



A Tool to Measure the Gender Competency of Family Planning Providers: Insights from Provider Experience in Ghana

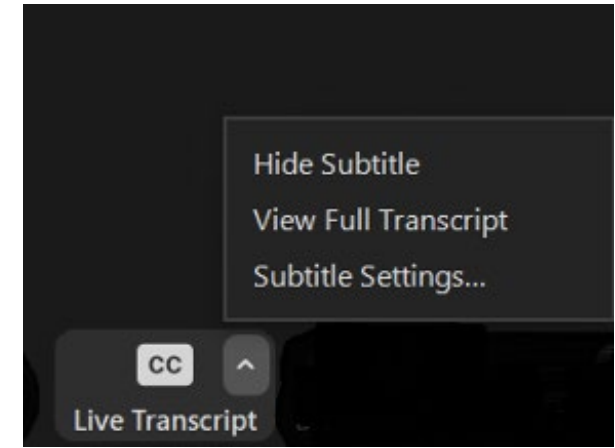
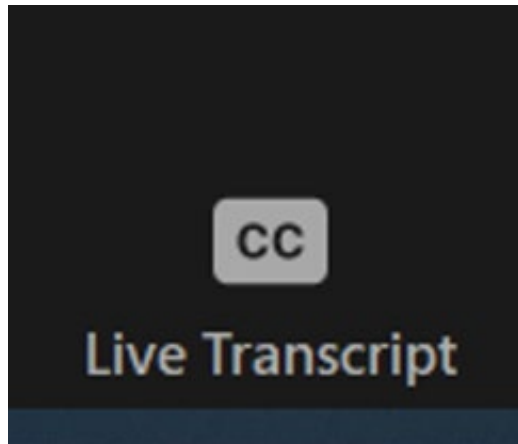
Katherine Andrinopoulos, Janna Wisniewski, and Evelyn Koko
December 12, 2023





Closed Captioning

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Webinar Agenda

Session	Duration
Introduction	0-5 minutes
What is gender competency?	6-8 minutes
Developing and piloting the provider self-assessment tool to measure gender competency	9-14 minutes
Workshop with Ghana Health Service family planning providers	15-18 minutes
Insights from FP providers on the 6 modules	20-40 minutes
Feedback, recommendations, and future use	40-45 minutes
Q&A	45-60 minutes



D4I's Work



Generate Evidence

Use routine and other existing data and generate new data through rigorous methods tailored to budget, timeline, and context



Integrate Gender

Integrate gender throughout the project to ensure high-quality data for assessment of health and gender outcomes



Strengthen Capacity

Strengthen capacity through fostering collaboration, experimental learning, mentoring, and peer networks tailored to partner's needs



Promote Data Use

Visualize and communicate data in ways that are compelling, user-friendly, and actionable



Ensure Data Quality

Focus on ensuring high-quality data for effective decision making and program outcome improvement



Learn

Encourage collaboration, improved results, and timely progress updates through idea exchange and shared learning





16 Days to Eliminate Violence Against Women



“Health workers are often the first, sometimes only, point of contact for women experiencing violence. They can provide compassionate care for survivors by offering first-line support, medical examination and treatment, and referrals to other essential services. This requires investing in training and resources to ensure appropriate care.”



What is gender competency?

How can we help family planning (FP) providers strengthen their gender competency?



Gender competency

The knowledge, attitudes, and skills that can help providers reduce gender-related barriers for their clients.

With increased gender competency, providers can be more responsive to the diverse needs of their clients and deliver high-quality FP services.

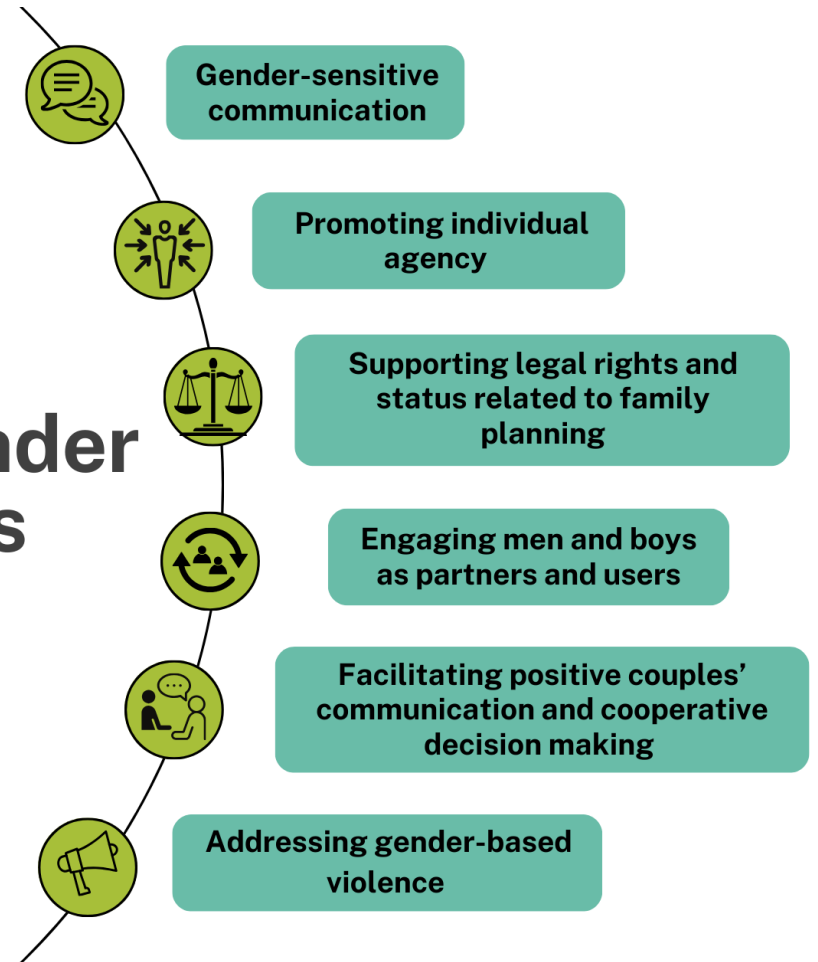


The Gender Competency Framework for FP Providers

Each dimension includes:

- Knowledge
- Attitudes
- Skills

Key Gender Domains

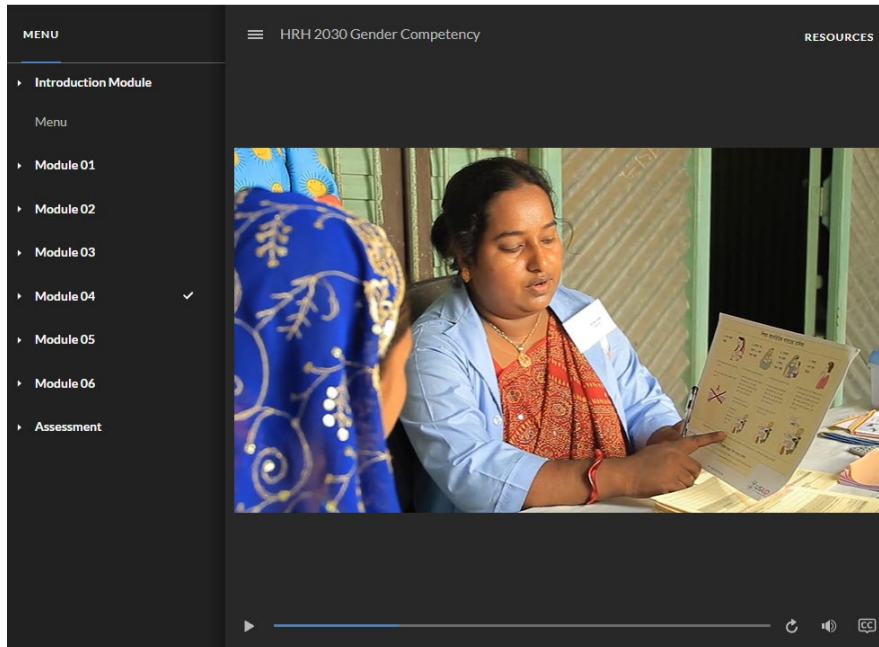




Gender competency eLearning course

Developed by HRH2030

Free, and publicly available.
Access it here:





Provider self-assessment tool to measure gender competency

The tool was developed based on a literature review, FP expert review, and iterative piloting using cognitive interviews in Ghana and Uganda

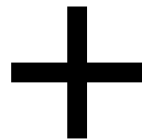
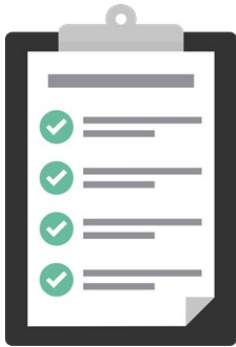


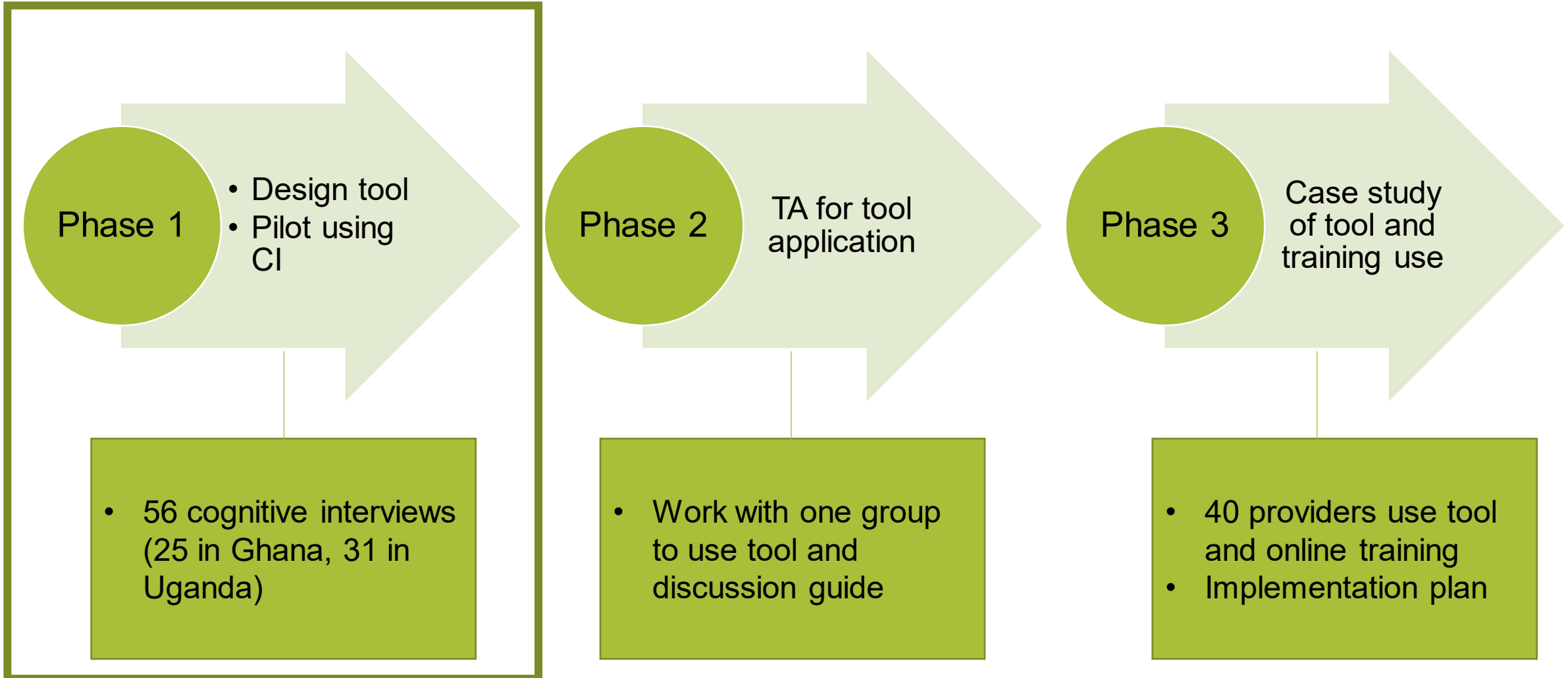
Photo credit: Lan Andrian, USAID Global Health Supply Chain Program (GHSC)



Developing and piloting the provider self-assessment tool to measure gender competency



Phases of tool development





Tool development and piloting in Ghana and Uganda

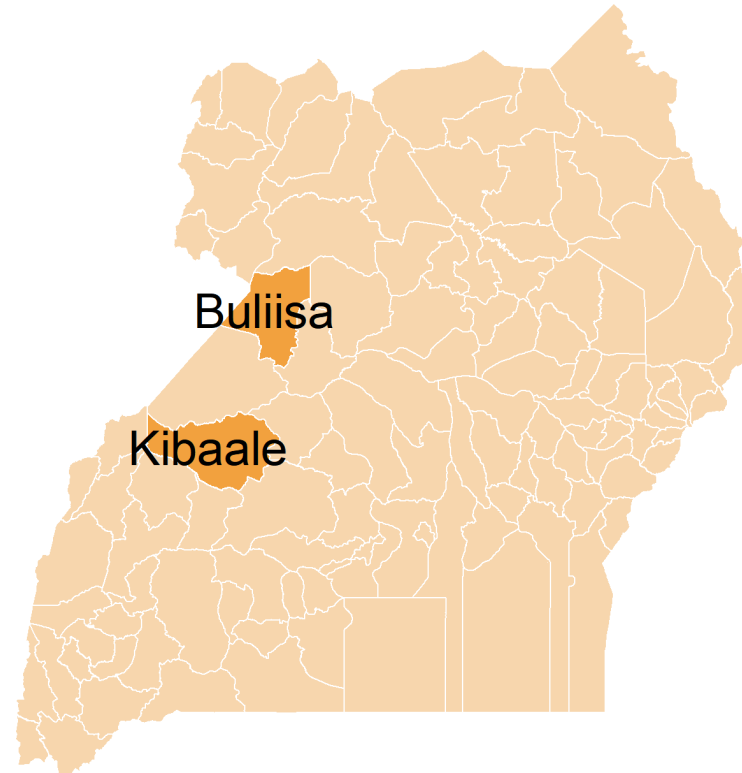
- **Piloting in Ghana**

- Ghana Health Services (GHS)
- 20 Providers



- **Piloting in Uganda**

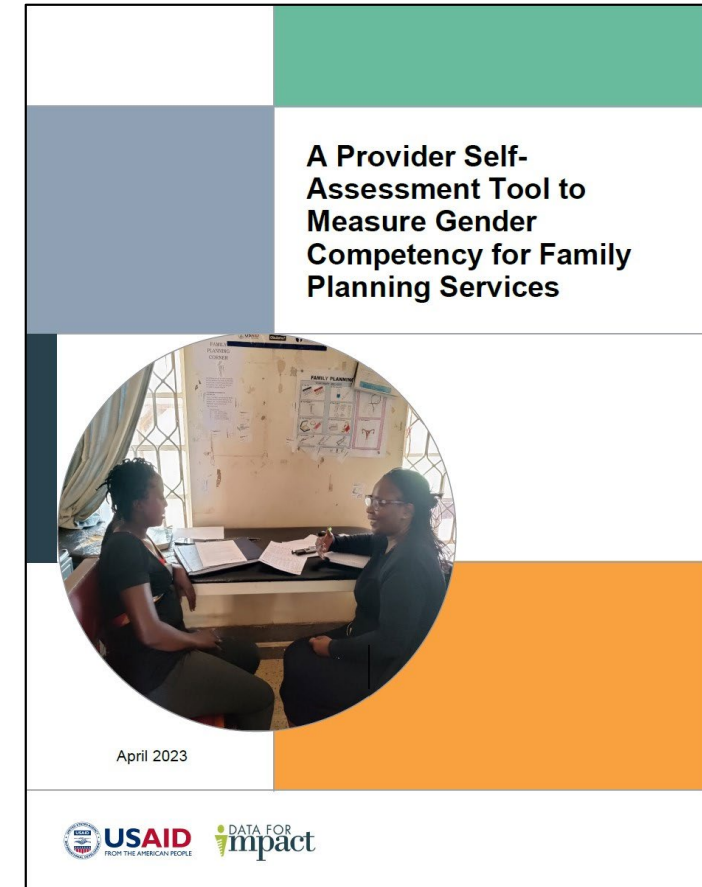
- Family Planning Activity
- 31 Providers





