





GENDER COMPETENCY FOR FAMILY PLANNING PROVIDERS

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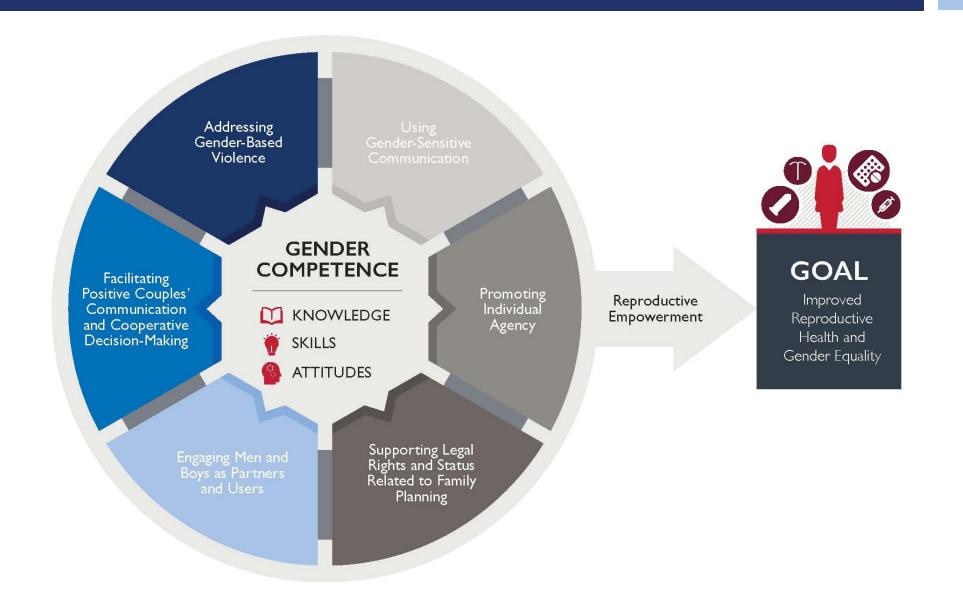


"We can't tell them about birth-control pills or contraceptives until they have had their first baby."

Health worker in Pakistan,2018



OVERVIEW OF GENDER COMPETENCY

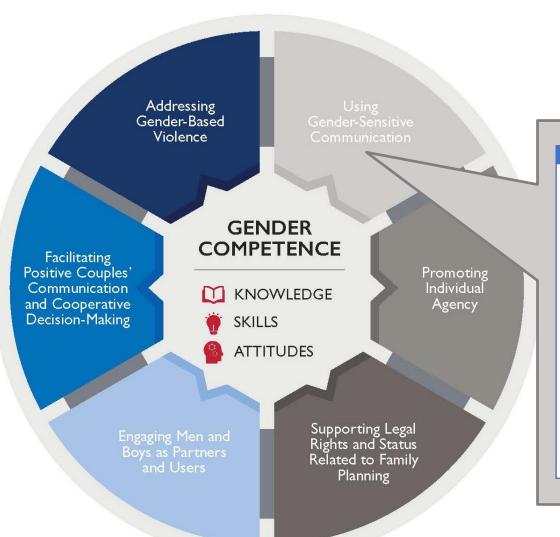


OVERVIEW OF GENDER COMPETENCY



A gender-competent FP provider strives to apply the needed knowledge, skills, and attitudes to create equitable opportunities for women, men, girls, and boys to make voluntary and informed FP/RH decisions based on their needs.

OVERVIEW OF GENDER COMPETENCY



Domain

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.

Competency

- a. Maintains relaxed, friendly, and attentive body posture and eye contact, as appropriate, to show respect for the client, regardless of gender.
- 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 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 stages such as before first birth.

