

---

# Gender Equality Toolkit for Health Partnerships



## Contents

What is gender equality?	4
Gender matters	5
1. Needs assessments: understanding gender in context	7
1.1 Gender review	7
2. Gaining support and buy-in	9
2.1 Open and honest communication with the team	9
2.2 Gaining senior management support	11
3. Steps towards mainstreaming gender	13
3.1 Gender Equality Protocol	13
3.2 Networking or partnering with gender organisations	14
3.3 On-going gender awareness training for team members	14
3.4 Strategy and Action Plan (SAP)	15
3.5 Integration into partnership protocols and procedures	15
4. Interventions to drive gender equality	16
4.1 Improving health workforce strengthening programmes	16
4.2 Addressing differences in access to services	17
5. Measuring change and improvements	19
5.1 Developing indicators	19
5.2 Sharing learning	20
Summary: Gender equality checklist	21
Further resources and information	22
Appendix 1	23
Appendix 2	28
Appendix 3	29

## This toolkit

This document has been produced to support Health Partnerships in addressing issues of gender inequality in their work. THET encourages Health Partnerships to integrate gender equality considerations into all elements of their work, including, but not limited to: needs assessments; project and partnership design; recruitment of team members; volunteers and project trainees; implementation; and monitoring and evaluation. In this toolkit we have identified some entry points that Health Partnerships should consider in order to achieve best practice in gender equality.

This toolkit is intended to be used by both UK and overseas partners to achieve and ensure best practice in gender equality through their Health

Partnership management, coordination and implementation.

This document should be used together with contextually specific information and additional professional advice for your own Health Partnership programme. Health Partnerships should ensure that they are familiar with local laws and customs in their country of implementation.



For each of THET's grants programmes, Health Partnerships will be required to evidence their approach to improving gender equality, both at the application stage and during project implementation. Details will be outlined in the call for proposals and on award of the grant.





Restrictive gender norms affect everybody. As a shared determinant of health, gender inequalities drive large-scale excesses in mortality and morbidity globally. Gender inequality is transformed into health risk through the following: discriminatory values, norms, beliefs, and practices; differential exposures and susceptibilities to disease, disability, and injuries; biases in health systems; and biases in health research. Gender discrimination at any of these levels detrimentally affects health and social outcomes.

**The Lancet, 2019<sup>1</sup>**



## What is gender equality?

Ensuring the equal participation of women in the global health workforce – as in all spheres of public life – is an essential prerequisite to building more inclusive and equitable societies. Despite significant achievements against the UN Millennium Development Goals, gender inequality continues

to represent one of the biggest challenges of our time. Gender inequality has resulted in health and health care not being gender neutral, with gender imbalances in the health workforce, health-seeking behaviour and the diagnosis and treatment of women, men, girls and boys.

To facilitate conceptual clarity, definitions of terms used in the toolkit are included below:



### Gender equality

Gender equality in the health workforce describes a condition where men and women can enter the health occupation of their choice, develop the requisite skills and knowledge, be fairly paid, enjoy fair and safe working environments, and advance in a career without reference to gender. It implies that workforces are structured to integrate family and work to reflect the value of caregiving for men and women.

Gender equality in access to quality health services describes a condition where men and women are not disadvantaged in accessing essential health services due to their gender, and where they receive the same level of care and support.

### Gender equity

Gender equity is the process of being fair to men and women. To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field. Equity is a means. Equality is the result.

## Gender matters

To better understand the issues facing both health workers and health service users, two gender analyses were conducted by THET: one in 2017 (in Tanzania and Uganda) focused on Health Partnerships, and a [second](#) in 2019 (in Somaliland and Uganda), which engaged health workers both within and outside of Health Partnerships. Based on the findings from these two studies, THET has developed this toolkit to support Health Partnerships to mainstream gender equality throughout their projects.

Below is a summary of the key findings from the literature, and THET's own studies.

- There is a gender imbalance among staff in many health institutions. Men generally predominate in higher-paid, higher-status roles such as doctor, while women are more prevalent in lower-paid roles. 70% of male and female respondents in the 2017 analysis agreed there is a need for a better gender balance among staff in health institutions.
- There exists ambivalence in the way discrimination is perceived.
- Amongst health workers, 45% of women and 28% of men in the 2017 analysis felt there are unequal opportunities for women and men in the workplace, specifically in relation to benefits derived from male-dominated informal information sharing networks.
- Women's voices are not being heard in health institutions, largely because the majority of decision-makers are male, and women's concerns are being ignored or are not expressed due to concerns around job security. There are inadequate processes in place at many institutions for staff to raise any grievances, with limitations on staff unions, councils or representatives.

- Traditional ideas of appropriate roles for women and men seem to play a part in gender disparities and can restrict men's choice of role - for example only 20% of nurses are male in Uganda.
- The traditional hierarchy of gender roles within the medical profession is also reflected in health service user biases towards male and female staff. Male nurses in Somaliland, for example, explain that they often face disrespect from health service users who believe that nursing is a female profession.

### An example of health service user bias from a Focus Group discussion with female doctors in Somaliland

*"Some time ago an old man came to the hospital, his problem was tuberculosis. The old man brought his X-ray document, and when I met the old man and tried to listen to his issue, from the first instance he said; 'are you doctor? how you can be a doctor, you little girl?' He refused to give me his X-ray document, but I persuaded him to tell his story to me. He started with, 'a long time ago, someone hit me on my body, and that problem caused tuberculosis to my body'. When he finished his story and I informed him that the wound and tuberculosis are two different things, he laughed at me and said 'I knew already the female doctor cannot tackle my health problems.' "*

- The hidden nature of Gender Based Violence (GBV) and the stigmatisation of those who have experienced it means that many are unwilling to talk about it openly. Institutional policies for dealing with GBV in the workplace are often lacking, as is ongoing awareness raising for health workers and the community.

<sup>1</sup> Shannon, G., Jansen, M., Williams, K., Cáceres, C., Motta, A., Odhiambo, A., Eleveld, A. and Mannell, J. (2019). Gender equality in science, medicine, and global health: where are we at and why does it matter?. *The Lancet*, 393(10171), pp. 560-569.

