

Table 2: Moving from Analysis to Action

Steps 2—5: Using the information you entered in Table 1 as a reference, answer the following questions for your program goal or objective. This is an example for a health service delivery approach. Overall Goal: Improve response to GBV through health services delivery.

<p>Step 2. What gender-integrated <u>objectives</u> can you include in your strategic planning to address gender-based opportunities or constraints?</p>	<p>Step 3. What proposed <u>activities</u> can you design to address gender-based opportunities or constraints?</p>	<p>Steps 4 & 5. What <u>indicators</u> for monitoring and evaluation will show if (1) the gender-based opportunity has been taken advantage of or (2) the gender-based constraint has been removed?</p>
<p>Access to Assets Increase access to comprehensive health services for survivors, especially for poorer women.</p> <p>Power and Decision Making Change women’s negative attitudes towards institutional responses to GBV by increasing the power and influence they have in the design and implementation of those services.</p> <p>Knowledge, Beliefs, and Perceptions Change community-level attitudes that view GBV as normal and acceptable.</p>	<p>Access to Assets Train providers to recognize signs of GBV and to ask women if they have experienced it. Provide medical treatment, forensic evidence collection, counseling, and referrals to other services to women at no charge. Advertise that services are free.</p> <p>Power and Decision Making Implement a participatory learning and action process to include women as key stakeholders in the design, implementation, monitoring, and evaluation of health sector responses to GBV.</p> <p>Knowledge, Beliefs, and Perceptions Advertise services available for GBV survivors, emphasizing that this community does not accept violence against women.</p>	<p>Access to Assets Number of providers trained to care for and refer GBV survivors. Proportion of women who reported physical and/or sexual violence. Of women who reported violence, proportion who received one or more referrals to services.</p> <p>Power and Decision Making Number of women that attend project planning meetings. Proportion of women at meetings who actually speak. Proportion of women who agree that health sector services appropriately respond to survivors needs.</p> <p>Knowledge, Beliefs, and Perceptions Proportion of community members, disaggregated by sex, who can name somewhere a woman can go for help if she experiences violence.</p>

<p>Practices, Roles, and Participation Mobilize men in support of services for GBV survivors.</p> <p>Legal Rights and Status Improve compliance with South Africa's legal framework against GBV as it applies to the health sector.</p>	<p>Practices, Roles, and Participation Conduct peer education among men about gender and violence, including training in community mobilization against GBV.</p> <p>Legal Rights and Status Develop a national-level clinical protocol for the clinical management of GBV survivors. Train providers in the use of that protocol.</p>	<p>Number of men/women who agree that it is acceptable for a man to beat his wife if she (burns the food; leaves home without permission; neglects the children, etc.)</p> <p>Practices, Roles, and Participation Number of male community members who attend planning meetings.</p> <p>Number of men who speak in support of strengthened health services for survivors at project planning meetings.</p> <p>Legal Rights and Status Proportion of clinics that have at least one provider trained in the use of the clinical protocol.</p>
---	---	--