Provider self-assessment tool

- One module for each of the six domains of gender competency
- Each module contains:
 - Statements and responses
 - Answer key
 - Discussion guide



Developed by D4I

Available at: <https://www.data4impactproject.org/publications/gender-competency-tool-guidance/>



Statements and responses

Gender sensitive-communication

Consider each statement and whether you strongly agree, agree, disagree, or strongly disagree with it. Write a check in the box next to your response in the column to the right.	
Statement	Check the box with your response here
A1. I show respect to all clients, no matter their age or gender, by maintaining eye contact and paying attention to what they are saying.	<input type="checkbox"/> Strongly agree <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
A2. I adapt my counseling to support clients who may have less authority over decision making for family planning.	<input type="checkbox"/> Strongly agree <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
A3. I adapt my counseling based on a client's level of literacy, which can be different for women, men, girls, and boys.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input checked="" type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree



Answer key: Individual statements

Gender sensitive-communication

Step 1: Use your responses from the “statement and response form” to match your response choice with a point value. Then write your point value for the statement in the “your score” column.

Statement	Points	Your score
A1. I show respect to all clients, no matter their age or gender, by maintaining eye contact and paying attention to what they are saying.	<input type="checkbox"/> Strongly agree = 4 <input checked="" type="checkbox"/> Agree = 3 <input type="checkbox"/> Disagree = 2 <input type="checkbox"/> Strongly disagree = 1	3
A2. I adapt my counseling to support clients who may have less authority over decision making for family planning.	<input checked="" type="checkbox"/> Strongly agree = 4 <input type="checkbox"/> Agree = 3 <input type="checkbox"/> Disagree = 2 <input type="checkbox"/> Strongly disagree = 1	4
A3. I adapt my counseling based on a client's level of literacy, which can be different for women, men, girls, and boys.	<input type="checkbox"/> Strongly agree = 4 <input type="checkbox"/> Agree = 3 <input checked="" type="checkbox"/> Disagree = 2 <input type="checkbox"/> Strongly disagree = 1	2



Answer key total score

Total score		
<p>Step 2: Add the values for each statement to find your total score (sum points from statements 1–13). Be sure to note that for the statements highlighted in blue, the point values are higher for “disagree” and “strongly disagree” (3 and 4 respectively). For all other statements, the highest point values are for “strongly agree” and “agree.”</p> <p>Step 3: Compare your total score to the values in the table below to see if you have high, medium, or low gender competency in this domain.</p> <p>Step 4: Review the discussion guide which explains the ideal response for each statement. To strengthen competency in this area, complete the eLearning course https://chemonics.com/resource/defining-and-advancing-gender-competent-family-planning-service-providers/</p>		

Module	Maximum possible score	High gender competency	Medium gender competency	Low gender competency
A. Gender-Sensitive Communication	52	47–52	42–46	Equal to or less than 41





Discussion guide

- Key take-aways
- Explanation of the statement and why certain responses demonstrates higher gender competency
- Personal reflection questions
- Group reflection questions

A3. I adapt my counseling based on a client's level of literacy, which can be different for women, men, girls, and boys.

Good answers for this statement are “strongly agree” and “agree.”

Strongly agree	Agree	Disagree	Strongly Disagree
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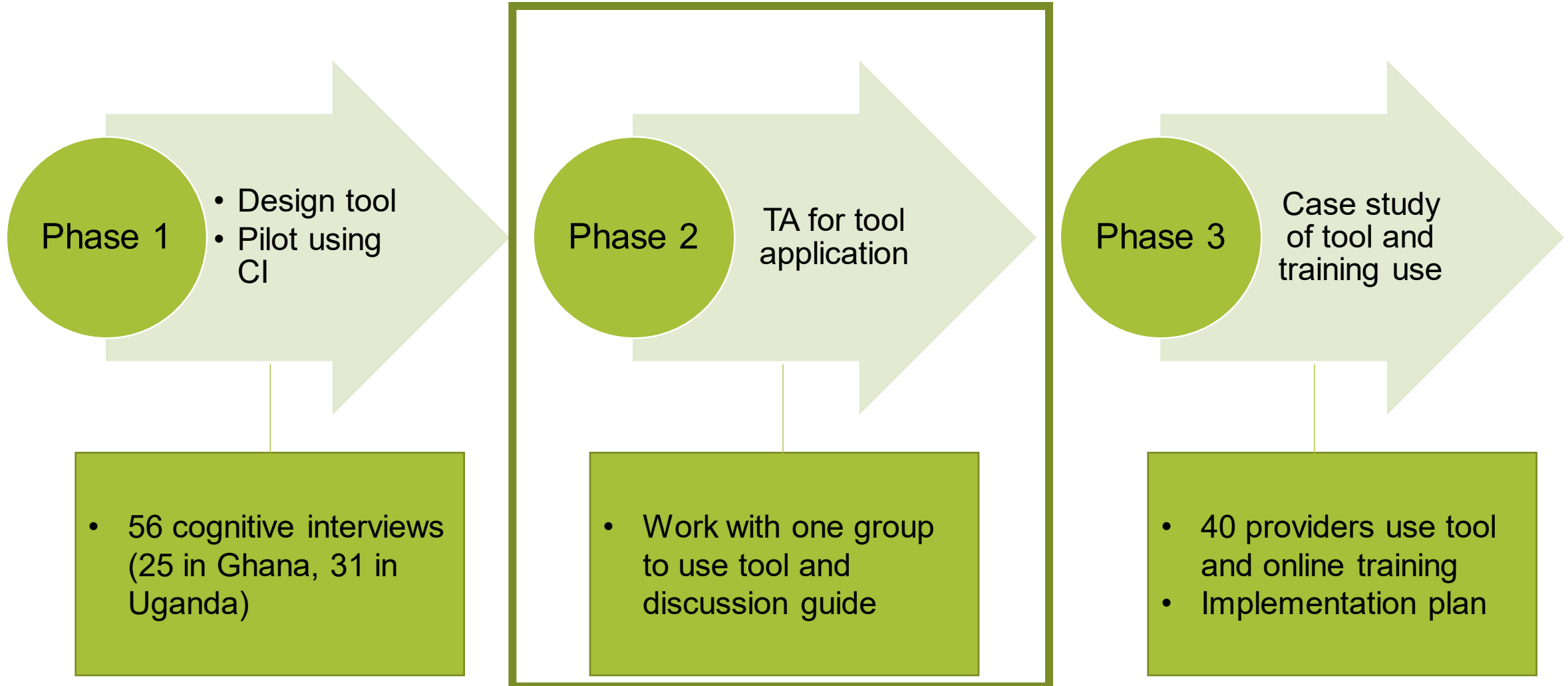
A client's literacy level may be influenced by whether they are from an urban or rural area, their age, and gender. Girls and women may have less opportunity for formal education and therefore have a lower level of literacy. A gender-competent provider should be able to determine their client's level of literacy and adapt their counseling accordingly. The provider may choose to communicate in a local dialect if both the provider and client are fluent. If a client is younger or has less formal education, then using visual aids may better help you explain family planning options.