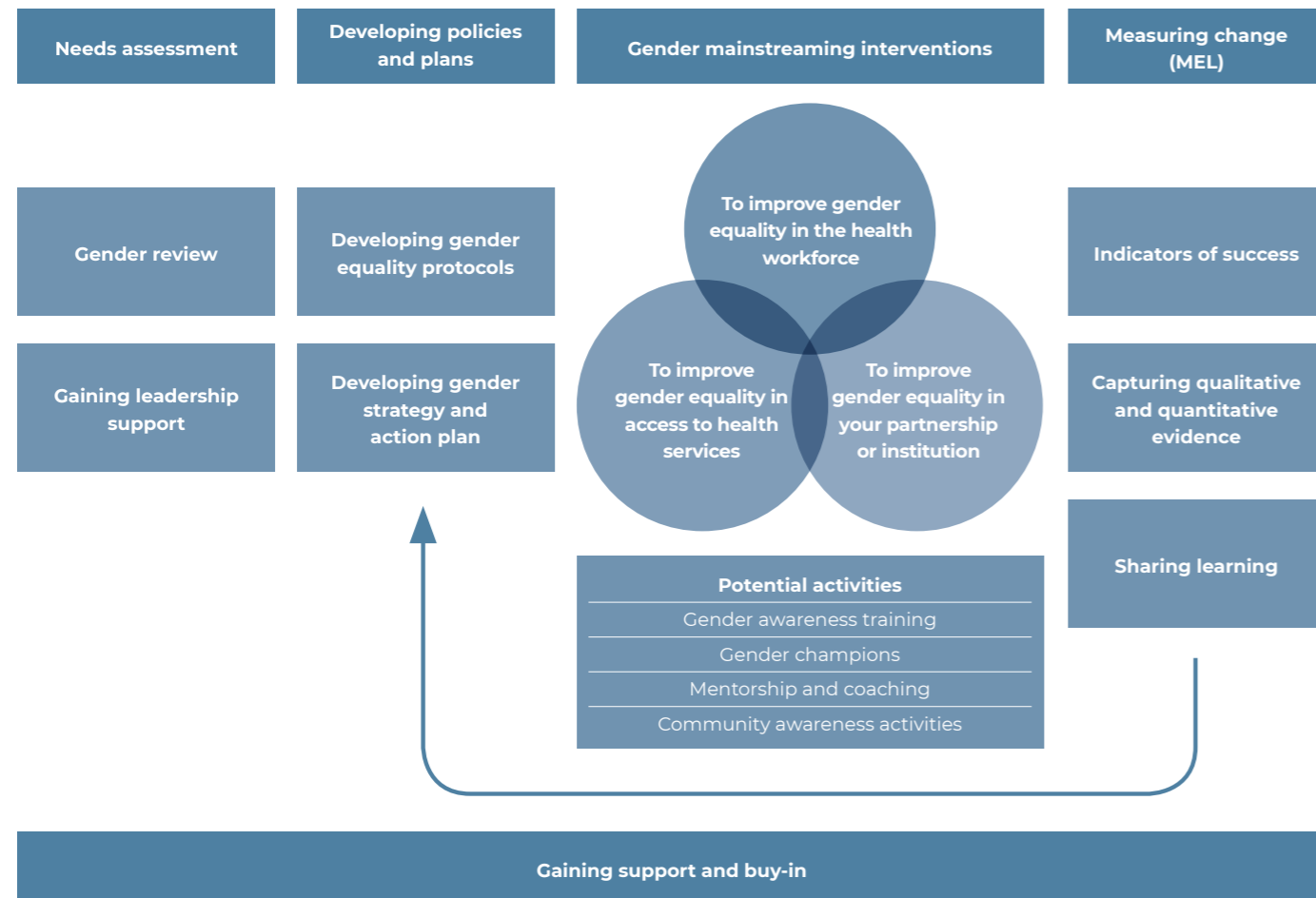
## This toolkit



This toolkit provides a set of guidance, tools and resources to support Health Partnerships to consider how they can improve gender equality in their projects, partnerships and institutions. The toolkit provides a step by step guide to considering how gender equality can be incorporated and promoted at different stages in partnership and project development and delivery.

- 1. Needs assessment**  
How to conduct a baseline assessment through a gender lens.
- 2. Development of partnership and project plans and policies**  
How to ensure projects, partnerships and organisations have gender sensitive measures in place.
- 3. Implementation of activities**  
How to design interventions which advance and are mindful of gender equality considerations.
- 4. Monitoring effectiveness of interventions**  
How to measure the impact of your activities.

The diagram below captures some of the key stages and elements detailed in this toolkit.



## 1. NEEDS ASSESSMENTS: UNDERSTANDING GENDER IN CONTEXT

It is critical to understand gender inequalities in each context – be that within the Health Partnership, health workforce or amongst service users – in order to design and deliver interventions to address them. Therefore the first step is to understand the need.

### Gender review

The needs assessment phase at the start of every Health Partnership project offers an opportunity to integrate gender considerations for both health workers and health service users right from the very start. This can be achieved through a gender review, whereby sex disaggregated data (baseline data) can be collected and a gender analysis can be performed.

The aim of a gender review is to understand the causes and scope of the challenges a partnership faces regarding gender equality.

This can be used as a baseline assessment which identifies key stakeholders and main issues to be addressed, hence enabling more targeted interventions.

A gender review can be performed by the partnership itself, as long as the relevant institutions have granted necessary permissions. It is recommended that both men and women are included in the design, implementation and analysis stages of the review.



### Definition: Sex disaggregated data

This is statistical information on differences and inequalities between women and men. For example, it may reveal quantitative differences between women and men in morbidity and mortality, in health service attendance rates, or in health worker numbers. The collection of this data is required for specific tasks, including making the case for taking gender issues seriously, defining target groups, developing appropriate indicators, and planning projects that will be effective in improving health care delivery for both women and men.

### Sex disaggregated data

To collect sex disaggregated data, you may wish to look at health worker numbers, by cadre and by seniority level, as well as the numbers of health service users presenting at the relevant unit or hospital. For health worker data, this may be a simple case of recording numbers of female and male staff in the current team, or for larger institutions you may wish to gain access to hospital records to gather additional data.





### Definition: Gender analysis

A gender analysis is the process of examining why disparities, as revealed in the sex disaggregated data, may be there, where they are a matter for concern, and how they might be addressed. This analyses qualitative information on gender differences and inequalities. It is about understanding culture, e.g. patterns and norms of what men and women both do and experience.

This will ensure different perspectives have been considered and enable your partnership to triangulate information, to better understand the local context and to identify the key issues.

Depending on the thematic area of your project, it may be particularly important to include community groups within your gender review. This is crucial in order to be fully aware of existing gender roles, structures and attitudes in relation to decision-making at the community level, as these factors can greatly affect the ability of both men and women to access health services. In organising meetings with community groups, be aware considerable outreach work and flexibility may be required.

Consideration of cultural and religious norms is crucial to ensuring sensitivity and appropriateness of actions.

Regardless of which stakeholder groups are included in your gender review, always ensure both women and men have been consulted. Women will only have equality when they are able to act and speak on their own behalf to ensure their views are heard and taken into account.

#### Which data collection methodologies should we use?

Focus group discussions, semi-structured interviews and self-assessment questionnaires can all be considered for collecting information for your gender analysis. Always consider how your methodology is enabling both women and men to express their own experiences and views openly and comfortably, and ensure responses are collected anonymously for confidentiality and data protection purposes.

### Gender analysis

In designing your gender analysis, your institutions should work together to identify key stakeholders to be included, establish what methodology would be most appropriate and useful, and which questions you are most interested in exploring. The aim is to gain a full understanding of the scale and root of any problems which exist, including the organisational structure and the key stakeholders. It is likely that the in-country partner will be best placed to advise on how to go about this. THET has, however, compiled a list of the types of questions you may wish to ask stakeholders in the gender analysis – please refer to Appendix 1.

