

GENDER EQUALITY CAPACITY MAPPING REPORT

January 21, 2019



Table of Contents

Acknowledgements

1. Message from CanWaCH's Acting Executive Director	3
2. Executive Summary	4
3. Introduction	6
4. Methodology	6
5. Survey Results: Highlights	7
6. Analysis	9
7. Survey Results: Deeper Dives	12
8. Conclusion	27
ANNEX 1: Strengths and Challenges	28
ANNEX 2: Survey Questions	39

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The logo for Canada, featuring the word "Canada" in a serif font with a small Canadian flag icon above the letter "a".

1. Message from CanWaCH's Acting Executive Director

Access to quality health care is essential for women and girls to survive and thrive.

CanWaCH's ultimate vision is a world where every human can thrive through the full realization of their rights and potential. Working backwards from this end goal, we know that a focus on women and girls is critical because evidence tells us that across all income levels and throughout the full life cycle, women and girls are left out – left out of health systems, the economy, and decision making spaces that are critical to their life paths. Understanding the complexities and taking action to address how gender impacts global health is a central priority of CanWaCH's work.

One way we are delivering on this priority is by assessing the strengths and challenges of our members in relation to gender equality programming in health. This report provides a snapshot of our members' capacity in gender equality and health programming. It takes stock of where CanWaCH members have significant gender equality capacity and where they want more.

The focus of this research is a response to the ambition laid out in the Feminist International Assistance Policy (FIAP). We know that supporting the sector, as a whole, to deliver better programming through enhanced understanding of the interconnectedness of gender equality and health is critical. We also know that civil society organizations and researchers have been innovating in this space and want to piggyback onto this learning to bring the sector forward collectively.

In the process of the research undertaken for this report, we learned a lot about our members' ability to contribute to addressing gender inequality. Our survey research reflects our members' strong interest in tackling the root causes of gender inequality in health systems through gender transformative approaches. We at CanWaCH are committed to supporting this interest in all of our programming areas.

We are forever grateful for the hours of thoughtful deliberation and analysis from gender equality and metrics specialists from across CanWaCH's membership who contributed to this project.

By engaging with our partners in the Global South, honing our skills, and further developing our capacity to improve our programming, we are demonstrating our commitment to the vision laid out in the FIAP: a world where every person can thrive.

#LeadOnCanada

In solidarity,

Julia Anderson, Acting Executive Director
CanWaCH

2. Executive Summary

Gender equality matters for CanWaCH members. Why? First and foremost, because health and gender equality are basic human rights. Persistent and widespread gender inequality is a major barrier for women and girls to achieving their right to health.

Integrating gender equality approaches in health programming is a game changer for both health and gender equality outcomes. When we break down systemic barriers and address gender discrimination in health systems, we are supporting women, girls, men, boys and gender diverse people's equal rights to participate in all aspects of society.

CanWaCH is committed to supporting its members' vital work on gender equality and health. Between June 19 and September 6, 2018, CanWaCH deployed an online survey to assess member organizations' gender equality capacity, with the goal to build on strengths, address challenges and leverage opportunities for learning and collaboration.

The purpose of this report is to provide an overview of survey responses, including key messages and trends regarding what we heard. This report includes sections with highlights, analysis and deeper dives on findings.

In order to ensure a consolidated organizational approach, responses were sought from gender specialists and leads within CanWaCH member organizations. We used an Appreciative Inquiry approach which aims to build on existing strengths by mapping those strengths.

Overall, our findings indicate that CanWaCH members have significant gender equality capacity. They want more. And they are keen to share knowledge.

Highlights of survey results include:

- 49% of CanWaCH members responded, with a highly representative sample of 46 members closely paralleling the distribution of CanWaCH's categories of members.
- The survey response indicates a high-level of interest in gender equality in health. 100% of respondents expressed interest in participating in gender equality and health capacity-building and knowledge-sharing events. In addition, 41 out of the 46 respondents indicated an interest in a one-on-one follow-up interview.
- Top three priorities for capacity building identified by members:
 - Gender transformative approaches
 - Gender monitoring and evaluation
 - Gender-based analysis
- Top gaps to bridge:
 - Shared definition of gender and gender equality in member organizations
 - Insufficient human and financial resources
 - Longer timeframes needed to achieve goals of transformative approaches.
- Top strengths identified
 - Commitment of staff
 - Gender equality specialists
 - Openness to learn and innovate

This capacity assessment informs the development of a series of learning opportunities designed in collaboration with CanWaCH members to be rolled out 2019-2020. It surfaces three key ways we can move forward together to advance gender equality and global health:

1. Respond to CanWaCH members' identified capacity-building and knowledge-sharing needs, with a focus on gender transformative approaches, gender analysis and gender equality monitoring and evaluation.

