximize all efforts to improve gender sensitivity of FP/RH services.

Because of the number of possible data sources available to you, and the greater number of areas in which gender sensitivity may be assessed in the FP/RH service manager’s tool, it may not be possible to fill out the entire tool at once—unless it is part of a larger systematic assessment of all FP/RH services. It may thus be advisable to focus the assessment on only a few services at a time and then develop the action plan for several sites or for the district. For example, you could assess safe motherhood, family planning and HIV/AIDS services and incorporate service providers’ activities to improve the gender sensitivity of these services into a manager’s action plan, and then assess other service components at a later date.

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
Service policies, Administrative reports, Observation of stocks	1. Reproductive health services are usually guided by service policies that promote maximum choice available to men and women in <b>contraceptive method mix</b> , regardless of age or marital status, to allow for all reproductive health intentions. The site offers:		
	a. a range of user-controlled methods (pills, spermicides, condoms)	0 1	
	b. a range of provider-controlled methods (e.g., Depo Provera, VSC, Norplant)	0 1	
	c. a range of male and female methods	0 1	
	d. methods which can be used without the spouse/partner's knowledge	0 1	
	e. emergency contraception	0 1	
	f. dual protection against unwanted pregnancy and STI/HIV/AIDS	0 1	
Printed or IEC materials, Client interviews, Interview or observation of service providers	2. All clients receive <b>information</b> related to their sexual and reproductive <b>rights</b> , which is understandable regardless of educational level, including:		
	a. the right to choose the number and timing of children	0 1	
	b. the right to live without sexual harassment or forced sexual relations	0 1	
Printed/IEC materials, Client interviews, Observation of site	3. Access to <b>information</b> about reproductive health services is <b>equitable</b> for men and women (e.g., information is on display where both men and women can see it).	0 1	
	4. <b>Family planning</b> services are available for both <b>male and female</b> clients, regardless of age or marital status, including:		
Service statistics, Administrative reports	a. education and counseling for informed choice	0 1	
	b. provision of an FP method	0 1	

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
Client interviews, Provider observation	c. referral for preferred safe methods not available at the site	0 1	
	5. Service providers respect and maintain <b>confidentiality</b> regarding a female client's use of an FP method.	0 1	
Client interviews, Interview or observation of service providers, Service statistics	6. The service site offers other basic reproductive health <b>services to both male and female clients</b> , regardless of age or marital status, including:		
	a. screening of both male and female clients for STI/HIV/AIDS	0 1	
	b. treatment of both male and female clients for STIs	0 1	
	c. clinical examination for cancer detection (breast, cervical, prostate)		
	d. safe motherhood services addressing the needs and roles of both women and men during pre- and postpartum and delivery phases	0 1	
	7. <b>Safe motherhood</b> services are available through the clinic/hospital, including:		
Service statistics, Admin. records	a. outreach with community groups to provide information regarding the recognition of danger signs	0 1	
	b. outreach with community groups to arrange rapid transport from the village to the health center	0 1	
	c. safe delivery in obstetric emergencies	0 1	
	d. birth preparedness planning with the pregnant women and her spouse/partner and family (stressing recognition of danger signs, the importance of financial savings, rapid transport and a skilled attendant at delivery)	0 1	
	e. counseling with the pregnant woman, spouse/partner and family concerning nutrition during pregnancy	0 1	
f. voluntary counseling and testing (VCT) for HIV/AIDS for men and women, or VCT referral	0 1		

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
Observation of service providers, Interview with clients	8. The health center offers postpartum services to the new mother and her spouse or partner, including:		
	a. care throughout the recovery process, including counseling on postpartum sexual practices/customs	0 1	
	b. counseling and methods for birth spacing, prevention of unwanted pregnancy and protection against HIV/AIDS/STIs for both men and women	0 1	
	c. detection/treatment of postpartum depression	0 1	
	d. counseling related to the mother's and child's nutrition, breastfeeding and hygiene	0 1	
	9. Clients are encouraged to make their own <b>reproductive choices</b> regardless of their age or marital status or sex.	0 1	
Interview with service provider, Administrative records	10. The staff is able/trained to provide <b>gender-sensitive counseling</b> , including:		
	a. strategies to improve women's and adolescents' negotiating skills for FP/RH decision-making	0 1	
Provider observation	11. The clients' rights to <b>privacy, confidentiality and comfort</b> are respected in the delivery of FP/RH services. The provider:		
	a. assures the client that the conversation will remain confidential	0 1	
	b. arranges for counseling and the physical exam to occur in a private setting	0 1	
	c. encourages the client to ask questions during an examination	0 1	
	d. allows the client to undress and dress in privacy.	0 1	
	e. allows the client to dress as soon as an examination is over	0 1	

