



BETTER PRACTICES *in*

Gender Sensitivity

Tool for
FP/RH Curricula

Gender Sensitivity Assessment

PRIME II

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Overview of the PRIME II gender sensitivity assessment tool for FP/RH curricula

Introduction and rationale

This instrument, a gender sensitivity assessment tool for Reproductive Health and Family Planning (FP/RH) curricula, intended for use by program and training managers, curriculum designers and trainers, was developed as a part of the PRIME II project's comprehensive gender initiative, to:

- Ensure that gender sensitivity, response to gender based-violence (GBV) and male involvement in FP/RH are covered in RH pre-service/in-service curriculum development and revision, continuing education, performance improvement, consumer-driven quality and postabortion care (PAC) initiatives
- Link gender with the elimination of female genital cutting (FGC), STI and HIV/AIDS prevention, safe motherhood and adolescent reproductive health initiatives
- Identify, develop and use approaches, tools and better practices in gender sensitivity and response to gender-based violence (GBV) in RH settings that are appropriate for primary-level providers and trainers.

The gender sensitivity assessment tool for FP/RH curricula was developed in response to a need for a way to operationalize and assess gender sensitivity at the point where RH service providers are being prepared to deliver high quality FP/RH services (i.e., during pre-service and in-service training). Through training that is gender-sensitive, FP/RH service providers are better equipped to provide gender-sensitive services. This means that service providers become more aware of and responsive to the different gender concerns of women and men, as well as to gender issues related to the delivery of FP/RH services. Providers who become aware of inequities in health care and inequalities in reproductive health related to gender are

encouraged, through training, to reduce barriers to FP/RH service acceptance, access and use that are based on gender differences, resulting in more appropriate and equitable FP/RH services.

Purpose and users of the tool

The gender sensitivity assessment tool for FP/RH curricula is an easy-to-use tool that human resource development (HRD) professionals can use to plan for, assess and improve the gender sensitivity of FP/RH training curricula and programs. The curriculum assessment tool is intended for use during curriculum design and revision activities, but its components may also be used at other points in the project cycle such as during a training needs assessment during a provider follow-up or during the development of a country-level training strategy.

Content and format of the tools

The curriculum assessment tool includes an assessment checklist (Part II), and action plan guidelines (Part III) to help curriculum designers and trainers improve the gender sensitivity of FP/RH curricula or modules, where indicated. There is also a Glossary (Part IV) and list of illustrative technical references (Part V) which curriculum developers will find useful when thinking about adding new objectives or content. The bibliography (Part VI) contains the sources referred to in the development of the indicators.

Part II

Checklist for the assessment of the gender sensitivity FP/RH curricula

The assessment checklist allows the user to analyze the curriculum for instructional as well as content needs. There are four columns, indicating: specific areas of gender-sensitive content; knowledge and skills objectives related to a given content area; teaching materials related to a content area; and an evaluation plan and tools related to a content area.

Training content areas (in the first column on the left of the assessment checklist) are formulated in terms of what a service provider is trained to do in order to offer particular gender-sensitive FP/RH services.

Areas of gender-sensitive training content include:

- Provider values and comfort in offering FP/RH services to women and men
- Making RH and IEC services accessible to both male and female clients
- Reproductive and sexual rights
- Client/provider interaction that accords respect and full decision-making to female clients regardless of marital status or age
- Confidentiality and privacy as gender issues
- Gender-based violence including rape and FGC
- Power dynamics in negotiating condom use and other contraception
- Gender issues in infertility and PAC
- Adolescent reproductive and sexual health for young women and men
- Risk assessment, screening and counseling around STIs/HIV/AIDS
- Gender-sensitive safe motherhood services
- Men's participation in reproductive health

The three subsequent columns on the assessment checklist allow the curriculum designer to analyze and document on the checklist the presence or absence of particular learning objectives, teaching materials and evaluation plans and tools for that content area.

Once the curriculum designer has identified whether these elements exist or not, she/he is ready to prepare an action plan to develop or revise the curriculum or modules.

Instructions to the user

Once your organization has decided to develop a new FP/RH curriculum or modules, or to revise an existing one, follow these steps:

1. (New curriculum) Clarify, in consultation with program decisionmakers, the post-training functions of the FP/RH service providers who will participate in the course; and the goal and objectives of the planned pre-service or in-service training. Obtain the most recent version of the trainees' job description.
 - a. Identify organizational or national priorities concerning gender sensitivity or gender equity related to FP/RH service delivery, supported by review of organizational, Ministry or government directives, standing orders, policies or operational plans related to gender. The gender sensitivity assessment checklist should be used at this time to identify curriculum content areas for gender-sensitive FP/RH service delivery performance. It is assumed that, after the content areas have been identified, all the instructional elements in the rest of the columns should be developed for a new curriculum.
 - b. An orientation to gender and reproductive health has been found useful to increase understanding of gender perspectives and gender issues and to focus discussions among curriculum developers and organization decision makers.
2. (Curriculum revision) Obtain the most recent version of the FP/RH curriculum or modules.
 - a. Using the curriculum gender sensitivity assessment tool, proceed through the relevant gender-sensitive content areas on the assessment checklist (Part II), circling "N/A" or "Not Applicable" to eliminate those areas of gender-sensitive content that

