

Applying a Gender Lens to SRHR

A How To Guide



Acknowledgements

This 'How to' guide was developed by the IPPF gender steering group, collaboratively with a number of Member Associations across the Federation. It is intended to enhance and embed a gender transformative approach in all areas of our work as well as that of our partners.

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Introduction

Why should I read
this document?

Introduction – Why should I read this document?

Key points

Gender inequalities remain a significant barrier to addressing Sexual and Reproductive Health and Rights (SRHR). To ensure SRHR for all and to prevent Sexual and Gender-Based Violence (SGBV), harmful gender norms must be transformed into positive ones.

Aim of this guide: This guide is all about you knowing how to do your part to bring about the changes needed to realise gender equality around the world, whatever role or function you play within the Federation. Part I looks at some key theory, and Part II provides tips for different roles and functions within the Federation.

Audience: This guide is intended to be used by ALL staff and volunteers across the IPPF Secretariat and Member Associations (MAs).

Terminology: This guide uses terminology related to gender that aims to be inclusive and fully transformative. However, it is recognised that there is diversity in the way gender related language is used across the world, depending on the local (legal & cultural) context and realities. It should be noted that the level of gender transformativeness of the work can vary depending on the capacities of the MAs and the structural barriers they face.

Gender inequalities remain a significant barrier to addressing Sexual and Reproductive Health and Rights (SRHR). To ensure SRHR for all and to prevent sexual and gender-based violence, harmful gender norms must be transformed into positive ones. In order to do this, it is important to start viewing the world through a gender lens. In other words, critically looking at how different policies, programmes or activities affect current gender norms, and ensuring that they reduce power imbalances among genders, bring about greater inclusion, and follow an intersectional approach, is needed.



In order to do this, it is important to start viewing the world through a gender lens.



Gender equality – the concept that all individuals should be treated in a way that ensures equal opportunities and outcomes – is a human right. Gender equity means justice and fairness. It is a process of which gender equality is the result. Gender equity recognizes that people of all genders have different needs, and historical & social disadvantages that hinder them from otherwise operating on a level playing field. Equity leads to equality. Gender norms and attitudes – the expectations and informal rules about what it means to be a woman, man, or non-binary person, or identify oneself as LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer or questioning +) – influence health and well-being of individuals, shaping behaviours in ways that have a direct impact on the sexual and reproductive health and rights of themselves, their partners, and others.

Gender equity recognizes that people of all genders have different needs, and historical & social disadvantages that hinder them from otherwise operating on a level playing field. Equity leads to equality.



Gender norms and patriarchal structures are pervasive and negatively affect SRHR of women and girls and other vulnerable groups disproportionately.

For example, women frequently cannot control decision-making on whether or not to have sex, when to have sex, and whether they can use contraception. They have lower status, fewer opportunities, and less access to power than men and boys. Therefore, progress towards gender equality requires transformative complementary actions to promote women's rights and empowerment- by tackling structural inequality that is embedded in social structures, including gender gaps, unequal policies, and discrimination that have historically disadvantaged women and girls, and affected their full participation in development.



Gender norms that promote a heterosexual and cisgender ideal put people with diverse Sexual Orientations, Gender Identities and Expressions, and Sex Characteristics (SOGIESC) at increased risk of poor SRH outcomes. This is compounded by repressive legal environments, stigma, discrimination, and violence. Non-binary people of all ages, and in all regions of the world are exposed to violations of their human rights due to their gender identity and/or expression. They are discriminated against in the labour market, in schools or in health settings, and often mistreated & disowned by their own families and communities, or subjected to mental and physical violence including sexual assault. This is further exacerbated in humanitarian contexts, where these groups are often overlooked by preparedness and response efforts.



Harmful masculinities – such as hegemonic masculinity¹ – also affect the health and wellbeing of men and boys (including mental health) as norms about manhood often encourage men to view health-seeking behaviours, expressing emotions, and inability provide for the family as signs of weakness. This results in mental health challenges, delayed testing for infections, and unwillingness to access psychological support. This can be seen in poor SRH outcomes – such as delayed diagnosis and treatment for Sexually Transmitted Infections (STIs), (e.g. HIV in heterosexual men). Harmful masculinities are also expressed through higher risk taking behaviour, which includes an increased likelihood of unprotected sex. These harmful gender norms are not just harmful for men but they are also harmful for their partners, families, - and where hegemonic masculinity is concerned- any man or non-binary person who does not live up the hegemonic ideal.



Harmful masculinities are also expressed through higher risk taking behaviour, which includes an increased likelihood of unprotected sex.

¹For more information about hegemonic masculinity see <https://www.sciencedirect.com/topics/psychology/hegemonic-masculinity>

Humanitarian crises can be particularly devastating for women and girls (and other vulnerable groups) by increasing their exposure to sexual and gender based violence as well as increasing their risk of morbidity and mortality due to lack of access to a full range of SRH services. Therefore, in all contexts, gender equality work should recognize the capacity of women and other vulnerable groups to decide over their lives, as well as the capacity of networks, specially women's networks, as first responders in the communities where they live.

Bringing about gender equality within an organisation, community or country, therefore requires understanding of the current gender norms and power imbalances between individuals and different groups of people. Addressing this requires an intersectional approach as part of a gender transformative process.

Aims of this guide

This guide is all about knowing how you can support a gender transformative process, to bring about the changes needed for gender equality to be realised around the world whatever role or function you play within the Federation. A key part of this is starting to see the world through a gender lens so that you can see where and how things are currently unequal, and whether your actions are supporting the status-quo, or acting to bring about transformation towards gender equality. In order to do this, this Guide is split into two sections:

Part I

Introduction to key principles needed to understand gender, gender equality and a Gender Transformative Approach (GTA), and links for further reading.

Part II

Tips on how to incorporate a gender transformative approach into your everyday work. Advice is given for different roles- such as programme design, advocacy and communications, health service provision, and programme implementation- and at the institutional level. Some suggestions are also provided on how to measure progress.

The guide ends with a conclusion which is effectively an individual call to action on what you can now do differently from this day onwards in your work in order to contribute to realising gender equality.

Audience

This guide is intended to be used by IPPF Secretariat and Member Association staff & volunteers. It is not just for programme or clinical staff but will be helpful for every staff member including finance, human resources, management and administrative staff, and volunteers including board members.



A note on terminology

Gender norms are socially, culturally, and politically constructed. Expectations about what it means to be a woman, man, transgender or non-binary person varies over time and differs between and within countries. Gender norms are also based on the power relations between individuals and groups. Furthermore, there is a need to recognise, respect, protect, and fulfill the rights of people with diverse SOGIESC. The fact that norms, practices, and beliefs that sustain gender inequality are a social construct means that change is not only just and desirable, but also possible.

There is diversity in the language used, accepted, and understood around the world when referring to gender equality and diversity of SOGIESC. This is due to different local legal and cultural contexts, and realities.

Therefore, when explaining gender equality and talking about a gender transformative approach it is important to be aware of and adapt to these local contexts in order to build understanding and bring about change.

Throughout this document, the Diversity, Equity and Inclusion Style Guide from the University of Iowa is used, which is based on the Associated Press style guide as well as other respected resources.

In this document we use the term 'women, men, transgender and non-binary people'. But we do not intend to exclude anyone who identifies differently. Furthermore, we recognise that due to existing power imbalances, gender inequality disproportionately affects women and girls.

Key definitions

Gender equality

means equality of opportunity for women, men, transgender and non-binary people in all their diversity to realize their full rights and potential. It signifies an aspiration to transform structural inequalities, behaviour patterns and social norms, leading to social change, and sustainable development. Gender equality requires specific strategies aimed at eliminating gender inequities.

A gender transformative approach

actively strives to examine, question, and change harmful gender norms and imbalances of power in order to fulfill SRHR and realise gender equality. This is achieved through: critical examination of gender norms and dynamics; addressing power imbalances; strengthening or creating systems that support gender equality; and strengthening or creating equitable gender norms and dynamics. It involves working holistically with people in all their diversity using an inclusive person-centred, and differentiated approach. This is because gender inequality affects different groups of people in different ways.

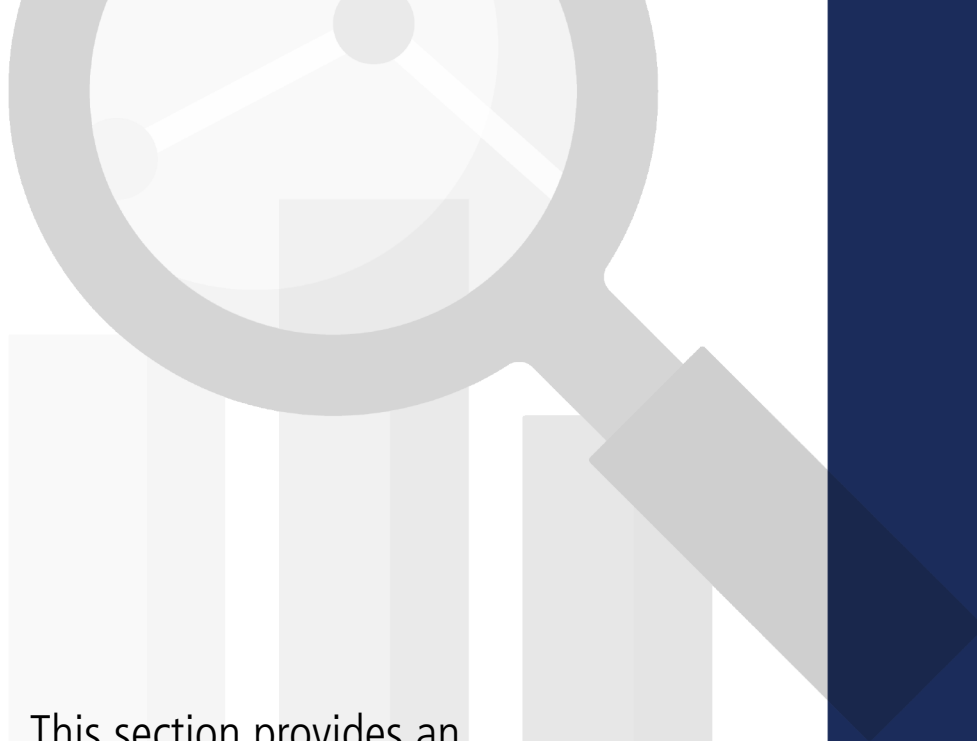
To find out more

Diversity, Equity and Inclusion Style Guide. University of Iowa. 2021.
Available from <https://diversity.uiowa.edu/programs/dei-style-guide/style-guide-gender>

IPPF Gender Equality Strategy and Implementation Plan. IPPF. 2017.
Available from <https://www.ippf.org/sites/default/files/2018-04/IPPF%202017%20Gender%20Equality%20Strategy%20-%20English.pdf>

Part I

Key theory on Gender Equality and Gender Transformative Approach



This section provides an introduction to key principles and theory needed to understand gender equality and a gender transformative approach including power, rights, gender norms, and intersectionality. Each section contains links to further information if you are interested in exploring this information in more depth.

A: What do I need to know?

A quick guide to power, rights, intersectionality and gender norms

Key points

Human rights based approach: An effective rights-based approach requires accountability, participation, non-discrimination, equality, and transparency to be included as part of any intervention.

Power: Gender inequalities arise from different power dynamics, which can be rooted in harmful social norms and values as well as unequal economic and political status. Different forms of power include visible power, hidden power, and invisible power.

Intersectionality: Successful gender equality programming requires a holistic approach which also addresses intersecting structural elements and social identities, and also understands and responds to the indivisibility of the full range of human rights.