Workshop with Ghana Health Service FP Providers



Phases of tool development





Provider self-assessment tool to measure gender competency workshop in Accra, Ghana

- Held in Accra, Ghana in collaboration with GHS
- 14 providers
- Split into two groups to provide feedback
- Completed tool modules, and provided feedback via short surveys, small and large group discussions



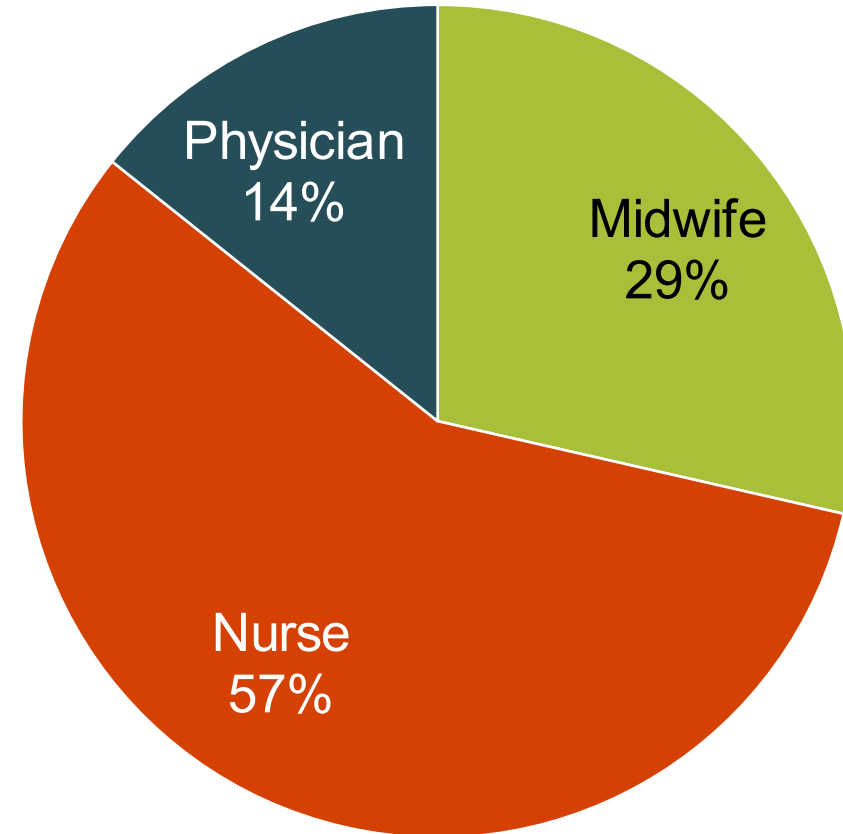
Photo of workshop by Janna Wisniewski



Workshop participant characteristics (N=14)

- 9 female and 5 male providers
- Ages ranged from 25-54 years
- 9 participants held a management position

Cadre of providers (N=14)





Gender-sensitive communication



- The provider's ability to transmit information through verbal and non-verbal communication in a way that recognizes unequal power structures and promotes equality for all clients. It should be person-centered.
- 13 statements

Example statements:

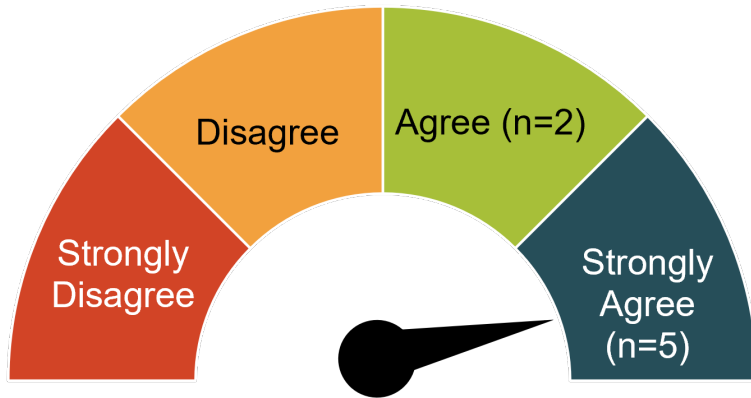
- *I can explain the full range of contraceptive methods to men as effectively as I can to women.*
- *I adapt my counseling to support clients who may have less authority over decision making for family planning.*



Gender-sensitive communication (N=7)

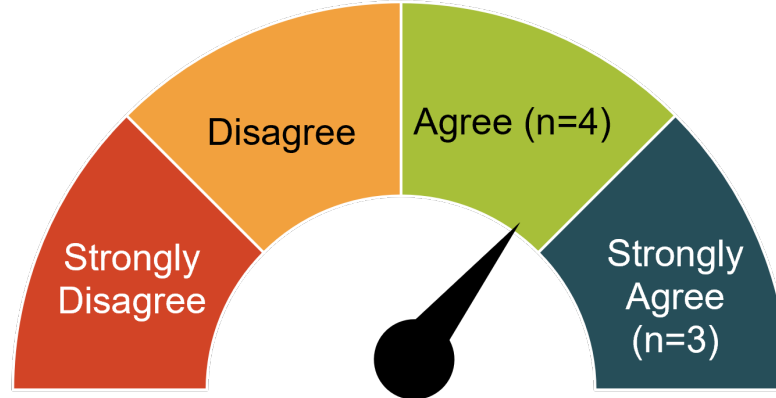
Module content

To what extent do you agree or disagree with the content and answers presented?



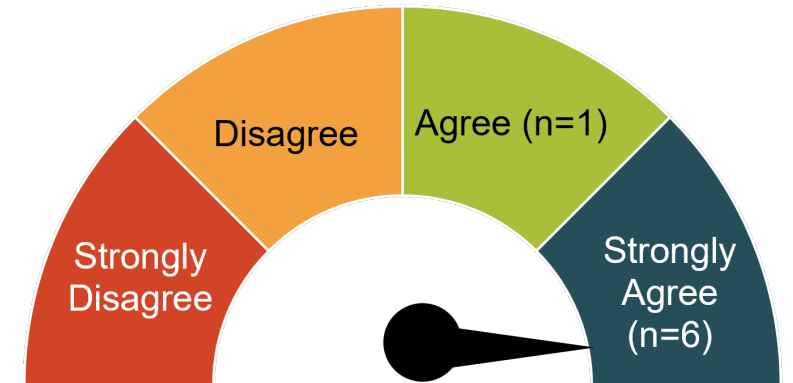
Content relevancy

Content in this module is relevant to the challenges I encounter when providing services.



Future application

I am interested in further, more specialized training about the information in this module.



Gender-sensitive communication

“There are cases where the woman would like to continue [contraception], but because of the power the man has, they have to say no.”