2. Establish common gender equality and health definitions, principles, including a common statement on why and how we work together on gender equality and health.

3. Scale up investment in building capacity and knowledge-sharing on gender equality and health to meet the ambitious gender equality and women's empowerment goals of Canada's Feminist International Assistance Policy.

3. Introduction

Over the next two years, CanWaCH aims to increase capacity and knowledge-sharing on gender equality and global health. Our goal is to build on strengths, address challenges and leverage opportunities for learning and collaboration identified by members.

Between June 19 and September 6, 2018, CanWaCH deployed an online survey¹ to research the capacity of its member organizations on gender equality. This capacity assessment will help inform the development of a series of learning opportunities designed in collaboration with CanWaCH members and rolled out 2019-2020.

The purpose of this report is to provide an overview of responses on CanWaCH's Gender Equality Capacity Survey, including key messages and trends regarding what we heard from members. The analysis of the findings of this survey will help inform our knowledge-sharing and capacity-building work.

What we learned through our capacity survey is that CanWaCH members have significant gender equality capacity. They want more. And they are keen to share knowledge.²

4. Methodology

The research methodology for our capacity mapping project involved an online survey of CanWaCH members. In order to ensure a consolidated organizational approach, responses were sought from gender specialists and leads within CanWaCH member organizations. In cases where there was no identified gender specialist within an organization, we asked organizations to identify the person within their organization most likely to be able to answer questions about existing gender capacity and interest in increasing knowledge and capacity on gender equality and health programming.

Our methodology is rooted in an Appreciative Inquiry³ approach which seeks to map existing strengths in order to build on those strengths. In addition, through our capacity survey we

¹ See Survey Questions in Annex 2

² For an infographic depicting the findings of this report, see: <https://www.canwach.ca/article/mapping-gender-equality>

³ On Appreciative Inquiry, see: <https://www.centerforappreciativeinquiry.net/more-on-ai/what-is-appreciative-inquiry-ai/>

sought to discover challenges our members face in terms of adopting gender equality approaches.

Through this methodology, we are aiming to build our understanding of opportunities for learning and collaboration. The online questionnaire was reviewed by metrics and gender specialists from CanWaCH member organizations. Where applicable in the survey, definitions were provided for the terms to increase clarity. To supplement the survey responses, we also conducted an online review⁴ of member content on gender equality and health. In addition to the information captured in the online questionnaire, with the online review we discovered a wide set of tools, projects, success stories and policy analysis related to gender equality programming.

5. Survey Results: Highlights

Response Rate

- 49% response rate as of September 6, 2018 (46 out of 94⁵ member organizations)

Capacity-building and Knowledge-Sharing Interest

- 100% (46 member organizations) of survey respondents are interested in participating in learning and knowledge-sharing events on gender equality and health
- 89% (41 member organizations) are interested in participating in a follow-up interview

Top 3 Gender Equality Approaches Respondents Report Using Currently

1. 85% Gender Targeting (39 member organizations)
2. 83% Gender Mainstreaming (38 member organizations)
3. 78% Rights-based (36 member organizations)

Top 3 Gender Equality Tools Respondents Report Using Currently

1. 89% Gender Disaggregated Data (41 member organizations)
2. 85% Gender-Based Analysis (39 member organizations)
3. 56.5% Shared Definition of Gender and Gender Equality (26 member organizations)

Top 3 Priorities for Future Knowledge-Sharing and Capacity-Building

1. 59% Gender Transformative Approaches (27 member organizations)
2. 54% Gender Equality and Health Monitoring and Evaluation (25 member organizations)
3. 39% Gender-Based Analysis (18 member organizations)

Gender Equality Policy and Strategy

⁴ From June 24, 2018 to August 1, 2018, we scanned 85 of our members websites for content on gender equality and health. Of the 85 organizations, we found that 46% have gender-related information published online, 13 had a Gender Equality Policy, 5 had a Gender Equality Strategy, and 4 define the term gender.