- are not relevant to the curriculum or unit. The result of this process of elimination is the content that is relevant and to be added to the curriculum.
- b. For the content areas that are relevant to the curriculum, proceed across the columns in the assessment checklist, deciding (yes or no) if the specific gender-related content and instructional elements are present or not in the existing curriculum or module. If you mark “No,” that means that the content should be added or the instructional elements added.
 - c. As with new curricula, an orientation to gender and reproductive health is useful to increase understanding of gender perspectives and gender issues and to focus discussions.
3. Based on the content areas for which you have checked “No” or “0,” and on the instructional elements needed, develop an “Action Plan to Improve the Gender Sensitivity of the FP/RH Curriculum.” An action plan is a written document that describes the steps that the user(s) of the tool will complete to improve the gender-sensitivity of the FP/RH curriculum or modules (see format and sample action plan in Part III). Bring the action plan to sessions in which the curriculum will be developed, or reviewed and revised.
 4. Indicators related to the gender sensitivity of performance related to female genital cutting (FGC) should be incorporated into the assessment of curricula only in countries where FGC is prevalent. Local characteristics of gender sensitivity may be generated or the current indicators can be reformulated for increased conceptual clarity or relevance. Microsoft Word files to customize the tool to reflect local need can be found on the PRIME website: www.prime2.org.

Checklist 1

Checklist for the assessment of the gender sensitivity of FP/RH curricula

Gender sensitive content related to FP/RH service delivery	Learning objectives		Teaching materials	Evaluation plan/tools	Comments
	Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
<p>1. The service provider is trained to understand that, in order to provide appropriate and sensitive FP/RH services, she/he must differentiate her/his personal beliefs and values from those of the client, related to:</p>					
a. sexual practices and behavior for males and females	N/A	0 1	0 1	0 1	0 1
b. fertility and childbearing	N/A	0 1	0 1	0 1	0 1
c. raising children (including education, nutrition and discipline)	N/A	0 1	0 1	0 1	0 1
<p>2. The service provider is trained to refrain from imposing on clients her/his personal beliefs and values related to:</p>					
a. sexual practices and behavior for males and females	N/A	0 1	0 1	0 1	0 1
b. fertility and childbearing	N/A	0 1	0 1	0 1	0 1
c. raising children (including discipline, nutrition and education)	N/A	0 1	0 1	0 1	0 1
<p>3. The service provider is trained to offer information, education and counseling (IEC) related to reproductive health at places where potential male clients and male members of the community are likely to meet or work.</p>					
	N/A	0 1	0 1	0 1	0 1

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
4. The service provider is trained to offer information, education and counseling (IEC) related to reproductive health at places where potential female clients and female members of the community are likely to meet or work.	N/A	0 1	0 1	0 1	0 1	
5. The service provider is trained to offer clients information related to their sexual and reproductive rights , including:						
a. the right to choose the number and timing of children	N/A	0 1	0 1	0 1	0 1	
b. the right to live without sexual harassment or forced sexual relations	N/A	0 1	0 1	0 1	0 1	
c. the right to be free from violence	N/A	0 1	0 1	0 1	0 1	
6. The service provider is trained to understand that men and women sometimes understand family planning methods in different ways. She/he is trained to take this into consideration in client counseling when explaining:						
a. who uses and who controls the FP method	N/A	0 1	0 1	0 1	0 1	
b. whether the FP method offers dual protection against STDs and HIV/AIDS	N/A	0 1	0 1	0 1	0 1	
c. if or how the FP method might affect sexual relations	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
d. side effects or normal changes in health that a client might experience while using the FP method	N/A	0 1	0 1	0 1	0 1	
7. The service provider is trained to take into account the unequal power in decision-making between men and women when counseling clients. She/he helps women who face opposition (from male partners or from family members) to condoms or other contraception to develop safe strategies to prevent pregnancy or STIs.	N/A	0 1	0 1	0 1	0 1	
8. The service provider is trained to respect and maintain confidentiality regarding a female client's use of a FP method.	N/A	0 1	0 1	0 1	0 1	
9. The service provider is trained to encourage clients, male or female, to make their own reproductive choices regardless of their age, marital status or consent by family members, provided it is consistent with national FP/RH service policy.	N/A	0 1	0 1	0 1	0 1	
10. The service provider is trained to be at ease offering reproductive health services to both male and female clients.	N/A	0 1	0 1	0 1	0 1	
11. The service provider is trained to offer basic reproductive health services to both male and female clients, regardless of age and marital status, including:						
a. family planning counseling and provision of FP methods for male and female clients	N/A	0 1	0 1	0 1	0 1	
b. screening of both male and female clients for STI/HIV/AIDS	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
c. treatment of both male and female clients for STIs	N/A	0 1	0 1	0 1	0 1	
d. clinical examination for cancer detection (breast, cervical, prostate)	N/A	0 1	0 1	0 1	0 1	
e. safe motherhood services addressing the needs and roles of both women and men during pre- and postpartum and delivery phases	N/A	0 1	0 1	0 1	0 1	
12. The service provider is trained to respect clients' right to privacy, confidentiality and comfort when providing FP/RH services. She/he is trained to:						
a. assure client that the conversation will remain confidential	N/A	0 1	0 1	0 1	0 1	
b. arrange for counseling and the physical exam to occur in a private setting	N/A	0 1	0 1	0 1	0 1	
c. encourage the client to ask questions during an examination	N/A	0 1	0 1	0 1	0 1	
d. allow the client to undress and dress in privacy	N/A	0 1	0 1	0 1	0 1	
e. allow the client to dress as soon as an examination is over	N/A	0 1	0 1	0 1	0 1	
f. ask the client if s/he would like her/his spouse/partner/family to participate in future visits	N/A	0 1	0 1	0 1	0 1	