- In most cases women need spousal consent from their partner
- Family planning is mostly tailored toward women
 - Not much information is given to men since they have fewer contraceptive options
- There is a bias against teenage girls who seek FP services at facilities because of a belief that they are in school and should not be involved in sexual activities



Promoting individual agency



- The provider's capacity to support an individual client's voluntary and informed decisions about whether, when, and how often to reproduce, without pressure to conform to gender and cultural norms.
- 15 statements

Example statements:

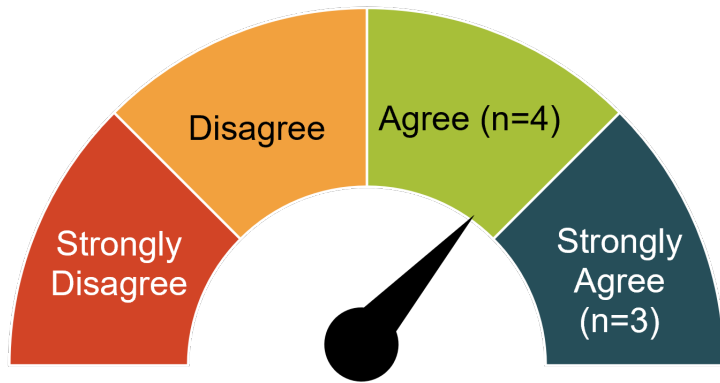
- *Through my counseling I can guide clients, so they are not forced into a FP decision they do not want.*
- *A client should be able to change their mind about their FP decision.*



Promoting individual agency (N=7)

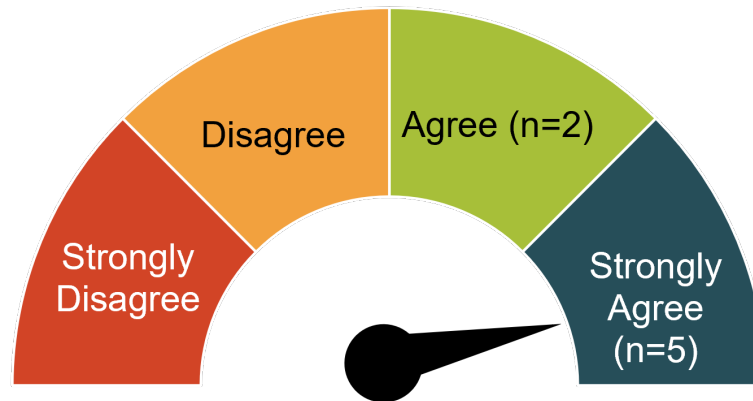
Module content

To what extent do you agree or disagree with the content and answers presented?



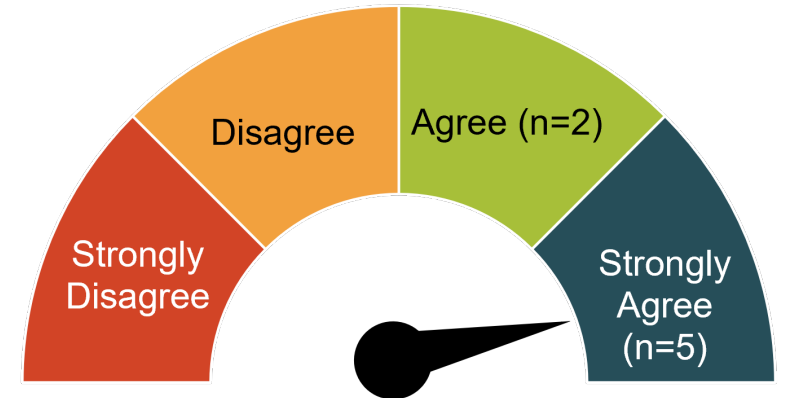
Content relevancy

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Promoting individual agency

“It looks like the module is empowering women more to make decisions on their family planning choices without asking for their partner’s consent.”



- Important for both partners to agree to avoid conflict in the home
- No strong emphasis on the men
 - “Looks like the female solely adopts the method”*
 - “It would be good if the females engage their partners to get involved in FP choices, so that both could choose which method works best for them”*
- Some providers embarrass teenage girls seeking contraception, but should not discriminate against them
- Men must also be educated on reproductive health and the contraceptive methods available to them



Supporting legal rights and status related to FP



- The provider's ability to provide information and services to clients in accordance with rights and local laws and without interference of personal bias.
- 10 statements

Example statements:

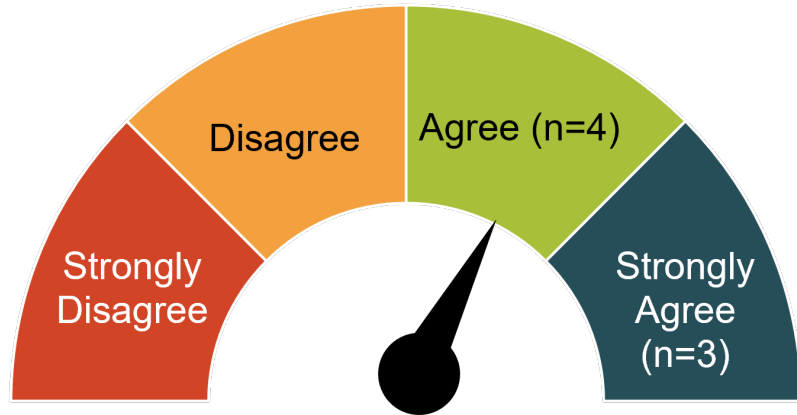
- *I know whether spousal consent is legally required for sterilization, like for vasectomy or tubal ligation, as a form of contraception.*
- *It is difficult for me to find correct information about FP policies related to the rights of the client.*



Supporting legal rights and status (N=7)

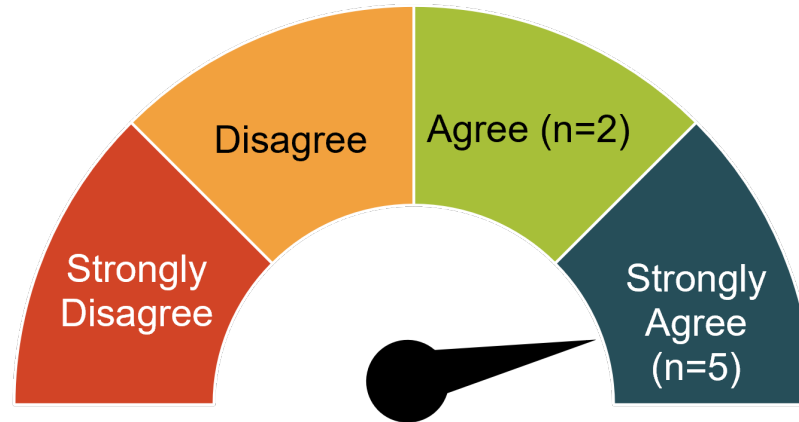
Module content

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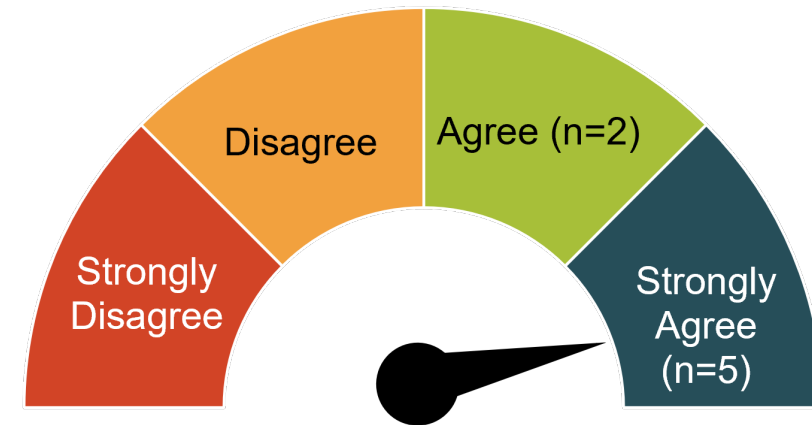
Content relevancy

Content in this module is relevant to the challenges I encounter when providing services.



Future application

I am interested in further, more specialized training about the information in this module.





Supporting legal rights and status

“Providers forget the legal part of rendering family planning services so they need to be enlightened on the legalities, so they do the right thing and not find themselves in trouble.”