#### Who should we include in our gender analysis?

Health staff, senior managers, health service users, the Ministry of Health and local gender organisations are all important stakeholder groups to consider including in your gender review. Partnerships should map the stakeholder groups that need to be involved before initiating analysis to ensure all key groups have been included.



### THET Grants Management Programme Requirements

THET will be looking for Health Partnerships to provide evidence that they have conducted a gender review as part of their project needs assessment that is appropriate and adequate for the project being proposed. An understanding of gender inequality in the health partnership context will need to be demonstrated and baseline sex disaggregated data will need to be provided.

## 2. GAINING SUPPORT AND BUY-IN AT AN ORGANISATIONAL LEVEL

### Open and honest communication with the team

Raising the issue of gender inequality within your Health Partnership or institution can be a daunting process. Below are some suggestions of how you might go about this.

When beginning discussions with the team around gender equality, you can:

- Share personal stories and experiences. It is often valuable to combine evidence-based arguments with a personal account.
- Start informal discussions with colleagues during breaks or after work to increase openness and receptiveness to the subject.
- Take advantage of formal meetings or discussions, such as staff meetings, when a range of team members are present to open conversations on key issues.

- It can be useful to make clear to colleagues that this is an issue that affects all medical institutions across the world, and that all institutions should be playing a role in achieving gender equality. Sharing information about the actions that both the UK and in-country institutions within your partnership have recently taken towards improved gender equality could be particularly helpful in beginning to discuss the issue.

Cultural and religious norms at institutions need to be treated with care, with awareness that conversations will vary depending on who you are trying to influence and who the agents of change are.



## Evidence



You may use the gender review (gender analysis and sex-disaggregated data) as evidence to raise this issue. If you have not been able to carry out this review, other starting points for raising the topic may include:

- THET's, as well as wider research, shows the magnitude and urgency of the problem.
- There are many benefits to having an improved gender balance at all levels within health institutions, including: increased health worker retention; strengthened services through contribution of additional talent, ideas and knowledge; improved productivity; and improved staff satisfaction.<sup>2</sup>
- Institutions demonstrating gender equality are more likely to outperform those that do not.<sup>3</sup>
- Gender equality in the health and social care workforce will help to achieve the delivery of Universal Health Coverage and Health for All.
- Gender equality is essential in order to meet the criteria of many grants programmes and as part of results frameworks.
- There are gender equality laws and strategies, as well as international commitments such as the Convention on the Elimination of all Forms of Discrimination Against Women, in most countries that all public and private institutions should be responding to and against which they should be adjusting practices and policies accordingly.

## Case study:

### Overcoming gender-specific disparities

**Partnership:** East London NHS Foundation Trust, Mbarara University of Science and Technology and Mbarara Regional Referral Hospital

**Health Partnership Scheme project:** Project to improve skills for the assessment, recognition and treatment of epilepsy in children and adolescents (2015 – 2016).

**Co-ordinators:** Frances St John and Dr Godfrey Rukundo

Ms St John explained that “at the start of the project, there were no women on the team [in Uganda].” She had a series of conversations about the gender imbalance with her colleague Dr Rukundo, and they agreed on the importance of having a mixed team. As a result of their conversations, a few changes were made to improve the gender balance in the team: two women were added to the partnership’s steering group (which originally had no women); women were recruited onto their team when equally qualified males and females were being considered; and senior female staff became engaged in the project for the first time. Dr Rukundo remarked that the project “demonstrated to [other staff] that we were all

involved and with equal representation” and that “no gender was more important than the other”.

Ms St John reflected that bridging disparities and striking a balance regarding gender issues on the project could have been a very sensitive issue. She gave credit to success to clear, direct and respectful communication between partners, and stated that “project partners are thoughtful about us not just imposing our views” and that she tried “to hold balance with the view of gender [in Uganda] and that of gender in the UK”. This consideration seems to have been key and speaks to the need for UK volunteers and professionals to understand gender issues in the social and cultural context of the overseas partner countries.

#### Key learnings:

- Value of open and honest communication in both formal and informal settings.
- Importance of champions in leading processes early on.
- Working in true partnership with counterparts can yield benefits for advancing gender equality at the partnership level.

## Gaining senior management support

While women constitute **70%** of the global health and social care workforce, they only hold **25%** of senior roles.<sup>4</sup>

This has consequences not only for service delivery and access for health service users, but also allows for inequalities, gendered roles and biases to be replicated and reproduced in facility and project structures.

To ensure there is buy-in to address gender inequality and to improve the likelihood of any changes being embedded long term, it is important to gain the

support and commitment of senior management. Making clear, well thought through and realistic suggestions for change, to anticipate opposing arguments and develop reasonable responses, can be a valuable approach. Please refer to the previous section for examples of justifications for addressing gender issues.

### How should I start a conversation with senior management?

**DO:**

Introduce yourself when they are free.

---

**DON'T:**

Force it and interrupt them.

**DO:**

Express appreciation for working at the organisation, and what you like about your job.

---

**DON'T:**

Criticise the organisation or complain about your job.

**DO:**

Be willing to meet with them if they want to learn more about what you have been saying.

---

**DON'T:**

Be too pushy and try to schedule a meeting.

**DO:**

Be concise and on message. Think of this as the start of a long conversation.

---

**DON'T:**

Try to cover everything in one conversation.

**DO:**

Jump at opportunities for face time.

---

**DON'T:**

Take rejection personally.

<sup>2</sup> Newman, C. (2014). Time to address gender discrimination and inequality in the health workforce. Human Resources for Health, 12(25). Gender Equality in science, medicine, and global health: where are we at and why does it matter?, The Lancet, 393(10171), pp. 560-569.

<sup>3</sup> Shannon, G., Jansen, M., Williams, K., Cáceres, C., Motta, A., Odhiambo, A., Eleveld, A. and Mannell, J. (2019). Gender equality in science, medicine, and global health: where are we at and why does it matter?, The Lancet, 393(10171), pp. 560-569.

<sup>4</sup> World Health Organization (2019). Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce. Human Resources for Health Observer, 24.

## Senior management: Actively supporting gender equality

Once on board, there are various ways senior managers can demonstrate commitment to gender equality:

Requesting progress reports.

Providing recognition to staff for innovation or achievement related to gender equality.

Integrating gender equality into speeches and statements on a range of subjects.

Ensuring allocation of sufficient resources for the promotion of gender equality.

Participating in discussions on gender equality issues.

Promoting measures to develop greater gender equality in staffing.

In the long term, you should aim to have gender equality formalised in policies, for example gender equality recruitment policies, rather than relying on ad hoc support for gender issues.



## 3. STEPS TOWARDS MAINSTREAMING GENDER AT AN ORGANISATIONAL, PARTNERSHIP AND PROJECT LEVEL

Once you have conducted a needs assessment, discussed gender inequality with team members, and gained buy-in from senior management, you can begin to explore ways of mainstreaming gender into various aspects of your day-to-day work. Below are a series of options for policies and activities which can further this approach. Ideally, partners should work together to ensure that adequate protocols are in place to achieve gender equality in all aspects of Health Partnership work.