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	Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
13. The service provider is trained to help clients and the community deal with gender-based violence (e.g., physical aggression, rape, incest, etc.) or other gender-related practices that are harmful to physical, psychological, sexual and reproductive health, including:					
a. identifying cases of gender-based violence during reproductive health service consultations (e.g., ante- and postpartum, HIV/AIDS/STIs, FP, etc.)	N/A	0 1	0 1	0 1	0 1
b. providing appropriate treatment	N/A	0 1	0 1	0 1	0 1
c. providing psychological support	N/A	0 1	0 1	0 1	0 1
d. documenting instances of gender-based violence in the client's medical record, including details of findings of the physical exam, consistent with local policy	N/A	0 1	0 1	0 1	0 1
e. assuring strict confidentiality and privacy with regard to client/provider conversations and documentation	N/A	0 1	0 1	0 1	0 1
f. prescribing emergency contraception, when needed	N/A	0 1	0 1	0 1	0 1
g. Screening for HIV/AIDS/STIs	N/A	0 1	0 1	0 1	0 1
h. referring women at risk for gender-based violence for community-based assistance	N/A	0 1	0 1	0 1	0 1

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
i. organizing awareness-raising activities in the community that promote/advocate the elimination of sexual or other types of gender-based violence	N/A	0 1	0 1	0 1	0 1	
j. advising a woman at risk of gender-based violence about actions she can take to increase her protection and safety	N/A	0 1	0 1	0 1	0 1	
14. The service provider is trained to give clients information about:						
a. existing laws that protect against sexual or other types of gender-based violence	N/A	0 1	0 1	0 1	0 1	
b. existing services for women who are at risk for gender-based violence	N/A	0 1	0 1	0 1	0 1	
15. The service provider is trained to discuss with clients the client's or couple's sexual health , including:						
a. the risks of contracting a STI or HIV/AIDS (for the self or others)	N/A	0 1	0 1	0 1	0 1	
b. possible feelings of guilt or embarrassment in discussing sexual matters	N/A	0 1	0 1	0 1	0 1	
c. possible difficulty in expressing needs or wishes	N/A	0 1	0 1	0 1	0 1	
d. the possibility that both men and women may occasionally experience sexual problems	N/A	0 1	0 1	0 1	0 1	

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	Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
16. The service provider offers services related to the prevention and treatment of HIV/AIDS , including:					
a. explaining transmission of the HIV virus	N/A	0 1	0 1	0 1	0 1
b. helping a client determine his/her own individual risk with regard to specific sexual practices and preferences, including (as locally relevant):					
• multiple partners	N/A	0 1	0 1	0 1	0 1
• same-sex partners	N/A	0 1	0 1	0 1	0 1
• unprotected sexual relations	N/A	0 1	0 1	0 1	0 1
• “dry” sex	N/A	0 1	0 1	0 1	0 1
• non-consensual sex	N/A	0 1	0 1	0 1	0 1
• sex with a partner who has (an)other partner(s)	N/A	0 1	0 1	0 1	0 1
• sex with a partner who is an intravenous drug user	N/A	0 1	0 1	0 1	0 1