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
	f. asks the client if s/he would like her/his spouse/partner to participate in future visits	0 1	
Observation of service site staff	12. Clinic staff offer reproductive health <b>services</b> to all <b>clients</b> :		
	a. Staff appear comfortable serving both male and female clients	0 1	
	b. Staff show no preferential treatment of one sex over the other	0 1	
Service provider, Medical records, Service statistics, Administrative report	13. Clinic staff help clients and the community deal with <b>gender-based violence</b> (e.g., physical aggression, rape, incest, etc.) or other practices that are harmful to physical, psychological, sexual and reproductive health, including:		
	a. identifying cases of gender-based violence during reproductive health service consultations (e.g., ante- and post natal, HIV/AIDS/STIs, FP, etc.)	0 1	
	b. providing appropriate treatment	0 1	
	c. providing psychological support	0 1	
	d. documenting instances of gender-based violence in the client's medical record, including details of findings of the physical exam, consistent with local policy	0 1	
	e. assuring strict confidentiality and privacy with regard to client/provider discussions and documentation	0 1	
	f. prescribing emergency contraception, when needed:	0 1	
g. screening for HIV/AIDS/STIs	0 1		
h. referring women at risk for gender-based violence for community-based assistance	0 1		

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
	i. organizing awareness-raising activities in the community that promote/advocate elimination of sexual or other types of gender-based violence	0 1	
	j. advising a woman at risk of gender-based violence about actions she can take to increase her protection and safety	0 1	
Interview with clients, Interview or observation of service provider, Printed or IEC materials	14. Clients are provided information by service provider and through IEC materials about:		
	a. existing <b>laws</b> that protect against sexual or other gender-based violence	0 1	
	b. existing <b>services</b> for women who are at risk for gender-based violence	0 1	
Observation or interview with providers	15. Clinic staff discuss with clients the client's or couple's <b>sexual health</b> , including:		
	a. the risks of contracting a STI or HIV/AIDS (for the self or others) and means for preventing them	0 1	
	b. possible feelings of guilt or embarrassment in discussing sexual matters	0 1	
	c. possible difficulty in expressing needs or wishes	0 1	
	d. the possibility that both men and women may occasionally experience sexual problems	0 1	
Observation or interview with provider; client interviews	16. Service providers take into account the <b>unequal power</b> in decision-making between men and women when counseling clients. They help women and adolescents who face opposition to condoms or other contraception (from male partners or from family members) to develop safe strategies to prevent pregnancies or STIs.	0 1	
	17. Services related to the prevention and treatment of <b>HIV/AIDS</b> are offered, including:		
Observation or interview	a. explanation of the transmission of the HIV virus	0 1	

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
with provider; client interviews	b. helping the client determine his/her own individual risk with regard to specific sexual practices and preferences, including (as locally relevant)	0 1	
	1) multiple partners	0 1	
	2) same-sex partners	0 1	
	3) unprotected sexual relations	0 1	
	4) "dry" sex	0 1	
	5) non-consensual sex	0 1	
	6) sex with a partner who has (an)other partner(s)	0 1	
	7) sex with a partner(s) who is an intravenous drug user	0 1	
	c. helping female clients recognize the economic, social and physical factors that increase women's vulnerability to HIV	0 1	
	d. helping clients explore strategies to prevent HIV	0 1	
	e. explanation of the advantages of abstinence and dual protection, including the use of the male or female condom, where feasible	0 1	
	f. strengthening client's negotiation and decision-making skills based on	0 1	
	1) the realities of her/his sexual relations	0 1	
	2) clients' personal needs	0 1	
	g. helping clients make <b>fully informed</b> choices about their reproductive and sexual lives regardless of HIV status	0 1	
	h. helping clients make <b>independent</b> choices about their reproductive and sexual lives regardless of HIV status	0 1	
i. exploring gender-based violence with all women who come to the clinic for HIV counseling and testing	0 1		
j. offering support or services (if they exist) to women identified as victims of	0 1		

