Gender Responsiveness in Governance

The Importance of Gender in Governance

Women play three important roles in a health system: 1) as governance decision makers and senior managers; 2) as health workers and health care providers; and 3) as users of services. However, governing bodies in health systems and health institutions are dominated by men. As a result, the issues faced by women leaders, women in the health workforce, and women who are users of health services too often do not receive adequate attention.

Gender responsiveness in health governance has the potential to enhance health outcomes not only for women, but also for the entire community. **Gender-responsive governance is ensuring that governance decision-makers respond to the different needs of their internal and external clients based on gender.** For example, gender-responsive leaders insist on collecting and using sex-disaggregated data for decision-making, or establish a gender-sensitive implementation process for applying a decision.

Gender-transformative leaders go beyond being just responsive; they actively work toward gender equity. They give voice to women and women’s organizations in governance decision-making, create a comprehensive agenda to overcome discrimination, establish a gender policy in their organizations, ensure a safe and harassment-free environment, or work to increase the proportion of women in leadership, governance, and senior management roles in their organization.

The Gender in Governance Tool

Governance leaders should periodically assess how gender-responsive they are when making governance decisions (i.e., while making policies and regulations, setting organization’s strategic direction, or allocating resources). Currently there is no readily available instrument to help them carry-out this self-assessment. To fill this gap, the LMG Project has developed a simple tool based on the spectrum of gender responsiveness, and has tested it with LeaderNet, an online learning community of health leaders and managers supported by Management Sciences for Health (MSH).

Testing of the Tool

In testing the Gender in Governance Tool, we received 221 responses from LeaderNet members. Two out of every three respondents (146 out of 221) completed the entire survey, and we received feedback from many respondents on how to improve the tool. There was strong gender diversity among the respondents - women represented slightly more than 50% of the respondents, and one respondent identified himself as a transgender man. About 85% respondents said they lead, 85% said they manage, and 47% said they perform a governing role in their respective organizations.

Of the 221 respondents who completed the survey:
1. 62% agreed or strongly agreed with the scoring scheme of the tool; while about 23% remained neutral and about 15% disagreed or strongly disagreed with it.
2. About 66% agreed or strongly agreed that the tool was feasible for its intended use; whereas 21% remained neutral, and 13% disagreed or strongly disagreed on the feasibility of using this tool.
3. About 48% thought it will be moderately useful and 49% thought it would be highly useful for assessing the gender responsiveness of the leaders who govern; while 3% thought the tool will not be useful at all for this purpose.

4. About 83% thought it would be moderately or highly useful for educating the governing body members; while 15% thought the tool will not be useful at all. Two percent respondents thought the tool will do harm on gender education dimension.

Based on multitude of suggestions we received, we have come up with a second version of this tool. We changed the scoring scale and the scheme. We also minimized the bias during the revision process. When the revised versions were presented to the LeaderNet community, we received 31 responses and overwhelming majority supported the new versions. We found it necessary to develop two versions, one for governance and management leaders of the organizations that *directly deliver* health services and the other more general sort, to be used by the leaders of the organizations that *do not directly deliver* health services.

**Instructions for Using the Tool**

This tool is for the use of the governing bodies or leaders who govern and also senior management leaders to periodically track the gender responsiveness of their decision-making. They should read over the tool prior to making a substantive decision, and then take the assessment after the governing body meeting to see how gender-responsive they have been in the decision they ultimately made.

The tool has ten questions. Senior governance and management team should discuss average team scores on each of the ten questions and explore possibilities regarding what they can do to improve the score next time they make a decision. The goal of the tool is the decision-making team knows their gender-responsiveness score, adopts gender-responsive behaviors over time, and improves the score with time till gender lens becomes an essential feature of the decision-making process in the organization.

**Scoring Scheme**

The maximum score that can be earned is 100.