⁵ N.B. CanWaCH had 94 members at the time of launching the survey.

- 56.5% of respondents' organizations currently have a gender equality policy in place (26 member organizations)
- 37% of respondents' organizations currently have a gender strategy in place (17 member organizations)

Gender Equality Training

- 63% of respondents indicated that their organization provides training related to gender and health (29 member organizations)

Shared Definition of Gender and Gender Equality

- 56.5% of respondents to our survey report that they have a shared definition of gender and gender equality used within their organizations (26 member organizations)

Top Strengths and Challenges

Survey respondents identified top challenges and strengths⁶ in achieving gender equality results. Below are highlights of identified strengths and challenges, clustered around key emerging themes. Quotes are taken from respondents' answers to two open-ended questions:

- What are your organization's top three strengths in integrating gender equality in your work?
- What are the top three challenges your organization faces in integrating gender equality in your work?

Strengths

What are your organization's top three strengths in integrating gender equality in your work?

- 1. Knowledge, commitment and capacity of staff**, including of gender specialists, managers and executives
 - "We truly believe in gender equality and the empowerment of women."
 - "Our Gender Equality specialists. They are all excellent and have practical experience in a wide range of contexts."
 - "Technical expertise in gender equality and health."
- 2. Integration of gender equality approaches and tools** to increase impact
 - "Recognition that integrating gender is extremely important, and getting resources to support the work."
 - "Gender equality is at the core of our organizational strategy, ensuring shared accountability at all levels."
 - "Mid-line management staff are capable, knowledgeable and passionate about integrating gender equality into all programs."
- 3. Openness and willingness to learn and innovate**
 - "Willingness to adopt innovative approaches."
 - "The openness, willingness of staff to learn."
 - "As shown by a recent internal survey across our teams, there are good opportunities internally to build upon: a collective strong willingness was

⁶ Table with responses to identified strengths and challenges are in Annex 1.

expressed to improve knowledge and practices for gender equality, good expertise available in the field and HQ.”

Challenges

What are the top three challenges your organization faces in integrating gender equality in your work?

1. **More gender equality resources needed** in terms of both human and financial resources
 - “Lack of gender budgeting.”
 - “Insufficient human and financial resources at field sites.”
 - “Lack of adequate national and local GE capacity in fragile contexts.”
2. Complexity and need for **long term gender responsive and gender transformative approaches** beyond 5 year funding cycles.
 - “Funding/donor restraints on spending related to human resources/associated costs for transformative approaches and measuring those approaches.”
 - “Short time frames in which to build capacity of implementing partner, project staff and impact deeply held social norms of beneficiary populations - time limited to go beyond emphasis beyond training.”
3. **Integrating gender in all contexts**, including policy, strategy, programs and organizational architecture.
 - “Day to day challenges of gender mainstreaming across all functions of the organization and the time that it takes.”
 - “Institutionalizing gender equality integration in all departments of our headquarters and in partner offices who are governed separately from us.”
 - “Integrating LGBTQ concerns and needs”
 - “To act in cultural contexts very different from ours and which are less open to integrating egalitarian approaches between women and men.”

6. Analysis

Our member survey indicates both **significant existing capacity as well as interest in increasing capacity on gender equality and health**. For example:

- A high number of respondents report they use gender-based analysis (85% or 39 member organizations), gender disaggregated data (89% or 41 member organizations), gender mainstreaming (83% or 38 member organizations) gender equality related monitoring and evaluation (72% or 33 member organizations)
- 100% of survey respondents are interested in participating in learning and knowledge-sharing events on gender equality and health (46 member organizations)
- A key strength identified by survey respondents is the knowledge, commitment and capacity of staff, including of gender specialists, managers and executives

At 49%, the response to our survey is significant. In addition, the makeup of the 46 members who responded to our survey is highly representative of the five categories of CanWaCH members: NGOs, professional associations, private entities, healthcare institutions and academic/research institutions.

