

## Tools

Table 12: Integrating gender and poverty into quality assurance programmes

Indicator	Yes	No	Plans for action and timeline
<b>Institutional policies and practices</b>			
Do agency policies that prohibit gender-based discrimination exist?			
Do agency policies that prohibit the abuse of power and sexual harassment in the institution exist?			
Do policies and procedures to ensure gender-based equity in the promotion of staff exist?			
Do mechanisms that prohibit spousal consent exist?			
Is there a declaration in the institution's mission that promotes women's empowerment?			
<b>Provider practices</b>			
Do staff address clients by their name?			
Are records kept of consultations and counselling where staff explored sexual and reproductive health?			
If records are kept, based on the total client load, do the records indicate that most clients receive such consultations?			
Are consultations geared to the client's educational level? Are pictures and diagrams used, for example?			
Do staff provide details on treatment to clients?			
Do staff have adequate time to conduct a consultation?			
Do staff provide time for clients to ask questions and express concerns?			
Do staff explain procedures undertaken on clients?			
Do staff know the agency's mission?			
<b>Convenience to client</b>			
Are the agency hours convenient to clients?			
Is child care provided at the agency?			
<b>Client satisfaction</b>			
Does the agency have methods to collect data on client satisfaction?			
Does the agency have policies to ensure client confidentiality and privacy?			
If yes, is this policy upheld?			
Is the waiting area large enough to accommodate all of the clients?			
Is the waiting area inviting to clients?			
Do clients report feeling comfortable asking questions and clarifying doubts?			
Do clients report sufficient time with staff?			
<b>Client accessibility</b>			
Are all clients able to access the agency, regardless of their ability to pay?			

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## CHAPTER VI: Tools, resource and references

Table 12 (continued)

Indicator	Yes	No	Plans for action and timeline
Is there a waiver system for people who cannot afford the services?			
Can clients reach the agency, i.e. without transportation difficulties?			
Are people who are vulnerable or marginalized because of race, age, gender, economic status or living arrangements able to access the services?			
<b>Use of gender-sensitive language</b>			
Do staff use non-discriminatory language?			
Do staff use inclusive language?			
<b>Health communication</b>			
Do communication materials on sexual and reproductive rights (including women's rights) exist?			
If yes, are they readily available for clients?			
Do materials on sexual and reproductive health issues exist?			
If yes, are these materials easily understood by clients, regardless of their level of education?			
Do other forms of information exist, e.g. videos, posters, group education sessions, peer education, use of various media?			
<b>Monitoring and evaluation</b>			
Is staff performance monitored?			
Do staff have periodic evaluations?			
Is the overall function of the agency evaluated by clients and staff?			
Do mechanisms exist to make programmatic changes based on the information gathered from clients and staff?			

Adapted from Candich R. *et al. Manual to evaluate quality of care from a gender perspective*. International Planned Parenthood Federation, Western Hemisphere Region, 2000.

### Box 33: Gender sensitivity checklist for programme implementation

Does your programme ...

Yes No

- ☐ ☐ provide child care for participants during programme activities?
- ☐ ☐ provide transportation for participants in an effort to encourage attendance?
- ☐ ☐ occur at a time and place that are convenient to all participants, especially women and girls?
- ☐ ☐ encourage community members, especially women and girls, to participate in peer education (e.g. leading segments of the workshop discussions, demonstrating condom use)?
- ☐ ☐ encourage people living with HIV/AIDS, especially women and girls, to participate in programme implementation?
- ☐ ☐ provide access to information about HIV/AIDS to all participants equally?
- ☐ ☐ encourage discussion about socially assigned gender roles affecting women, men, adolescents and elderly?
- ☐ ☐ enable women and men, and girls and boys to understand one another's needs?
- ☐ ☐ attempt to ensure that women and men, and girls and boys are listening to the needs of one another (have participants represent one another in role-play, have participants summarize and repeat the issues raised in discussion, etc.)?

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*Box 33 (continued)*

**Yes No**

- ☐ ☐ encourage discussion of the various social factors, such as economics, political and social structure that put women or men more at risk for HIV/AIDS?
- ☐ ☐ encourage discussion of how gender inequality affects HIV/AIDS prevention, transmission, treatment and care?
- ☐ ☐ address the financial difficulties brought on by HIV/AIDS, which often disproportionately affect women and girls (e.g. laws that do not allow women to inherit land from their husbands, the need for widows to seek out new forms of income to support their families, the burden of health care costs that often become the responsibility of women)
- ☐ ☐ encourage discussion of the power imbalances between women and men, and between girls and boys, and how these imbalances affect the transmission and prevention of HIV/AIDS (e.g. the difficulties women face in insisting that their partners use condoms, the ability to choose when and with whom to have sex, etc.)
- ☐ ☐ encourage discussion of how empowerment of women and girls could help lessen their vulnerability to HIV/AIDS? (It is crucial to include men and boys in this discussion so they can support their wives, sisters and mothers as opposed to becoming threatened by their empowerment.)
- ☐ ☐ work to eliminate the power imbalances between women and men and between girls and boys?
- ☐ ☐ address the issue of violence against women and girls?
- ☐ ☐ provide opportunities for women and girls to become empowered through HIV/AIDS education (e.g. enhance the self-confidence of women and girls by encouraging them to attain new skills, take on more responsibilities as desired, become local leaders in health promotion)?
- ☐ ☐ encourage and acknowledge the support that women and girls can provide to one another?
- ☐ ☐ address the double standard that exists between women and men in relation to sexual activity (e.g. men being allowed to engage in sex outside of marriage while women are not, men being expected to have sexual experience before marriage while women are not)?
- ☐ ☐ address the issue of sexual abuse (e.g. rape, incest)?
- ☐ ☐ address adolescent sexuality and the effect it may have on HIV/AIDS?
- ☐ ☐ address the issue of equal access to education for boys and girls?
- ☐ ☐ address the reproductive and sexual health needs of children and adolescents?
- ☐ ☐ facilitate awareness in adults of the reproductive health needs of children and adolescents?
- ☐ ☐ encourage adults to address the reproductive and sexual health needs of children and adolescents?
- ☐ ☐ provide demonstrations to all participants on how to use both male and female condoms and encourage all participants to practise their use?
- ☐ ☐ encourage discussion about the possible difficulties associated with condom use experienced by both women and men?
- ☐ ☐ address how HIV/AIDS affects how women and men make reproductive choices?
- ☐ ☐ encourage the involvement of both women and men in family planning?
- ☐ ☐ address how to avoid HIV transmission from mother to child (both before and after birth)?
- ☐ ☐ address the need to improve the quality of health services for women and girls?
- ☐ ☐ address the various health care changes that occur over a lifetime and how those changes affect HIV/AIDS treatment and prevention? (For example, a woman's health needs and HIV/AIDS susceptibility may change significantly as her body changes through adolescence, childbearing years, and menopause.)
- ☐ ☐ encourage men and boys to participate equally in HIV/AIDS prevention efforts?
- ☐ ☐ encourage men and boys to help with domestic tasks as HIV impacts women's lives? (Greater assistance with domestic tasks may be needed if a mother, sister or wife becomes ill, if she has to care for infected loved ones, if she has to begin to generate the family income.)
- ☐ ☐ encourage men and boys to become more involved in the care of their families?

Source: Joint United Nations Programme on HIV/AIDS n.d.