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
	violence		
	k. organizing awareness-raising activities for men, women and/or adolescents that:	0 1	
	1) promotion/advocacy of the <b>prevention</b> of HIV/AIDS	0 1	
	2) promotion/advocacy of <b>sharing in the care</b> of persons living with AIDS	0 1	
	l. collaboration with women's groups which create conditions to reduce women's economic and social vulnerability to HIV	0 1	
	m. offering support to clients who suffer stigma associated with seropositivity	0 1	
	n. offering support to women who suffer <b>gender-based</b> stigma associated with seropositivity	0 1	
	18. <b>Safe motherhood</b> services are available through the clinic/hospital, including:		
	a. outreach with community groups to provide information regarding the recognition of danger signs	0 1	
	b. outreach with community groups to arrange rapid transport from the village to the health center	0 1	
Service statistics, Admin. records	c. safe delivery in obstetric emergencies	0 1	
	d. birth preparedness planning with the pregnant women and her spouse/partner and family (stressing recognition of danger signs, the importance of financial savings, rapid transport and a skilled attendant at delivery)	0 1	
	e. counseling with spouse/partner and family concerning nutrition during pregnancy	0 1	
Service statistics, Admin. records	19. The health center offers <b>postpartum</b> services to the new mother and her spouse or partner, including:		

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
Service statistics, Medical records, Observation of providers	a. care throughout the recovery process, including counseling on postpartum sexual practices/customs	0 1	
	b. counseling and methods for birth spacing, prevention of unwanted pregnancy and protection against HIV/AIDS/STIs for both men and women	0 1	
	c. detection/treatment of postpartum depression	0 1	
	d. counseling related to the mother's and child's nutrition, breastfeeding and hygiene	0 1	
	20. <b>Postabortion care</b> services are offered, as needed, including:		
	a. emergency treatment (with prompt pain management)	0 1	
	b. counseling and psychological support	0 1	
	c. contraceptive services	0 1	
	d. linkage with other reproductive health services (safe motherhood, HIV/AIDS/STI screening, etc.)	0 1	
Administrative report, Observation of service provider, Medical records	21. Clinic staff offer <b>postabortion care</b> services:		
	a. in a non-judgmental way	0 1	
	b. exploring whether the pregnancy was the result of unwanted or forced sex	0 1	
Service statistics, Medical records, Interview with clients	22. Services are available to individuals or couples who suffer from <b>infertility</b> , including:		
	a. simultaneous investigation of both male and female factor infertility	0 1	
	b. individual or couple's counseling and education	0 1	

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
	c. referral to a support group ( if available) of women who experience blame and guilt due to infertility	0 1	
Service statistics, IEC materials	<b>23. Adolescent sexual and reproductive health</b> is promoted through education of girls and boys on:		
	a. Sexual development in adolescence (including values clarification and self-esteem)	0 1	
	b. The right to say no to unwanted sex	0 1	
	c. Negotiation skills for condom and contraceptive use to protect against HIV/AIDS/STIs and unwanted pregnancy	0 1	
	d. Male and female anatomy and physiology and reproduction	0 1	
	e. Shared responsibility of men and women for childbearing and raising children	0 1	
	f. Awareness-building in the area of gender-based violence; gender inequities, and other practices or attitudes harmful to health and wellbeing	0 1	
Service statistics, Administrative report, Printed or IEC materials	<b>24. Clinic staff support <i>men's positive participation</i> in reproductive health with male clients and with men in the community, by:</b>		
	a. encouraging them to support their spouse's/partner's reproductive health needs (e.g., family planning, nutrition, pre- and postpartum care, safe delivery)	0 1	
	b. encouraging dialogue between spouses/partners	0 1	