Norms and values: Gender norms are expectations and informal rules about what it means to be a woman, man, transgender or non-binary person. Gender norms are shaped by culture and ideologies, which instill learned values and norms in people who then act them out in their behaviour. Harmful gender norms can be changed, but this can be difficult where there is more than one underlying factor keeping them in place.

Human rights based approach

A human rights based approach integrates internationally recognised human rights of people in all their diversity throughout all programme activities, service delivery, and institutional structures. Human rights are universal, indivisible, interdependent, and inalienable.

Universal: everyone is born with and possesses the same rights, regardless of where they live, their gender, race, religion, cultural or ethnic background, or such other grounds.

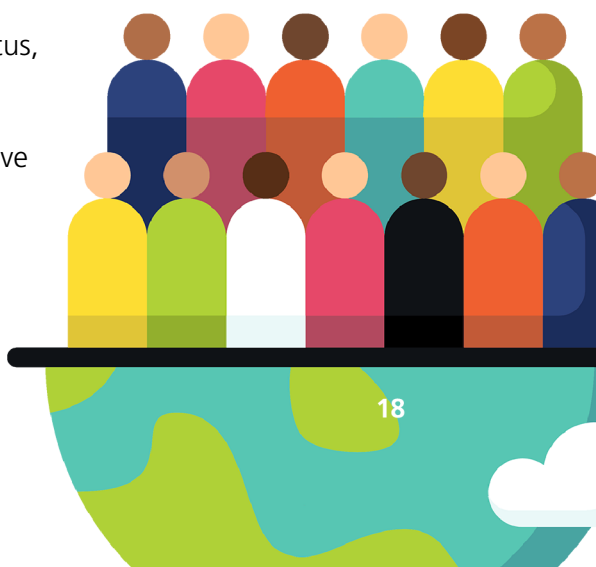
Indivisible and interdependent: all rights – civil, political, social, cultural and economic – are equal in importance and none can be fully enjoyed without the others.

Inalienable: No one can give up or take away someone's rights. They apply to all people equally without distinction of any kind.

A human rights based approach is important to achieve gender equality and realise SRHR as it encourages people-centred and sustainable development approaches to planning and decision making, based on respect for human rights, dignity, and gender equality. It goes beyond a needs-based approach, which focuses on meeting basic daily necessities such as food, water, shelter, health, and education, to also take account of the political, legal, social, and cultural norms, and values in a country or community, and challenge them where necessary. Thus the realisation of the rights of all people – especially vulnerable and marginalised groups – needs to be made a foundational element of success.

Vulnerability is a state or situation that makes a person particularly susceptible to injury (physical or emotional), neglect and attack. A vulnerable person or group may have trouble accessing health services and health information for personal or structural reasons. Within the IPPF context, there are 12 discrete attributes that can make someone vulnerable. These are poverty, culture, language, religion, gender, education, employment, migrant status, residence, age, marital status, and disability. Marginalised people are people of all genders who are wholly or partially excluded from full participation in the society in which they live, and have not benefited from education, employment or other opportunities because of their culture, language, religion, gender, education, migrant status, disability or other factor. We recognise that in many context people living with disability, sex workers, people from minority ethnic and religious groups, people living with HIV, men who have sex with men, people with diverse SOGIESC, women and girls, and young people face marginalisation.

An effective rights-based approach requires accountability, participation, non-discrimination, equality, and transparency to be included as part of any intervention.



Power

Gender inequalities arise from different power dynamics, which can be rooted in harmful social norms and values as well as unequal economic and political status. There are different forms of power which are all highly interrelated:

Visible power:

Often understood as 'power over'. This power derives from assigned authority and control over human and other 'resources'. It refers to the capacity of more powerful people or institutions to affect the thoughts and actions of people with less power. This power frequently has negative connotations (e.g. domination, force, repression, abuse etc.) and serves to maintain inequality, poverty, and disempowerment.

Hidden power:

Used by vested interests to maintain privilege. They do this by creating barriers to participation, by excluding key issues from the public arena, or by exerting control and influence 'behind the scenes'. The use of hidden power is conscious: actors who have the power choose to apply it in such a way that it is not open or visible to those who suffer the consequences. The power to decide who is and isn't invited to a strategy consultation is an example of hidden power.

Invisible power:

Exists due to norms, values, and beliefs which are generally accepted in society and taken to be true and normal. Invisible power can be seen in people with little or no visible power, accepting their inferior position, for example, due to their economic class or caste. It can be seen in patriarchal societies where women, who may have economic power, have internalised the belief they are inferior to men and accept complete obedience to them.

'Power' in itself is not negative. When a person does not have power, they are prevented from making decisions including those relating to SRHR. Decision making power is a critical aspect of positive power. Empowering communities seeks to increase positive power of people and communities. It is when power is abused that it is negative. This includes using power over someone- to gain or maintain authority or control over another.

Intersectionality

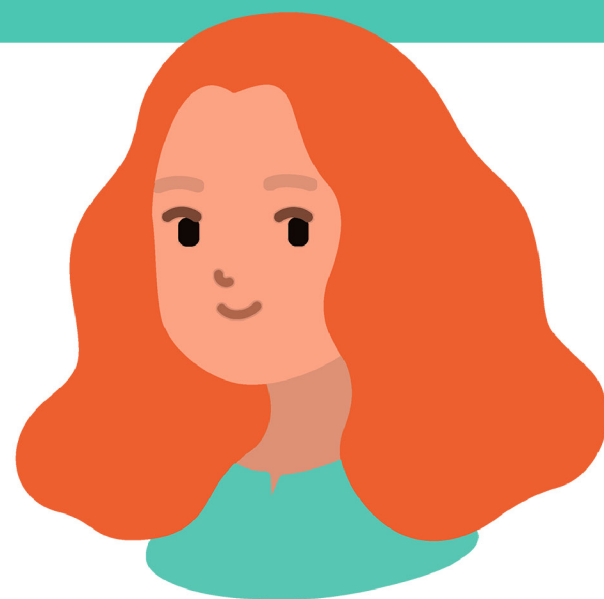
Intersectionality is a concept often used to describe the ways in which oppressive institutions (ageism, racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, etc.) are interconnected and cannot be examined in isolation. This concept acknowledges that individuals experience themselves and the world through different lenses, and similarly, different identities affect the way individuals are viewed in society. For example, a poor black woman living with HIV and a disability has multiple identities and these identities will affect the way she is treated in society and how she accesses social, legal, and SRH services.

Gender equality cannot therefore be addressed in isolation. Successful gender equality programming requires a holistic approach that addresses intersecting structural elements and social identities, and also understands and responds to the indivisibility of the full range of human rights. A gender transformative approach requires awareness of and overcoming other layers of stigma, oppression, and discrimination associated with these other social determinants.

Gender norms and values

Gender norms are expectations and informal rules about what it means to be a woman, man, transgender or non-binary person and is shaped by culture and ideologies, which instill learned values and norms in people who then act them out in their behaviour. This means that how we think a woman, man, transgender or non-binary person should behave or act is largely determined by the society we live in and the cultural norms we share – also known as ‘gender roles’. Many cultures recognise two basic gender roles: masculine (having the qualities attributed to males) and feminine (having the qualities attributed to females). This is different from biological characteristics – such as sex organs – that determine the assignment of sex. Gender norms are closely related to power as these norms reflect and reproduce underlying power dynamics among people of different genders.

Harmful gender norms and imbalances of power are the root cause of gender inequality and therefore also of poor SRH outcomes. Addressing these norms at the individual, institutional and societal level will change social inequalities and facilitate sustainable social change. However, this can be difficult where there is more than one underlying factor keeping these harmful norms and values in place (See next page). For example, child marriage is harder to change when religious, economic, and patriarchal norms work together to maintain this harmful behaviour. To change harmful norms, it requires creating a critical mass of changed behaviour. Some strategies to achieve this include the use of community dialogues, role models, positive reinforcement (reward) of new norms and negative reinforcement (punishment) of the old ones.



Harmful gender norms and imbalances of power are the root cause of gender inequality and therefore also of poor SRH outcomes.

Gender norms are *most likely* to change when:

There is no economic interest in the continuation of a practice or [there is] an economic interest in changing norms/practices

No one's power is threatened by change

Only one key factor supports a norm

There are no religious reasons for maintaining a practice

A critical mass (big group) has already changed their practice

Role models and opinion leaders (religious leaders) promote change

Changing political or institutional context provide opportunities

Gender norms are *less likely* to change when:

There are strong economic interests in the continuation of a practice

Groups perceive their power and status to be undermined by change

The norm is supported by multiple factors

There are religious forces that support the practice

Very few others have change the practice

Role models and opinion leaders oppose change

Political and institutional environment is resistant to change

Source: Adapted from Harper et al. 2014:29-30 (in Rutgers, adopting a gender transformative approach in SRHR and SGBV programmes)

To find out more

Gender and Power: Six Links and One Big Opportunity. Diana Koester, DLP. 2015. Available from <https://dlprog.org/opinions/gender-and-power-six-links-and-one-big-opportunity/>

Human Rights based Approach to Development Programming. UNDG. 2012. Available from <https://unsdg.un.org/resources/human-rights-based-approach-development-programming-note-prepared-undgdoco>

What is Intersectionality, and What Does It Have to Do with Me? YW Boston. 2017. Available from <https://www.ywboston.org/2017/03/what-is-intersectionality-and-what-does-it-have-to-do-with-me/>

Social Norms and Gender-related Harmful Practices, Learning Report 2: Theory in Support of Better Practice. LSHTM. 2018. Available from <http://strive.lshtm.ac.uk/system/files/attachments/STRIVE%20Norms%20Report%202.pdf>

B: How do I know when something is gender transformative or not?

Key points

The **Gender Integration Continuum** reflects a scale of increasing recognition and intervention to respond to and change gender norms. Interventions are either **gender blind** – ignores gender norms, or **gender aware** - responds to gender norms but does so in one of three ways.

- i. **Exploitative:** Intentionally or unintentionally reinforces or takes advantage of gender inequalities and stereotypes in pursuit of project outcomes, or whose approach exacerbates inequalities.
- ii. **Accommodating:** Acknowledges but work around gender differences and inequalities to achieve project objectives. Although this approach may result in short term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender systems that contribute to inequalities.
- iii. **Transformative:** Includes policies and programmes that seek to transform gender relations to promote equality and achieve programme objectives.

A **gender transformative approach** actively strives to examine, question and change harmful gender norms and imbalances of power in order to fulfill sexual and reproductive health and rights, and realise gender equality.

By being aware of gender and designing or reviewing programmes or policies through a gender lens, it avoids an accidental exploitative approach and maximises the transformative potential.

What is a gender transformative approach?



A gender transformative approach actively strives to examine, question, and change harmful gender norms and imbalances of power in order to fulfill sexual and reproductive health and rights, and realise gender equality. It involves working holistically with people in all their diversity using an inclusive person-centred and differentiated approach as gender inequality affects different groups of people in different ways.



Strategies for transforming gender relations include:

- Encouraging critical awareness of gender roles and norms
- Questioning the costs of harmful, inequitable gender norms in relation to SRHR and making explicit the advantages of changing them
- Empowering women and girls and people with diverse SOGIESC
- Engaging boys and men in SRHR and gender equality

By applying these strategies, harmful and inequitable gender norms can change into positive, equitable, and inclusive ones.²

²Source: Adapted from Rutgers, adopting a gender transformative approach in SRHR and SGBV programmes)

How to assess whether a programme, service or policy will be gender transformative

When implementing a new policy, programme or health service it is important to assess whether it will improve gender norms or reinforce harmful gender norms. It is a damaging assumption to believe that merely because IPPF is implementing a programme, it is automatically gender transformative.