### Definition: What is gender mainstreaming?

Gender mainstreaming refers to the process of 'assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels.' It is also a strategy for 'making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes'. The ultimate goal is to achieve gender equality.<sup>5</sup>

### Gender Equality Protocol

A Gender Equality Protocol will set out the commitment and approaches the partnership or organisation plans to take to drive gender equality in their work. The formulation of a protocol is a great opportunity to involve as many staff as possible, promoting ownership, enhancing understanding of and commitment to gender equality issues, ensuring that it fits with the organisational culture, structures and procedures, and can substantially increase the chance that the protocol will be implemented (see Appendix 3 for an example protocol).



### Definition: Protocols

Protocols can take a range of forms. It could be a simple statement of commitment or a more comprehensive policy spelling out the actions and steps a partnership or organisation will take.

### Recruitment protocol

The Gender Equality Protocol may include a section on recruitment, which should then be mirrored in recruitment policies and procedures. Recruitment policies should:

- Ensure a gender balance in management and delivery staff, as well as in trainees who are recruited onto projects. In order to do this, a set of criteria related to gender equality could be established for any new team members, volunteers and trainees.
- Vacant positions should be equally accessible to both male and female health workers, be transparently advertised through formal networks, and take into account differences in access to informal networks.
- Carefully framed non-gendered language should be used at each stage of the recruitment process in order to attract applications from all, especially when these challenge traditional gender roles. Creating an environment that welcomes applicants to engage with the partnership and to approach your team with questions can make a difference in encouraging all to apply for a position. Interview panels should reflect an appropriate gender balance to avoid biases.

<sup>5</sup> UNESCO (2003). UNESCO's Gender Mainstreaming Implementation Framework: Baseline definitions of key concepts and terms. Available at: <http://www.unesco.org/new/fileadmin/MULTIMEDIA/HQ/BSP/GENDER/PDF/1.%20Baseline%20Definitions%20of%20key%20gender-related%20concepts.pdf>.



## Networking or partnering with gender organisations

Partnerships could benefit from networking with local gender organisations and other formal gender bodies in the partnership's country of operation. This could open up additional training opportunities, advice channels and access to women's groups, for example. THET can support partnerships to link up with relevant organisations in-country. Below is a list of sample organisations that you can consider contacting, but please ask THET for support in linking with others should this be required.

### Myanmar:

Gender Equality Network, Yangon, [gen.myanmar@gmail.com](mailto:gen.myanmar@gmail.com), [www.genmyanmar.org](http://www.genmyanmar.org)

### Somaliland:

NAGAAD Network, Hargeisa, [nagaadorg@yahoo.com](mailto:nagaadorg@yahoo.com), [www.nagaad.org](http://www.nagaad.org)

### Tanzania:

Tanzania Gender Networking Programme, Dar es Salaam, [info@tgnp.org](mailto:info@tgnp.org), [www.internationalbudget.org/groups/tanzania-gender-networking-programme-tgnp/](http://www.internationalbudget.org/groups/tanzania-gender-networking-programme-tgnp/)

## Ongoing gender awareness training for health partnership team members

THET encourages both UK and in-country Health Partnership team members to regularly receive gender awareness training. This training can be helpful in challenging stereotypes and biases, opening up discussions on gender inequality and ensuring projects and partnership activities are actively challenging gender inequalities.

Trainings should take into consideration separating staff by level at different stages (perhaps an initial session for all staff, followed by junior/senior sessions). These could take place over the course of a full day onsite, be conducted in blocks during breaks or staff meetings, or even online modules. It may be necessary to involve a gender consultant or specialist from an external gender organisations to deliver gender awareness training. A gender budget can be included in applications to THET's grants management programmes for this purpose.

## Strategy and Action Plan (SAP)

After completion of the gender review, you will need to decide which of the identified gender inequality challenges most urgently need addressing and could feasibly and appropriately be strengthened. The development of a SAP will then help you to focus on achieving improved gender equality within these identified areas. A SAP, based on SMART indicators and targets (Specific, Measurable, Achievable, Relevant, Time-bound), should identify who has lead responsibility for delivering the SAP, and clearly allocate roles and responsibilities to team members. Ideally, senior management will support and champion the SAP to ensure buy-in and support implementation. Please see Appendix 2 for an example of a Gender Equality Strategy and Action Plan.

## Integration into partnership protocols and procedures

Gender equality considerations should also be integrated into other existing and new partnership protocols and procedures, for example, MOUs and governance structures. Specific considerations could include equal representation of males and females on the steering committee, and the inclusion of a review of progress against the Gender Equality SAP as a standing point on steering committee meeting agendas.

**These protocols and strategies should be regularly reviewed, assessed and audited to measure impact and reflect changes in best practice.**





## 4. INTERVENTIONS TO DRIVE GENDER EQUALITY

There are a number of entry points within partnership projects at which you could achieve best practice in gender equality, including in support to trainees and developing gender sensitive projects for health service users. Below are some options for consideration.

### Improving health workforce strengthening programmes

#### Gender awareness training within projects

Effective gender awareness training, delivered as a supplement to trainee workshops, can be an efficient way of incorporating gender equality into projects. Conducting such training with exercises such as role-playing can enable female and male health workers to interact and discuss their own experiences as well as help to develop collaborative strategies for change. This could also be offered in a 'training of trainer' approach, and could include senior management in order to have wider impact at the institutional level. THET recommends that this is delivered by expert trainers such as gender training consultants or specialists from local gender organisations. Training is most likely to lead to meaningful and sustainable change when it is learner centred, uses participatory methods, introduces skills as well as awareness, and has credibility with the participants. In order to stimulate interest in trainings amongst staff, managers could provide certificates of completion, recognise teams with outstanding participation, or develop a leader board between departments demonstrating excellence in gender equality. It is also important to schedule refresher trainings periodically to ensure the issue continues to be a focus, and to support engagement of new team members and staff.

#### Mentoring and leadership training

Positive role models and mentors who actively support and train other team members can support gender mainstreaming at the project, partnership and organisational level. Assigning mentors to different staff members in both the UK and the partner country can promote empowerment, develop

a culture of personal and professional growth and improve performance and motivation. Depending on the availability and understanding of local context of the UK mentors it may be more suitable to develop in-country mentorships as well as cross-country ones. In the 2017 Health Partnership Scheme Annual Review, many Health Partnerships indicated that the involvement of female UK health professionals as volunteers or partnership team members can encourage more inclusivity among health workers and in-country partner teams.

#### Identifying, managing and motivating gender champions

Gender champions are individuals who support and promote gender awareness and drive gender mainstreaming initiatives. They have been found to support sustainable change in gender equality in a range of programmes. THET recommends that all partnerships consider identifying at least one local gender champion.

Specific duties of champions can include: encouraging senior management support through arranging gender briefings; involving senior management in gender protocol development; and developing strategic alliances with women's groups outside the institution.

However, it is important to consider that gender champions require team support if they are to be successful in their roles. This includes clarity about their roles and responsibilities (articulated in a Terms of Reference), capacity building and mentoring, support through networks, senior management support, and time and/or resources allocated to enable the appropriate actions for this role.

