

TOOL FOR GENDER-RESPONSIVE SEXUAL, REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH PROGRAMMING

This checklist is an assessment tool to determine the extent to which gender equality is considered in a programme's design, implementation and scale-up. Using this tool, programmes can improve how they address the gender inequalities that undermine the sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) outcomes of women and girls. As this tool captures multiple phases of programming, it can be used continuously or only for relevant sections. As with all tools, further contextualization will be required to fully integrate and sustain gender-responsive measures into programming.

Instructions

To use this checklist, respond to all criteria in each phase of Programme Design and Development. If your programme meets the criteria, check yes or 'Y'. If it does not meet the criteria, check no or 'N'. If it partially meets the criteria, check partially or 'P'. For any additional comments, clarifications or notes, use the 'Comments' section.

Phase	Criteria	Y	N	P	Comments/ Notes
SECTION 1: PROGRAMME DESIGN AND DEVELOPMENT					
NEEDS ASSESSMENT	Does the assessment use data and research which is disaggregated by sex and age?				
	Does it include existing knowledge on gender norms, roles and relations, particularly in relation to SRMNCAH?				
	Does the assessment review international commitments and obligations such as the Sustainable Development Goals, Beijing Platform for Action, CEDAW, ICPD Programme of Action and relevant human rights treaties?				
	Does it include an assessment of national or district health-sector policies and do they prioritize the SRMNCAH needs of women and girls?				
	Does it identify existing mechanisms, processes and partners focused on addressing gender equality in the provision of health services?				
SCOPE AND APPROACH	Was the programme approach developed taking into consideration how gender roles, access to and control over resources and power relations inform access to SRMNCAH services?				
	Does the scope of the programme include commitments to improving SRMNCAH for women and girls?				
	Do the scope and approach articulate key gender issues and how they affect SRMNCAH?				
	Were women and girls involved in the design phase and did it take into their account their concerns, experiences and demands?				
	Does the approach identify the specific needs of women and girls, boys and men, including those from marginalized groups (e.g. minority groups, those living in rural areas, persons with disabilities)?				

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THEORY OF CHANGE	Was a situation analysis conducted to contextualize gender inequalities in health for the programme setting?				
	Do the programme inputs include activities to ensure women and girls' demand for SRMNCAH?				
	Were any programme activities specifically designed to meet the needs of women and girls in terms of SRMNCAH?				
	Was gender equality considered as a social determinant of health?				
	Do the short- and long-term effects of this programme consider how it will impact women and girls?				
PROGRAMME DESIGN	Was a scoping exercise conducted to understand the status of women and girls' rights and access to SRMNCAH in the programme implementation area?				
	Did the development of the programme design involve women and girls, including those most left behind in the SRMNCAH response?				
	Does the programme design provide solutions to remove barriers women and girls face in accessing and utilizing SRMNCAH services?				
	Does the programme design include activities to ensure women and girls' can voice their SRMNCAH demands in decision-making platforms?				
	Was gender equality integrated throughout each phase of the programme design?				
BUDGET	Has the entire budget been reviewed using a gender perspective, ensuring allocations have been made to ensure women's and girls' needs are met in SRMNCAH?				
	Do the gender equality commitments in the programme design align with adequate funding allocations?				
	Are there specific budget functions that promote gender equality?				
	Are there strategies developed to mobilize/sustain resources for gender equality-related SRMNCAH activities?				
	Are there allocations for stakeholder consultation and involvement, including engaging with community members, civil society, political and traditional leaders and government bodies to advocate for gender equality in the SRMNCAH response?				

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SECTION 2: PROGRAMME IMPLEMENTATION					
STAKEHOLDERS	Does the programme include routine, relevant gender trainings for all staff?				
	Does the recruitment of project staff consider the importance of gender parity?				
	Are women and girls regularly providing inputs to programme implementation processes?				
	Does the programme ensure it is accessible and inclusive towards women and girls, including those often marginalized (e.g. women with disabilities, women living with HIV, indigenous women)?				
	Has the programme been discussed with all stakeholders to ensure it identifies the needs of the specific community it is reaching, particularly women and girls?				
IMPLEMENTATION	In programming, are the health consequences of gender inequality considered and addressed?				
	Are the links between harmful gender norms (e.g. gender-based violence, inability to negotiate condom use, restrictions on mobility to attend health services, financial restrictions to attend health services, lack of health education) and SRMNCAH outcomes considered?				
	Are the principles of gender equality and non-discrimination integrated throughout the programme?				
	Does the programme address underlying factors of poor SRMNCAH, such as gender inequality, harmful practices and violations of basic human rights?				
	Does the programming include activities around rights-based education on SRMNCAH?				
MONITORING AND EVALUATION (M&E)	Does the programme collect and report on sex-disaggregated data?				
	Are participatory and qualitative methods used to capture nuanced gender issues in SRMNCAH?				
	Does the data collection include gender equality markers and indicators, preferably those that are widely recognized/validated?				
	Is gender equality considered throughout the entire M&E process – baseline, mid-line, endline?				
	Does the M&E capture norms and behaviour changes around SRMNCAH?				

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SECTION 3: PROGRAMME SCALE-UP AND NEXT STEPS					
DISSEMINATION OF RESULTS	When M&E analysis was conducted, was it reported using sex-disaggregated data?				
	Were any differences in programming outcomes between men and women explained?				
	Were gender issues captured in M&E processes and reported on?				
	Do the results consider the extent to which the intervention contributed to strengthening the capacity of health systems, communities or the target area to ensure SRMNCAH responds to women and girls' needs?				
	Do the results capture any improvements in women's access to and participation in SRMNCAH services? If there were not any improvements, can the results explain why?				
ADVOCACY	Can this programme be used as an example to advocate for women and girls' meaningful participation in SRMNCAH processes?				
	Can the aspects of this programme, which meaningfully engaged women and girls, link to other improved outcomes (e.g. increased empowerment and agency, economic empowerment, or improved quality of SRMNCAH services)?				
	Can programme staff advocate for the importance of using a gender-responsive approach to SRMNCAH programming?				
	Can the programme results and learnings be used to advocate for the importance of gender equality in health programming to donors, government officials and civil society organizations?				
	Are the participants of the programme, particularly women and girls, able to demand their right to SRMNCAH in decision-making platforms (e.g. in communities, local political spaces, national agendas)?				
SCALE-UP AND INTEGRATION	In any future uptake of the programme, is gender equality considered?				
	Are any gaps in addressing gender equality in SRMNCAH addressed when discussing the scale-up and future of the programme?				
	Can this programme be linked to broader gender equality programmes (e.g. those that address gender-based violence, economic empowerment, education)?				
	Can this programme be adapted for implementation in national-level settings or other countries?				
	Are women and girls active participants and stakeholders in the next phase of this programming?				