This can be done through assessing where the programme falls on the Gender Integration Continuum which reflects a scale of increasing recognition and intervention to respond to and change gender norms. The different categories on the continuum are as follows:

Gender blind: The intervention ignores gender norms.

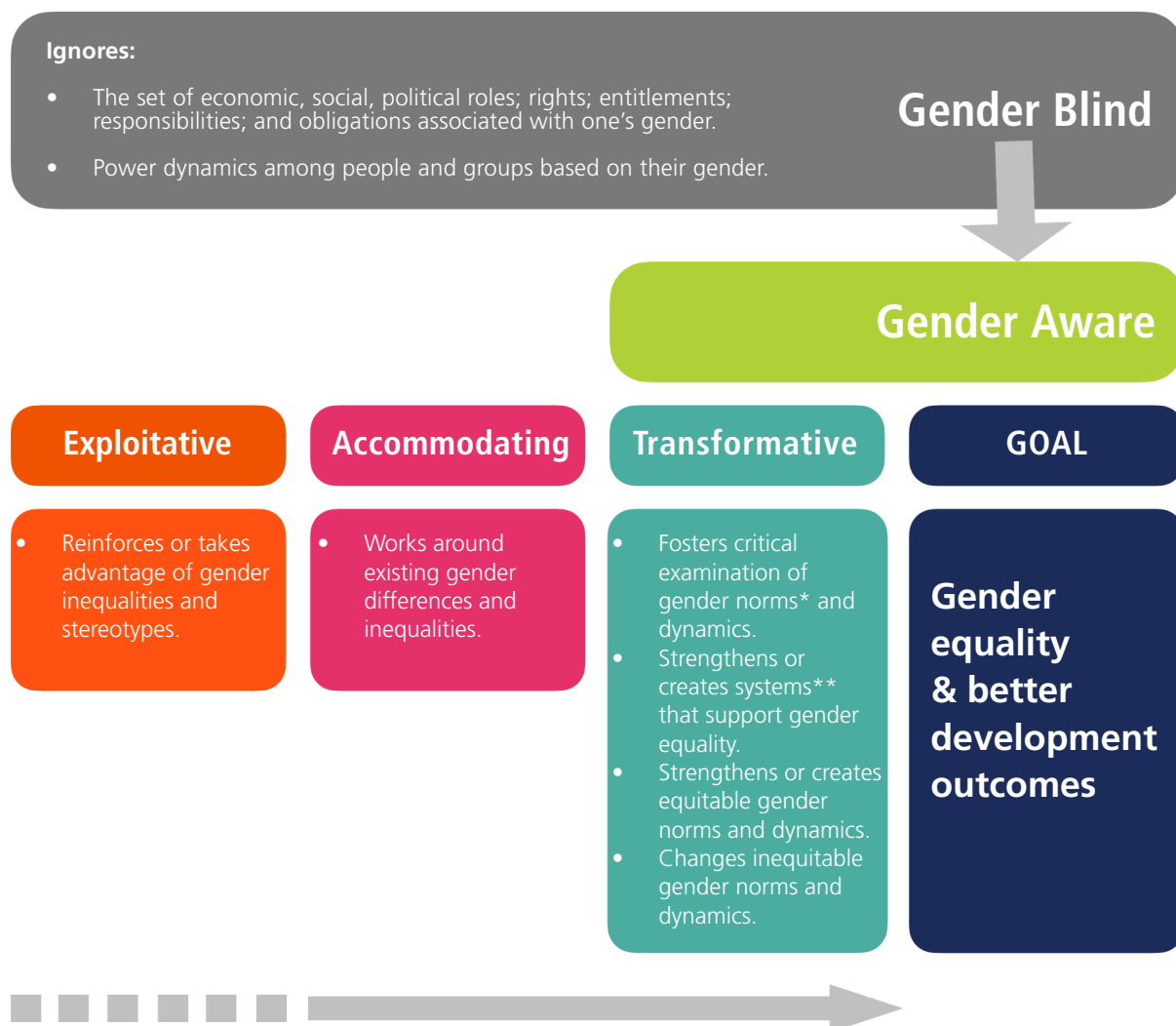
Gender aware: The intervention responds to gender norms, but does so in one of three ways.

Exploitative Gender Programmes/Policies intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcomes, or whose approach exacerbates inequalities. This approach is harmful and can undermine the objectives of the programme in the long run. For example, a contraceptive programme that requires a man to give permission for a woman to access certain contraceptive services would be considered exploitative as it reinforces harmful gender norms.

Accommodating Gender Programmes/Policies acknowledge but work around gender inequalities to achieve project objectives. Although this approach may result in short term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender systems that contribute to inequalities. For example, in a particular community it is recognized that sexual and gender based violence is preventing women from accessing SRHR services. However, no actions (such as increasing the level of counselling and support services available) are taken to mitigate this.

Transformative Gender Programming includes policies and programmes that seek to transform gender relations to promote equality and achieve programme objectives. This approach attempts to promote gender equality by;

- i. Fostering critical examination of inequalities and gender roles, norms, and dynamics,
- ii. Recognizing and strengthening positive norms that support equality and an enabling environment, and
- iii. Promoting the relative position of women, girls, and marginalized groups, and transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.



* Norms encompass attitudes and practices.

** A system consists of a set of interacting structures, practices, and relations.



The overall objective of integrating gender into SRHR work is to follow a gender transformative approach. This means identifying and gradually challenging existing gender inequities and promoting positive changes in gender roles, norms and power dynamics. By being aware of gender and designing or reviewing programmes and policies through a gender lens, we can avoid an accidental exploitative approach and maximise the transformative potential.

Example scenarios

Gender Blind: During regular business hours, public sector family planning clinics in an urban Uganda are often busy, with many clients congregating and waiting to be seen by providers. To take advantage of this captive audience, the clinic developed short videos that run on a continuous loop, providing details about available contraceptive methods. The information shared includes basic details on how the methods are administered, health advantages, and possible side effects. This intervention is gender blind because it ignores existing gender-based power dynamics with regard to decision making on contraceptive methods.

Gender Exploitative: Campaign to increase male involvement in Zimbabwe: In an effort to increase contraceptive use and male involvement in Zimbabwe, a family planning project initiated a communication campaign promoting the importance of men's participation in decision making on family planning. Messages relied on sports metaphors and related images. Messages such as 'Play the game right, once you are in control, it's easy to be a winner' and 'It is your choice', were used. The campaign increased the use of contraceptive methods. When evaluating the impact of the project, male respondents were asked whether they, their partners, or both members of the couple should ideally be responsible for making family planning decisions. The evaluation found that, 'Whereas men were far more likely to believe that they should take an active role in family planning matters after the campaign, they did not necessarily accept the concepts of joint decision-making. Men apparently misinterpreted the campaign messages to mean that family planning decisions should be made by men alone'.

Example scenarios

Gender Accommodating: An HIV prevention project provided education, negotiation skills, and free condoms to sex workers in Thailand. Although knowledge and skills among sex workers increased, actual condom use remained low. After further discussions with the sex workers, project managers realized that sex workers weren't successful in using condoms because they did not have the power to insist on condom use with their clients. The project then shifted its approach and enlisted brothel owners as proponents of a "100% condom-use policy." Brothel owners, who did have power and authority, were able to insist that all clients use condoms. Since the vast majority of brothels in the project region participated in the project, it resulted in significant increases in safe-sex practices. This project is gender accommodating as it takes account of existing gender inequalities and adapted to these inequalities. However, the project didn't seek to transform inequitable power structures, but worked within the existing structures by enlisting the brothel owners.

Gender Transformative: A social marketing campaign in Tanzania had a goal to increase condom sales. Project designers realized that in Tanzania, only a small percentage of condom sales were to women. Training indicated that women were having a hard time initiating condom use. Therefore, one of its posters explicitly showed a woman at a bar talking to a male partner and insisting that they use a condom. This project is gender transformative as it sought to understand the reasons why women were not buying condoms and sought to transform current gender norms by working with male partners to increase condom use.

To find out more

The Gender Integration Continuum Scenario's Bank. IGWG, USAID, Pace. 2017. Available from https://www.igwg.org/wp-content/uploads/2017/12/17-418-GCScenarioBank-2017-12-12-1633_FINAL.pdf

An Update on Effective Approaches for Gender-Integrated Interventions for Reproductive Health. PRB. 2020. Available from <https://www.prb.org/resources/update-effective-approaches-gender-integrated-interventions-reproductive-health/>

Gender Blindness – A Good Intention that Can Go Awry. Elise Misse, LEAD Network. 2020. Available from <https://www.lead-eu.net/gender-blindness-a-good-intention-that-can-go-awry/>



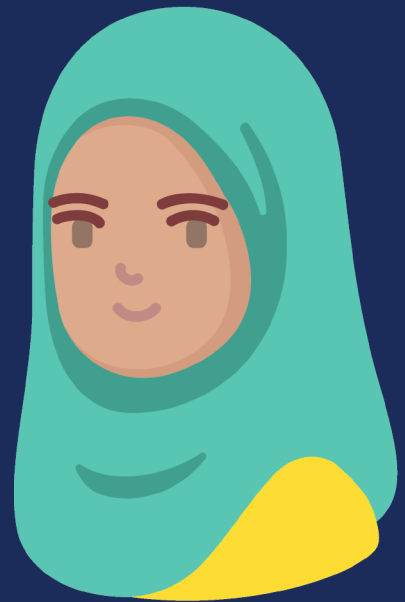
C: Diverse yet specific: Who should we work with as part of a gender transformative approach?

Key points

Hold the following dichotomy in place:

- Be as inclusive as possible! Work with women and girls in all their diversity, men and boys in all their diversity, non-binary individuals in all their diversity, and with individuals facing multiple inequalities.
- Be as tailored, targeted, and specific as possible. General approaches are rarely adequate to address power imbalances or harmful norms. Instead, targeted and specific approaches are needed, for example, to help women and girls who face a high risk of sexual and gender based violence, or non-binary people who are unable to overcome stigma among healthcare workers.





There is no one-size-fits-all approach to achieving gender equality. Achieving gender equality requires working holistically with people in all their diversity using an inclusive person-centred and differentiated approach. This is because gender inequality affects different groups of people in different ways. These approaches need to be as tailored and targeted as possible, taking the specific population and their context into account.

Women and girls in all their diversity

IPPF recognizes that women and girls are disproportionately affected by gender inequality all over the world and this intersects with other structural elements and social identities such as age, race, wealth, ability, status, and sexual orientation etc. For women and girls, a supportive legal environment and knowledge of their sexual and reproductive rights are not sufficient to realize these rights. This is particularly true for lesbian, bisexual, and transgender women who face higher levels of discrimination. Therefore, voice, agency, meaningful participation, and empowerment of women and girls are all essential to achieve gender equality. This means working in solidarity with women's or girls' networks, reflecting on gender relations and expectations they face as women or girls and taking action for women's empowerment and gender equality.

Men and boys in all their diversity

Men are individuals, husbands, partners, fathers, brothers, and sons, and their lives are intertwined with that of women, children, and other men. Across the world, rigid gender norms, and harmful perceptions of what it means to be a man have far reaching consequences on health and wellbeing of individuals. Gay, bisexual, and transgender men often face discrimination, and in many countries, criminalisation. However, growing evidence shows that where men and boys are engaged in reflecting on gender relations and expectations faced by men and boys, and where they take action to transform oppressive gender norms and promote gender equality, the resulting outcomes are positive. Where this is the case people of all genders are able to enjoy equitable, healthy and happy relationships.