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
	c encouraging them to share with spouses/partners decision-making related to the conception and raising of children (including education, nutrition and discipline)	0 1	
	d. explaining male and female anatomy and physiology, indicating that it is an error to believe that a woman determines the sex of her child	0 1	
	e. helping them identify male behaviors that have a negative impact on their own and on women's physical, reproductive, sexual and psychological health (e.g., domestic violence, multiple partners, unprotected sexual relations, non-consensual sex)	0 1	
Characteristics of Gender Sensitive Services (Organizational Functioning)			
Administrative report, Interview with clients, Observation of site, Service statistics	25. There are strategies to improve the gender-sensitivity of services evident in:		
	a. the involvement of women's and men's groups in the <b>definition</b> of what/how <b>services</b> are offered	0 1	
	b. the involvement of women's and men's groups in the <b>evaluation</b> of <b>services</b>	0 1	
	c. the existence and use of a mechanism to obtain client feedback	0 1	
	d. efforts to involve men as partners in safe motherhood and other reproductive health services	0 1	
	e. services whose costs are affordable to male clients	0 1	
	f. services that are offered at times convenient to male clients	0 1	
	g. services whose costs are affordable to female clients	0 1	
	h. services that are offered at times convenient to female clients	0 1	
	i. services that are offered in places that are convenient to men	0 1	

Checklist 3

Manager's checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
Interview with service provider, Interview with clients	j. services that are offered in places that are convenient to women	0 1	
	k. outreach provided to those with limited access or to vulnerable groups (e.g., for adolescents, sex workers, HIV+ persons) through mobile clinics or another approach	0 1	
	l. integration of FP/RH and maternal/child health (MCH) services (or creating links with other services)	0 1	
	26. Where feasible, clinic staff respect the clients' preferences about having either a male or female service provider.	0 1	
Interview with service providers, Administrative report	27. <b>Equity</b> for women in <b>service management/decisionmaking</b> is promoted in various ways:		
	a. Qualified female candidates are asked to fill vacant posts	0 1	
	b. Women receive training in management and supervision	0 1	
	c. Women receive training in negotiation and advocacy techniques	0 1	
	d. Women receive training in interpersonal communication	0 1	
Interview with service providers, Personnel policies	28. There are policies that prohibit <b>abuse of power</b> and <b>sexual harassment</b> in the workplace.	0 1	
	a. Staff <b>know</b> about policies that prohibit abuse of power and sexual harassment in the workplace	0 1	
	b. Staff are <b>protected</b> by policies that prohibit abuse of power and sexual harassment in the workplace	0 1	
Interview with service	29. There are policies that prohibit <b>gender-based discrimination in hiring</b> .	0 1	

Checklist 3

Manager’s checklist to assess the gender sensitivity of FP/RH services

Data Source	Characteristics of gender sensitive services (service delivery)	0 = No 1 = Yes	Comments
providers, Personnel policies	a. Staff <b>know</b> about policies that prohibit gender-based discrimination in hiring	0 1	
	b. Staff are <b>protected</b> by policies that prohibit gender-based discrimination in hiring	0 1	
Interview with service providers, Personnel policies	30. There are policies that guarantee <b>gender equity regarding salary</b> .	0 1	
	a. Staff <b>know</b> about policies that guarantee gender equity regarding salary	0 1	
	b. Staff are <b>protected</b> by policies that guarantee gender equity regarding salary	0 1	
Interview with service providers, Personnel policies	31. There are policies that guarantee <b>gender equity regarding promotion</b> .	0 1	
	a. Staff <b>know</b> about policies that guarantee gender equity regarding promotion	0 1	
	b. Staff are <b>protected</b> by policies that guarantee gender equity regarding promotion	0 1	
Survey interview with service providers	32. Staff states that the organization or site in which they work is sensitive to the “double burden” carried by some female staff. Flexible time is allowed to female staff that have childcare or other family responsibilities.	0 1	
Survey interview with service providers	33. Staff state that the organization or the site in which they work has a gender-equitable work environment.	0 1	
	Total possible points= 145	Total	

In countries where FGC is practiced, incorporate the following items into the FP/RH service managers' tool. Be sure to adjust the instructions for scoring by including the new total possible points.