GENDER COMPETENCY FRAMEWORK

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		
Domain			Competency			
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.	a. Maintains relaxed, friendly, and attentive body postures and eye contact, as appropriate, to show respect for the client, regardless of gender.					
	•	 b. Identifies potential for unequal power among individuals that may exist because of gender, and impact access to information and services. 				
	•	 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. 				
	\Box		. Recognizes own gender and influence as a provider and the potential to interfere with the provision of quality and equitable FP services.			
	•	 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 daind now often to reproduce, without pressure to conform to gender and cultural norms.	•	a. Asks about reproduct	. Asks about reproductive goals to open conversation and emphasize reproductive decisions are a choic			
	•	 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. 				
	Ť	 Discusses with clients the economic, social, and logistical factors that vary by gender and impact individu informed and voluntary choice and decisions to be sexually active. 				
	•	d. Explains safe sexual practices in context of gender and power:				
	Q.		ourages all clients to make their own informed and voluntary reproductive choices regardless of ler, age, relationship status, or consent by family members (consistent with national FP/RH policy).			
	•		client the process and feasibility of client obtaining and using his/her method of choice ssibility and potential challenges based on sex and gender.			
	8	g. Acknowledges that the choice.	owledges that the client has a right to make the final decision about using or not using FP and methole.			
	8		osen method, if available and medically i the selection matches the provider's ow	indicated, and continues to provide service on personal judgment of the client.		
3. Supporting Legal Rights and Status Related to FP refers to the provider's ability to provide information and services to clients in accordance with rights and local laws and without interference of personal bias.	\Box	a. Understands and supp contraceptive method	orts the client's individual rights related s or not.	to FP services and decisions to use		
	•		. 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			
	•		states or translates the rights and policies related to FP service in comprehensible terms for all clients, nen needed, to accommodate different literacy rates and according to gender:			
	Ť		equitable information, treatment, and services to all clients regardless of the type of relationship ried, live-in partner, unmarried, non-monogamous).			
	8		ty and privacy regarding a client's choice vacy with the client's partner or family, if			

		Knowledge	Skills	Attitudes	
Key		\square	Ť	8	
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.	\square		armful displays of masculinity and feminuence FP decision-making.	inity can result in unequal power between	
	Ť	 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. 			
	\square		nderstands and can address myths and misconceptions about contraceptive use, including issues of wer, control, and pleasure among men and women.		
	Q.		s potential users of FP by providing me s of choice, including speaking confiden	n with information on methods, counseling, and tly about vasectomy to clients.	
	Ť		oortunities to engage men and boys who may not traditionally seek FP services, without vomen's voice, choice, and ability to act on decisions.		
	•		vides to both male and female clients in hods and provides referrals when male	oformation on male-controlled and cooperative econtraception is not readily available.	
	Ü	g Encourages men's with both male an		es that respect women's rights and preferences	
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.	\Box		tential for unequal power in decision-rommunication and cooperative decision	naking between partners about FP choices before n-making.	
	\square	 Knows and can co and decision- mak 		enable or require each partner's cooperation	
	8	c. Encourages the cli	ent to discuss his/her FP needs and pre	ferences with the partner.	
	•		plays scenarios to strengthen the client oice and use with the partner; as need	's ability to use his/her chosen FP method and ed.	
	•	e. Asks the client if h that it is the client		articipate in current and future visits, emphasizing	
	•	f. Facilitates discussi	on and shared decision-making betwee	en the partners, as desired by the client.	
	8	g. Gives equal attent	ion to both partners during couple co	unseling.	
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.* *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.	\square	a. Knows the definiti	on of gender-based violence and intim	ate partner violence.	
	\square	b. Can list the comm	on signs and symptoms of GBV or GB	/ risk factors.	
	7			vertly with less chances of being detected.	
	8		method choice may unintentionally le no harm approach.	ad to harm such as intimate partner violence and	
	\square			g GBV, including referral for support services, he minimum conditions for GBV screening.	
	Q.			th respect; free from threats, violence, or r; and free from victim-blaming and stigma.	
	Ť			cluding information about their right to choose the t sexual harassment or forced sexual relations.	
	Ť	h. If client either disc	loses they have experienced violence	or show signs and symptoms, asks about GBV.	
	Ť		ompassionate counseling, refers the clie and confidentiality (consistent with polic	ent to a provider trained in GBV response* and my and law).	