Non-binary individuals in all their diversity

Despite some legal and social advances in the past two decades, in many countries, people with diverse gender identities and expressions including transgender and non-binary people continue to face widespread discrimination and violence. This discrimination and violence leads to exclusion, including from health services, which has adverse impacts on both their lives as well as on the communities and economies where they live. Work on achieving gender equality should take place in collaboration with LGBTIQ+ and other rights-based networks to advocate for changes to national policies or laws where needed, and for changing harmful societal norms and discrimination.

Individuals facing multiple inequalities

The interconnected nature of social categorisations such as race, class, gender, sexual orientation, caste, ethnicity, and ability etc. creates overlapping and interdependent systems of discrimination or disadvantage. These are all intersectionalities. For any work on gender equality to be inclusive, it is important to understand and respond to how these different systems of discrimination or disadvantage (such as racism, ageism, sexism, homophobia etc.) interrelate and continually shape one another.



To find out more

Gender and Inclusion Guidance Note. IPPF. 2018. Available from <https://www.ippf.org/sites/default/files/2018-12/IPPF-Gender-and-Inclusion.pdf>

Global Sexual and Reproductive Health Package for Men and Adolescent Boys. IPPF and UNFPA, 2017. Available from <https://www.ippf.org/resource/global-sexual-and-reproductive-health-package-men-and-adolescent-boys>

SO/GIE/SC Facilitators Manual – Module 1. HIVOS. 2019. Available from <https://hivos.org/assets/2019/05/Hivos-SOGIESC-training-Module-1.pdf>

D: How does gender equality link with key elements of SRHR?

Key points

Realizing one's SRHR means that individuals have the right and means to make decisions about their reproductive lives and their sexuality (including decisions on sexual pleasure and wellbeing), free from violence, coercion, and discrimination – this can only be achieved when there is gender equality.

Applying a gender transformative approach to ending SGBV requires looking beyond 'business as usual' as it moves beyond focusing on the 'men as perpetrators and women as victims' narrative. It is also inclusive of people other than women and girls who experience SGBV.

When Comprehensive Sexuality Education (CSE) includes a strong focus on gender, power, and rights, it has a positive effect on SRH outcomes, for example— significantly lower rates of STIs or unintended pregnancies, in comparison to CSE programmes that did not address gender and power.

Women, girls, and people with diverse SOGIESC frequently lack bodily autonomy and integrity because they often cannot choose when and with whom to have sex, to say no to sex, to use contraceptives, and to access services such as safe abortion and SRHR education and information.

Harmful gender norms underpin the HIV epidemic. They lead to greater rates of transmission among vulnerable people, especially young women and adolescent girls, and non-binary people. They also mean that heterosexual men living with HIV are less likely to get tested for HIV or access and adhere to treatment and are more likely to die of AIDS-related illness at disproportionately higher rates.

Gender equality and SRHR are intimately linked. Realizing one's SRHR means that individuals have the right and means to make decisions about their sexual and reproductive lives, free from violence, coercion, and discrimination – this can only be achieved when there is gender equality. Conversely, gender equality is only possible when individuals can fully exercise their sexual and reproductive rights. This section unpacks key overlaps between realising particular sexual and reproductive health and rights, and gender equality.



Sexual and Gender Based Violence

Sexual and Gender-Based Violence (SGBV) is caused by gender inequality. Unequal power relations between individuals and groups, rigid gender norms, roles and hierarchies, and the ascribing of lower status in society to women and people with diverse SOGIESC contribute to SGBV. Action to prevent SGBV includes scaling up of work at the community level to transform harmful gender norms and practices, and unequal power relations. Action is also needed to address the impact of SGBV. This includes ensuring comprehensive care for SGBV survivors—including health care, legal support, and if needed a safe place to live, either through direct service provision or via a strong and functional referral network.

Applying a gender transformative approach to end SGBV requires that we look beyond 'business as usual' in two important ways. Firstly, it moves beyond focusing on the 'men as perpetrators and women as victims' narrative. Secondly, implementation must be inclusive of groups other than women and girls that experience SGBV.

Comprehensive Sexuality Education (CSE)

Effective comprehensive sexuality education programmes can greatly improve both gender equality and SRH outcomes. When CSE includes a strong focus on gender, power, and rights, research has shown it has a positive effect on SRH outcomes. For example, a review of twenty-two evaluations of sexuality and HIV education programmes found that those programmes that addressed gender or power were five times as likely to be effective in impacting knowledge, attitudes, behaviour change, and health outcomes, when compared to those that did not. Eighty per cent of these CSE programmes that addressed gender and power resulted in significantly lower rates of STIs or unintended pregnancies, in contrast to those that did not address gender and power. Gender transformative CSE programmes also contribute to changes beyond health outcomes, particularly with regard to the prevention and reduction of SGBV, child marriage, female genital mutilation and cutting, discrimination, and an increase in gender equitable norms.³

³Haberland (2015); UNESCO (2018)

Access to SRH services such as contraception and safe abortion

Harmful gender norms and unequal power relations affect SRHR of women and girls disproportionately. For example, globally, 43% of women and girls do not have autonomy in decision making over consensual sexual relations, contraceptive use, and access to sexual and reproductive health services.⁴ As noted above, women, girls, and people with diverse SOGIESC frequently lack bodily autonomy and integrity- often they cannot make choices about having sex, using contraceptives, and accessing SRH services such as safe abortion, and SRHR education & information. They have lower status, fewer opportunities, and less decision making power, for example when compared to cisgender heterosexual men and boys. Therefore, progress towards gender equality requires transformative action to change these unequal power relations that will improve access to and uptake of SRH services.

HIV and other STIs

Harmful gender norms underpin the HIV epidemic. As mentioned above, women, girls and people with diverse SOGIESC frequently lack autonomy to make choices about when and with who to have sex or use contraception – including condoms. This meant that in 2021, in Eastern and Southern Africa– the region of the world with the highest HIV burden, 63% of new HIV infections were among women and girls.⁵ HIV transmission is also much higher among ‘key populations’ such as gay men and other men who have sex with men, transgender women, and sex workers. For example, the risk of acquiring HIV is 27 times higher among men who have sex with men⁶ and transgender people are 49 times more likely to be living with HIV than the general population.⁷

Yet, as well as acquisition of HIV, harmful gender norms also affect treatment and management of HIV. Due to greater risk-taking and poor uptake of health services, men living with HIV are much less likely to get tested for HIV or access, and adhere to, treatment. This leads to a life expectancy gap of up to 10-years between HIV-positive men and women⁸ with men living with HIV 70% more likely to die than women living with HIV.⁹ High levels of stigma and discrimination against people with diverse SOGIESC also lead to worse HIV outcomes. Transforming harmful gender norms and unequal power relations will therefore decrease vulnerability to HIV acquisition. It will also improve HIV testing rates and treatment adherence, thus reducing the number of HIV-related deaths.

⁴<https://www.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/MCA/proportion-of-women-aged-15-49-who-make-their-own-informed-decisions-regarding-sexual-relations-contraceptive-use-and-reproductive-health-care-sdg-5.6.1>

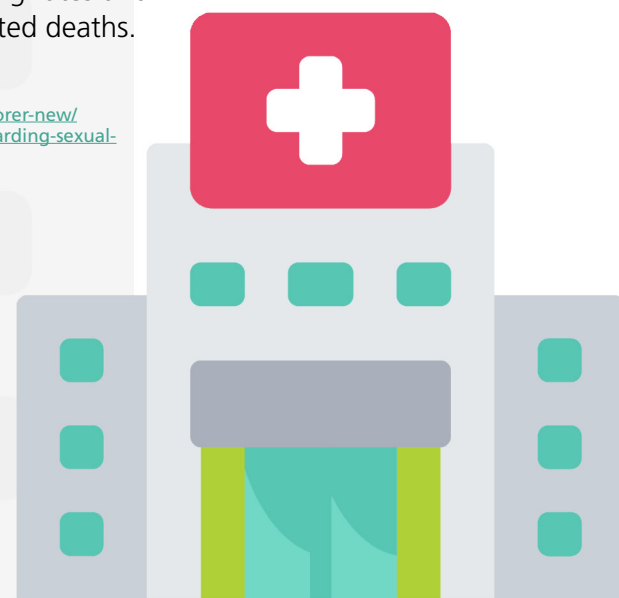
⁵UNAIDS 2021 estimates. Available from: <http://aidsinfo.unaids.org>

⁶UNAIDS 2021 estimates. Available from: <http://aidsinfo.unaids.org>

⁷IPPF Gender Equality Strategy. 2017.

⁸Sharma M, Barnabas RV, Celum C. Community-based strategies to strengthen men's engagement in the HIV care cascade in sub-Saharan Africa. PLOS Med. 2017 Apr 11;14(4):e1002262.

⁹Sonke Gender Justice, MenEngage Africa. 10 reasons to focus on improving the HIV response for men [Internet]. 2017 [cited 2019 May 6]. Available from: <https://genderjustice.org.za/publication/10-reasons-to-focus-on-improving-the-hiv-response-for-men/>



To find out more

IMAP Statement on Sexual and Gender-Based Violence. IPPF. 2020. <https://www.ippf.org/resource/imap-statement-sexual-and-gender-based-violence>

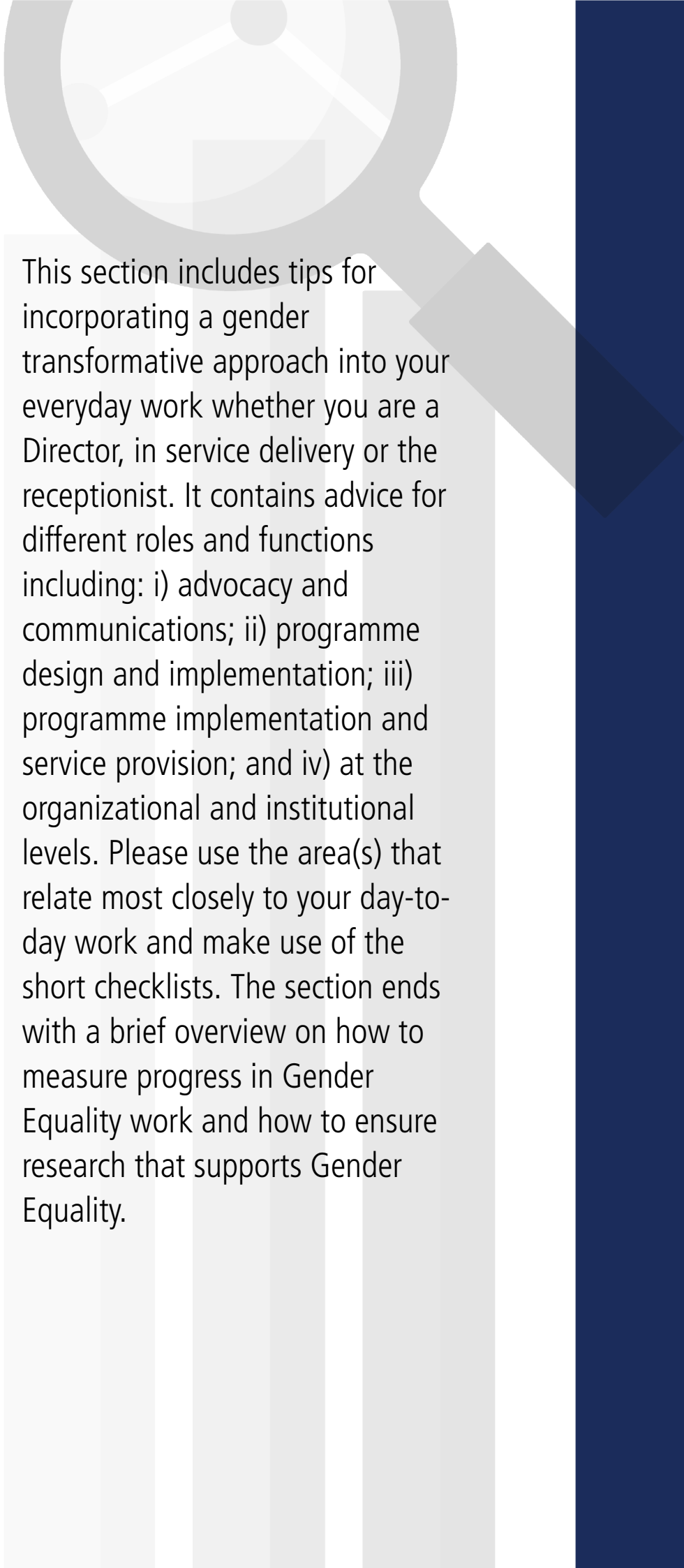
IPPF Framework for Comprehensive Sexuality Education (CSE). IPPF. 2010. https://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf

5 Ways Family Planning Is Crucial to Gender Equality. Susmita Roy & Pia Gralki, Global Citizen. 2019. Available from <https://www.globalcitizen.org/en/content/world-population-day-2019-family-planning/>

Male Engagement in HIV Testing, Treatment and Prevention in Eastern and Southern Africa: A Framework for Action. UNAIDS. 2022. Available from <https://www.unaids.org/en/resources/documents/2022/male-engagement-hiv-testing-treatment-prevention-eastern-southern-africa>

Part II

Incorporating a gender
transformative approach
into my every day work




This section includes tips for incorporating a gender transformative approach into your everyday work whether you are a Director, in service delivery or the receptionist. It contains advice for different roles and functions including: i) advocacy and communications; ii) programme design and implementation; iii) programme implementation and service provision; and iv) at the organizational and institutional levels. Please use the area(s) that relate most closely to your day-to-day work and make use of the short checklists. The section ends with a brief overview on how to measure progress in Gender Equality work and how to ensure research that supports Gender Equality.

A: How can I ensure advocacy and communications support (and don't hinder) gender equality outcomes?

Gender equality will never be achieved without political commitment for gender equality and the protection of human rights of all citizens, especially women and girls in all their diversity.

A number of activities are listed that can be undertaken by all staff that have an advocacy or communications element to their role.





Gender equality will never be achieved without political commitment for gender equality and the protection of human rights of all citizens, especially women and girls in all their diversity. Harmful social norms and practices will not change merely because a government says so, but legislation against gender inequality, harmful gender norms, discriminatory practices, and sexual and gender-based violence – and ensuring that these laws are upheld – is a necessary step. Legislation that upholds human rights, anti-discrimination laws, and laws to prevent SGBV can provide entry points into further advocacy on gender equality. Steps that can be taken by all staff members who have an advocacy or communications element in their role include the following:

- 1. Ensure international frameworks specifically support gender equality:** This will include overcoming gender-based discrimination, and combating harmful gender norms & discriminatory practices such as child, early and forced marriage, female genital mutilation and cutting, honour killing, forced sterilization, corrective surgery for intersex infants, and medicalization of transgender individuals.
- 2. Assess national policies, laws, and statutes on gender equality, harmful gender norms, and discriminatory practices,** and highlight those that need to be amended/improved and advocate for this improvement as well as for upholding the existing gender equality laws. Examples include, laws on equal opportunities in the workplace, third party consent, SGBV, female genital mutilation and cutting, child, early and forced marriage, CSE, and rights of transgender people.
- 3. Campaign for sufficient resources to be allocated for gender programming including budget lines at national and local levels:** National commitment to gender equality is demonstrated by budget allocations at national level in order to implement relevant gender-transformative strategies and to ensure that relevant laws are upheld.
- 4. Push for national health data to be disaggregated by age and sex, and supplemented by gender data, and to be published at least annually:** This shows where gender inequalities exist in access to healthcare, employment, and education, among other areas. This data is vital for understanding the context, including assessing progress and developing appropriate interventions.

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5. **Work with national and international stakeholders – including with governments – to improve gender equality:** This could involve establishing or taking part in national, regional or international networks with human rights, women's and other civil society organizations. It is important to ensure that mechanisms are in place to meaningfully engage a range of civil society organisations and that opportunities are created to critically assess proposed plans, budgets, and SRHR-related strategies to ensure they are gender transformative.
 6. **Advocate for implementation of programmes that will support gender-equality:** This includes the implementation of CSE for young people– especially young girls, and programmes to end sexual and gender-based violence.
 7. **Engage men who are in positions of power and influence - including community and religious leaders – to bring about legal and policy reforms that support gender equality:** Change harmful gender perceptions, overcome gender-based discrimination, combat harmful gender norms, and discriminatory practices
 8. **Research if there is a gender pay gap in national institutions** and if there is, advocate for equal pay.
 9. **Get involved in national and international accountability mechanisms** to ensure the proper implementation of international commitments on gender equality.
 10. **Ensure all communications materials use gender transformative language and images** to avoid reinforcing gender-based stereotypes including those that are heteronormative and binary.

Checklist



Are there any **ongoing campaigns** to promote gender equality in one of the ways highlighted above?



Do you have **strong partnerships** with influential individuals or organisations to bring about gender equality?



Is the organization involved in any **national or international accountability mechanisms** to ensure proper implementation of international commitments on gender equality?



In all of your communications materials, have you used **gender transformative language and images** that do not reinforce gender-based stereotypes?



In the past month have you tried to **learn more about gender equality** and how it affects SRHR (e.g. by reading blogs/articles, speaking to experts, attending training, watching Ted Talks etc)?

To find out more

IPPF Advocacy Common Agenda. IPPF. 2020. Available from <https://www.ippf.org/resource/ippfs-advocacy-common-agenda>

We Can't Wait 202 Years for Gender Equality. Denise Dunning & Mary Chandler, Stanford Social Innovation Review. 2020. Available from https://ssir.org/articles/entry/we_cant_wait_202_years_for_gender_equality

Transgender, Third Gender, No Gender: Part II - Rights Perspectives on Laws Assigning Gender. Neela Ghoshal, Human Rights Watch. 2020. Available from <https://www.hrw.org/news/2020/09/08/transgender-third-gender-no-gender-part-ii>

Neither Seen Nor Heard: Tackling the Digital Gender Divide. Pulse on the Principles. 2020. Available from: <https://pulseontheprinciples.libsyn.com/s3-e2-neither-seen-nor-heard-tackling-the-digital-gender-divide> A podcast that discusses the lack of available sex-disaggregated data to inform policy

How to talk about abortion: A guide to stigma-free messaging. IPPF. 2015. Available from <https://www.ippf.org/resource/how-talk-about-abortion-guide-stigma-free-messaging> – See section on 'Abortion messaging checklists and guidance'

Image Bank. Gynuity Health Projects. <https://gynuity.org/image-bank>

B: How can I ensure projects and programmes are designed in a gender transformative way when preparing funding proposals?

Key points

When designing a new programme or a project, and when writing funding proposals, it is essential to include a careful consideration of how the proposed intervention will impact existing gender norms – this is called conducting a gender analysis.

Donors – especially large institutional and governmental donors – are increasingly asking for all projects on SRHR and humanitarian interventions to be gender transformative.

Conduct a gender analysis – a simple ‘self-assessment’ exercise that identifies key issues contributing to gender inequalities, explores the impact of gendered power relations, and examines the different gendered roles and relationships among population groups in the intervention area.



When designing a new programme or project and writing funding proposals, it is essential to include a careful consideration of how the new intervention will impact existing gender norms. If a programme is “gender-blind” – i.e. does not consider the impact of the intervention on gender norms and values, there could be unforeseen consequences in the implementation of the programme which either reduces its effectiveness, or cause it to fail altogether. For example, a programme could:

- **Exacerbate harmful norms** – For example, an activity to encourage men to accompany their pregnant partner to visit a clinic for HIV testing by letting them skip to the front of the line further exacerbates harmful norms around men being the gatekeeper to their partners’ sexual and reproductive health. It discriminates against women who cannot or choose not to attend the clinic with their partner.
- **Ignore harmful norms** – This could potentially undermine the whole programme as it ignores the existing power dynamics among people of different genders.
- **Transform harmful norms** – By helping to bring about better gender equality, programmes can transform harmful norms. For example, HR policies that promote work-family balance and equal sharing of care responsibilities.¹⁰

Donors – especially large institutional and governmental donors – are increasingly asking for all projects on SRHR and humanitarian interventions to be gender transformative. Including a gender analysis within the proposal and programme design will increase both the likelihood of the programme being successfully funded, and the likelihood of success as it will include a gender transformative approach. It is also much easier to design this into the programme from the beginning rather than to retrospectively include a gender transformative approach during the implementation.

Institutionalising a process where a gender advisor contributes to all project proposals – particularly by reviewing the project design through a gender transformative lens, is a critical step. However, this does not mean that resource mobilisation teams can be excluded from the responsibility of ensuring gender transformative programming. Ensuring a gender transformative approach in program design requires the collaboration of resource mobilisation teams, gender advisors, as well as data specialists.

¹⁰https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---multi/documents/publication/wcms_756721.pdf



In order to assess the impact of a proposed intervention on gender equality, a gender analysis should be conducted at the programme design (or proposal writing) phase. This is a simple 'self-assessment' exercise that identifies key issues contributing to gender inequalities, many of which could also lead to the failure of the programme or adverse consequences to its intervention. It explores how gendered power relations lead to discrimination, subordination, and exclusion, particularly when intersecting with other areas of marginalisation or inequality due to age, class, ethnicity, caste, disability, status, sexuality etc. A gender analysis also explores the different gender roles and relationships within the project's target area and identify how these create specific needs, risks, and inequities for women, men, transgender and non-binary people.



To conduct a gender analysis you can utilise the Jhpiego 'Gender Analysis Toolkit for Health Systems'. This tool separates gender analysis into two parts:

1. The first part is a process to identify inequalities, gaps, and disparities in a particular context. It discusses how to review gender roles, relations, and identities related to specific health problems to identify gaps and disparities based on gender differences. Information is collected across four domains: access to assets; beliefs and perceptions; practices and participation; and institutions, laws and policies. Separate tables with illustrative questions are provided for different levels of the health system: 1) individual and household; 2) community; 3) health facility; 4) district; 5) national.

The questions are available here: <https://gender.jhpiego.org/analysistoolkit/the-gender-analysis-tool-with-topical-questions/>

Remember

Gender roles and relations cover different groups' roles and responsibilities in the household and economy, how different groups of people spend their time, what resources/opportunities/services they can/can't access, how they are expected to act, etc.

2. The second part of the Jhpiego Toolkit entails analysing and prioritising the information collected on gender differences to determine and prioritize gender-based constraints and opportunities, and their implications for equal status of women, men, transgender and non-binary people. These then need to be taken into account in the design of the project and development of a monitoring and evaluation plan. An explanation and a table for how to do this can be found here: <https://gender.jhpiego.org/analysistoolkit/contraints-analysis/>

An illustrative gender integration framework for a maternal and child survival programme can be found here: <https://gender.jhpiego.org/analysistoolkit/illustrative-gender-integration-framework-for-the-maternal-and-child-survival-program/>

As an alternative, you can also use Care International Gender Marker Tool which provides guiding questions for a Gender Analysis: http://gender.careinternationalwikis.org/media/care_gender_marker_guidance_english.pdf

Taking the time to conduct a gender analysis as above for all new programmes and funding proposals can ensure that unforeseen consequences of ignoring current gender norms and values can be mitigated and that the programme design is gender transformative. Adding specific indicators into the programme design will make it much easier to continually assess whether the programme remains gender transformative throughout the project period.

Note

See Section E below for some ideas on activities and indicators. A fuller list is available in the IPPF Gender Equality Strategy and Implementation Plan.

