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

<table>
<thead>
<tr>
<th>Session</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>0-5 minutes</td>
</tr>
<tr>
<td>What is gender competency?</td>
<td>6-8 minutes</td>
</tr>
<tr>
<td>Developing and piloting the provider self-assessment tool to measure gender competency</td>
<td>9-14 minutes</td>
</tr>
<tr>
<td>Workshop with Ghana Health Service family planning providers</td>
<td>15-18 minutes</td>
</tr>
<tr>
<td>Insights from FP providers on the 6 modules</td>
<td>20-40 minutes</td>
</tr>
<tr>
<td>Feedback, recommendations, and future use</td>
<td>40-45 minutes</td>
</tr>
<tr>
<td>Q&amp;A</td>
<td>45-60 minutes</td>
</tr>
</tbody>
</table>
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.
“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-sensitive communication
- Promoting individual agency
- Supporting legal rights and status related to family planning
- Engaging men and boys as partners and users
- Facilitating positive couples’ communication and cooperative decision making
- Addressing gender-based violence

Developed by HRH2030
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

Phase 1
- Design tool
- Pilot using CI
- 56 cognitive interviews (25 in Ghana, 31 in Uganda)

Phase 2
- TA for tool application
- Work with one group to use tool and discussion guide

Phase 3
- Case study of tool and training use
- 40 providers use tool and online training
- Implementation plan
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

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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Check the box with your response here</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>□ Strongly agree  X Agree □ Disagree □ Strongly disagree</td>
</tr>
<tr>
<td>A2. I adapt my counseling to support clients who may have less authority over decision making for family planning.</td>
<td>□ Strongly agree  X Agree □ Disagree □ Strongly disagree</td>
</tr>
<tr>
<td>A3. I adapt my counseling based on a client's level of literacy, which can be different for women, men, girls, and boys.</td>
<td>□ Strongly agree  X Agree □ Disagree □ Strongly disagree</td>
</tr>
</tbody>
</table>
**Answer key: Individual statements**

**Gender sensitive-communication**

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

**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.”

**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.

**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/](https://chemonics.com/resource/defining-and-advancing-gender-competent-family-planning-service-providers/)

<table>
<thead>
<tr>
<th>Module</th>
<th>Maximum possible score</th>
<th>High gender competency</th>
<th>Medium gender competency</th>
<th>Low gender competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Gender-Sensitive Communication</td>
<td>52</td>
<td>47–52</td>
<td>42–46</td>
<td>Equal to or less than 41</td>
</tr>
</tbody>
</table>
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.”

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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

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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)

- Nurse 57%
- Midwife 29%
- Physician 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.

- **Module content**:
  - Strongly Disagree (n=5)
  - Disagree (n=2)
  - Agree (n=2)
  - Strongly Agree (n=5)

- **Content relevancy**:
  - Strongly Disagree (n=5)
  - Disagree (n=3)
  - Agree (n=4)
  - Strongly Agree (n=3)

- **Future application**:
  - Strongly Disagree (n=6)
  - Disagree (n=1)
  - Agree (n=0)
  - Strongly Agree (n=6)
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**
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.
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**
To what extent do you agree or disagree with the content and answers presented?

- Disagree
- Strongly Disagree (n=3)
- Agree
- Strongly Agree (n=4)

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

- Disagree
- Strongly Disagree
- Agree
- Strongly Agree (n=5)

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

- Disagree
- Strongly Disagree
- Agree
- Strongly Agree (n=5)
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**

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

- Strongly Disagree
- Disagree
- Agree (n=2)
- Strongly Agree (n=5)

**Content relevancy**

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

- Strongly Disagree
- Disagree
- Agree (n=3)
- Strongly Agree (n=4)

**Future application**

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

- Strongly Disagree
- Disagree
- Agree (n=1)
- Strongly Agree (n=6)
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**
To what extent do you agree or disagree with the content and answers presented?

- Strongly Disagree
- Disagree
- Agree (n=4)
- Strongly Agree (n=3)

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

- Strongly Disagree
- Disagree
- Agree (n=3)
- Strongly Agree

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

- Strongly Disagree
- Disagree
- Agree (n=1)
- Strongly Agree (n=6)
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.
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**

- I felt very confident using this tool: 7 Strongly Agree, 7 Agree
- I found the various parts of each module were well integrated (response form, answer key, discussion guide): 9 Strongly Agree, 4 Agree, 1 Disagree
- I imagine that most people would learn to use this tool very quickly on their own: 9 Strongly Agree, 9 Agree
- I found the tool unnecessarily complex: 6 Disagree, 7 Strongly Disagree
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

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

N=7 providers completed each module

Available at: [https://www.data4impactproject.org/publications/gender-competency-tool-guidance/](https://www.data4impactproject.org/publications/gender-competency-tool-guidance/)
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- 40 providers use tool and online training
- Implementation plan
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
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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