- For first eight questions, 'NOT AT ALL' gets a score of 0, 'A LITTLE' gets score of 2.5, 'AROUND 50%' gets 5, 'A LOT' gets 7.5, whereas 'FULLY' gets a score of 10.
- Questions 9 and 10 are reverse-coded. Scoring is reverse here.
- In Q9 and Q10, 'NOT AT ALL' gets a score of 10, 'A LITTLE' gets score of 7.5, 'AROUND 50%' gets 5, 'A LOT' gets 2.5, and 'FULLY' gets a score of 0.

- Total Score of 75 and above indicates a high degree of gender-responsiveness.
- Score of 50-74 indicates gender-responsiveness.
- Score of 25-49 indicates not enough gender-responsiveness.
- Score below 25 indicates gender non-responsiveness.

The scale has a ‘not applicable’ option. The maximum score that can be obtained will reduce proportionate to the number of non-applicable gender questions. Overall responsiveness categories will also change accordingly. A respondent or the team should think carefully before making a determination.
that a specific gender question is not applicable to their decision because majority of decisions do
have all the ten gender dimensions described above.

Tool
Version 1
(To be used by governance and management leaders of the organizations that directly deliver health
services)

For each question below, please circle the choice that represents how you feel the decision was made:

1. I considered the different needs of women and men before making this decision.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

2. This decision I made responds to the different needs of women and men.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

3. I considered the implications of this decision on health service users as a whole and also
women and men users of health service separately.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

4. I considered the implications of this decision on health workers as a whole and also
women and men health workers separately.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

5. I consulted women and men in governance positions, women and men in management
positions, women and men clinicians, women and men health workers, women and men
health service users, or women’s organizations before making this decision.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

6. I considered aggregate evidence and sex-disaggregated evidence before making this
decision.
   (Aggregate evidence is data and evidence collected and presented collectively for men and
women, whereas sex-disaggregated evidence is data and evidence collected and presented
separately for men and women.)
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

7. This decision enables both women and men to make a choice concerning their health.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

8. This decision recognizes and compensates for disadvantages women or people of other
gender identities face.
   Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

9. This decision adversely affects women or their health.
   Fully A lot (around 75%) Around 50% A little (around 25%) Not at all Not applicable

10. This decision maintains inequalities among people of different gender identities or
supports stereotypes based on the gender identity.
    Fully A lot (around 75%) Around 50% A little (around 25%) Not at all Not applicable
Version 2
(To be used by governance and management leaders of the organizations that do not directly deliver health services)

1. I considered the different needs of women and men before making this decision.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

2. This decision I made responds to the different needs of women and men.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

3. I considered the implications of this decision on our clients as a whole and also women and men clients separately.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

4. I considered the implications of this decision on our employees as a whole and also women and men employees separately.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

5. I consulted women and men in governance positions, women and men in management positions, women and men employees, women and men clients, or women’s organizations before making this decision.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

6. I considered aggregate evidence and sex-disaggregated evidence before making this decision.
   (Aggregate evidence is data and evidence collected and presented collectively for men and women, whereas sex-disaggregated evidence is data and evidence collected and presented separately for men and women.)
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

7. This decision enables women to make a choice in a matter concerning them.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

8. This decision recognizes and compensates for disadvantages women or people of other gender identities face.
   Not applicable  Not at all  A little (around 25%)  Around 50%  A lot (around 75%)  Fully

9. This decision adversely affects women.
   Fully  A lot (around 75%)  Around 50%  A little (around 25%)  Not at all  Not applicable

10. This decision maintains inequalities among people of different gender identities or supports stereotypes based on the gender identity.
    Fully  A lot (around 75%)  Around 50%  A little (around 25%)  Not at all  Not applicable
Use the Tool

The tool is ready to use with the governing bodies and leaders who govern and manage in the health sector. The tool can also be used in conjunction with an array of leadership and management development, and governance enhancement tools. We encourage you to adapt it and use it in the course of your work.

Tool Developers

Should you need assistance in using this tool, you may get in touch with these tool developers.

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