**Checklist 4**

**FGC services**

<i>Data Source</i>	<i>Characteristics of Gender Sensitive Performance</i>	<i>0 = No</i>	<i>1 = Yes</i>	<i>Comments</i>
Interview with service provider Service records or notebook	The staff is able/trained to help clients and the community understand the harmful effects of FGC on psychological, reproductive and sexual health	0	1	
Observation of/interview with service provider	The staff educate men and boys about the harmful effects of FGC on a woman's reproductive and sexual health	0	1	
Observation of/interview with service provider	The staff educates community leaders regarding a positive role men can play in abandoning the practice of FGC	0	1	
Interview with or observation of service provider	The staff is able/trained to identify, treat and counsel clients related to the complications of FGC, including providing information about how to manage discomfort	0	1	
Interview with or observation of service provider Service records or notebooks	The staff helps pregnant women who have experienced FGC understand how FGC affects childbirth, and helps them and their spouses/families plan for appropriate preventive, curative and emergency care	0	1	
Interview with or observation of service provider Interview with clients	Women who have experienced FGC are referred to community-based services for psychosocial support, as needed	0	1	
Interview with or observation of service provider	Clients and their spouses and families are provided with information about national and local laws regarding FGC, including the human rights and legal implications of the practice	0	1	
Interview with or provider observation Interview with clients	Clients (women, men and adolescents) who want protection for themselves or for their daughters are referred to legal aid, shelters or support groups	0	1	
Admin. records	There is a policy available in the clinic/hospital prohibiting the practice of FGC by service providers	0	1	

**Checklist 4**

**FGC services**

<i>Data Source</i>	<i>Characteristics of Gender Sensitive Performance</i>	<i>0 = No</i>	<i>1 = Yes</i>	<i>Comments</i>
Provider interview	Clinic staff is aware of institutional policies prohibiting the practice of FGC by service providers in the clinic/hospital	0	1	
Provider observation Interview with clients/community members	The clinic staff refrains from offering FGC both in the facility and in the community	0	1	
Service records or notebooks Service statistics	The staff serves as resource persons to community groups or agents who conduct community education, advocacy and mobilization related to the elimination of FGC	0	1	
Interview with clients/community members	The staff educate parents and the community regarding the ways HIV can be transmitted through FGC	0	1	
Total possible points: 13		Total:		

***Instruction sheet for scoring the “Manager’s checklist to assess the gender sensitivity of FP/RH services”***

To arrive at a “gender sensitivity score,” do the following:

1. Identify the threshold score that represents the acceptable level of gender-sensitive FP/RH delivery at your site. There may already be an organizational standard or expectation in this area, expressed in percentage terms such as 75%, 80% or 100%. If no such organizational standard exists, determine what percentage score represents gender-sensitive service delivery with your supervisor or colleagues. Suppose it has been decided that scoring 85% and above on the tool will be considered an acceptable level of gender-sensitive performance. A score below 85% indicates that performance does not reflect organizational expectations for gender-sensitive performance.

2. Count the total number of “Yes” responses you circled. For example, suppose you circled 48 “Yes” responses.

3. Calculate a percentage score by dividing the number of “Yes” responses you checked by the total number of responses (i.e., the total number is 145\*), to arrive a score of 0.331

4. Next, multiply 0.331 by 100 to obtain the percentage score, which in the example is 33.1 or 33%.

(\*the total number will be higher if FGC services are assessed)



### ***Action Plan Guidelines: How to improve the gender sensitivity of your services***

A score of 33%, as calculated in the previous example, would show that the FP/RH services you manage are characterized by some elements of gender sensitivity and gender equity, but that there is room for significant improvement when 34% is compared to a standard of 85%. To improve the gender sensitivity and gender equity of the services you manage:

1. Review all the gender sensitivity characteristics which received a “No” or “0.” Re-read what you wrote in the “Comments” column. These notes will remind you of the conditions or reasons why you selected “No.” For example, it will indicate what part of a service are not offered, and that this service is not offered in the desired way because there is lack equipment or supplies, or there is a lack of policy guidance in this service area, or that providers may not know how to do it.
2. Based on the reasons indicated in the “Comments” column, discuss with your supervisees and colleagues ways to overcome these obstacles and ways to improve the gender sensitivity of FP/RH services. Develop a “Managers Action Plan to Improve the Gender Sensitivity of FP/RH Services” (See the illustrative example of an action plan and the blank format in the pages that follow).
3. Take into consideration any activities planned by FP/RH service providers who have completed the “RH service provider’s self-assessment tool for gender-sensitive performance.”

4. Monitor your action plan at least every three to six months to assure that improvements are made. Hold meetings with clinic staff to discuss how to improve gender sensitivity of RH services and overcome the obstacles to doing so.