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
c. helping female clients recognize the economic, social and physical factors that increase women’s vulnerability to HIV	N/A	0 1	0 1	0 1	0 1	
d. helping a client explore strategies to prevent HIV	N/A	0 1	0 1	0 1	0 1	
e. explaining the advantages of abstinence and dual protection, including the use of the male or female condom, where feasible	N/A	0 1	0 1	0 1	0 1	
f. strengthening a client’s negotiation and decision-making skills based on:						
• the realities of her/his sexual relations	N/A	0 1	0 1	0 1	0 1	
• client’s personal needs	N/A	0 1	0 1	0 1	0 1	
g. helping clients make fully informed choices about their reproductive and sexual lives regardless of HIV status	N/A	0 1	0 1	0 1	0 1	
h. helping clients make independent choices about their reproductive and sexual lives regardless of HIV status	N/A	0 1	0 1	0 1	0 1	
i. exploring gender-based violence with all women who come to the clinic for HIV counseling and testing	N/A	0 1	0 1	0 1	0 1	
j. offering support or services (if they exist) to women identified as victims of violence	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
k. organizing awareness-raising activities for men, women and/or adolescents that:						
• promote/advocate the prevention of HIV/AIDS	N/A	0 1	0 1	0 1	0 1	
• promote/advocate sharing in the care of persons living with AIDS	N/A	0 1	0 1	0 1	0 1	
l. collaborating with women's groups which create conditions to reduce women's economic and social vulnerability to HIV						
	N/A	0 1	0 1	0 1	0 1	
m. offering support to clients who suffer stigma associated with seropositivity						
	N/A	0 1	0 1	0 1	0 1	
n. offering support to women who suffer gender-based stigma associated with seropositivity						
	N/A	0 1	0 1	0 1	0 1	
o. offering equitable access to treatment and care to women and men						
	N/A	0 1	0 1	0 1	0 1	
17. The service provider is trained to offer safe motherhood services, including:						
a. outreach with community groups to provide information regarding the recognition of danger signs						
	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
b. outreach with community groups to arrange rapid transport from the village to the health center	N/A	0 1	0 1	0 1	0 1	
c. safe delivery in obstetric emergencies	N/A	0 1	0 1	0 1	0 1	
d. birth preparedness planning with the pregnant woman and her spouse and family (stressing recognition of danger signs, the importance of financial savings, rapid transport and a skilled attendant at delivery)	N/	0 1	0 1	0 1	0 1	
e. counseling woman, spouse and family concerning nutrition during pregnancy	N/A	0 1	0 1	0 1	0 1	
f. voluntary counseling and testing (VCT) for HIV/AIDS for men and women, or VCT referral	N/A	0 1	0 1	0 1	0 1	
18. The service provider is trained to offer postpartum services to the new mother and her spouse and family, including:						
a. care throughout the recovery process, including counseling on post-partum sexual practices/ customs	N/A	0 1	0 1	0 1	0 1	
b. counseling and methods for birth spacing, prevention of unwanted pregnancy and protection against HIV/AIDS/STIs for both men and women	N/A	0 1	0 1	0 1	0 1	
c. detection/treatment of postpartum depression	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
d. counseling of woman, spouse and/or family related to the mother's and child's nutrition, breastfeeding and hygiene	N/A	0 1	0 1	0 1	0 1	
19. The service provider is trained to offer <i>postabortion care</i> services as needed, including:						
a. emergency treatment (with prompt pain management)	N/A	0 1	0 1	0 1	0 1	
b. counseling and psychological support	N/A	0 1	0 1	0 1	0 1	
c. contraceptive services	N/A	0 1	0 1	0 1	0 1	
d. linkage with other reproductive health services (e.g., safe motherhood, HIV/AIDS/STI screening, etc.)	N/A	0 1	0 1	0 1	0 1	
20. The service provider is trained to offer <i>postabortion care</i> taking into account the <i>woman's feelings and individual situation</i>:						
a. in a non-judgmental way	N/A	0 1	0 1	0 1	0 1	
b. exploring whether the pregnancy was the result of unwanted or forced sex	N/A	0 1	0 1	0 1	0 1	
c. referring a woman for assistance if she says the pregnancy was a result of unwanted or forced sex	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
21. The service provider is trained to offer services to couples who suffer from infertility , including:						
a. simultaneous investigation of both male and female factor infertility	N/A	0 1	0 1	0 1	0 1	
b. individual or couple's counseling and education	N/A	0 1	0 1	0 1	0 1	
c. referral to a support group (if available) of women who experience blame and guilt due to infertility	N/A	0 1	0 1	0 1	0 1	
22. The service provider is trained to promote positive adolescent sexual and reproductive health through education of girls and boys on:						
a. sexual development in adolescence (including values clarification and self-esteem)	N/A	0 1	0 1	0 1	0 1	
b. the right to say no to unwanted sex	N/A	0 1	0 1	0 1	0 1	
c. negotiation skills for condom and/or contraceptive use to protect against HIV/AIDS/STIs and unwanted pregnancy	N/A	0 1	0 1	0 1	0 1	
d. male and female anatomy and physiology and reproduction	N/A	0 1	0 1	0 1	0 1	
e. shared responsibility of men and women in childbearing and childrearing	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
f. awareness-raising in the area of gender-based violence, gender inequities, and other practices or attitudes harmful to health and well-being	N/A	0 1	0 1	0 1	0 1	
g. awareness raising for parents regarding the physical and emotional issues and needs related to adolescence (including the need to speak freely and the importance of interaction between the adolescent and parents/guardian)	N/A	0 1	0 1	0 1	0 1	
23. The service provider is trained to support positive men's participation in reproductive health. In his/her work with male clients and men in the community, he/she is trained to:						
a. encourage them to support their spouse/partner's reproductive health needs (e.g., family planning, nutrition, ante- and postpartum care, safe delivery)	N/A	0 1	0 1	0 1	0 1	
b. encourage dialogue among spouses/partners	N/A	0 1	0 1	0 1	0 1	
c. encourage them to share with their spouses/partners decisionmaking related to the conception and raising of children (including education and discipline)	N/A	0 1	0 1	0 1	0 1	
d. explain both male and female anatomy and physiology, indicating that it is an error to believe that a woman determines the sex of her child	N/A	0 1	0 1	0 1	0 1	
e. help them identify and change behaviors that have a negative impact on their own sexual/reproductive health (e.g. multiple partners, unprotected sexual relations)	N/A	0 1	0 1	0 1	0 1	