There are a number of supportive materials online for gender champions, such as the UN Women's Massive Open Online Course: [Gender Equality in the 2030 Agenda for Sustainable Development](#). This is a free resource which is self-paced.

### Supporting staff who have experienced GBV

Your partnership may wish to ascertain the level of safeguarding that is in place in your institutions to ensure that there are adequate procedures to support those who have experienced GBV. All institutions should have a policy promoting a zero-tolerance attitude to any form of violence as well as mechanisms for dealing with cases of GBV in the workplace, including an open-door policy for reporting and an escalation process for addressing reported cases.

### Addressing differences in access to services


How likely a person is to seek health care is hugely influenced by their gender. Factors include their ease of access to health facilities, their willingness and confidence to approach health workers and their understanding of the importance of doing so.

Given many Health Partnerships' focus on access to services, it is crucial that interventions and Monitoring and Evaluation (M&E) adequately account for gender inequalities.

There are a number of factors which can best enable

gender equality for health service users. However, where projects are focused on gender-specific services, such as midwifery projects, this is not as necessary (although your gender review may have identified some areas that have a gender angle that you could reflect on, such as the inclusion of training or awareness raising for fathers in some projects).

To ensure that gender equality is considered as much as possible in project implementation, questions that your partnership may wish to reflect on include:

Project checklist 	
Do the expected outputs and outcomes of the project seek to promote a fair share of benefits for women and men?	
Does our partnership have the commitment and capacity to manage and implement in a gender-sensitive way in this project?	
Is our project design informed by the sex disaggregated statistics and gender analysis?	
Does the project reflect an understanding of prevailing attitudes towards gender equality and women's rights, and of the forces for and against change?	
Is our project design informed by an understanding of good practice in promoting gender equality?	
Is our project addressing identified issues in health-seeking behaviour?	
Are identified imbalances in the diagnosis and treatment of women, men, girls and boys addressed by our project?	



### Reaching men and women in the community

Regardless of the thematic area of your work, practical measures should be employed to ensure that project information reaches both women and men equally, that they are able to attend health services and that any health service user meetings allow for women and men to actively participate. Women will often have insights on the best way to work around existing power structures and should be consulted in the planning stages for this.

### Gender awareness activities

If gender inequality at the health service user level is identified as an issue through your gender review, you could consider launching gender awareness activities in the local community, involving health service users, religious leaders, families and policy makers. These activities could challenge the perceptions of typically male and female roles through radio and television programmes, social media, posters (e.g. profiling female doctors and the work that they do), or holding a gender awareness day. These measures can allow community members to begin recognising the issue and can create an enabling environment for change.

## 5. MEASURING CHANGE AND IMPROVEMENTS

Monitoring, Evaluation and Learning (MEL) is crucial to ensuring interventions are meeting their aims, reaching the target health workers or health service users, and having a sustainable impact. Measuring change allows projects and partnerships to learn, improve and ultimately share what works with others.

### Developing indicators

In addition to ensuring that training data is disaggregated by gender, Monitoring, Evaluation and Learning (MEL) in Health Partnership projects should include both quantitative and qualitative indicators. This is crucial in order to ensure that gender equality progress can be measured. Your gender review should have enabled you to identify the most useful indicators for tracking this.

If using semi-structured interviews and questionnaires to gather data, the language should be adapted to the local context and definitions should be provided for staff and health service users where required.

#### Quantitative indicators may include the following:

- Numbers of male and female trainees trained in the project, disaggregated by profession and level of seniority. A target for this may be, for example, 30% female doctors trained and 15% male nurses trained.
- Numbers of male and female trainees trained as trainers in the project.
- Numbers of male and female staff involved in training trainees, disaggregated by profession.
- Numbers of male and female team members within the partnership's steering committee.
- Numbers of male and female patients accessing a particular service/clinic.

**Qualitative indicators may include the following:**

Female and male health worker attitudes and perceptions with regards to gender (via short semi-structured interviews or structured questionnaires that can be repeated over time, as well as focus group discussions that would help triangulate and provide a better sense of why people are responding as they are, what is changing in the external environment and their own experience or awareness if attitudes do seem to be changing). A small number of specific questions to ask that can indicate attitudes and perceptions include:

- Can you explain your understanding of gender equality and of women's issues?
- Do you think there is a good gender balance in the health system/your team? Please explain your answer.
- Overall, do you think men are better health workers than women?
- Do you think there are equal opportunities for each gender in the health system/your team? Has this been the case in the project?
- Do you think that your team pays attention to the gender of health service users?
- Do you think the project, so far, has benefitted from an improved gender balance among staff?

A small number of specific questions to ask that can indicate health service user attitudes and perceptions of gender:

- Can you explain your understanding of gender equality and of women's issues?
- Do you think there is a good gender balance in the health system? Please explain your answer.
- Do you have a preference between seeing a male or female doctor? Please explain your answer.
- Do people of all genders have respect for the health workers in your community?
- Do you think health workers at all levels give good service to all genders in the community?
- Do people of any gender find it difficult to get suitable treatment and advice from health workers in this community?

**It is crucial that indicators are routinely reviewed to ensure relevance and reflect any changes in organisational priorities and progress.**

## Sharing learning

THET encourages and supports Health Partnerships to reflect on and learn from their own work and to share their experiences within the Health Partnership community and more widely, for example through:

- Presentations at conferences.
- Meetings with local organisations and Ministries of Health.
- Journal publications.
- Your institution's website, social media and newsletters.

THET can support partnerships to share their learning through its website and other platforms. Please contact us if you have any case studies or other learning that you think will be valuable for others to access.