5. Complete the tool again in a year, and revise your action plan accordingly.

In developing an action plan, keep in mind these important points:

- Be sure to identify and select priority actions, such as an action that is likely to produce quick but important results, an action that is economically feasible, and/or an action that is within your or the clinic staff’s power to carry out.
- Select priority actions that do not depend on financial or other resources (such as purchasing motorcycles) that you or your supervisors cannot access; but
- Do not forget to budget for realistic expenses
- Write activities as discrete steps that are realistic, attainable and measurable.
- Identify clear responsibilities for yourself, co-workers and service managers.
- Develop a specific time schedule for completing activities.
- Identify resources necessary to complete the activities and important associated costs

Table 3

**Action plan format**

<b>Manager's "Action plan to improve the gender sensitivity of services"</b>						
Service manager:		Health Center or Hospital:		Date:		
Clinic Team:		Colleagues: (optional)				
Specific Elements to Improve (Identify the results and activities to accomplish):						
Obstacles to Overcome (Describe any barriers to eliminate/overcome and how to go about it):						
Detailed activities and sub-activities (in sequence, making sure to include progress reviews with your support team as a specific activity)		Person responsible and partners	Resources needed	By when	Expected changes/ results	Costs/ source of funds
Activity 1						
Activity 2						
Activity 3						
Activity 4						
Activity 5						
Colleague commitments: I support the action(s) described above and I will complete the activities assigned to me. If I cannot complete the activities in the agreed-on timeframe, I will help modify this plan.		Provider signature: Supervisor signature: Date: Colleague(s) signature (s): (Optional)				

Table 4

**Sample action plan**

<i>Manager's "Action plan to improve the gender sensitivity of services"</i>					
Service Manager: Dr. Haro		Health Center or Hospital: Mbandundu Health Center		Date: July 15, 2002	
Clinic Team: Dr. Fento; Mrs. Rinna, Mr. Bandong; Mrs. Pemba		Colleagues:			
<p>Specific Elements to Improve (Identify the results and activities to accomplish):</p> <ol style="list-style-type: none"> <li>1. Help clinic team create a private counseling and examination area.</li> <li>2. Help staff start a "Youth Group" on Thursday nights to discuss adolescent reproductive health topics (including HIV/AIDS) at the clinic.</li> <li>3. Help staff add HIV/AIDS/STIs and violence against women (VAW) to the daily health talks in the consultation room.</li> <li>4. Develop female staff's management and decision-making skills through training, starting by sending Mrs. Pemba to the next management skills workshop at the district hospital.</li> </ol> <p>Obstacles to Overcome (Describe any barriers to eliminate/overcome and how to go about it):</p> <p>Staff may face parental resistance to the "Youth Group" because it is an after-hours activity and because they may feel the subject matter is sensitive</p> <p>Some clinic staff may not want to participate in the "Youth Group" because it is an after-hours activity.</p> <p>Specific actions/activities (Make sure to include progress reviews with the staff as a specific activity)</p>					
Detailed activities and sub-activities (in sequence)	Person responsible/partners	Resources needed	By when	Expected changes/results	Costs/source of funds
<b>Activity 1</b> Create a private counseling and examination area		Petty cash to buy cloth and to pay seamstress		Service site will offer confidential and private counseling and examination	District management Team (DMT) budget
a. Staff removes all equipment and supplies from the large storeroom; rearranges the small storeroom.	Bandong		Aug. 1		
b. Buy material and have curtains made for window and examining table; send to site.	Haro		Aug. 5		
c. Staff to move small desk , lamp and two chairs into counseling/ examination room	Bandong		Aug. 2		
<b>Activity 2</b> Contact the district hospital to find out next management training	Haro		Aug. 5		
<b>Activity 3</b> Meet with staff to plan the "Youth Group" and the daily health talks on HIV/AIDS/STIs and violence against women (VAW), to	Haro with Rinna and Bandong; Fento and Pemba	Notebooks and pencils	Aug. 14		DMT budget
a. develop themes, content and schedule for new activities					DMT budget

