

The Capacity Development Resource Guides highlight the key technical areas of expertise needed to effectively influence health policy design, implementation, and monitoring and evaluation. Each guide identifies the specific skills, knowledge, and capacities that individuals and organizations should possess in the area. The standardized indicators listed for each competency and capability map to the accompanying Capacity Indicators Catalog, which helps to generate a tailored tool for assessing and scoring an organization's capacity level. Each guide also includes a list of useful resources for designing and delivering capacity development assistance.

This resource guide, along with the Stigma and Discrimination and Poverty guides, highlight the importance of addressing equity in health policies and programs.

## PROMOTING GENDER EQUITY IN POLICY AND PROGRAMMING TO IMPROVE HEALTH OUTCOMES

### DEFINITION

Gender equity refers to processes and systems that ensure fairness to women, men, girls, boys, and sexual and gender minorities. It involves taking active measures to address the cumulative economic, social, and political disadvantages across sectors that have prevented equal enjoyment of rights and entitlements, including in health and development. *Gender integration* involves systematically identifying and then addressing gender-related norms and inequalities when designing, planning, and implementing programs and activities. Effective understanding of these processes and approaches ultimately serves to promote *gender equality*, the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. For purposes of capacity self-assessment, the promotion of gender equity and gender equality may often be understood and assessed interchangeably.

### RELEVANCE TO POLICY

Social and economic inequalities are widely recognized as negatively influencing the achievement of improved health outcomes. Inequitable gender norms contribute to decreased access to and use of health services. As part of the

enabling environment, policy has a unique ability to influence and transform these factors that contribute to health inequities and poor health outcomes.

## ■ KEY CAPABILITIES

To address inequitable gender norms and integrate a gender perspective into policies and programs, individuals and organizations require the ability to conduct gender analyses, apply gender-responsive data to inform policy development, conduct gender-responsive budgeting, engage multiple and diverse stakeholders in the planning and implementation of gender-sensitive policies and programs, and monitor the effects of policy on women, men, and sexual and gender minority populations (Ozonas, 2011; PAHO, ND; WHO, 2011).

## ■ PERFORMANCE IDEAL

### **High capacity for addressing gender inequities includes being able to**

- Analyze women and men's needs, roles, and experiences in the design, implementation, monitoring and evaluation of policies and programs
- Recommend and implement policy and program changes so that women and men benefit equally and gender inequities are reduced or eliminated
- Promote gender equality within an organization's own structure (staff composition, leadership opportunities, remuneration, and culture)

Gender governance structures, such as gender directorates within ministries of health and ministries of women and gender, require capacity for inter- and intra-agency coordination and oversight on policies and programs at the intersection of gender and health. They should have the capacity to influence other departments, sectors, and external partners to develop and implement policies and programs to address gender inequities; coordinate efforts and harmonize policies across sectors for maximum effectiveness; allocate adequate resources for health equity goals; and hold all stakeholders accountable for outcomes.

Other essential competencies include the ability to generate, analyze, apply, and disseminate gender-based data; produce or commission research; and identify and scale up promising practices. Furthermore, governments with high capacity to address gender inequities integrate gender-based violence (GBV) prevention and response components into health and other policies.

### **In the ideal, the following would exist:**

- Mechanisms, resources, and processes for conducting gender and policy analysis to identify barriers, gaps, and potential solutions
- Mechanisms, structures, and human resources for promoting gender equity in all aspects of policy and programming
- Opportunities and mechanisms for broad participation of women, men, and sexual and gender minorities throughout the policy process
- Mechanisms for systematic monitoring and evaluation of the impact of policy development and implementation on gender equity
- Mechanisms and resources to identify, prevent, and respond to GBV
- Patterns of dynamic and effective interactions among stakeholders for common gender and equity goals

## INDIVIDUAL COMPETENCIES

### KNOWLEDGE OF

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|   |               |
|---|---------------|
| The different roles, responsibilities, attributes, and experiences of women, men, and sexual and gender minorities in their given context   | GEN1          |
| How gender norms influence health policy goals and outcomes, health status and behaviors, and access to health services   | GEN2          |
| The links between poverty, gender, stigma and discrimination, and other sociocultural determinants of health  | GEN3          |
| Proven strategies to engage men and boys as champions, advocates, and clients   | GEN4          |
| Available redress mechanisms/channels when gaps and barriers in gender-sensitive policy implementation are identified   | GEN9          |
| The links between gender-based violence and public health, including psychological violence and violence against men, boys, and sexual minorities, as well as familiarity with established systems and resources available in their given context to respond to GBV | GEN5,<br>GEN6 |
| Rights-based approaches to integrating gender into health policies and programs, including a familiarity of international/national frameworks and policy commitments governing gender equality and human rights   | GEN7          |
| The current legal and policy environment and governance structures that affect health and gender equity, including those outside the health sector  | GEN8          |

### SKILLS TO BE ABLE TO

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| Identify opportunities and entry points to promote gender equality through policies and programs  | GEN9  |
| Apply a gender lens when conducting policy analysis and monitoring and/or assessing policy implementation in health and other sectors, in order to identify gaps and barriers                       | GEN10 |
| Frame gender mainstreaming approaches within broader public health priorities   | GEN11 |
| Collect, analyze, and use sex-disaggregated and gender data to support advocacy and policy goals related to gender equity   | GEN12 |
| Communicate clearly and persuasively with policymakers, civil society, donors, and other community leaders and stakeholders about the importance of addressing gender issues in policy and programs | GEN13 |
| Apply gender-responsive budgeting <sup>1</sup> tools and approaches   | GEN14 |

