



WHO Gender and health planning and programming checklist



Gender issues can be addressed at various stages in the process of developing a programme or policy. The checklist below is designed to assist you in integrating gender into your health planning and programming activities by highlighting key questions (as per gender analysis methods) and suggesting tips to address identified gaps.

Some questions and tips are repeated across stages, reiterating the need to constantly incorporate the perspectives, experiences and potential benefits for groups of men and women throughout the process. In other words, this repetition is part of the gender mainstreaming process – the same questions and principles can occur and be applied at various stages.

The questions include aspects of institutional analysis and changes required to ensure that gender mainstreaming efforts achieve results on the ground. Questions relating to policy analysis, team composition and budgeting – the areas that address institutional infrastructure needed to realize the goals of gender equality and health equity – are included to respond to gaps and calls for practical ways to progressively achieve gender mainstreaming goals.

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Situation Analysis
<p>Have gender analysis methods been used in conducting the situation analysis?</p> <ul style="list-style-type: none"> ✓ Use the GAQ and GAM to highlight gender-based health inequities that require attention.
<p>Have knowledge and information that exist on gender and health from sources other than health indicators and/or reports been used as part of the evidence base?</p> <ul style="list-style-type: none"> ✓ Use data disaggregated by sex and age from multiple sources of data as well as information on mortality, morbidity, survival, disability and determinants of health. ✓ Use existing knowledge on gender norms, roles and relations to inform data analysis.
<p>Does the country have a legal and policy framework on gender equality and women's health?</p> <ul style="list-style-type: none"> ✓ Review international commitments and obligations such as the Beijing Platform for Action, national MDG plans, signature and/or ratification of core human rights treaties - and relevant reservations (e.g. CEDAW). ✓ Assess national and/or district health sector policies for their attention to gender equality and women's health issues. ✓ Compile an inventory of programmes and policies on the topic in question – and then use the GRAS to assess them.
<p>Do national and health sector processes include mechanisms on gender equality and human rights, such as a desk or unit on gender and/or women's health in the health ministry or elsewhere in the government sector, a focal point system or network of non-governmental organizations?</p> <ul style="list-style-type: none"> ✓ Compile a list of health stakeholders working on health to identify partners that will enhance programme outcomes. ✓ Include women's non-governmental organizations; lesbian, gay, bisexual and transgender organizations; human rights groups; women's affairs ministries; community leaders; health professionals, etc.
Designing Programmes and Policies: Define the Scope, Vision and Target Audience
<p>Are core gender issues in this area reflected in the scope and vision?</p> <ul style="list-style-type: none"> ✓ Explore how sex and/or gender differences affect the health issue at hand. ✓ Address gender and gender inequality as determinants of health. ✓ Identify key gender issues and articulate them within statements of scope and vision. ✓ Involve women and men equally in design phases, as beneficiaries and as programme staff members. <p>Does the target population purposely include both women and men? If not, why?</p> <ul style="list-style-type: none"> ✓ Pay attention to diversity among women and among men when determining target audience(s). ✓ Use gender analysis methods and tools to identify key population groups that may require specific attention. <ul style="list-style-type: none"> • Adopt either a gender-specific or gender-transformative approach based on the defined objectives and target audience(s).
Designing Programmes and Policies: Set Goals or Objectives
<p>Does at least one goal or objective explicitly address gender equality or gender as a determinant of health?</p> <ul style="list-style-type: none"> ✓ Based on use of GAM and GAQ, reflect men and women's different health needs in goals and objectives. ✓ Pay attention to diversity among women and among men when determining goals and objectives. <p>Have other stakeholders or partners participated in setting goals or objectives?</p> <ul style="list-style-type: none"> ✓ Choose partners with the right skills and capacity to address gender inequality in health: <ul style="list-style-type: none"> • Note that these partners could be selected from the list of stakeholders compiled during the situation analysis. If this was not done at the time of the situation analysis, it can be done at any point to ensure the involvement of relevant partners. • Remember to equally involve women and men in goal setting activities.



Designing Programmes and Policies: Developing Activities

Was the context of men's and/or women's lives and their different health needs considered?

- ✓ Consider the different effects or implications the activities will have on different groups of women and men in the target population.
- ✓ Include women and men and girls and boys when determining the feasibility and appropriateness of the activities selected:
 - Be innovative when determining methods of consultation to ensure diverse input from women and men and girls and boys.
 - Ensure that the programme will not interfere with their daily tasks (and thereby affect participation and benefits).
 - Consider how or if sociocultural norms may impede the participation or benefits of women or men - and address them appropriately.

Does addressing gender inequality require specific activities for women or men of a particular group?

- ✓ Identify similar and different needs of men and women and girls and boys – and target activities towards the particular needs of the group that may have a higher burden of illness or whose health may be more vulnerable.
- ✓ Remember that women and men are not homogeneous groups and consider the vast diversity among them in developing activities.

Do methods and activities include ways to identify or address gender norms, roles and relations that are harmful for health?

- ✓ Use the GAM and GAQ to identify and address the gender norms, roles and relations that hamper healthy outcomes.
- ✓ Ensure that activities, by their methods or through their assumptions, do not reinforce or uphold existing stereotypes in their targets or planned outcomes.

Have other stakeholders or partners participated in discussions on activities?