b. discuss the parents' meeting in the village c. help Mrs. Rinna and Mr. Bandong plan for a meeting with the school supervisor	Mbandundu Health Center staff				Solicit contribution from village health committee and parents
d. advertise new "Youth Group" at market and schools	Staff; Haro	Taxi cost to get flipcharts from Ministry of Health; Tables and benches	Aug. 20		
Step 4 Follow up with staff on "Youth Group" activities planning and equipment/supplies	Haro with Mbandundu Health Center staff		Sept. 20		
Step 5 Check the "Health Talks" notebook to see if staff are giving talks on HIV/AIDS/STIs and violence against women (VAW) a. Sit in on health education talks b. Talk with some of the clients about what they thought of the health education talks c. Give staff feedback on health education talks and discuss any problems they are having	Haro with Fento and Pemba		Oct. 14		
Step 6 Monitor "Youth Group" activities after two months and help staff solve problems	Haro		Nov. 14		
Step 7 Review Gender Sensitivity Action Plan to identify new activities for the site	Haro with Mbandundu Health Center staff		Jan. 2003		
Staff commitments: I support the action(s) described above and I will complete the activities in the agreed-on timeframe. If I cannot complete the activities in that timeframe, I will help modify this plan.	Manager's signature: Bertrand Haro Staff signature (s): Mrs. Gladys Pemba Claire Rinna Dr. David Fento Mr. Claude Banndong Date: July 15, 2002				

**Glossary**

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**Female Genital Cutting (FGC)** All procedures involving the partial or total removal of the external genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

**Gender** The social definition of what it means to be male or female. This definition includes the economic, social and cultural attributes and opportunities associated with being male or female, which vary among cultures and change over time.

**Gender-based Violence (GBV)** Any act of violence that results in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. The definition includes battery, sexual abuse of children, dowry-related violence, rape, incest, female genital cutting and other traditional practices harmful to women. Gender-based violence has serious consequences for the mental and physical health of women.

**Gender Concerns** Needs that arise based on differences in gender roles or on division of labor based on gender. An example of women's gender concerns is access to child care in situations where women are responsible for both childcare and work outside the home. An example of men's gender concerns is access to transportation where men work far from home.

**Gender Equity** The process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. In the context of reproductive health, equity refers to equitable access to reproductive health services and reproductive health.

**Gender Issue** A gender issue exists when access to societal goods, benefits or services are denied on the basis of gender, or when male or female needs are met at the expense of the other's needs.

**Gender Perspective** A way of understanding how gender may be addressed in reproductive health and family planning programs, service delivery and utilization. Gender perspectives include: Involving men in reproductive health issues and programs; giving women a voice in decisions that influence their reproductive health; taking into consideration differences in power between men and women; changing power dynamics between men and women; and understanding the cultural meaning of sexual and reproductive health behavior. In planning FP/RH programs, care needs to be taken to assure that involving men does not overshadow women's decision-making.

**Gender Role** Socially determined roles such as caregiver or household cook for women; or wage earner or head of household for men.

**Gender Sensitivity** The ability to perceive existing gender differences, issues and inequalities and to incorporate these into strategies and actions.

**Gender Stereotyping** Social or psychological characteristics attributed to women or men on the basis of gender. These characteristics shape expectations of gender behavior. Examples of gender stereotyping of women include being caring, submissive or weak; and of men, being rough, assertive and strong.

**Sex** The physiological attributes that identify a person as male or female, including: Type of genital organs; type of predominant hormones circulating in the body; ability to produce sperm or ova; and ability to give birth and breastfeed children.



**Bibliography**

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CHETNA, Women's Health and Development Centre and Chaitanyaa, A Manual on Gender Sensitive Indicators for Reproductive Health Programmes in India, November 2000

de Bruyn, M. and N. France. Gender or Sex: Who Cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers with Special Emphasis on Violence, HIV/STIs, Unwanted Pregnancy and Unsafe Abortion. Chapel Hill, NC: Ipas, 2001.