- FP protocols are found in all facilities and available on GHS website for both providers and the general public
- Ghanaian culture makes it such that men have control and power
- FP policies are skewed towards the benefit of women because women need the freedom of choice of FP
 - Examples of women being forced by partner to remove method, despite poverty and already having children, and so changing to a less detectable contraceptive method
- Providers and clients need to know the law with respect to FP and marital status, age, and sterilization



Engaging men and boys as partners



- The provider's recognition of men and boys as supportive partners to women and as potential users of FP. It can be demonstrated with male or female clients and couples but should always be anchored in women's preferences and consent.
- 13 statements

Example statements:

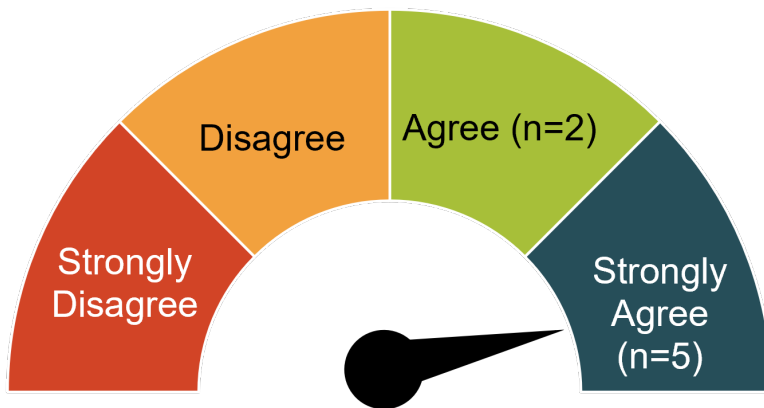
- *Male partners should also be responsible for FP by using a method themselves or by providing support to their partner.*
- *Men should be aware of all forms of contraception, even though most methods are used by women.*



Engaging men and boys as partners: future application (N=7)

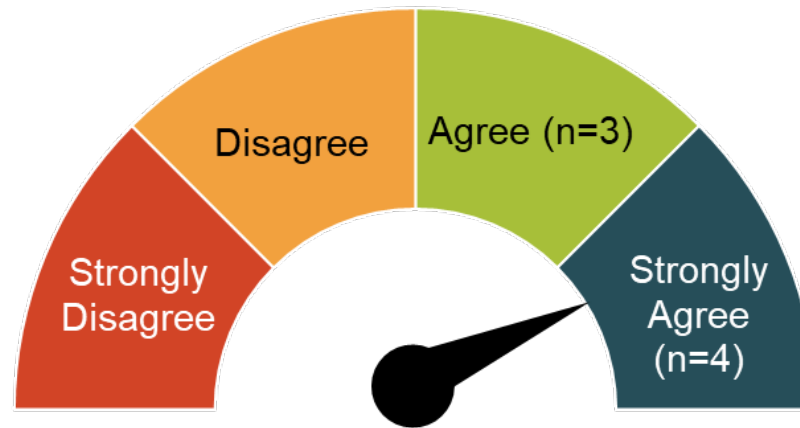
Module content

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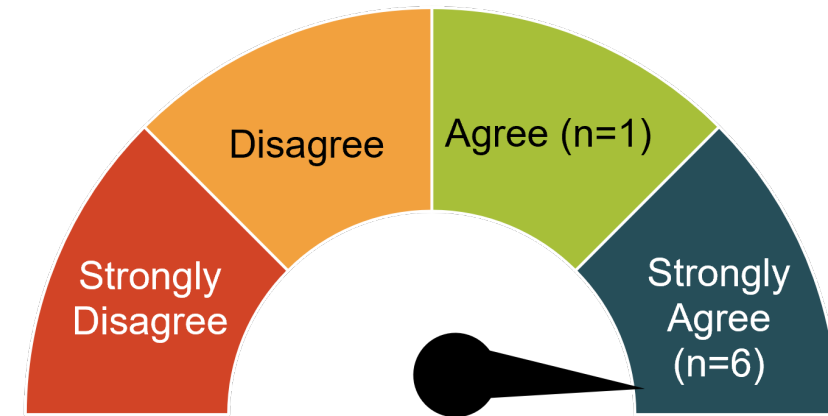
Content relevancy

Content in this module is relevant to the challenges I encounter when providing services.



Future application

I am interested in further, more specialized training about the information in this module.





Engaging men & boys as partners

“The contraceptive methods for men are limited but providers still counsel them to choose options which will suit both them and their partners. We advise them that they are also responsible for family planning.”



- Engaging men and boys may require proactively reaching out to men with FP services

Examples include school outreach, health education at men’s clubs, men’s fellowship meetings

- Should emphasize the important role men can play as users and supportive partners
- There should be more education for men to explain how contraceptives work and the importance of birth spacing



Facilitating positive couples' communication and cooperative decision making



- The provider's capacity to help clients articulate, discuss, and come to an agreement on reproductive intentions and to make joint reproductive decisions as a couple.
- 7 statements

Example statements:

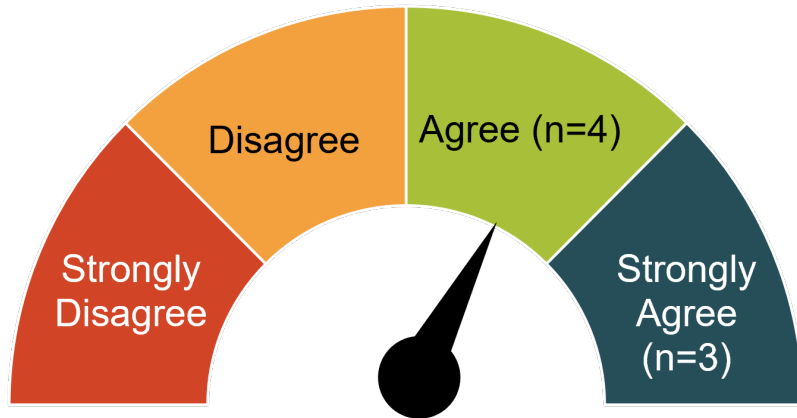
- *Differences in control between a woman and man in a relationship influences how I talk about FP with a couple.*
- *When a client does not know how to discuss FP with their partner, I can help them practice doing so.*



Facilitating positive couples' communication and decision making – future application (N=7)

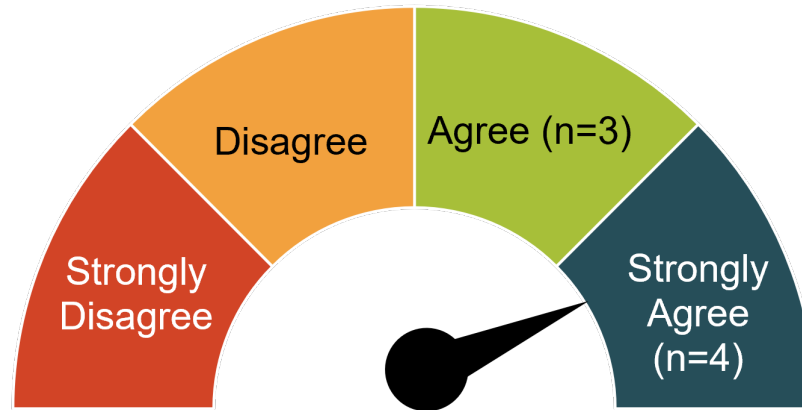
Module content

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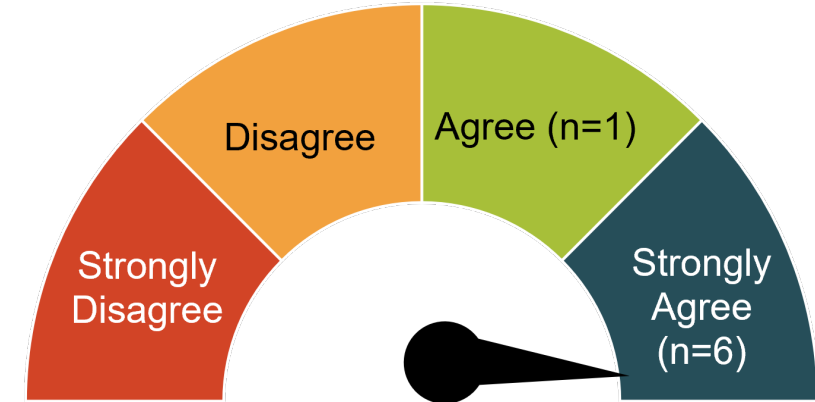
Content relevancy

Content in this module is relevant to the challenges I encounter when providing services.