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		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
f. help them identify and change male behaviors that have a negative impact on women’s physical, reproductive, sexual and psychological health (e.g., domestic violence, multiple partners, unprotected sexual relations, non-consensual sex)	N/A	0 1	0 1	0 1	0 1	
Use the following performance indicators only in countries where FGC is practiced						
1. The service provider is trained to identify and treat, and counsel for the complications of FGC, including providing information about how to manage discomfort.	N/A	0 1	0 1	0 1	0 1	
2. The service provider is trained to educate men and boys about the harmful effects of FGC on a woman’s reproductive and sexual health.	N/A	0 1	0 1	0 1	0 1	
3. The service provider is trained to help clients understand the consequences of FGC on reproductive, sexual and psychological health.	N/A	0 1	0 1	0 1	0 1	
4. The service provider is trained to help clients understand how FGC affects sexuality and sexual intercourse, and to offer counseling on how to minimize discomfort during intercourse.	N/A	0 1	0 1	0 1	0 1	
5. The service provider is trained to help pregnant women who have experienced FGC understand how FGC affects childbirth, and help them plan for appropriate preventive, curative and emergency care.	N/A	0 1	0 1	0 1	0 1	

Checklist 1

Checklist for the assessment of the gender sensitivity of FP/RH curricula

Gender sensitive content related to FP/RH service delivery		Learning objectives		Teaching materials	Evaluation plan/tools	Comments
		Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
6. The service provider is trained to refer women to community-based services for psychosocial support, as needed.	N/A	0 1	0 1	0 1	0 1	
7. The service provider is trained to provide clients with information about national and local laws or policies regarding FGC, including the human rights and legal implications of the practice.	N/A	0 1	0 1	0 1	0 1	
8. The service provider is trained to refer to legal aid, shelters or support groups those women, men and adolescents who want protection for themselves or for their daughters.	N/A	0 1	0 1	0 1	0 1	
9. The service provider is trained to be knowledgeable about institutional policies prohibiting the practice of FGC by her/himself and other service providers in her/his clinic or hospital.	N/A	0 1	0 1	0 1	0 1	
10. The service provider is trained to refrain from practicing FGC.	N/A	0 1	0 1	0 1	0 1	
11. The service provider is trained to serve as a resource to community groups or agents who conduct community education, advocacy and mobilization related to FGC.	N/A	0 1	0 1	0 1	0 1	
12. The service provider is trained to educate community leaders regarding a positive role men can play in abandoning the practice of FGC.	N/A	0 1	0 1	0 1	0 1	

Checklist 1

Checklist for the assessment of the gender sensitivity of FP/RH curricula

<i>Gender sensitive content related to FP/RH service delivery</i>	<i>Learning objectives</i>		<i>Teaching materials</i>	<i>Evaluation plan/tools</i>	<i>Comments</i>
	Knowledge 0 = No 1 = Yes	Skill 0 = No 1 = Yes	0 = No 1 = Yes	0 = No 1 = Yes	
13. The service provider educates parents and the community regarding the ways HIV may be transmitted through FGC.	N/A	0 1	0 1	0 1	

Action plan guidelines

Instructions: The action plan will help you improve the FP/RH curriculum based on your assessment of its gender sensitivity. While “modules/organization of content,” “new content” and “lessons plans” (see Table 2) did not appear in the curriculum assessment checklist in Part II, they are nevertheless essential parts of a curriculum, and are based on the goal and objectives of learning.

In developing an action plan, keep in mind these important points:

- Write activities as discrete steps that are realistic, attainable and measurable.
- Develop a specific time schedule for completing activities.
- Identify resources necessary to complete the activities, including plans for acquiring those resources.
- Identify clear responsibilities for learners, service supervisors, co-workers and trainers.