**Take a look at:**

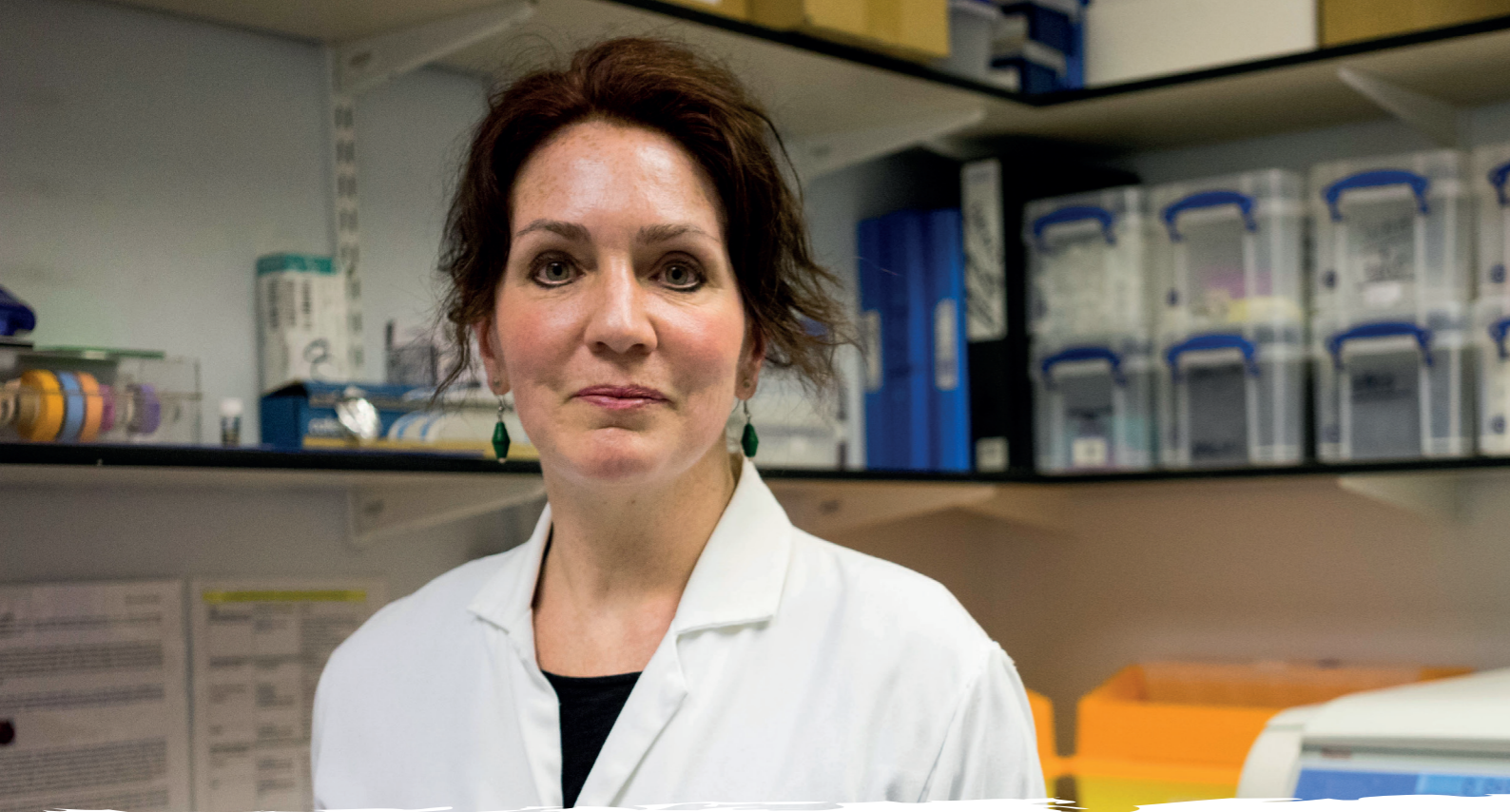
Keynejad, R., Mekonnen F. and Qabile, A. et al. (2018). Gender equality in the health workplace:

learning from a Somaliland-UK paired institutional partnership. *BMJ Global Health*, 3. <https://gh.bmj.com/content/bmjgh/3/6/e001073.full.pdf>

## SUMMARY: GENDER EQUALITY CHECKLIST

This checklist can be used by your partnership to ensure all recommended actions and considerations are in place.

Our partnership has discussed the issue of gender relevant to the context and the work of our partnership.	
Our partnership has conducted a Gender Review and has recorded the sex disaggregated data and results from the gender analysis.	
Our partnership has engaged with senior management about the issue of gender and have their support for addressing the identified issues within our partnership.	
Our partnership has developed and is implementing a Strategy and Action Plan.	
Our partnership has considered the options for supporting our trainees with regards to gender, and have budgeted for this support in our project budget.	
Our partnership has used the project checklist to ensure that our project is as gender sensitive as possible.	
Our partnership has included gender related indicators in our logframe and has committed to tracking progress against these throughout our project.	
Our partnership is making plans to share lessons learnt, where appropriate, within the health partnership community and beyond.	



## FURTHER RESOURCES AND INFORMATION

BRIDGE supports gender efforts by bridging the gaps between theory, policy and practice with accessible gender information: <http://www.bridge.ids.ac.uk/>

DAC work in the area of gender equality is conducted primarily through the Network on Gender Equality (GENDERNET), which is an international forum where gender experts from development co-operation agencies meet to define common approaches in support of gender equality: [www.oecd.org/dac/gender](http://www.oecd.org/dac/gender)

Gender and Development Network (GADN) is a membership network working on gender, development and women's rights issues: <http://gadnetwork.org>

Gender equality in the global health workforce: learning from a Somaliland-UK paired institutional partnership <https://gh.bmj.com/content/3/6/e001073#DC1>

IntraHealth's Gender Equality in Human Resources for Health: What Does This Mean and What Can We Do? [https://www.intrahealth.org/sites/ihweb/files/files/media/gender-equality-in-human-resources-for-health/Gender%20Equality\\_Global\\_31312\\_web.pdf](https://www.intrahealth.org/sites/ihweb/files/files/media/gender-equality-in-human-resources-for-health/Gender%20Equality_Global_31312_web.pdf)

THET's Gender and Transforming Health Systems Webinar <https://www.youtube.com/watch?v=zJJF3px1Lo&t=976s>

UN Women in Ethiopia, UNDP Regional Service Center, 2nd Floor, Kirkos Sub City, Kebele 01, House No. 110, P. O. Box 5580, Addis Ababa, +251 118 69 50 25, +251 118 69 50 04, +251 118 69 50 11

UN Women in Kenya, UN Gigiri Complex, UN Avenue, Block M, Ground Floor, 00100 Nairobi, +254 20 7625991, +254 20 7624363

UN Women in Malawi, Area 12/224, Private Bag B425, Lilongwe 3, +265 1 772 549, +265 1 772 541

UN Women in Rwanda, 12 Avenue de l'Armee, P.O.Box 445, Kigali, +250 252 590465

UN Women in Sierra Leone, 76 Wilkinson Street, P.O. Box 1011, Freetown, +232 2223 1311

UN Women in Somalia, UN Compound/Phase 6, Mogadishu International Airport, Mogadishu, +252 61 771 1112

UN Women in South Africa, Metro Park Building, 351 Francis Baard Street, Pretoria, 0001, +27 83 953 7369

UN Women in Tanzania, Plot 421 Mahando Street, Masaki, P.O. Box 9182, Dar es Salaam, +255 682 216 486

UN Women in Uganda, Plot 11, Yusuf Lule Road, P. O. Box 7184, Kampala, +256 417 112 100 x183

If you have any questions or would like further information or support in this area, please contact THET at [info@thet.org](mailto:info@thet.org).

## Appendix 1

### Gender Analysis Questions

Below is a suggestion for some of the questions you might use/adapt with different stakeholder groups within your partnership and project.