The high level of use of gender-based analysis, gender disaggregated data and gender equality related monitoring and evaluation among respondents is **in line with the historic strength of the Canadian international development sector in gender equality and health**.⁷ Canadian international development actors have long-standing experience and recognized leadership in gender equality programming. This finding also echoes findings of Global Affairs Canada's 2015 formative evaluation on Canada's contribution to maternal, newborn and child health (MNCH):

"Many projects implemented under the **MNCH Initiative included well researched analyses of gender equality issues affecting maternal and child health, as well as detailed strategies on how to address them** ... Most sampled projects had detailed performance measurement frameworks and most submitted regular reports. Reporting by NGOs was generally more regular and complete."⁸

The **high level of members' interest in building capacity and knowledge-sharing on gender transformative approaches** (59% or 27 member organizations), **gender equality and health monitoring and evaluation** (54% or 25 member organizations) and **gender-based analysis** (39% or 18 member organizations) pinpoints three critical interconnected areas for increasing effectiveness in gender equality and health programming. Transformative approaches are critical to addressing systemic gender discrimination. Gender-based analysis is essential for understanding and responding to the local context. Finally, gender equality monitoring and evaluation is required for evidence-based program execution and in order to concretely tell the story of impact and change.

The fact that survey respondents identify gender equality monitoring and evaluation, and gender-based analysis as both areas of strength and areas where they are seeking increased capacity is not surprising. Both areas are foundational to building strong gender equality programs and require ongoing updating and adaptation.

CanWaCH member interest in increasing gender equality capacity is also **aligned with Canada's Feminist International Assistance Policy**. Canada's commitment to gender equality results was emphasized in its announcement that by 2022, 95% of Canadian official development assistance will be geared to gender equality results.⁹

In addition, the fact that 56.5% (26 member organizations) of respondents have a shared definition of gender equality within their organizations is encouraging, but also suggests an **important gap** that has also been highlighted in initial key informant interviews; **namely the need to anchor common understanding of key gender equality concepts** across CanWaCH member organizations—including programs, policy, advocacy, communications monitoring and evaluation.

⁷ Canada has been a leader in gender equality and international development for over 40 years. Canadian policy on gender equality has consistently included health as a priority. See, for example, Canadian International Development Agency, CIDA's Policy on Gender Equality, 1999 <http://publications.gc.ca/collections/Collection/E94-227-1999E.pdf> See also *CIDA's Gender Equality Action Plan 2010-2013*, 2010 http://publications.gc.ca/collections/collection_2011/acdi-cida/CD4-69-2010-eng.pdf

⁸ Emphasis added. Formative Evaluation of Canada's Contribution to the Maternal, Newborn and Child Health (MNCH) Initiative, 2010/11 – 2013/14, December 2015 http://www.international.gc.ca/gac-amc/publications/evaluation/2016/eval_mnch-smne.aspx?lang=eng

⁹ In 2017, "90% of Global Affairs Canada's bilateral international development assistance investments either targeted or integrated gender equality and the empowerment of women and girls" Global Affairs Canada, Report to Parliament on the Government of Canada's Official Development Assistance, October 2018, <http://international.gc.ca/gac-amc/assets/pdfs/publications/odaaa-17-18-eng.pdf>

Moreover, while 56.5% (26 member organizations) of respondents reported having a gender equality **policy**, only 37% (17 member organizations) have a gender equality **strategy**. An organizational gender equality strategy is foundational to unlocking leadership for focused and sustained action on gender equality over time. In sum, our survey findings indicate the need to address gaps in three key areas of gender equality programmings: shared definition, gender equality policy and gender equality strategy.

Nine respondents responded “other” to the question on whether their organizations have a gender equality policy. These responses cluster around three themes:

- Larger parent organization has gender equality policy
- HR policies have gender equality components
- There are organizational diversity and inclusion policies

Similarly, eleven respondents offered comments under “other” on their organization’s gender equality strategy. These responses clustered around the following three themes:

- Project level gender equality strategies
- Inclusion and diversity strategies
- Organizational gender equality strategy is in development

With regards to gender equality approaches and tools, all except one respondent used at least one approach and tool listed in the survey in their programming. Seven respondents added additional points on gender-related approaches, including citing:

- Intersectional (eg. age, disability, gender)
- Masculinity
- Gender sensitive approaches
- Need to put in place measures to ensure consistent quality

Six respondents specified additional gender-related tools their organizations use, including: Gender Minimum Standards, Gender Marker Tools, and sex and age disaggregated data.