Future application

I am interested in further, more specialized training about the information in this module.



Couples' communication & cooperative decision making

“There is the belief that the man is the head of the household, and a woman cannot oppose a man’s decision.”

“These beliefs widen communication between spouses.”



- Some Ghanaian culture and religions oppose the use of FP
- To ensure a balance in dialogue, men should be involved in reproductive health education
- The onus of FP lies mainly on the woman since they have more types of contraception; men need more options too



Addressing gender-based violence



- The provider's ability to understand and recognize gender-based violence, incorporate principles of do no harm into FP services, provide appropriate referrals, and reinforce the right to be treated with respect and live without violence.
- 13 statements

Example statements:

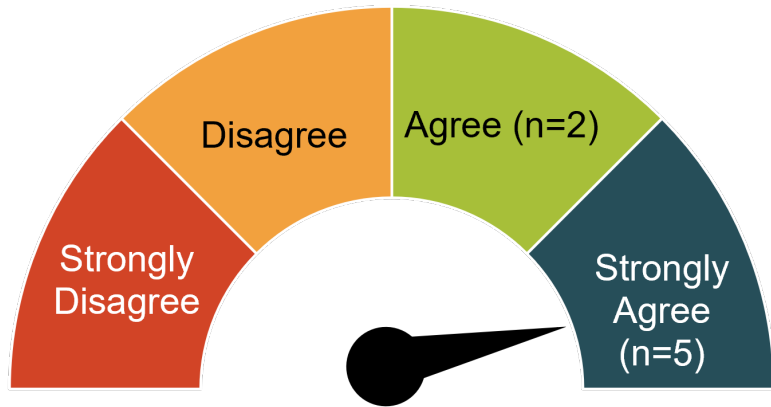
- *To protect a client, I am able to describe contraceptive methods a client can use without her partner or other people knowing about it.*
- *I know where to refer a client for services if they show signs of experiencing gender-based violence.*



Addressing gender-based (N=7)

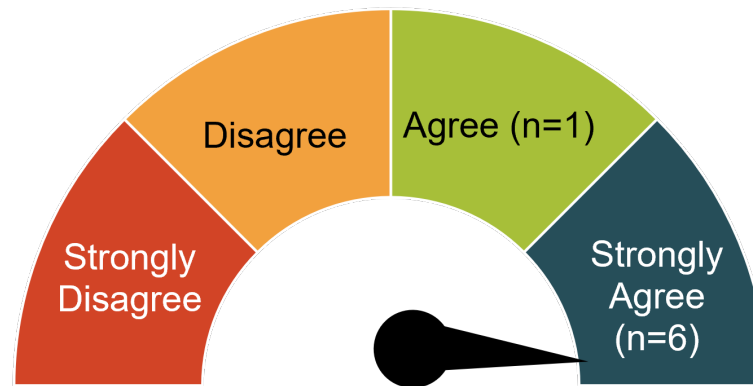
Module content

To what extent do you agree or disagree with the content and answers presented?



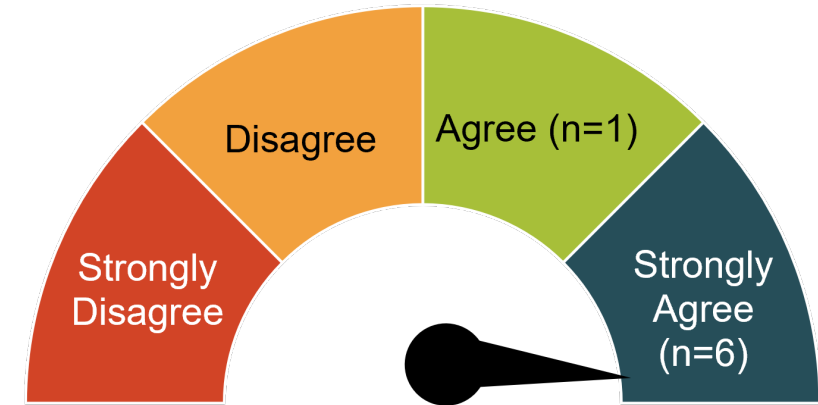
Content relevancy

Content in this module is relevant to the challenges I encounter when providing services.



Future application

I am interested in further, more specialized training about the information in this module.





Addressing GBV

“We meet a lot of female clients who experience physical and emotional abuse from their male partners. These men abuse women because as men they either want more kids, or disagree with their partner’s decision to use contraception.”



- Community norms that give higher status to male and lower status to females can cause GBV
- Client’s rights must be reinforced so that can be free from violence
- The tool will help providers follow the proper protocol when clients have symptoms of GBV
- Providers must be educated on facilities that offer services on GBV, as well as how to make referrals

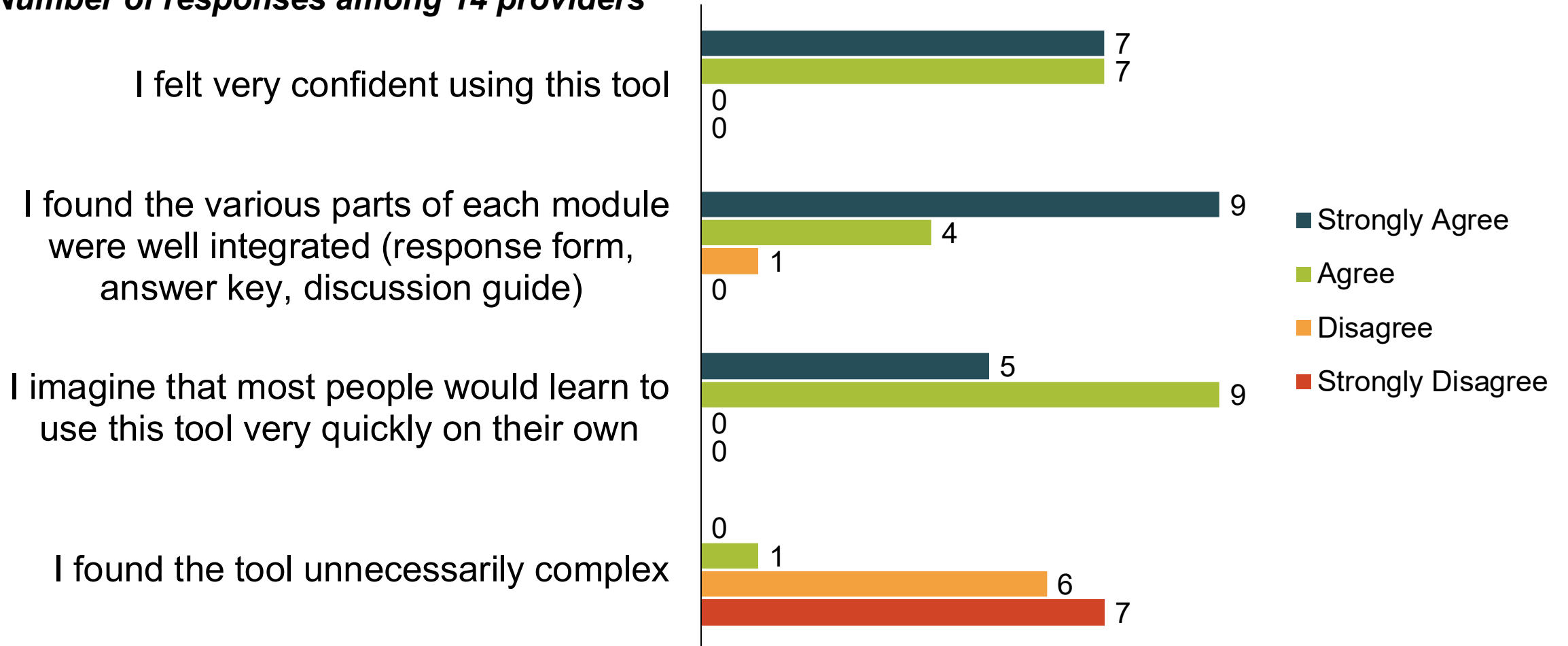


Feedback and Recommendations



Overall usability of the self-assessment tool

Number of responses among 14 providers



Overall tool usability

“The statements are short, precise and easy to understand. It has educated us on how to handle and channel such issues.”