Table 1

Sample action plan #1: Improving the gender sensitivity of a safe motherhood curriculum

Action plan to improve the gender sensitivity of the FP/RH curriculum

Curriculum module assessors: Dr. Begum and Dr. Roy

Date: 28/02/03

Specific curriculum elements to improve:

1. Goal: Participants will be able to describe safe motherhood from a human and reproductive rights perspective and to deliver gender-sensitive safe motherhood services (to include violence against women—VAW—during pregnancy).

2. Learning objectives (To be added to existing ANC module)

Knowledge objectives -To increase trainees' awareness of:

- Women's reproductive rights and reasons why women might not use safe motherhood services
- Incidence/magnitude of the problem of VAW in the country and consequences of violence against pregnant women
- Men's participation in safe motherhood
- Steps in identifying and managing VAW
- Psychological support and confidentiality in counseling women at risk for violence

Skill objectives

- Improve trainees' skills in identifying, treating and referring pregnant women who have been subject to violence
- Improve trainees' skills in counseling clients (using content and process related to confidentiality, the consequences of violence, existing laws that protect against violence, existing services for women at risk for violence and actions the client can take to increase her safety)

3. Modules/organization of content:

Two theory sessions and two skills practice sessions to be included in the antenatal care (ANC) module

4. New content:

- Gender/cultural, economic and legal aspects of health service access
- Reproductive/health rights; safe motherhood as a human right
- RH and other consequences of VAW
- Confidentiality and psychological support in counseling
- Male participation in RH
- Role of health care providers in screening for and treatment of VAW, psychological support, counseling for documentation and referral
- Existing laws that protect against violence
- Existing services for women at risk for violence and actions the client can take to increase her safety

For content, see also tool indicators: 1, 2, 3, 4, 5, 8, 10 (e), 11(a, f) in history taking and 11(b, c, d, e) in examination chapter and 11(f) in ANC counseling, 13 (a, b, c, e, f, g, h) in ANC overview, 14 in ANC overview, 17 (a-f) in ANC counseling, 18 (a, b, d) in postpartum counseling and 18c in postpartum management, 23(a-f)

5. Lesson plans:

Four lesson plans using the existing format

6. Teaching materials:

(In addition to current/existing) Flipcharts and overheads with concepts related to gender and gender equity; photocopy of Beijing Declaration and reproductive rights as they relate to VAW; government gender equity strategy; handout on ways men can be positively involved in reproductive health; handout on what to do if you suspect a client is subject to violence; list of existing services for VAW

7. Evaluation plan:

Training needs assessment on the first day; pre-test and knowledge post-test at beginning and end of the module; final training assessment of counseling skills (through role play); post training follow-up to assess application of skills

8. Evaluation tools:

Training needs assessment tool; written pre-post test; observation checklist for counseling assessment; follow up observation checklist, record review form and provider interview questionnaire

Table 1 (continued)

Sample action plan #1: Improving the gender sensitivity of a safe motherhood curriculum

<i>Detailed actions/activities to improve gender sensitivity of curriculum (in sequence)</i>	<i>Person responsible</i>	<i>Resources needed</i>	<i>Date/By when</i>
Step 1 Begum and Roy to meet with Chief of Nursing to discuss curriculum assessment results and possible practice sites	Begum to schedule the appointment	Copy of curriculum gender sensitivity assessment results	April 2, 2003
Step 2 Meet with the Curriculum Committee to review assessment results and action plan a. Discuss and schedule gender and reproductive health orientation	Roy	Arrange meeting room, materials and invitations	May 6, 2003
Step 3 Photocopy technical references related to four new sessions for Curriculum Committee	Roy	Signed requisition form for photocopies	May 13, 2003
Step 4 Gender and RH orientation followed by meeting to design four new sessions for the ANC module	Begum and Roy with Curriculum Committee and Chief of Nursing; invite MOH evaluation specialist.	Copies of action plan and assessment results; room, flipcharts, markers; copies of technical references	May 15-16, 2003
Step 5 Meeting to develop four session plans with ANC subcommittee (confirm learning objectives)	Begum and Roy with relevant members of the Curriculum Committee	Computers; diskettes	May 21, 2003
Step 6 Draft new teaching and evaluation materials a. Render materials in consultation with instructional designer b. Revise materials	Begum, Roy, ANC subcommittee and MOH evaluation specialist; Director of Nursing for review	3 reams of paper; two flipcharts; markers; computer	May 23-28, 2003 Review June 3-7, 2003 Revision June 10-12, 2003
Step 7 Submit four draft lesson plans to Curriculum Committee for final review and approval	Begum	Copies for each member of committee	July 1, 2003
Step 8 Final editing	Roy	Computer; paper	July 5, 2003
Step 9 Send session modules to printer	Roy	Hardcopy and diskette copies of two modules	July 10, 2003