Checklist



As part of your programme development, have you **collected information to identify gender-related inequalities, gaps, and disparities in a particular context?**



As part of the gender analysis, have you taken into account the **impact of your programme on power relations between individuals and groups, and gender norms?**



Have you **shared the draft project plan with a Gender Advisor / Champion** for review?



Have you spoken with the **key stakeholders of the project** – particularly people and communities whose rights, equality or SRH outcomes are at the centre of the project – to understand their current situation and how the project will affect them?



Have you included **specific indicators** into the programme design **that measure how the project has transformed gender norms and relations?**

Examples of indicators:

- Number of women/ men/ transgender people/ non-binary people who showed a significant improvement (>40%) in attitudes on gender norms and gender equality
- Increase in the percentage of women/ men/ transgender people/ non-binary people in the given community who advocated for ending SGBV
- Increase in the % of women/ people who face marginalisation who exercised bodily autonomy as a result of SRHR information delivered through the project (measured using 3-4 questions)
- Increase in the % of women/ people who face marginalisation whose financial decision making power improved as a result of the project



In the past month have you tried to **learn more about gender equality** and how it affects SRHR (e.g. by reading blogs/articles, speaking to experts, attending training, watching Ted Talks etc)?

To find out more

Gender Analysis Toolkit for Health Systems. Jhpiego. 2020. Available from <https://gender.jhpiego.org/analysistoolkit/gender-analysis/>

A handout for the exercise above can be found here:

- Table 1: Data Collection and Analysis (Step 1) <https://www.igwg.org/wp-content/uploads/2017/05/GendrIntegrExercisTbl1.pdf>
- Table 2: Moving from Analysis to Action: <https://www.igwg.org/wp-content/uploads/2017/05/GendrIntegrExercisTbl2.pdf>

Gender Marker. Care International. 2019.

A helpful step-by-step self-assessment tool that measures the integration of gender into programming along the Gender Continuum from harmful to transformative. guide for assessing whether a gender

- Guide: http://gender.careinternationalwikis.org/_media/care_gender_marker_guidance_english.pdf
- Vetting http://gender.careinternationalwikis.org/_media/2019_care_gender_marker_vetting_form_final.pdf

C: How can I ensure that programme implementation and service provision is gender transformative?

Key points

For ongoing health services provision or shorter term programmes that are underway, it is important to regularly review their impact on gender-transformative programming.

The best tool to use to assess ongoing health services and programmes is the IPPF Gender Self-Assessment Tool.

It is recommended that a full assessment is done every 2-3 years. However, the questions and tools contained in the IPPF Gender Assessment Toolkit are also designed to be useful in everyday monitoring and proposal development.



Access to, and uptake of, an integrated package of gender-transformative and stigma free SRH services play a key role in facilitating equal enjoyment of the right to health, and addressing the specific and diverse needs of women, girls and other marginalized groups throughout their lives. However, if implemented poorly, they can also exacerbate harmful gender norms and reduce access to those that need it most.

For ongoing health services provision or short term programmes that are underway, it is important to regularly review their impact on transforming gender norms. For programmes, this is particularly important if a gender analysis was not completed at the beginning of the programme and there are no reliable indicators to monitor the ongoing impact on gender norms and gender equality.

The best tool to use to assess ongoing health services and programmes is the IPPF Gender Self-Assessment Tool. The Self-Assessment is a series of simple questionnaires that staff and volunteers can use to evaluate whether health services and programmes currently promote gender equality, and if not, to create space for remedial action. The two most useful tools are:

- Chapter 5: Gender self-assessment questionnaire: Your health services
- Chapter 6: Gender self-assessment questionnaire: Your programmes

It is recommended that a full assessment is done at regular intervals but the questions and tools contained in the toolkit are also designed to be useful in everyday monitoring and evaluation, in the development of new funding proposals and programmes, and throughout programme and health service delivery.

Checklist



Have you **conducted a gender self-assessment** in the past two years on your health-services / programmes?



Has this gender self-assessment looked specifically at **the impact on stakeholders of different genders** (i.e. women, men, transgender and non-binary people)?



Do you have indicators that can **measure the effect of the project on gender equality**?



Have you **shared the draft project plan with a Gender Advisor / Champion** for review?



In the past month have you tried to **learn more about gender equality** and how it affects SRHR (e.g. reading blogs/articles, speaking to experts, attending training, watching Ted Talks etc)?

To find out more

Gender Equality Toolkit for IPPF Member Associations: Gender Assessment Toolkit. IPPF. 2019. Available from <https://www.ippf.org/resource/gender-assessment-toolkit>

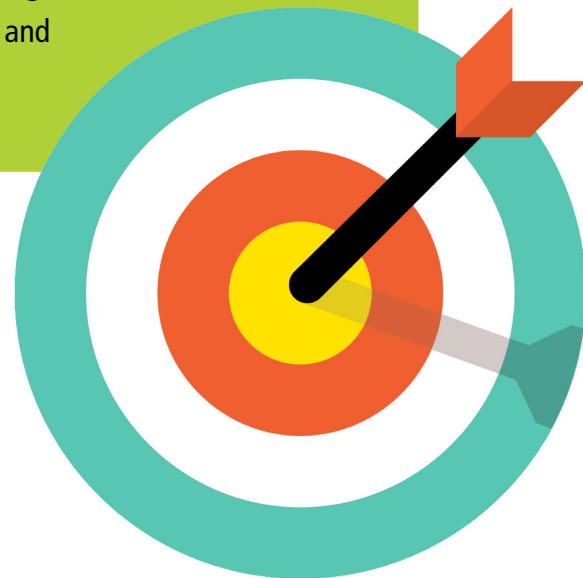


D: How can I ensure that my organization institutionally supports gender equality? (Management, HR, Finance etc)

Key points

Bringing about equitable outcomes requires providing everybody with the same opportunity and giving everyone what they personally need to be successful.

In order to ensure that policies, programmes, and structures lead to gender equality within the organisation, all employees in the support function of the organisation have a role to play, including management, human resources, and finance staff. A number of key activities are listed.





Due to existing unequal gender norms, values, and structures, treating people equally – regardless of sex, race or sexual orientation for example – doesn't necessarily bring about equal outcomes. Instead, bringing about equal outcomes requires that everybody is given the same opportunities, and everyone is given what they individually need to become successful. As noted above, equity leads to equality.

This is an important concept to be aware of at an institutional level. All policies, programmes, and structures need to be assessed to see whether they bring about gender equality or create barriers for some people– for example with regard to promotion to senior levels, or unequal practices such as a gender pay gap. Individual employees and volunteers have different needs, experiences, and barriers related to gender. They may experience gender-based discrimination in a variety of forms.

In order to ensure that policies, programmes, and structures lead to gender equality within the organisation, all employees in the organisation have a role to play – including those in management, human resources, and finance. Specific activities include the following:

1. Ensure that gender transformative policies, systems and institutional culture in

place: The organisation's daily internal tasks need to be gender transformative through formal systems which ensure that all institutional policies take gender into account. This includes:

- **HR policies and procedures:** – It is important to have a process where all HR policies and procedures are routinely developed and reviewed whilst being mindful of gender equality to ensure that they use appropriate language, and are not creating an advantage or disadvantaging one gender disproportionately. Conduct a gender assessment with regard to HR policies including policies on recruitment, training, staff development, career progression, remuneration, parental leave, flexible working arrangements, performance appraisal, sexual harassment, and bullying. Policies and procedures should incorporate the following: pregnancy (including invitro fertilisation treatment), childbirth, adoption, menstruation, menopause, and transgender people undergoing hormonal treatment and/or gender affirmation surgery. Medical insurance needs to cover contraceptives and safe abortion. These gender-related norms and health issues have significant implications on people's capacities to work and this requires that organisations provide support accordingly.
- **Gender balance:** One of the most visible ways of checking the extent to which gender equality is promoted across the Federation is the gender balance of the senior management.
- **Gender pay gap:** This requires that we go beyond the equal pay legislation. The median salary for men and women can still be very different and a pay gap analysis allows these differences to be unmasked. Ensure equal pay between men and women of the same rank within the organization.¹¹

2. Appoint Gender Champions who are tasked with supporting gender equality training, and are knowledgeable and passionate voices for gender equality and gender transformative programming. Progress and continuing gaps should be assessed through an external gender audit conducted in each Secretariat Office and each IPPF Affiliate at least every three years.

¹¹Additional useful resources are a video on pay equity 'We all count' and a 10 minute course on 'Fair Pay and Benefits 11 in your organisation' and can be found in the 'Find out more' box at the end of this section.

3. Strengthen gender competency of yourself, your colleagues, and your partners.

- **Youself:** Start looking at the world through a gender lens and look at who has power, how they are using that power and how this is supporting or disadvantaging people. Also learn more about gender equality, read articles, blogs and programme evaluations about what works and what doesn't. See the Conclusion for some useful resources.
- **Colleagues:** Staff and volunteers are at the heart of the organization, and need to be informed and sensitized on gender transformative programming so they can bring a gender transformative approach into all of their work, including resource mobilization, programme management, and internal & external communications. This can be supported by gender champions and tools developed by IPPF such as this one.
- **Partners:** Work to strengthen capacity of partners on gender equality through workshops, visits, and working more in depth together using existing opportunities. The IPPF Gender Assessment Toolkit is a good starting point.

4. Allocate budget for gender equality: A good sign on how well gender equality has been mainstreamed – and the level of commitment to doing so – are the resources made available to support its implementation. This includes a specific budget line created at all levels of the organisation to fund specific work on gender equality and raising new financial resources. Annual programme and budget submissions should also include activities that that promote gender equality.

5. Improve routine monitoring and evaluation: In order to capture the gender equality work that is happening and the gaps that still remain, indicators for gender equality need to be included in the Performance Dashboard and Expected Results, and existing indicators & service statistics must be disaggregated by sex. The use of tools and assessments also should be conducted periodically – for example, those included within the IPPF Gender Assessment Toolkit – to assess the current state of gender mainstreaming and gender transformative programming within the organisation. This is explored in more detail in the following section.

Checklist



Has a **gender analysis** been conducted with regard to **all HR policies and procedures** in the past three years?



Is there a **gender balance in senior staff**?



Has a **gender pay gap analysis** been conducted in the past year?



Does your organization have a **gender champion**?



Is **gender equality training** routinely provided to **all new staff and volunteers**?



Is **training on gender equality** provided for **existing staff and volunteers** periodically?

Checklist contd.



Is there a **budget** allocated specifically for **gender equality** work?