Positive feedback

- User-friendly, clear, comprehensible
- The volume is not too much and easy to adapt
- Easy to apply, and the responses also good
- The tool resonates with participants

Challenges

- One person noted a need for instruction on scoring form
- For a few statements (5 out of 71) one person noted challenges with wording
- Provide in different languages



Feedback and innovations from providers

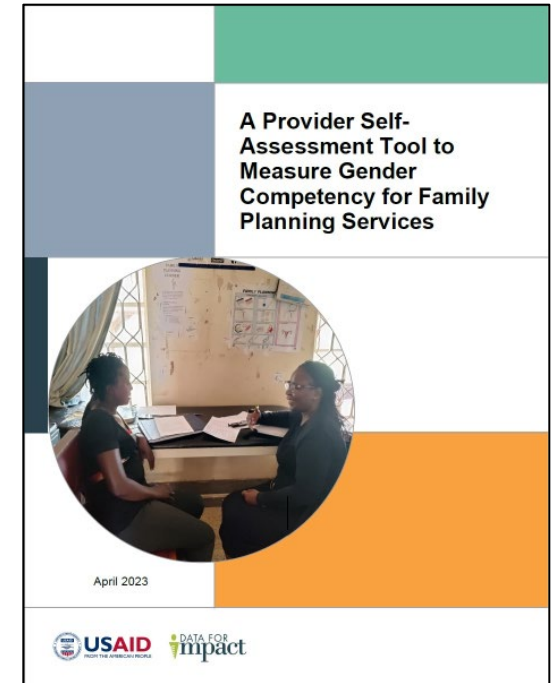
- All modules were seen as valuable, the more favored include engaging men and boys as partners and users; legal rights and status; and addressing GBV.
- The legal rights and status module was a good refresher and should come with accompanying documents on legal issues. GHS may create a companion document when using the tool and training in Ghana.
- Recommended to include in pre-service training curriculum, and as part of in-service training and online platforms, but recognized challenges of integrating into pre-service.
- For an online platform, suggested provision to individuals to come together as a group to have a discussion and go through the modules.
- The tool was user-friendly with clear instructions; however, could be text-heavy for certain types of learner.



Provider self-assessment tool properties

Competency domain	Average time to complete (minutes)	Average score (range)	Competency level
Gender-sensitive communication	14	48 (44-52)	High
Promoting individual agency	19	53 (48-55)	Medium
Supporting legal rights and status	10	35 (25-38)	Medium
Engaging men and boys as partners	10	49 (46-54)	High
Facilitating positive couples' communication and cooperative decision making	8	26 (23-28)	High
Addressing gender-based violence	10	46 (38-51)	Medium

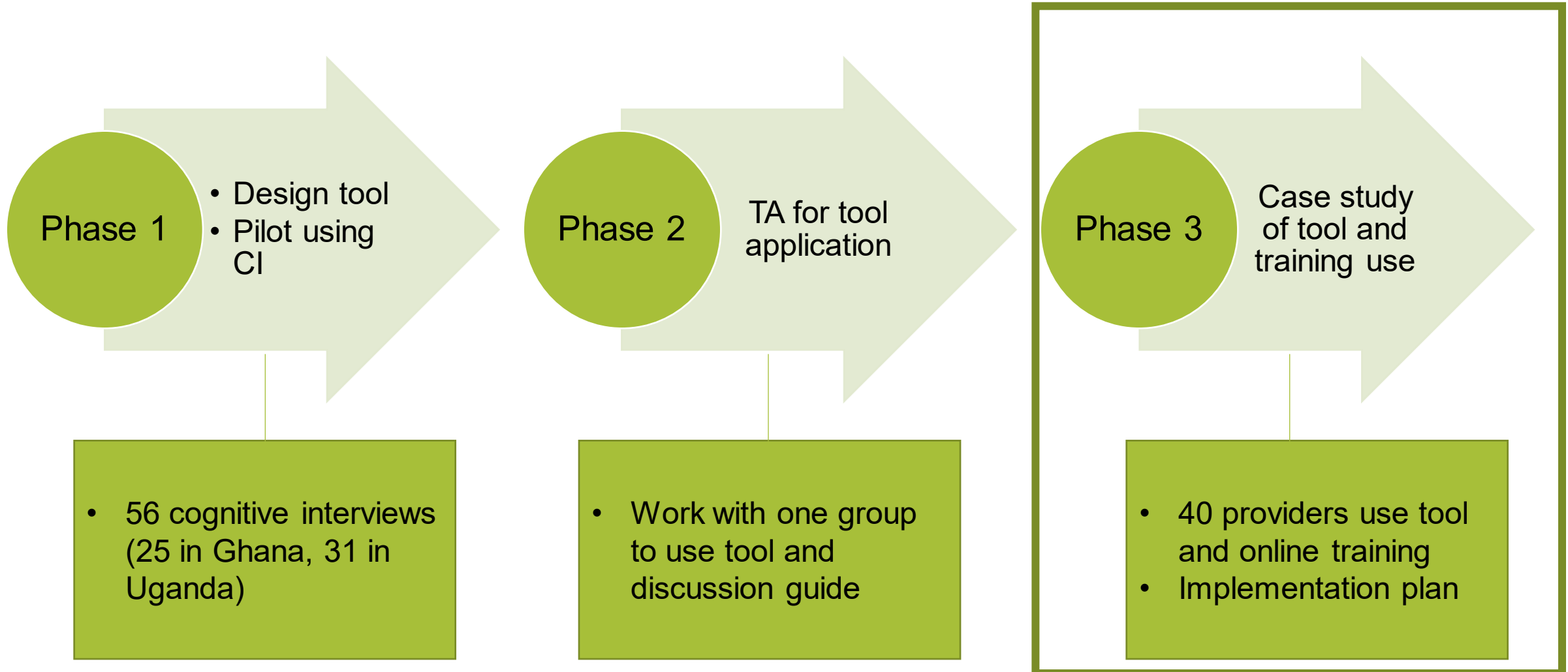
N=7 providers completed each module



Available at:
<https://www.data4impactproject.org/publications/gender-competency-tool-guidance/>



Phases of tool development





Further application of tool and eLearning course

- Providers in Ghana will complete the tool and eLearning course in three modalities:
 - 1) In-person
 - 2) Hybrid
 - 3) Online
- First workshop in Tamale, Northern District, Ghana
- Feedback via short surveys, small and large group discussions



Summary

- Gender competency is the knowledge, attitudes, and skills that can help providers reduce gender-related barriers for their clients.
- Resources to increase family planning gender competency include a self-assessment tool and eLearning course.
- Providers found that the self-assessment tool is easy to use, includes appropriate content, and are interested in additional training.
- The self-assessment tool modules can be completed in a short time frame and demonstrated good variation.
- Favored modules included engaging men and boys as partners and users; legal rights and status; and addressing GBV.
 - Adaptation to local context might include a summary of local laws and policies

Thank you!

- Claudette Diogo, Afua Aggrey, Amani Selim, Afeefa Abdur-Rahman, Phyllis Dako-Gyeke, Gifty Sumani, Ruby Hornuvo, Janine Barden O'Fallen, Sally Zweimueller, Morgan McFall-Smith





Q&A





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