Table 2

Sample action plan #2: Improving the gender sensitivity of a curriculum on the identification, treatment and management of female genital cutting

Action plan to improve the gender sensitivity of an RH curriculum

Curriculum/module assessor(s): Mrs. Sendi and Dr. Dicko

Date: December 19, 2002

Specific curriculum elements to improve

1. Goal: Rephrase the current goal to say “Participants will be able to identify, treat and manage the complications of FGC and to work as a community resource for FGC education”

2. Learning objectives (theory and practice): There should be specific theoretical objectives related to gender as it relates to FGC, the magnitude of FGC in Pelandu and its reproductive, sexual, psychological, emotional and physical consequences; the link between reproductive health, reproductive rights and the role of men in abandoning the practice; knowledge and skill objectives for identification, treatment of complications of FGC; and skill objectives for counseling clients and communication with community groups regarding FGC (i.e., all the preceding is missing from the curriculum)

3. Modules/organization of content: Current materials can stand alone as a module, or could be integrated into the Safe Motherhood curriculum (especially the ante-natal section)

4. New content: See “Learning objectives”

- a. the magnitude of FGC in Pelandu
- b. the link between reproductive health, reproductive rights, local laws and the practice of FGC
- c. types of FGC complications
- d. the consequences of FGC on reproductive, sexual, psychological, emotional and physical consequences
- e. helping pregnant women who have experienced FGC understand how FGC affects childbirth, and planning for appropriate preventive, curative and emergency care
- f. MOH policies related to FGC
- g. the role of men in abandoning the practice of FGC
- h. communication and counseling skills working with clients and with community agents who conduct education, advocacy and mobilization related to FGC.

We also recommend review of the *Safe Motherhood Curriculum* (for gender sensitivity), using checklist sections on gender-sensitive safe motherhood services.

Lesson plans: Create new lesson plans for items a-h under “New content”. Include back-home application planning for “h.” Use the format in the Safe Motherhood curriculum, but add a section in each plan for evaluation of each lesson.

Teaching materials: Flipcharts or other visual aids depicting complications of FGC; Ministry policies related to gender, reproductive rights and FGC; international resolutions (e.g., from the International Conference on Population and Development or Beijing) related to reproductive health and reproductive rights or violence (e.g. United Nations 1993 “Declaration on the Elimination of Violence Against Women”)

Evaluation plan: At the time of training, evaluate knowledge and skills related to a-g, above; evaluate counseling skills related to “e” and “h,” under “New content”; and assessment of participant reactions to training by daily “sandwich evaluations” and a participant reaction form at the end of the course. After training, follow up participants’ back-home application plan to assess provider’s community outreach performance in FGC education (h, under “New content”).

Evaluation tools: Pre- and post-tests of knowledge; observation checklist for counseling; participant reaction form; copies of participants’ back-home application plans on file for follow-up

Table 2 (continued)

Sample action plan #2: Improving the gender sensitivity of a curriculum on the treatment and management of female genital cutting

<i>Detailed actions/activities to improve gender sensitivity of curriculum (in sequence)</i>	<i>Person responsible</i>	<i>Resources needed</i>	<i>Date/By when</i>
Step 1 Meet with Dr. Famu and the Curriculum Committee to review assessment results and action plan	Dr. Dicko	Copies of action plan and assessment results distributed one week before; meeting room	February 2003
Step 2 Sessions to design new FGC module with the Curriculum Committee	Dr. Dicko with Mrs. Sendi; with graphic designer from Training Division	Copies of action plan and assessment results; meeting room; flipcharts and markers; notebooks	March 2003
Step 3 Collect available technical reference materials related to new lesson plans (including National Nursing School's Safe Motherhood curriculum)	Mrs. Sendi with Dr. Amu	Access to Internet; filing cabinet	March 2003
Step 4 Sessions to develop new lesson plans with the Curriculum Committee	Dr. Dicko with Mrs. Sendi	Flip charts, 3 copies of <i>Safe Motherhood</i> curriculum; table with technical RH reference materials	March 2004
Step 5 Draft new teaching materials (lesson plans and teaching aids) a. Review of draft materials by Curriculum Committee b. Revise materials	Dr. Dicko, Mrs. Sendi. with relevant members of the Curriculum Committee and Mr. Tena from Training Division.	3 reams of paper; computers; diskettes; photocopier machine	April 2003
Step 6 Submit draft module to Director for review and approval, or revisions	Dr. Dicko	One copy of complete draft module	May 2003
Step 7 Final editing of module	Mrs. Sendi and Mr. Tena	Computer; diskettes	June 2003
Step 8 Send module to printing technician	Dr. Dicko	Hardcopy and diskette copies of module; signed requisition form	July 2003

Table 3

Action plan format

Plan to improve the gender sensitivity of the FP/RH curriculum

Curriculum assessor(s)/developer(s):

Date:

Specific curriculum elements to improve

1. Goal:

2. Learning objectives

Knowledge objectives:

Skills objectives:

3. Modules/organization of content:

4. New content:

5. Lesson plans:

6. Teaching materials:

7. Evaluation plan:

8. Evaluation tools:

Table 3 (continued)

Sample action plan format

<i>Detailed actions/activities to improve gender sensitivity of curriculum (in sequence)</i>	<i>Person responsible</i>	<i>Resources needed</i>	<i>Date/By when</i>
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Step 1

Step 2

Step 3

Step 4

Step 5

Glossary

Female genital cutting (FGC): All procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for cultural, religious or other non-therapeutic reasons.