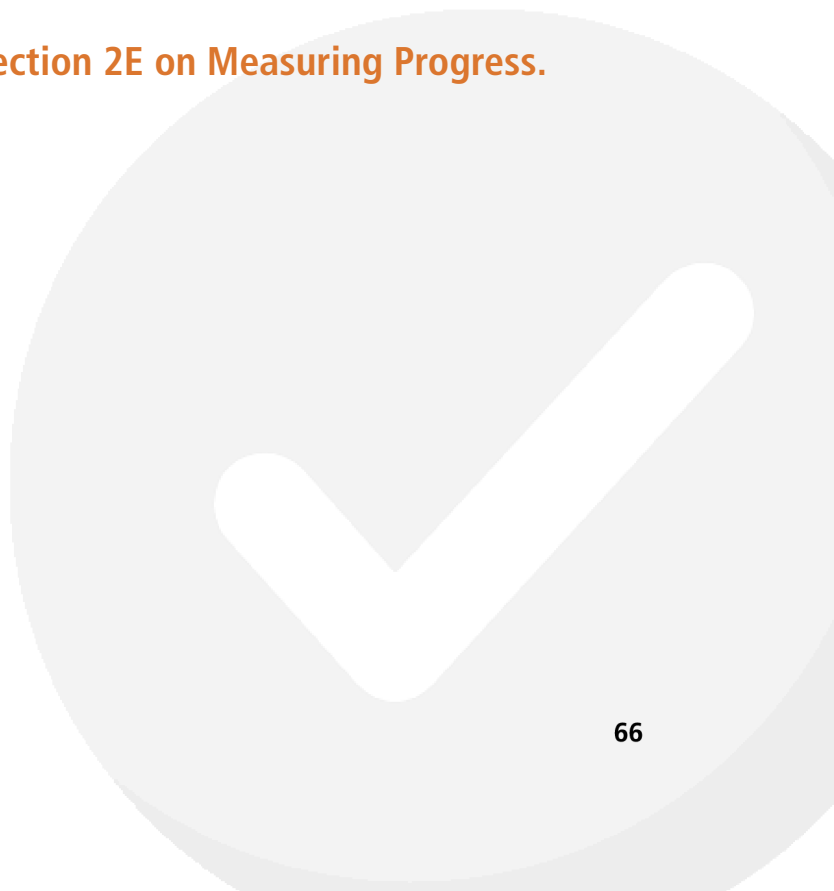


Have you undertaken a **gender audit or assessment** in the last 2 years?



In the past month have you tried to **learn more about gender equality** and how it affects SRHR (e.g. by reading blogs/articles, speaking to experts, attending training, watching Ted Talks etc)?

***See also checklist for Section 2E on Measuring Progress.**



To find out more

Gender Equality Toolkit for IPPF Member Associations: Gender Assessment Tool. IPPF. 2019 Available from: <https://www.ippf.org/resource/gender-assessment-toolkit>

[Chapter 7 also includes information on organising an external Gender Audit]

Intersectional Pay Equity [video]. We All Count. 2020. Available from https://www.youtube.com/watch?v=sMBhJHElb8s&ab_channel=WeAllCount

Fair Pay and Benefits in Your Organisation (Short-Course). NonProfitReady. Available from <https://nonprofitready.us11.list-manage.com/track/click?u=22a6cdfac33f8d15da6bcca11&id=f71bec0d9d&e=0de0886e1b>

Best Practices for Non-Binary Inclusion in the Workplace. Out and Equal Workplace Advocates. 2018. Available from <https://outandequal.org/wp-content/uploads/2018/11/OE-Non-Binary-Best-Practices.pdf>

To find out more contd.

Considering Gender Norms, Roles and Relations in Institutional Processes. WHO. 2011. Available from https://www.who.int/gender/mainstreaming/GMH_Participant_ConsideringGenderNorms.pdf

Gender Mainstreaming in Human Resource Policies, Processes and Systems A Training Manual. Association of Southeast Asian Nations (ASEAN). 2015. Available from <https://asean.org/wp-content/uploads/2016/05/Gender-Mainstreaming-in-Human-Resource-Policies-Processes-and-Systems-A-Training-Manual1.pdf>

Gender Menstrual and Menopausal Policy. Victorian Women's Trust. 2017. Available from <https://www.vwt.org.au/menstrual-policy-2/>

E: How can I measure progress towards gender equality and conduct research?

Key points

Collecting meaningful data about IPPFs gender equality work is essential in measuring actual changes that explicitly address a reduction in gender inequality, or an improvement in gender equality among women, men, transgender and non-binary people. A number of possible indicators are mentioned for each of the areas outlined in this section.

A gender relations scale that measures equality and power within intimate relationships is proposed to measure success in changing gender norms through programmes and health services.

Implementation research that uses an approach that promotes decolonisation of research, helps us understand what works and what doesn't, and why we need to bring about gender equality within IPPF policies, programmes, and services.



Collecting meaningful data about IPPF's work on gender equality is essential in monitoring progress, highlighting achievements, identifying gaps, and promoting ongoing learning.

A results based management framework for Gender Equality

In a results-based management framework, gender equality outcomes can be understood as describable or measurable changes that explicitly address a reduction in gender inequality, or an improvement in gender equality among women, men, transgender and non-binary people. The identification of gender equality results begins with a gender-based analysis of the context and logic of the project or programme – this is dealt with in more detail in Sections 1B and 2A. The gender analysis provides a good baseline as it determines current issues to be addressed regarding gender-based inequalities in access and control over resources, participation in decision-making, and human rights.

Performance indicators are used to measure progress on expected outcomes. A gender-sensitive indicator can be defined as a quantitative or qualitative unit of measure to gauge changes (outcomes) in gender equality. Sex-disaggregated data is required for all indicators with measures that relate to people. Data should also be disaggregated by age and other factors of identity such as gender, class, race, caste, ethnicity, culture, and abilities (where possible). Disaggregating data serve to expose hidden trends by rendering all people visible, particularly marginalized and vulnerable groups that are implicated by an initiative.

Gender being a social construct, scientific research favours sex-disaggregated data over gender-disaggregated data. However, collecting data disaggregated by gender is critical for a nuanced understanding of how programs transform gender norms. IPPF being a progressive organisation, it is expected that we supplement age and sex-disaggregated data, with gender data wherever possible.

When developing gender-sensitive indicators:

- Think of qualitative dimensions such as quality; measuring the numbers of participating women and people of all genders is important but it is equally important to select a qualitative indicator for example, to measure women's own perceptions of their ability to participate effectively, equally, and at all levels.
- Choose valid gender equality indicators for each result. Focus on selecting useful information on which you can realistically report.
- Collect data for gender-sensitive indicators in a gender-sensitive manner.¹² This could mean collecting data from women and men, boys and girls, transgender people, and non-binary people separately.
- Sex-disaggregated data is required for all indicators with measures that relate to people.

¹²For further information see 'How to gather data on sexual orientation and gender identity in clinical settings' and 'Information and data collection involving gender and sexuality' in the Find Out More box at the end of this section.

Sample indicators of gender transformative change

The guideline, 'Measuring gender-transformative change: A review of literature and promising practices' outlines specific indicators that are of relevance from a programming perspective for measuring gender transformative change. The indicators are organized in three dimensions: agency, relations and structures. This recognizes that transformative change includes not only working with women to build new skills and confidence (agency), but to engage in women's relationships and the structures and institutions (including belief systems and market institutions) that shape women's lives. Along with the indicator tables, several promising practices and processes for measuring these indicators are included.

This recognizes that transformative change includes not only working with women to build new skills and confidence (agency), but to engage in women's relationships and the structures and institutions (including belief systems and market institutions) that shape women's lives.

Mobility and gender-based violence

Agency	Relations	Structures
<ul style="list-style-type: none"> • Ability to go out alone; freedom of movement ^a • Individual action taken to challenge and change cultural perceptions of women's mobility at household level ^b • Women's ability to visit friends, family and associates ^c 	<ul style="list-style-type: none"> • Men inform wives about their movements ^d • Joint action to challenge and change cultural perceptions of women's rights at community level • Respectful attitudes and practices of male children toward girls (discouraged from harassing) • Women's exposure to coercive controls ^e 	<ul style="list-style-type: none"> • Mobility of women within and outside their residential locality, as compared to men ^f • Attitudes toward women's freedom of movement • Rates of abuse, assault and harassment against women in public spaces ^c

Sources: ^a Alsop et al. 2006; ^b Mayoux 2000; ^c Golla et al. 2011; ^d CARE Pathways; ^e Mason and Smith in Alsop and Heinsohn 2005; ^f CIDA 1997 in Ibrahim and Alkire 2007.

Gender-based violence

Agency	Relations	Structures
<ul style="list-style-type: none"> Perceptions of and attitudes toward intimate partner violence, abuse, harmful traditional practices, corporal punishment and community violence ^a Perceptions in relation to masculinity, sexuality, homophobia and equal rights across gender ^a 	<ul style="list-style-type: none"> Decrease in controlling behavior (see indicators related to mobility and public spaces) ^b Increasing negotiation within intimate relationships and sexual relations ^b Freedom from threat of violence from partner and within community 	<ul style="list-style-type: none"> Tolerance and acceptability of violence on the basis of gender ^b Views on community attitudes around the following: <ul style="list-style-type: none"> intimate partner violence and abuse harmful traditional practices nonhousehold gender-based violence survivors and perpetrators of violence linkages and availability of gender-based violence prevention initiatives and actors ^b Gender-based violence-sensitive employment policies among employers ^c Mechanisms to prevent and respond to gender-based violence within key institutions (markets, services and educational spaces): <ul style="list-style-type: none"> Infrastructure mitigation and response systems ^b

Sources: ^a Barker et al. 2011; ^b Bloom 2008; ^c CUSAID n.d.

Knowledge, awareness and conscientization

Agency	Relations	Structures
<ul style="list-style-type: none"> Knowledge of cultural, legal and political processes ^a Assertive communication Capacity to negotiate (in markets) ^b Women's literacy and access to a broad range of educational options Individual action to challenge and change perceptions of women's rights and capacities ^a Women's awareness of their rights and practice of these rights ^c 	<ul style="list-style-type: none"> Commitment to educating daughters ^c Domestic support for women exercising rights ^c Collective awareness of injustice Reduced gaps in men's and women's livelihoods and entrepreneurial and business skills 	<ul style="list-style-type: none"> Sex differences in access to information and services (such as extension) Extent of training or networking among local women, as compared to men ^d Removal of barriers to accessing cultural, legal and political processes ^a Systemic acceptance of women's entitlement and inclusion ^c

Sources: ^a Mayoux 2000; ^b Alsop and Henson 2005; ^c Malhotra et al. 2002; ^d CIDA 1997 in Ibrahim and Alkire 2007.

Some high level indicators for measuring gender transformative change at IPPF

Whilst individual programmes and health services will require specific gender-sensitive indicators, the following indicators are suggested for monitoring progress:

Suggested indicators – new programme design / resource mobilization

- Number / proportion of proposals for which a gender analysis was conducted
- Number / proportion of proposals that include specific activities to bring about gender-equality
- Number / proportion of proposals that include specific indicators to measure whether the programme is gender transformative (see box below)

Suggested indicators – advocacy

- Number of successful national policy initiatives and/ or legislative changes in support of gender equality to which IPPF advocacy contributed
- Number of countries with a budget line at national and/or local level for Gender Equality activities
- Number of countries that published health data disaggregated by age and sex in the past year
- Number of partnerships with human rights, women's and other civil society organizations to promote and advance gender equality

Suggested indicators – health service provision and programme implementation

- Proportion of MAs that have client record keeping systems that capture sex and age of clients
- Proportion of MAs that report client-based, sex- and age-disaggregated data to the IPPF Secretariat at least once per year
- Proportion of MAs that use a gender relations scale to track change with their clients over time (see box below) and proportion of these that see harmful gender norms transformed
- Proportion of MAs that have completed a Gender Self-Assessment questionnaire (e.g. Health Services) in the past 2 years & average score among MAs for each of the different health service and programme dimensions
- Sex disaggregated data for all health services provided

Suggested indicators – institutional level

- Proportion of senior management who are female
- Number / Proportion of IPPF Members that have completed the IPPF Gender Assessment Tool in last 5 years
- Size of allocated budget at Secretariat level for gender equality work
- Number of Secretariat offices to have reviewed all existing policies to ensure they are gender transformative
- Number of Secretariat offices where gender audit was undertaken in the past three years and findings are shared
- Proportion of staff across the Secretariat that have undertaken training on gender transformative programming in the past two years
- Proportion of new staff across the Secretariat that have completed a Gender induction
- Number of MAs that have a specified budget line for gender equality programmes

Box 1: The Gender Relations Scale

It is difficult to measure gender transformation. This is because there is no single indicator that can measure gender norms, values, and attitudes around gender, women's empowerment, and other aspects of gender. Instead, a gender scale which provides a numerical score after aggregating multiple indicators related to gender norms needs to be used. This can then be used to measure the success of programmes and health service interventions in changing these norms. The Gender Relations Scale measures the equality and power within intimate relationships including; attitudes towards gender roles and expectations; decision-making around sex and reproduction; household decision-making; violence; and communication.