- ✓ As feasible, address both individual groups and broader communities in moving towards sustainable interventions.
- ✓ Ensure that stakeholders have the opportunity to provide meaningful input on the feasibility and appropriateness of the activities developed.
- ✓ Ensure that women and men have participated equally in developing activities – both as beneficiaries and as programme staff members.

Designing Programmes and Policies: Preparing a Budget

Do budget lines exist for work on gender equality or women's health initiatives?

- ✓ Allocate specific funds towards activities and objectives addressing gender inequality in health:
 - This requires explicitly allocating and costing all activities and not simply higher-level objectives.
- ✓ Hire or allocate dedicated staff members to work on gender equality and women's health - with an appropriate staff time allowance to implement and monitor activities.

Are male and female staff members entitled to equal benefits?

- ✓ Ensure that the implementation of activities does not reinforce or uphold existing inequalities among different groups of men and women through unequal incentives or benefits paid.

Have women and men – from communities and partner organizations – been consulted to identify planned costs?

- ✓ Include budget allocations for stakeholder consultation and involvement. This includes local non-governmental organizations as well as women and men and boys and girls:
 - This could include financial support to compensate for staff time, transport costs, child care, etc.
- ✓ Apply explicit strategies to mobilize resources for gender and health activities.

Designing Programmes and Policies: Team Composition

Does the team have both male and female team members at all decision making levels?

- ✓ Make sex parity an explicit recruitment criterion.
- ✓ Encourage the equal and meaningful participation of men and women as project staff.
- ✓ Strive for a balance between women and men in decision-making positions in the project.
- ✓ Include experience in gender (analysis or equality) or women's health as a core competency in the team.
- ✓ Include experience with gender and health in the terms of reference for consultants, project staff and other contractors.
- ✓ Map skills, knowledge and experience to specific activities and objectives for addressing gender inequality in health.
- ✓ Ensure gender and health expertise in senior positions and in implementing roles.
- ✓ Identify and address capacity-building needs within the team on gender analysis or raising gender and health awareness within the scope of the project; provide training as necessary.
 - Training sessions should build skills and address staff beliefs and attitudes around gender towards common understandings and approaches.

Does the team have an established mechanism for reporting and sharing information on gender equality or women's health activities?

- ✓ Establish clear lines of accountability for the gender aspects of the programme.

Do team members differ in terms of pay scales or other benefits? For whom? Why?

- ✓ Establish equal pay rates between women and men performing the same responsibilities.
- ✓ Ensure that the incentives provided to staff are equal for men and women.
- ✓ Ensure that the terms and conditions for staff members and contractors are not more difficult for one sex to meet than the other because of structural or familial constraints.
 - If postings are in rural or high-security areas, ensure that such constraints for men and women are addressed to facilitate equal access to these posts.



Implementing Activities

What mechanisms are put in place to ensure that programme implementation will uphold the principles of gender equality and health equity?

- ✓ Develop gender-sensitive codes of conduct for working within the programme and in-field activities.

Do programmatic materials or publications reinforce gender-based stereotypes?

- ✓ Ensure that methods or strategies for delivering programmes, including communication, do not reinforce or uphold existing stereotypes about different groups of men and women.
- ✓ Ensure that the language of the programme does not exclude or privilege one sex over the other.

Are programme delivery sites in places that both women and men can access?

- ✓ Consider constraints women or men may face in accessing selected sites of programme delivery. Choose sites that are accessible to all – even if this means multiple programme delivery sites.

Have women and men participated equally in the implementation stage – both as beneficiaries and as programme staff members?

- ✓ Establish a two-way system of information sharing about the programme, outcomes and impact: from you to the community and from the community to you.
 - Develop community-based strategies for sharing information about the programme, its progress and outcomes.
 - Include community members (men and women) and other local stakeholders/partners in analysing data and interpreting results as feasible and relevant.
 - Do not limit communication to national or international decision-makers, the academic community or written mass media.
 - Create mechanisms for stakeholder participation throughout the implementation of the policy or programme.

Monitoring and Evaluation

Have process and outcome indicators been included in monitoring and evaluation frameworks and activities?

- ✓ When selecting or creating indicators, ensure that they are disaggregated by sex and age (as a minimum and where appropriate).
- ✓ Ensure that the health status indicators used in both monitoring and evaluation and situation analysis development include morbidity and mortality trends, disaggregated by sex and age at the very minimum.

What are the sources of information for monitoring and evaluation?

- ✓ Rely on a mix of indicators from various sources to analyse the social, economic, political and cultural influences on health.

Does the programme monitor progress on gender equality and health equity?

- ✓ Ensure that measures are included and analysed on empowerment (of women and of the community).
- ✓ Use progressive measures of gender equality and health equity as evaluation criteria.
- ✓ Include both process and outcome indicators for gender mainstreaming.
- ✓ Socioeconomic measures should include both the productive and reproductive roles of women.
- ✓ Examine the differential impact of the programme or policy outcomes on both women and men – of different ages and across other socioeconomic and sociocultural stratifiers as feasible.
- ✓ Use the information collected from monitoring and evaluation activities to inform amendments, corrective action or subsequent cycles of programmes or policies.

Have women and men participated equally in the monitoring and evaluation stages – both as beneficiaries and as programme staff members?

- ✓ Include community members (men and women) and other local stakeholders in designing the monitoring and evaluation strategy and activities.