## ATTITUDES/VALUES/ATTRIBUTES

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|--|-----------------|
| Values participatory approaches and engages women, men, and sexual and gender minorities in policy development and implementation  | GEN16           |
| Demonstrates commitment to gender equality and human rights  | GEN17           |
| Has non-discriminatory attitudes toward women and men who do not conform to societal norms around sexual orientation and gender identity   | GEN18           |
| Has leadership qualities, particularly to mobilize and inspire others to act to promote gender equality goals in policies and programs, and elevates gender issues within broader policy dialogues | GEN15,<br>GEN19 |

## ORGANIZATIONAL CAPABILITIES

### TECHNICAL ABILITY TO

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|---|-------|
| Commission or conduct gender and health analysis to identify differential impacts of specific policies on women and girls, men and boys, and sexual and gender minorities, including health policies that are not specific to women as the primary target group   | GEN20 |
| Use gender analysis and sexual and gender-disaggregated data effectively to identify gender-differentiated <ul style="list-style-type: none"> <li>▪ Access to health services</li> <li>▪ Roles and responsibilities</li> <li>▪ Experiences and participation</li> <li>▪ Access to resources</li> <li>▪ Legal rights and status</li> <li>▪ Power and decision making</li> <li>▪ (Other) social determinants of health that affect health equity</li> </ul> | GEN21 |
| Analyze how gender norms influence health policy goals and outcomes and health status and health behaviors to inform the development of policies and programs to achieve gender equitable outcomes and/or address institutionalized inequities  | GEN22 |
| Commission or conduct gender-responsive budgeting   | GEN23 |
| Include and engage women, men, and sexual and gender minorities in advocacy, policy issues, and programming   | GEN24 |
| Establish and maintain a formal system to routinely collect, analyze, and use sex-disaggregated and gender-sensitive data   | GEN25 |
| Develop and use gender-sensitive indicators to monitor and evaluate the differential impact of policies and programs on women, men, and sexual and gender minorities  | GEN26 |

|   |                 |
|---|-----------------|
| Develop and integrate evidence-based strategies to address and mitigate discriminatory laws, policies, regulations, and institutional practices | GEN27           |
| Promote and monitor policy commitments to gender equality and health equity   | GEN28           |
| Identify and share best practices, lessons learned, and research within and outside the organization  | GEN29,<br>GEN30 |

### RELATIONAL ABILITY TO

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|---|-------|
| Educate donors and government ministries on the importance of mainstreaming gender in policies and programs   | GEN31 |
| Foster and maintain strong networks among civil society organizations, policymakers, or other stakeholders in support of gender equality  | GEN32 |
| Use available redress mechanisms/channels when gender and equity issues are identified in the policy process  | GEN33 |
| Coordinate effectively with other organizations, networks, ministries, sectors, and departments to harmonize policies that affect gender equity and health outcomes (e.g., Ministry of Education, planning and budgeting units) | GEN34 |

### ORGANIZATIONAL OPERATIONS AND MANAGEMENT TO SUPPORT

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| Senior management and leadership's active commitment to gender equity and human rights  | GEN35 |
| Procedures to promote gender equality on the board and in staff recruitment and professional development and advancement, including at senior-level positions | GEN36 |
| Internal written policies on gender equality and non-discrimination, including equality in pay  | GEN37 |
| The inclusion of responsibility for promoting gender equity in job description/s of designated staff  | GEN38 |
| Sufficient resources (staff, time, and money) for gender equality initiatives   | GEN39 |
| Routine training of program staff in gender analysis for program planning, implementation, and evaluation   | GEN40 |
| Training and/or technical assistance for other organizations, departments, and agencies on gender analysis and mainstreaming                                  | GEN41 |

<sup>1</sup> Gender-responsive budgeting refers to applying a gender perspective at all levels of the budgetary process and structuring revenues and expenditures to allocate resources in a way that promotes gender equality and ensures that the needs of different social groups are addressed. It also includes analyzing the impact of public resource allocation on women, girls, men, boys, and sexual and gender minorities.

## ■ ILLUSTRATIVE CAPACITY- STRENGTHENING ACTIVITIES

- Conduct an organizational gender audit and develop a gender mainstreaming strategy to address gaps and priorities
- Conduct gender sensitization training to raise awareness of the different roles, responsibilities, attributes, and behaviors assigned to men and women in a given context and their link to health
- Foster south-to-south knowledge exchange among gender ministries and/or gender focal points within health ministries
- Provide technical assistance to ministries of women and gender to strengthen their mandates and improve multisectoral coordination
- Coach women, men, and sexual and gender minority leaders and gender equality champions in their advocacy efforts
- Award small grants to organizations pursuing gender equality and health policy goals
- Coach ministries of gender in providing technical expertise to other government agencies and support them to harmonize policies across sectors that affect gender and health equity outcomes
- Contribute to global learning on the links between strengthened gender governance and health policy outcomes and on effective capacity development approaches towards this end
- Support research in order to contribute to the evidence base on the links between the integration of gender into policy and improved health outcomes, and strengthen capacity among gender and health ministries to capture and use this evidence to inform policies and program

## ■ RESOURCES

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Suggested citation: Health Policy Project. 2014. "Capacity Development Resource Guide: Gender." Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-027-1

This resource guide is part of an Organizational Capacity Assessment (OCA) suite of tools. The USAID-funded Health Policy Project developed the suite to help organizations assess and strengthen their capacity to contribute to improved health systems and health outcomes. The tools include an overview of the OCA approach, a facilitator guide, a series of capacity development resource guides, and a Capacity Indicators Catalog. The suite is available at [www.healthpolicyproject.com](http://www.healthpolicyproject.com).

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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