- **Purpose and rationale:** To measure equity and power within intimate relationships. The indicator also acts as a predictor of use of a modern contraceptive method.
- **Method of measurement:** Beneficiary survey which includes 23 items across two subscales (equity and power). During the survey a participant is read each item and asked whether they agreed, disagreed, or were unsure. If the answer is promoting of gender equality (i.e. positive) then it is coded 1 and if it is against gender equality (i.e. negative) or unsure, the response is coded 0. The scales are created by summing items within each scale. The questions on the scale can be found below.
- **Measurement frequency:** It is not expected to routinely collect data for this indicator but instead it is suggested to include in the baseline and end-line assessment of all related restricted funded projects where gender equality and transforming gender norms is seen as an important part of the project. Use of this scale will enable measurement of whether gender norms have been transformed during the project.
- **Disaggregated:** By age and sex supplemented by gender data
- **Interpretation guidelines:** A higher score on the equality subscale indicates more equal attitudes towards gender roles. A higher score on the power subscale indicates more perceived personal agency or power in a relationship. A higher power score appears to be associated with increased contraceptive use for men and also some women, whilst more gender equitable attitudes have a greater influence in shaping contraceptive use among women than men.
- **Strengths:** This is a tried and tested scale which effectively collects information on equity and power within intimate relationships for men and women and can be used to assess change over time.
- **Weaknesses:** According to the 2010 Gender Scales Compendium, additional qualitative research is needed to address how subscale items are perceived and the extent they capture local understandings of gender norms and behaviours.

Balance of Power Scale (Pulerwitz Et Al. 2000)

- My partner has more say than I do about important decisions that affect us
- I am more committed to this relationship than my partner is
- A woman should be able to talk openly about sex with her husband
- My partner dictates who I spend time with
- When my partner and I disagree, she/he gets her/his way most of the time
- I feel comfortable discussing family planning with my partner
- I feel comfortable discussing HIV with my partner

Equitable Attitudes Scale (Pulerwitz and Barker 2008)

- Men need sex more than women do
- You don't talk about sex, you just do it
- It is a woman's responsibility to avoid getting pregnant
- A man should have the final word about decision in his home
- Men are always ready to have sex
- A woman should tolerate violence to keep the family together
- A man needs other women even if things with his wife are fine
- A man can hit his wife if she will not have sex with him
- A couple should decide together if they want to have children
- Changing diapers, giving the kids a bath, and feeding the kids are the mothers' responsibility
- A woman can suggest using condoms just like a man can
- A man should know what his partner likes during sex
- A man and a woman should decide together what type of contraceptive to use
- A real man produces a male child
- Men and women should share household chores
- A woman should not initiate sex

Research

Research is an important part of measuring progress. Whilst monitoring and evaluation can provide information on which programmes support gender transformative approaches and which do not, it does not look at why this happens and the building blocks that need to be in place to scale this up or replicate it in other contexts. Implementation research that includes a focus on gender equality should thus be embedded into all programmes in order to understand what, why, and how interventions work (or don't!) in “real world” settings. It can test approaches to improve them from a gender equality perspective. This research should also be done from a ‘decolonising’ research approach which brings to the fore local voices, knowledge, and experiences – especially of marginalised groups – as the focus of the research process. This will naturally use an intersectional approach, understand power dynamics, and will be based in human rights – all key elements of understanding the impact of IPPF policies, programmes, and service delivery on gender equality.



This research should also be done from a ‘decolonising’ research approach which brings to the fore local voices, knowledge, and experiences – especially of marginalised population groups – as the focus of the research process.

Checklist



Are there **gender sensitive indicators** in your programme that measure changes in gender equality?



Is all **service delivery data** disaggregated at least by **sex and age**?



Are there **procedures in place** to ensure research that is conducted **supports gender equality**?



In the past month have you tried to **learn more about gender equality** and how it affects SRHR (e.g. by reading blogs/articles, speaking to experts, attending training, watching Ted Talks etc)?

To find out more

Results-Based Management Tip Sheet 4.1 - Gender Equality. Global Affairs Canada. 2017. Available from https://www.international.gc.ca/world-monde/funding-financement/rbm-gar/tip_sheet_4_1-fiche_conseil_4_1.aspx?lang=eng&_ga=2.43413797.125473562.1637609032-505547394.1637311558

Measuring Gender-Transformative Change: A Review of Literature and Promising Practices. Care USA. 2015. Available from <https://www.care.org/news-and-stories/resources/measuring-gender-transformative-change-a-review-of-literature-and-promising-practices/>

A Compendium of Gender Scales. C-Change, USAID, FHI360. 2010. Available from <https://www.c-changeprogram.org/content/gender-scales-compendium/relations.html>

How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings. The Fenway Institute. 2012. Available from https://fenwayhealth.org/wp-content/uploads/2015/09/Policy_Brief_HowtoGather..._v3_01.09.12.pdf

To find out more contd.

Information and Data Collection Involving Gender and Sexuality. The Centre. Available from: https://www.kings.uwo.ca/kings/assets/File/research/rerc/Andrew%203ia_Asking%20about%20Gender%20and%20Sexuality.pdf

Implementation Research: What It Is and How to Do It. David Peters et al. BMJ. 2013. Available from <https://www.bmj.com/content/347/bmj.f6753>

How Do We 'Decolonise' Research Methodologies. Nora Ndege and Joel Onyango. Africa Research and Impact Network / African Centre for Technology Studies. 2021. Available from <https://steps-centre.org/blog/how-do-we-decolonise-research-methodologies/>

#BukavuSeries – <https://bukavuseries.com/the-bukavu-expo/> Examine local researcher vulnerabilities, pose tough questions around the issue of authorship in North-South collaborations, call for greater accountability to respondent communities, and prompt debate around a wide range of other issues too often ignored during the fieldwork phase of academic research, including trauma and emotional stress

Conclusion

What now? What
should I do differently?

Conclusion – What now? What should I do differently?

Key point

In whatever role you have within IPPF, there are daily activities you can undertake in order to see the world through a gender lens and improve gender equality.

In whatever role you are in at IPPF, you can do your part to improve gender equality. Here are five simple suggestions:

1. Look at the world through a gender lens daily:

Stop being gender blind but instead, be gender aware by looking at the world through a gender lens daily. This means looking at who has power, how are they using that power, how is this supporting / disadvantaging people of different genders.

2. Assess whether your work is gender transformative:

Bring in a gender lens to assess whether your work transforms existing unequal power relations or entrenches them further. For example review through a gender lens –

- a. every new project proposal being developed
- b. existing or proposed national or international legislation
- c. existing projects, programmes or service delivery
- d. HR policies
- e. communications on different topics
- f. institutional culture and systems such as pay structures, affiliate accreditation, or hiring practices etc

“The whole thing about gender training it is not possible anywhere in the world to see a major difference immediately by having one or two trainings. It is a process.”

Key informant interview respondent, IPPF MTR of the Gender Equality Strategy (2019)

3. Measure it:

Whatever role you are in, find out a way of measuring the impact of your work on gender equality. This could be through baselines and end-line studies, expected results indicators, gender self-assessments, gender audits, pay reviews etc.

4. Learn more:

Understand the intricacies of gender equality and how it affects SRHR outcomes better by reading blogs/articles, speaking to experts, attending training, watching Ted Talks etc.

5. Become a gender champion:

Start supporting others in learning more about gender equality and hold others accountable if they are doing things that are gender blind.

Challenging power and gender inequality can also lead to being unpopular. It can also lead to retaliations. If you experience, see or hear any of such instances, raise a report through IPPF SafeReport: <https://www.ippf.org/ippfsafereport>

IPPF is committed to creating a safe, harm free, and positive environment and culture; for its clients, staff, and anyone else who comes into contact with IPPF, wherever they are based.

Gender remains one of the most fundamental sources of inequality and exclusion in the world. Let's work together to make this something of the past. We all have a role to play. What are you going to do to start this journey today?

Annex I – Common misconceptions

It is often mistakenly thought that providing SRHR services automatically brings about gender equality, or that the best way to address needs of an underserved group is to set up standalone services. This is not necessarily the case and without looking at policies, programmes or service delivery through a gender lens, it is not possible to see whether an action is gender exploitative, gender accommodating or gender transformative. Here are some common misconceptions:

1: Gender is just about women.

In the pursuit of achieving gender equality, the focus has often been on women: How to remove barriers for the inclusion of women, how to empower women, how to ensure that women gain access to health, economic, educational, and other opportunities etc. Whilst women and girls in all their diversity are most at risk of SGBV, poverty, and being denied education & control over their own body – it is important to get to the root causes of this inequality. Patriarchy at its core is harmful. Gender norms and power imbalances among individuals and groups seep into every structure and system, leaving out women and non-binary people from decision making and giving them a ‘diminished’ role in society. Therefore, efforts that shift these dynamics, encourage behaviour change, and engage men and boys as allies, are central to making progress on gender equality.

2: Taking a gender-transformative approach is complicated, costly and takes time.

This could not be further from the truth and it is actually costlier to ignore gender equality when designing and implementing programmes, policies, and health services. For example, taking gender transformative approaches make CSE programmes more

effective, reduce SGBV, increase access to contraceptives, and reduces HIV acquisition. See Section 1D for more information on all of these.

3: Most of our service users are women. Does this mean our services are gender-transformative?

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

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

No! Ensuring that services are open to all individuals (e.g. by having antidiscrimination policies or non-refusal policies in place) is a key part of gender-transformative services, but it is not enough. If healthcare providers' values and attitudes are not in line with these policies, they could still be unwelcoming and even stigmatising to non-binary individuals and marginalised groups. Gender inequalities mean some individuals may not be aware of their right to access health services, so proactive steps need to be taken to inform some populations about the range of services available to them and to attract them to health facilities. For example, sex workers may feel that they do not have the right to access sexual and gender-based violence services and think they may be stigmatized because of their job. In other words, gender-transformative services examine all the factors that affect access before, during, and after service users arrive at our services, address gender norms and stereotypes, and act to alter inequalities.

5: We are providing SGBV services. Are our services automatically gender-transformative?

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

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

It depends. The viability of this strategy is context-specific and pursuit of such a strategy should only be followed after a gender assessment. For example, if men will not attend a mixed clinic because it is beneath them to attend a “women’s” clinic then providing a separate clinic is gender exploitative, in other words it is making the current situation worse. However, if the gender assessment finds that this is not the case and a specialised male clinics can assist with addressing specific sexual and reproductive health needs of men in all their diversity then this could be beneficial. It is important to note that not all organizations have the resources to open specialized male clinics. Some organizations may instead find it more practical, and more suitable to their context, to add relevant services for males in their existing facilities, for example.

7: We implement campaigns to offer sexual and reproductive health services to non-binary youth. Is that a good strategy to achieve gender-responsive services?

Yes, however it is not enough. Pervasive gender norms and inequalities impact the physical and mental health of young people in all their diversity, including young people who identify as non-binary. Using inclusive language during service user-provider interactions with all clients regardless of sexual orientation, gender identity and expression, or sex characteristics is particularly important. Day campaigns to provide free services to these populations can help build trust among these communities and contribute to reducing stigma. Developing visual materials that promote respect and diversity, ensuring that providers are trained in the specific needs of non-binary individuals, and referring non-binary individuals to other services and organizations that can offer additional support as needed, are all important steps towards gender-transformative services.