For a version you can actually read...

https://hrh2030program.org/gender-competency-tech-brief/

Advancing Gender Competency for Family Planning Service Providers Across the Health System

BUILDING



Pre-service education

Family planning Career selection educational institutions, Female and male faculty, preceptors, and youth encouraged trainers contextualize to become family and incorporate planning providers 6 domains of gender (nurse, midwife, competency into community health curricula (below) worker, doctor, private shop owner)

to ensure gender balance in available family planning

workforce



Certification

Health professional associations and licensing bodies promote gender competency within codes of conduct and assess it within certification exams



Human resource managers and supervisors include gender competency in family planning provider's job description

Continued professional development

Associations and professional bodies incorporate gender competency into in-service training or continuous professional development opportunities

into performance management and supportive supervision strategies

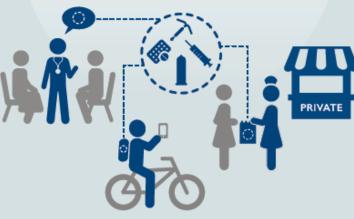
Planning, financing, & policy making

Decision-makers ensure family planning providers are diverse, equitably distributed, equipped, and supported; gender competency included in accreditation

MANAGING

IMPROVED REPRODUCTIVE **HEALTH & GENDER EQUITY**

A gender competent health workforce provides more accessible, accountable, affordable and reliable family planning services to promote reproductive empowerment



Existing family planning providers apply and demonstrate appropriate knowledge, skills, and attitudes to deliver family planning services at the facility and community levels across the 6 domains to clients who know and can act on their rights

OPTIMIZING

BUILDING AND IMPROVING GENDER COMPETENCY AMONG FAMILY PLANNING PROVIDERS





After completing this module, you should be able to

- Define gender-sensitive communication
- Explain the importance of gender-sensitive communication
- Identify the competencies of the "gender-sensitive communication" domain
- Apply the competencies to your work



Mariel is coming into the health facility to learn about family planning for the first time. You are a family planning provider. Consider your options.

Greet Mariel and welcome her

unmarried, so she must not be serious

sk Mariel to come back tomorrow when your colleague who is trained in adolescent-friendly services is available









Pause and Reflect

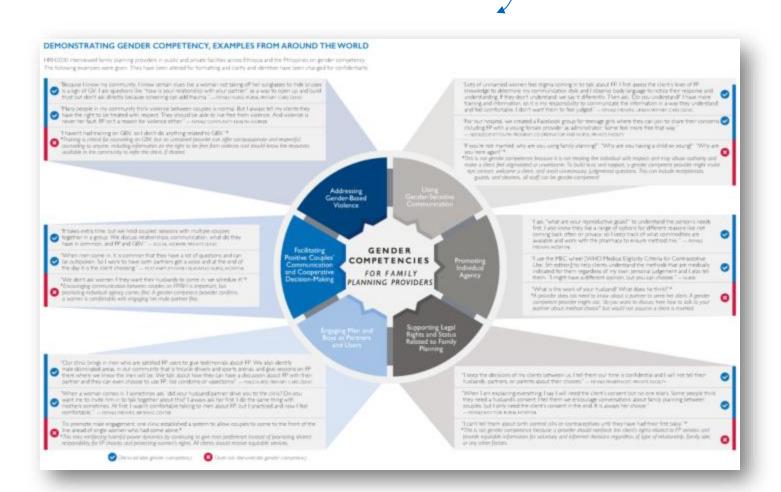
Take a moment to reflect on what you have learned in this module, and think about how you can apply these concepts in your work.

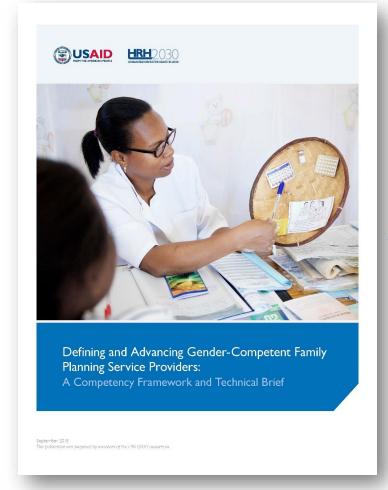


OTHER RESOURCES

https://hrh2030program.org/gender-competency-tech-brief/

Examples of demonstrating gender competency from around the world!





Technical brief on gender competency