

Part II.H.4
**Gender Equity/
Sensitivity**

- Gender equity in the organizational context
- Gender sensitivity in the service delivery environment

Reproductive health programs operate within the cultural context of a given society, including its manifestations of gender inequity. While FP/RH programs do not redress these imbalances at a macro-level, they can promote gender equity in areas within their manageable control. Indeed, reducing gender-related obstacles to improved reproductive health can work synergistically with other development activities to enhance gender equity (Yinger et al., 2001).

This section of the *Compendium* focusing on gender issues in the organizational context, does not try to capture the deep-seated gender inequities existing in most countries worldwide. (See Part II.A.) Nor does the section address the consequences of gender discrimination in the form of injurious social outcomes, such as violence against women (see Part III.K), sex-selective abortion, or female infanticide. Rather, the two sets of gender-related indicators in this section address the following questions:

- (1) Is the organization free of gender bias in its managerial structure? Does the organization actively foster gender equity in its routine operations?
- (2) Is the service delivery environment free of gender bias toward clients? Does the clinic promote gender equity in the way it offers services?

The two sets of indicators (for gender equity in the organizational context and gender sensitivity in the service delivery environment) draw on two primary sources: the report by the Interagency Gender Working

Group (Yinger et al, 2001) and the *Manual to Evaluate Quality of Care from a Gender Perspective* (IPPF/WHR, 2000b). In the Yinger et al. (2001) report, we adapted several items from the list of “gender-related obstacles to achieving RH objectives,” identified in the appendix of the report. In the IPPF/WHR manual, we selected and/or adapted a number of the indicators from Appendix 8. In short, the list below represents an effort to combine good ideas from two credible sources into a practical menu of indicators that assess gender-equity in an organizational context. As such, this “instrument” has not been tested in this form, although individual items have been used at the field level. We included these two sets of gender-related measures to encourage the further testing and development of indicators in this area.

Organizations may use the gender-related indicators in three ways. First, they can track these indicators as an ongoing part of monitoring their services. Second, they can set up an external evaluation of the organization based on these indicators, to be conducted by a person familiar with reproductive health programs as well as gender issues. Third, they can use the indicators as a self-assessment tool for a special study to systematically examine their own record on gender equity and sensitivity in the workplace.

GENDER EQUITY IN THE ORGANIZATIONAL CONTEXT**Definition**

“Gender equity” is the equally fair treatment of women and men. To ensure fairness, some societies adopt measures to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a “level playing field.” Gender-equity strategies eventually attain gender equality. Equity is the means; equality is the result (Interagency Gender Working Group, 2000).

Data Requirements

Scores from items selected from the menu of indicators in Box II.H.4.1

Data Source

External assessment by an individual familiar with organizational behavior; gender issues; and reproductive health programs. Alternatively, a self-assessment by

senior management, based on international standards, adapted for the local setting.

Purpose and Issues

This set of indicators is presented as a menu from which evaluators may select those most applicable to a given work setting. (Evaluators may expand this set to include other items of interest to the organization in question.) IPPF/WHR (2000b) recommends that the evaluation team include (among others) a locally hired gender specialist. The question of gender equity is sensitive, and the process of evaluating gender equity can become highly politicized. For this reason, the organization must select an evaluator perceived to be objective and to have excellent credentials. The evaluation must take place in a climate of impartiality if the results are to carry weight.

**Box II.H.4.1 Menu of Indicators:
Gender Equity in the Organizational Context**

- Percent of managerial positions held by women;
- Average salary of men versus women in comparable managerial positions;
- Representation of women's health advocates on Board of Directors;
- Participation of women in the conceptualization and design of projects;
- Explicit organizational policy statement that prohibits gender discrimination in hiring, promotion, and retention policies, salaries, and benefits;
- Similarity of supervision procedures for male and female staff (of equal rank);
- Percent of personnel (including supervisors of service programs, receptionists) who receive training in gender sensitivity;
- Elimination of overt gender bias in organization's standards and guidelines;
- Existence of written policies or guidelines to prohibit sexual harassment of staff;
- Organizational commitment (demonstrated by explicit interventions) to:
 - Women's participation (in project activities);
 - Human rights (lobbying for specific causes);
 - Empowerment (e.g., attempts to change community norms regarding women's mobility);
 - Equity (e.g., micro credit systems);
- Disaggregation of program data by sex (where appropriate);
- Equal distribution of opportunities for training and career development between men and women; and
- Equal protection for men and women in organizational policies regarding clients' rights to privacy, informed consent, confidentiality, and delivery of high-quality services.

GENDER SENSITIVITY IN THE SERVICE DELIVERY ENVIRONMENT**Definition**

“Gender sensitivity” is the way service providers treat male or female clients in service delivery facilities and thus affects client willingness to seek services, continue to use services, and carry out the health behaviors advocated by the services. This indicator also measures aspects of the services themselves (e.g., in the case of family planning, whether a range of male as well as female methods is offered).

Data Requirements:

Scores from items selected from the menu of indicators in Box II.H.4.2

Data Source(s)

External assessment by an individual familiar with organizational behavior, gender issues, and reproductive health programs. Alternatively, a self-assessment by senior management, based on international standards adapted to the local setting.

Purpose and Issues

This set of indicators is presented as a menu from which evaluators may select those most applicable to a given service delivery environment. Evaluators may expand this list to include other items of interest in the local context.

For a service delivery facility to demonstrate gender-sensitivity, it must adhere to the principles of informed choice, voluntarism and a target-free approach, which might otherwise not be the case given the low status of women in the locality. A gender-sensitive approach has much in common with a quality of care approach. A program cannot be gender-sensitive if both male and female clients fail to receive complete information and to participate fully in decisions regarding their care and treatment. Many women want opportunities to involve their partners in counseling and in decisions concerning contraceptive use and reproductive and child health. Similarly, many men wish to participate in RH counseling as well as in decisions regarding reproductive and child health, but have felt excluded from this arena.

Box II.H.4.2 Menu of Indicators
Gender-Sensitive Service Delivery Context

- Availability of services to adolescents, single women, widows, homosexuals;
- Absence of requirements that clients have permission of husband or mother-in-law (for married women) or parents (for adolescents);
- Availability of condoms both to women and men;
- Percent of providers in the health facility who are female;
- Availability of a full range of services whatever the sex of the provider (e.g., male doctors provide IUDs for female clients);
- Percent of physicians who are women;
- Availability of female physicians for women who prefer them;
- Non-stigmatizing attitudes toward clients (e.g., unmarried female clients with STIs, homosexuals, sex workers, postabortion care clients, adolescents);
- Number of referrals to other programs that empower women (e.g., related to literacy, income generation, micro-credit, domestic violence);
- Percent of personnel (including supervisors of service programs) who receive training in gender sensitivity;
- Use of gender-sensitive protocols for counseling (e.g., non-discriminating language, two-way communication, equal attention to women in counseling sessions for couples);
- Percent of facilities that, with the permission of the female client, encourage men to visit/attend (to accompany partner, obtain information, or obtain services);
- Equal treatment (e.g., waiting time, courtesy, privacy, information given) for male and female clients;
- Avoidance of gender stereotyping in BCC materials;
- Percent of facilities that are “male-friendly:”
 - Hours convenient to men;
 - Staff receptive to men in clinic; and
 - Materials (posters, pamphlets) directed to men visible and available;
- Percent of service providers trained to detect, discuss, and refer clients to services that handle violence against women (in FP);
- Providers describe female and male sterilization as equally desirable, when appropriate (FP only); and
- Services focused on health outcomes for both the child AND mother (safe motherhood services).