Stakeholders	Questions
Health workers (Health Partnership team members and trainees)	<b>Gender discrimination</b>
	<ul style="list-style-type: none"> <li>• Did you encounter any barriers or enablers in your journey to employment? If so, what were they?</li> <li>• Have you been able to fulfil your career ambitions/interests? If not, what would you like to be doing and what is preventing you?</li> <li>• Do you experience gender discrimination or stereotyping in your daily work (e.g. attitudes, assumptions, roles and gendered division of labour)? If so, how does it manifest?</li> </ul>
	<b>Gender equitable opportunities and treatment</b>
	<ul style="list-style-type: none"> <li>• How did you get information about your job? Was it easy to access information and apply for the job?</li> <li>• Do you feel supported by colleagues and management in terms of your daily work and aspirations?</li> <li>• What opportunities are there for further training as part of the job?</li> <li>• What opportunities are there for promotion? Do you know of any measures in place to make sure women and men have equal opportunities for promotion?</li> <li>• Is there anything that you think should change?</li> </ul>
	<b>Work-life balances for women</b>
	<ul style="list-style-type: none"> <li>• How do you manage home life and professional life?</li> <li>• Have caring responsibilities affected your choice of job or prevented you from taking up opportunities?</li> <li>• Does the institution have a flexible working policy?</li> <li>• How long is maternity leave? Is it paid?</li> <li>• Is it possible to take paternity leave? How long is it and do men take it?</li> </ul>
	<b>Gender-based violence</b>
	<ul style="list-style-type: none"> <li>• Have you heard of anyone at the institution who has experienced sexual harassment, bullying or other forms of violence at work? If so, did they speak out? What happened as a result? If they didn't speak out, what stopped them?</li> <li>• Are there any measures that have been introduced in the institution to prevent or address GBV?</li> </ul>

Stakeholders	Questions
Health workers (Health Partnership team members and trainees)	<b>Voice and leadership</b> <ul style="list-style-type: none"> <li>• What happens if you have a grievance at work, e.g. regarding unfair practices?</li> <li>• Have you ever spoken out about a grievance? If so, what happened?</li> <li>• Are women and men both able to speak out? Are women and men listened to when they have a grievance or a problem at work?</li> <li>• Are there male and female staff representatives? If so, how are they selected?</li> <li>• Is there a women's rights or gender equality champion? If there is currently no champion, what do you think they should do and how useful would they be?</li> <li>• Are you involved in decision-making at all? If not, what prevents you?</li> <li>• Are there any processes in place to reflect staff voices and concerns? If so, do both women and men participate?</li> <li>• What measures should be put in place to encourage all staff to speak out about problems they have?</li> <li>• What would enable female staff to take on decision-making roles (e.g. training)?</li> </ul>
	<b>Knowledge of gender issues</b> <ul style="list-style-type: none"> <li>• Is any gender training available currently? If so, is it mandatory and how often does it happen? What form does it take, and what difference does it make?</li> <li>• Are gender issues integrated into health training? If so, how?</li> <li>• Are there any opportunities for mentoring in your institution? If so, what form does this take and is this available for women and men?</li> <li>• What types of gender training or mentoring do you think would be most useful?</li> <li>• What other ways might there be to raise awareness of gender issues at the institution?</li> </ul>
	<b>Gender discrimination</b>
Senior management	<ul style="list-style-type: none"> <li>• Have you ever been aware of gender discrimination or stereotyping in your institution?</li> <li>• Have you encountered discrimination yourself in your daily work? What form did it take?</li> <li>• Has there been any attempt to address gender discrimination in your institution? If so, what was done? Who implemented it and how successful was it?</li> <li>• Have there been any positive changes in terms of gender equality, attitudes and awareness in your institution? What factors have led to the changes?</li> </ul>

Stakeholders	Questions
Senior management	<b>Gender equitable opportunities and treatment</b> <ul style="list-style-type: none"> <li>• How do health workers get information about their jobs? Is information easy to access?</li> <li>• How do you ensure both women and men have access to the information?</li> <li>• How do you make decisions about which applicants to interview and hire?</li> <li>• Is there any positive discrimination/quota system to support inclusion of women? If so, what? Does it work?</li> <li>• What opportunities are there for further training as part of the job? Are men and women given the same or different opportunities?</li> <li>• What opportunities are there for promotion?</li> <li>• How many women and how many men have been promoted in the past year? What were the promotions?</li> <li>• What are the criteria for promotion and how are decisions made?</li> <li>• How do people learn about promotion opportunities? How do they apply?</li> <li>• Are there any measures in place to ensure women and men have equal opportunities for promotion?</li> <li>• How long do women and men remain in their posts on average? If they leave, what reasons do they give?</li> <li>• Do women and men receive the same pay for the same or similar work? If not, why not?</li> <li>• Is there any transparency around wages? (for example, can details be easily accessed?)</li> <li>• Do you think there is a gender wage gap? If yes, how could it be addressed? What policies or measures could be put in place?</li> <li>• What measures could be put in place to ensure gender equality in employment practices?</li> </ul>
	<b>Work-life balances for women</b> <ul style="list-style-type: none"> <li>• How do women manage home and professional life?</li> <li>• What happens if a child or someone else they care for is sick?</li> <li>• Does the work place contribute any money for child care?</li> <li>• Have caring responsibilities affected their (or female members of staff's) choice of job or prevented them from taking up opportunities?</li> <li>• Has anyone left their job because they could not balance their job with unpaid care work in the home?</li> <li>• Does their workplace have a flexible working policy? Does this work? Can women or men work part-time or flexible hours if needed?</li> <li>• How long is maternity leave? Is it paid?</li> <li>• Is there adequate breastfeeding time?</li> <li>• Is it possible to take paternity leave? How long is it and do men take it? If not, why not?</li> <li>• What measures could be put in place to help staff create a better work-life balance?</li> </ul>
	<b>Gender-based violence</b>
	<ul style="list-style-type: none"> <li>• Have you heard of anyone who has experienced sexual harassment, bullying or other forms of violence at work or know someone else who has? If so, did they speak out, and what were the channels for doing so? What happened as a result?</li> <li>• What can healthcare institutions do to prevent and address GBV?</li> <li>• Are there any measures that have been introduced in your institution to prevent or address GBV (for example a zero-tolerance policy or awareness-raising)? Are they successful? (why/why not?)</li> </ul>

Stakeholders	Questions
Senior management	<p><b>Voice and leadership</b></p> <ul style="list-style-type: none"> <li>• What happens if staff have a grievance at work?</li> <li>• Have female or male staff ever spoken out about a grievance or know someone else who has? What happened as a result?</li> <li>• Are women and men both able to speak out? Are women and men listened to when they have a grievance or problem at work? If not, why not?</li> <li>• Are there male and female representatives?</li> <li>• How are staff representatives selected?</li> <li>• Is there a women's rights/gender equality champion?</li> <li>• If this role was created what would they do and how useful would it be?</li> <li>• Who are the decision-makers in the institution? Are they mainly male or female? Are there any processes in place to reflect staff voices and concerns?</li> <li>• How are decisions made in the institution?</li> <li>• Are there any processes in place to reflect staff voices and concerns (for example consultations)? If so, do both women and men participate in the consultations? What form do they take?</li> <li>• What measures should be put in place to encourage all staff to speak out about problems they have and claim their rights?</li> <li>• What would enable female staff to take on decision-making roles (training, change in management structure etc.)</li> </ul>
	<p><b>Knowledge of gender issues</b></p>
	<ul style="list-style-type: none"> <li>• What is the level of awareness of gender issues and women's rights for all staff in the institution?</li> <li>• How do women and men understand gender issues? (for example, do they only think it is about women's concerns or do they understand broader gender equality issues such as gender discrimination etc.?)</li> <li>• What are the gaps in understanding?</li> <li>• What type of gender training is available currently? Is it mandatory for all staff? How often does it happen and what form does it take? What difference does it make?</li> <li>• What forms of gender training have been most successful?</li> <li>• What could make gender training more useful and accessible?</li> <li>• Are gender issues integrated into health training?</li> <li>• What are some entry points for integrating gender elements into health training?</li> <li>• What mentoring opportunities are there for women and men?</li> <li>• What forms of training and what types of content would be most appropriate and useful for staff? (e.g. online, face to face, workshops)?</li> <li>• What are some other ways to raise awareness of gender issues more generally in hospitals, clinics and local communities (e.g. posters, leaflets, workshops, radio programmes)? What would work best?</li> </ul>