Gender: The social definition of what it means to be male or female. This definition includes the economic, social and cultural attributes and opportunities associated with being male or female, which vary among cultures and change over time.

Gender-based violence (GBV): Any act of violence that results in physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. This definition includes battery, sexual abuse of children, dowry-related violence, rape, incest, FGC and other traditional practices harmful to women. Gender-based violence has serious consequences for the mental and physical health of women.

Gender concerns: Needs that arise based on differences in gender roles or on division of labor based on gender. An example of women's gender concerns is access to child care in situations where women are responsible for both childcare and work outside the home. An example of men's gender concerns is access to transportation where men work far from home.

Gender equity: The process of being fair to women and men. To ensure fairness, measures must be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. In the context of reproductive health, equity refers to equitable access to

reproductive health services and reproductive health.

Gender issue: A gender issue exists when access to societal goods, benefits or services are denied on the basis of gender, or when male or female needs are met at the expense of the other's needs.

Gender perspective: A way of understanding how gender may be addressed in reproductive health and family planning programs, service delivery and utilization. Gender perspectives include: Involving men in RH issues and programs; giving women a voice in decisions that influence their reproductive health; taking into consideration differences in power between men and women; changing power dynamics between men and women; understanding the cultural meaning of sexual and reproductive health behavior. In planning FP/RH programs, care must be taken to assure that involving men does not overshadow women's decision-making.

Gender role: Socially determined roles such as caregiver or household cook for women; or wage earner or head of household for men.

Gender sensitivity: The ability to perceive existing gender differences, issues and inequalities and to incorporate these into strategies and actions.

Gender stereotyping: Social or psychological characteristics attributed to women or men on the basis of gender. These characteristics shape expectations of gender behavior. Examples of gender stereotyping of women include being caring, submissive or weak; and of men, being rough, assertive and strong.

Sex: The physiological attributes that identify a person as male or female, including: Type of genital organs; type of predominant hormones circulating in the body; ability to produce sperm or ova; ability to give birth and breastfeed.

List of technical references for use in curriculum development and revision

The list of references below can be drawn upon to help curriculum developers develop or revise the content of FP/RH modules in order to increase the gender sensitivity of a curriculum.

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Gender Sensitivity Assessment Tool Evaluation

Reviewer name/title (optional): _____
 Name of organization: _____ Date: _____
 Phone: _____ E-mail: _____

Check the Tool you are evaluating:

- Gender Sensitivity Assessment Tool for FP/RH Curricula
 Gender Sensitivity Assessment Tools for RH Service Providers and Managers

Which of the following do you do as a regular part of your job? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> training/instruction/facilitation | <input type="checkbox"/> information/education/communication |
| <input type="checkbox"/> curriculum/materials development | <input type="checkbox"/> policy development (training or health) |
| <input type="checkbox"/> program/training management | <input type="checkbox"/> FP/RH service provision |
| <input type="checkbox"/> supervision | <input type="checkbox"/> evaluation/research |
| <input type="checkbox"/> resource collection management | <input type="checkbox"/> other (specify) _____ |

Please describe how you have used the Gender Sensitivity Assessment Tool. (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> used as a tool for planning or revising curricula | <input type="checkbox"/> adapted the indicators for assessment or evaluation activities |
| <input type="checkbox"/> used to improve the quality of services | <input type="checkbox"/> integrated the indicators in policy |
| <input type="checkbox"/> introduced additional indicators | |
| <input type="checkbox"/> adapted the action plan for use in a training intervention | <input type="checkbox"/> offered the guide as a handout to participants during a training event |
| <input type="checkbox"/> other (please specify): _____ | |

Rate the Gender Sensitivity Assessment Tool on the indicators below:

Indicator	Strongly agree	Agree	Neutral	Disagree	Strongly agree
The information in the guide is/will be useful in my work.					
Content relates to my work (e.g., suitable to the actual settings, conditions and cultural context).					
The examples and analogies enhance understanding.					
Language level is appropriate.					
Design of pages is visually appealing.					
Content is sequenced logically.					
Content is presented in a compelling manner.					

Please include any additional comments and suggestions for improvement below (or on the other side of this form)

Thanks for your assistance. Please return form to:

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 Fax: 919-966-6816 E-mail: cnewman@intrahealth.org