## FIGURE 2

## GENDER COMPETENCY FRAMEWORK FOR FAMILY PLANNING SERVICE PROVIDERS

IMPORTANT: The competencies within this table focus on gender-related aspects of FP services and they do not address clinical competencies more generally. As such, they should be considered in conjunction with the most current comprehensive FP service guidelines and standards of care, such as the WHO Medical Eligibility Criteria for Contraceptive Use, fifth edition (WHO, 2015); Selected Practice Recommendations for Contraceptive Use, third edition (WHO, 2016); and Family Planning: A Global Handbook for Providers (WHO Department of Reproductive Health and Research and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, Knowledge for Health Project, 2018).

Key	Knowledge	Skills	Attitudes		
		•	Q <sub>o</sub>		
Oomain	Competency				
	a. Maintains relaxed, friendly, and attentive body postures and eye contact, as appropriate, to show respect for the client, regardless of gender.				
I. Using Gender-Sensitive Communication refers to 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 is client centered.	b. Identifies potential for unequal power among individuals that may exist because of gender, and impact access to information and services.				
		c. Provides information to clients to obtain FP services, regardless of challenges created by the client's gender, including literacy, access to media and technology, and ability to attend counseling.			
		d. Recognizes own gender and influence as a provider and the potential to interfere with the provision of quality and equitable FP services.			
	e. Integrates questions ab health services.	e. Integrates questions about family planning and reproductive health goals while clients are seeking other health services.			
	f. Identifies opportunities to provide information on family planning during many life stage such as before first birth.				
2. Promoting Individual Agency refers to 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.	a. Asks about reproducti	ve goals to open conversation and emp	phasize reproductive decisions are a choice		
		b. Reviews with clients the varied reasons for method choice, including efficacy, longevity, accessibility, and tolerance of side effects that may vary by sex, gender, age, safety, and relationship status.			
		c. Discusses with clients the economic, social, and logistical factors that vary by gender and impact individual informed and voluntary choice and decisions to be sexually active.			
	d. Explains safe sexual practices in context of gender and power.				
		e. Encourages all clients to make their own informed and voluntary reproductive choices regardless of gender, age, relationship status, or consent by family members (consistent with national FP/RH policy).			
		uates with client the process and feasibility of client obtaining and using his/her method of choice ding accessibility and potential challenges based on sex and gender.			
	g. Acknowledges that the choice.	Acknowledges that the client has a right to make the final decision about using or not using FP and methors.			
		chosen method, if available and medically indicated, and continues to provide service er the selection matches the provider's own personal judgment of the client.			
	a. Understands and supp contraceptive methods	orts the client's individual rights related or not.	to FP services and decisions to use		
S. Supporting Legal Rights and Status Related to FP refers to the provider's		b. Helps the client understand his/her rights related to FP services and offers information on a full range of method options regardless of the client's gender, sexual orientation, relationship status, age, or occupation			
ability to provide information and services to clients in accordance with rights and local laws and without interference of personal bias.		c. Restates or translates the rights and policies related to FP service in comprehensible terms for all clients, when needed, to accommodate different literacy rates and according to gender.			
	•	d. Provides equitable information, treatment, and services to all clients regardless of the type of relationship (ex: married, live-in partner, unmarried, non-monogamous).			
		ty and privacy regarding a client's choice acy with the client's partner or family, it			

Key	Knowledge	Skills	Attitudes		
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Domain		Competency			
4. Engaging Men and Boys as Partners and Users refers to 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.	a. Recognizes how harmful displays of masculinity and femininity can result in unequal power between individuals and influence FP decision-making.				
		<ul> <li>Promotes positive male participation in method choice and use, including shared responsibility for FP and contraceptive use, while emphasizing the woman's right to voluntary and informed choice.</li> </ul>			
		c. Understands and can address myths and misconceptions about contraceptive use, including issues of power, control, and pleasure among men and women.			
		d. Recognizes men as potential users of FP by providing men with information on methods, counseling, and obtaining methods of choice, including speaking confidently about vasectomy to clients.			
		unities to engage men and boys who may not traditionally seek FP services, without en's voice, choice, and ability to act on decisions.			
		f. Brings up and provides to both male and female clients information on male-controlled and cooperative contraceptive methods and provides referrals when male contraception is not readily available.			
		Encourages men's sexual and reproductive health practices that respect women's rights and preferences with both male and female clients.			
5. Facilitating Positive Couples' Communication and Cooperative Decision- Making refers to 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.		ential for unequal power in decision-making between partners about FP choices befonmunication and cooperative decision-making.			
	b. Knows and can counse and decision- making.	and can counsel on which contraceptive methods enable or require each partner's cooperation ision-making.			
	c. Encourages the client	c. Encourages the client to discuss his/her FP needs and preferences with the partner.			
		ays scenarios to strengthen the client's ability to use his/her chosen FP method and ice and use with the partner, as needed.			
	e. Asks the client if his/hi that it is the client's ch	s/her partner or family would like to participate in current and future visits, emphasizin choice.			
	f. Facilitates discussion a	n and shared decision-making between the partners, as desired by the client.			
	g. Gives equal attention	to both partners during couple counseli	ing.		
6. Addressing Gender-Based Violence (GBV) refers to the provider's ability to understand and recognize GBV, incorporate principles of do no harm into family planning services, provide appropriate referrals and reinforce the right to be treated with respect and live free of violence.*	a. Knows the definition of	of gender-based violence and intimate partner violence.			
	b. Can list the common	igns and symptoms of GBV or GBV risk factors.			
	c. Informs on which conf	aceptive methods can be used covertly with less chances of being detected.			
	d. Understands how me counsels with a do no	thod choice may unintentionally lead to harm such as intimate partner violence and harm approach.			
		ds the facility protocol for managing GB ts, and whether the facility meets the m	V, including referral for support services, inimum conditions for GBV screening.		
*To reduce the risk of more harm, only providers trained in GBV counseling should counsel clients who report experiences with GBV. These providers should counsel using the GBV protocols or recognized standards that are consistent with policy and law.		orces a client's right to be treated with respect; free from threats, violence, or r, other family member, or a stranger; and free from victim-blaming and stigma.			
		lients compassionate and respectful counseling, including information about their right to choose th and timing of children, and the right to live without sexual harassment or forced sexual relations.			
	h. If client either disclose	scloses they have experienced violence or show signs and symptoms, asks about GBV.			
		assionate counseling, refers the client to confidentiality (consistent with policy and	o a provider trained in GBV response* and d law).		