Sixty three percent (29 member organizations) of respondents indicated that their organization provides training on gender equality and health. Other training areas mentioned by respondents included masculinities, maternal health, gender sensitive training, gender inclusiveness and women's specific health needs. In terms of audiences for gender training, 10 respondents specified other audiences, including Global Affairs Canada, health workers, NGOs and community partners.

Respondents use disaggregated data in a variety of ways. 91% (42 member organizations) of respondents report using disaggregated data for reporting purposes, 87% (40 member organizations) for communicating results and 78% (36 member organizations) for program design and development. Of those who measure gender equality results, 89% (34 member organizations) measure at the immediate outcome level, 79% (30 member organizations) at the intermediate outcome level, 47% (18 member organizations) at the ultimate outcome level, and 26% (10 member organizations) at another outcome level.

In response to our question “*What are your organization’s top three challenges in integrating gender equality in your work?*”, members identified a **need to increase financial and human resources dedicated to gender equality, to build robust systems for reporting on gender equality work, and to integrate gender equality in all contexts in order to more effectively**

contribute to Canada's Feminist International Assistance Policy. (See Annex 1 for detailed responses.)

Our survey asked members: "*What are your organization's top three strengths in integrating gender equality in your work?*" The **strengths** identified by members, which included **strong staff and senior leadership commitment and expertise in gender equality, effective tools to strengthen gender equality programming, and a willingness to learn and innovate**, demonstrate three key ways **CanWaCH members are positioned to contribute to achieving gender equality results.**¹⁰

7. Survey Results: Deeper Dives

This section contains deeper dives on findings, including graphs and charts depicting results. Because gender concepts are not always consistently defined, we have included definitions we used of approaches and tools in the survey, within this section, to increase clarity.

Response Rate

As of September 6, 2018, the response rate to our online survey was 49% (46 out of a total of 94 members). This response rate is considered above average for an online survey.¹¹

Our survey targeted all CanWaCH members. In broad strokes, there are five categories of CanWaCH members: NGOs, professional associations, private entities, healthcare institutions and academic/research institutions.¹²

The ratio of members who responded correlates to the ratio of members at the time the survey was active.