DFID, Department for International Development (DFID) with the Liverpool School of Tropical Medicine and Gender and Health Group, Guidelines for the Analysis of Gender and Health, January 1999

Interagency Gender Working Group Gender Manual Task Force, Key Concepts for Gender Integration and Analysis, March 2001 (draft)

Emerging Voices on Gender, [www.measurecommunication.org](http://www.measurecommunication.org)

International Planned Parenthood Federation/WHR

Manual to Evaluate Quality of Care from a Gender Perspective, with the assistance of Rosario Cardich, Judith Helzner, Magaly Marques, Jessie Schutt-Aine and Victoria Ward, January 2000

How Gender Sensitive Are Your HIV and FP Services? [www.ippfwhr.org/resources/sti/gender continuum](http://www.ippfwhr.org/resources/sti/gender_continuum)

Lamprey, P., Schwatzwalder, A., Ankrah, E.M., McGown, M.K. AIDSCAP Women's Initiative. A Transformation Process: Gender Training for Top-Level Management of HIV/AIDS Prevention. Research Triangle Park, NC: Family Health International, 1997.

Paulson, S., Gisbert, M.E., and Quiton, M. Rethinking Differences and Rights in Sexual and Reproductive Health: A Training Manual for Health Care Providers, CIDEM/Family Health International, 1999

Personal notes from the Meeting on Power in Sexual Relationships, sponsored by the Population Council, the USAID/IGWG Sub-committee on Men in Reproductive Health and SIDA, March 1-2, 2001

PRIME Training Insight, Transfer of Learning, July 1999

Prise en Charge des Complications Liees a L'Excision, Ministry of Health and PRIME curriculum, Republic of Mali, 2001

Reproductive Rights 2000: Moving Forward, Center for Reproductive Law and Policy, New York, 2000

Sibley, Lynn, Gender Audit, PRIME/American College of Nurse Midwives, January 1996 draft

Swedish International Development Cooperation Agency, Handbook for Mainstreaming: a Gender Perspective in the Health Sector, Health Division and Gender Equity Unit, 1997

Tanzania Ministry of Health, Reproductive and Child Health Section, Protocols for Counseling a Client Who is a Victim of Gender Violence, April 2001 (draft)

The Human Rights Encyclopedia, Volume 1, Lewis, James R., and Skutsch, Carl Sharpe, eds. Reference, 1999

UNIFEM. Official Documents Related to Beijing+5. See the following website for a listing of official documents: <http://www.unifem.undp.org/beijing+5/documents.html>

World Health Organization

Female Genital Mutilation, [www.who.int/health\\_topics/female\\_genital\\_mutilation](http://www.who.int/health_topics/female_genital_mutilation)

Violence Against Women: A Priority Health Issue, Violence Against Women Information Pack, July, 1997, [www.who.int/violence\\_injury\\_prevention/vaw/infopack](http://www.who.int/violence_injury_prevention/vaw/infopack)

Yinger, N. and E. Murphy. Illustrative Indicators for Programming in Men and Reproductive Health. Washington, DC: PATH, October 1999. <http://www.rho.org>

# Gender Sensitivity Assessment Tool Evaluation

Reviewer name/title (optional): \_\_\_\_\_  
 Name of organization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Check the Tool you are evaluating:**

- Gender Sensitivity Assessment Tool for FP/RH Curricula
- Gender Sensitivity Assessment Tools for RH Service Providers and Managers

**Which of the following do you do as a regular part of your job? (check all that apply)**

- training/instruction/facilitation
- curriculum/materials development
- program/training management
- supervision
- resource collection management
- information/education/communication
- policy development (training or health)
- FP/RH service provision
- evaluation/research
- other (specify) \_\_\_\_\_

**Please describe how you have used the Gender Sensitivity Assessment Tool. (check all that apply)**

- used as a tool for planning or revising curricula
- used to improve the quality of services
- introduced additional indicators
- adapted the action plan for use in a training intervention
- other (please specify): \_\_\_\_\_
- adapted the indicators for assessment or evaluation activities
- integrated the indicators in policy
- offered the guide as a handout to participants during a training event

**Rate the Gender Sensitivity Assessment Tool on the indicators below:**

Indicator	Strongly agree	Agree	Neutral	Disagree	Strongly agree
The information in the guide is/will be useful in my work.					
Content relates to my work (e.g., suitable to the actual settings, conditions and cultural context).					
The examples and analogies enhance understanding.					
Language level is appropriate.					
Design of pages is visually appealing.					
Content is sequenced logically.					
Content is presented in a compelling manner.					

**Please include any additional comments and suggestions for improvement below** (or on the other side of this form)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thanks for your assistance. Please return form to:**

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