Stakeholders	Questions
Senior management	<p><b>Policies and commitments</b></p> <ul style="list-style-type: none"> <li>• What governmental or institutional policies or measures are in place to promote gender equality and prevent discrimination? How are these enforced?</li> <li>• What accountability measures are there for implementation of relevant policies? (e.g. is there any external monitoring? Do they have to provide gender-disaggregated data on their hiring and promotion practices?)</li> <li>• Does anyone have specific responsibility for ensuring accountability on gender equality and women's rights? If so, how successful is this? If not, could this role be introduced? How could it be managed?</li> <li>• What are the gaps in current institutional and governmental policies and implementation?</li> </ul>
Health Service Users and community members	<p>Some of the questions below could be used to understand the perspectives of health service users in relation to the workforce and the community.</p> <p>State whether you strongly agree, agree, have no opinion, disagree or strongly disagree with each of the following statements:</p> <p>(Workforce)</p> <ul style="list-style-type: none"> <li>• The gender of a person determines if they are a good doctor or not.</li> <li>• Health workers at all levels give good service to all genders in the community.</li> <li>• There is a need for a better gender balance among the staff in the health system in this community.</li> <li>• I prefer to see a male doctor.</li> </ul> <p>(Community)</p> <ul style="list-style-type: none"> <li>• People of all genders have great respect for the health workers in this community.</li> <li>• A lot of people in the community do not use the health system because of poor services</li> <li>• Men in this community do not like to go to the doctor.</li> <li>• Women in this community have a hard time getting suitable treatment and advice from health workers.</li> <li>• Male and female community members are knowledgeable about the health services available.</li> </ul>

## Appendix 2

# Strategy and Action Plan – Template

The Partnership 2019 – 2023 Strategy and Action Plan

**Example:**

---

**Goal 1:** Strengthen gender equality within our Health Partnership processes

---

**Baseline:** e.g. Our partnership has no existing protocols that ensure partnership commitment to achieving gender equality in its partnership team or projects.

---

**Target:** e.g. At least one partnership protocol has been developed that clearly sets out parameters for achieving gender equality in our work and our partnership team.

---

**Activities (broken down by year):** e.g. At six months: A first draft of the protocol has been developed. At twelve months: The protocol has been developed and all partners have signed in agreement.

**Goal 1:**

Baseline: .....

.....

Target: .....

.....

Activities (broken down by year): .....

.....

**Goal 2:**

Baseline: .....

.....

Target: .....

.....

Activities (broken down by year): .....

.....

**Goal 3:**

Baseline: .....

.....

Target: .....

.....

Activities (broken down by year): .....

.....

## Appendix 3

# Partnership Gender Equality Protocol – Example

### Gender Equality Matters

As centrally recognised within the Sustainable Development Goals, gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, resilient, prosperous and sustainable world. The evidence is clear that gender inequality is a root cause of many barriers to accessing quality health care around the world.

### Partnership's Statement of Protocol

Gender equality is a basic right for all people. Based on this understanding, the partnership believes that it is critical to address gender discrimination and promote gender equality in order to ensure that female staff and health service users have access to the same opportunities and health care services as men.

A focus on gender equality is essential to close inequality gaps. Gender inequalities intersect with and exacerbate other factors contributing to marginalisation, including age, race, socio-economic class, gender identity, geography, health status and ability.

### Scope of Protocol

Our Gender Equality Protocol guides the partnership to ensure that we can deliver projects, advocate, partner and organise for gender equality. It also clarifies why a focus on gender equality is fundamental to achieving our partnership's main vision and the important role that each partnership team member must play in translating this Protocol into action.

### The Partnership's Commitments for Gender Equality

**Programming for Gender Equality:** The partnership will identify and address the root causes of gender inequalities prior to project implementation, enable empowerment of women and girls, will engage men and boys as key stakeholders and in promoting gender equality, prioritise gender analysis within it's work to ensure that women and men have equitable opportunities to participate in, influence and benefit from our projects, work to foster environments that enable gender equality by engaging community members and institutions (where applicable) to change discriminatory attitudes, norms and behaviours that are barriers to gender equality, and work to eliminate all forms of sexual and gender-based violence.

**Advocating for Gender Equality:** The partnership will ensure that the voices of all those we work with are heard and that women and men hold equitable and meaningful influence within our work, utilise language and images that do not reinforce gender stereotypes but instead reflect the true diversity of the roles and opportunities that both women and men have, and promote gender equality by prioritising issues that address identified gender barriers.

**Partnering for Gender Equality:** The partnership will build partnerships for gender equality by collaborating with organisations who share a common vision for gender equality. We will work with our partners to identify and implement best-practice solutions to gender inequalities by consulting with local gender organisations that offer valuable knowledge and insights into gender relations, barriers and opportunities, and ensuring that explicit commitment to gender equality is integrated into all partnership agreements.

**Organising for Gender Equality:** The partnership will integrate gender equality objectives into all projects, prioritise gender equality in staff recruitment, orientation, promotion and retention and strive for equitable numbers of women and men at all levels of the partnership including leadership, invest in staff training on gender equality at all levels (where possible), dedicate appropriate funding in project budgets to fulfil our gender equality commitments, and ensure that priority is given to fostering safe, gender sensitive work environments for partnership team members and trainees.

### Applicability

This Gender Equality Protocol applies to the delivery of projects by the partnership and aims to promote best practice that will enable gender equality for the partnership's team members, trainees and ultimately the health service users served at the partnership institutions.

## About THET

One billion people in the world do not have access to a qualified health worker. THET has a vision of a world where everyone has access to quality health care. We achieve this by training and educating health workers in Africa and Asia, working in partnership with organisations and volunteers from across the UK. Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK charity with this focus.



## Acknowledgements

We would like to thank the Fraxinus Trust whose funding has allowed THET to research, document and develop tools which will transform our approach to gender equality and that of the Health Partnerships we work with.



THET,  
1 Wimpole Street,  
London W1G 0AE

Charity Registration No. 1113101  
Company Registration No. 5708871

[www.thet.org](http://www.thet.org)