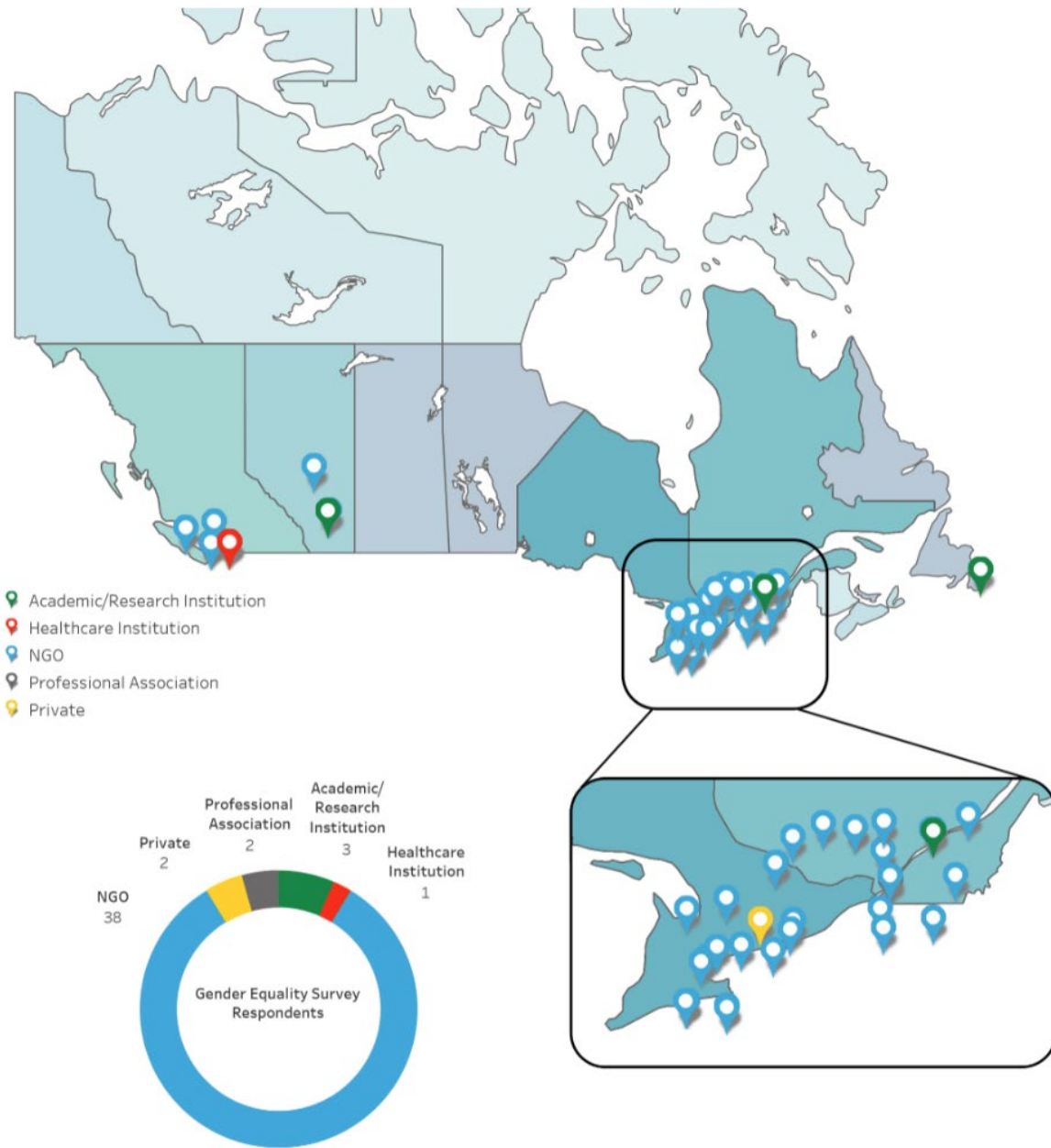
At the time our survey was active, CanWaCH's membership was comprised of 74% NGOs, 3% professional associations, 6% private entities, 1% healthcare institutions, and 16% academic/research institutions.

In comparison, the sample of members who responded to our survey is made up of 74% NGOs, 9% professional associations, 6% private entities, 3% healthcare institutions, and 8% academic/research institutions.

¹⁰ See Annex 1 for detailed responses to our questions on strengths and challenges

¹¹ A 29 percent response rate is considered average for an online survey. See: <https://surveyanyplace.com/average-survey-response-rate/>

¹² Definitions of categories: **NGO**: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level. **Professional association**: An organization or group which seeks to further a particular profession, the interests of individuals engaged in that profession and the public interest. **Private entities**: An organization with a for-profit mission (e.g. consulting firms, Teck, other companies, etc.) **Healthcare institution**: Any hospital, convalescent hospital, health maintenance organization, health clinic, nursing home, extended care facility, or other institution devoted to the care of people. **Academic/Research organizations**: An educational or research body with the principle aim of furthering research and analysis.



Gender Equality Policy

Does your organization have a gender equality policy?

56.5% (26 member organizations) of respondents reported having a gender equality policy.

The nine respondents indicating “Other” noted the following regarding their **gender equality policy**:

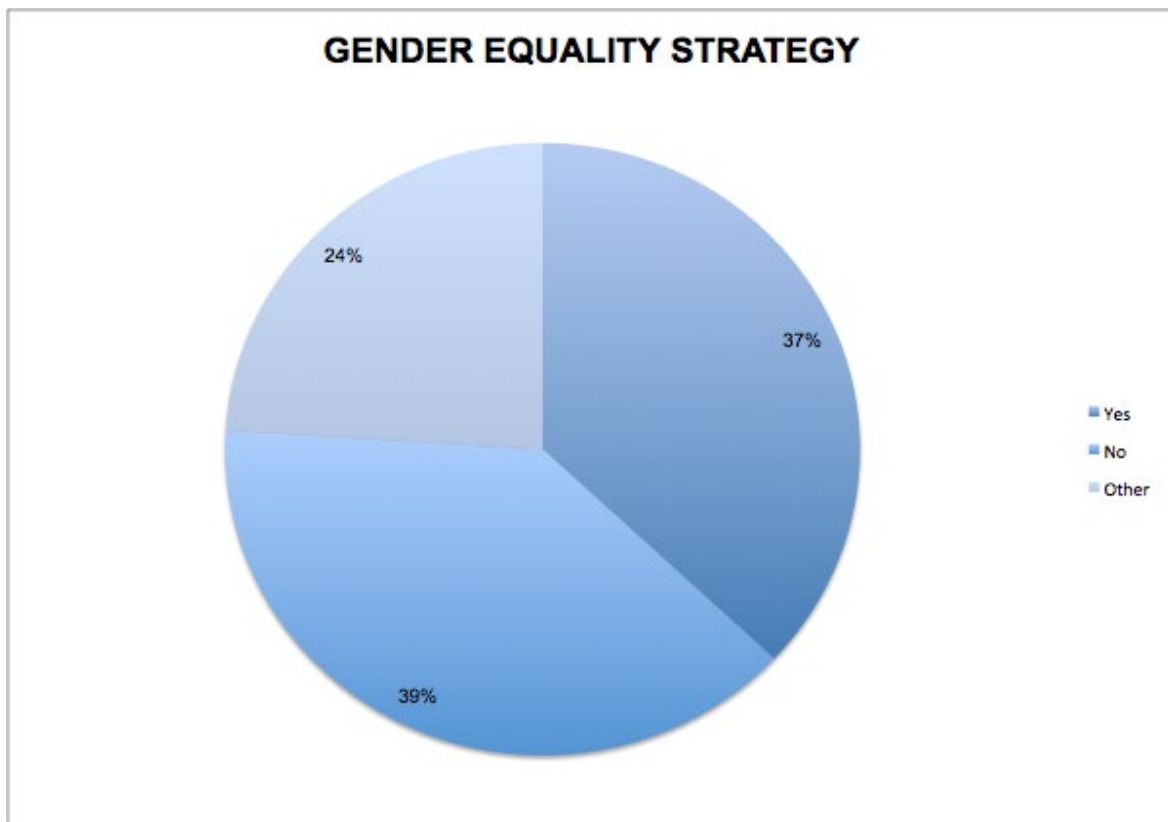
1. Not specific to our organization, but our larger parent organization does.
2. Access to equality in employment and education policy for women.
3. Inclusion and Diversity Policy - published on our public website.
4. Launching an institutional inclusion policy.

5. Larger parent organization has an equity and inclusion framework which includes gender equality. A new gender specific framework is in development.
6. Larger parent organization has a policy.
7. Gender Inclusive Policy.
8. Code of conduct recognizes that access to care for women and men is influenced by multiple factors and commits to ensuring and promoting equality and equity between women and men.
9. We don't have our policies written out yet. We are a small organization.

Gender Equality Strategy

Does your organization have a gender equality strategy?

With regards to **gender equality strategy**, 37% (17 member organizations) of respondents indicated their organization has such a strategy in place.



The 11 respondents indicating “Other” noted the following regarding their organization’s gender equality **strategy**:

1. Not formally but we have taken measures to encourage the participation of women in leadership activities
2. Access to equality in employment and education policy for women
3. We develop strategies for each of our projects and programs
4. At present we have project-specific gender equality strategies
5. We currently have project level gender equality strategies and a 1 year gender equality work plan for our office. However, we are planning for a gender audit of the agency as a basis for developing an agency wide gender strategy.

6. We have an inclusion and diversity strategy.
7. A strategy is in development.
8. Gender inclusive
9. A strategy is in development, although gender equality has been central to our work for many years.
10. Project specific strategy.
11. We work to improve maternal and child health through education, research and innovation and all these tasks involve gender equality from a feminist lens.

Gender Equality Approaches

Which of the following approaches does your organization use?

In terms of gender equality approaches, all except one (1) respondent organizations incorporate at least one of the listed approaches in their programming.

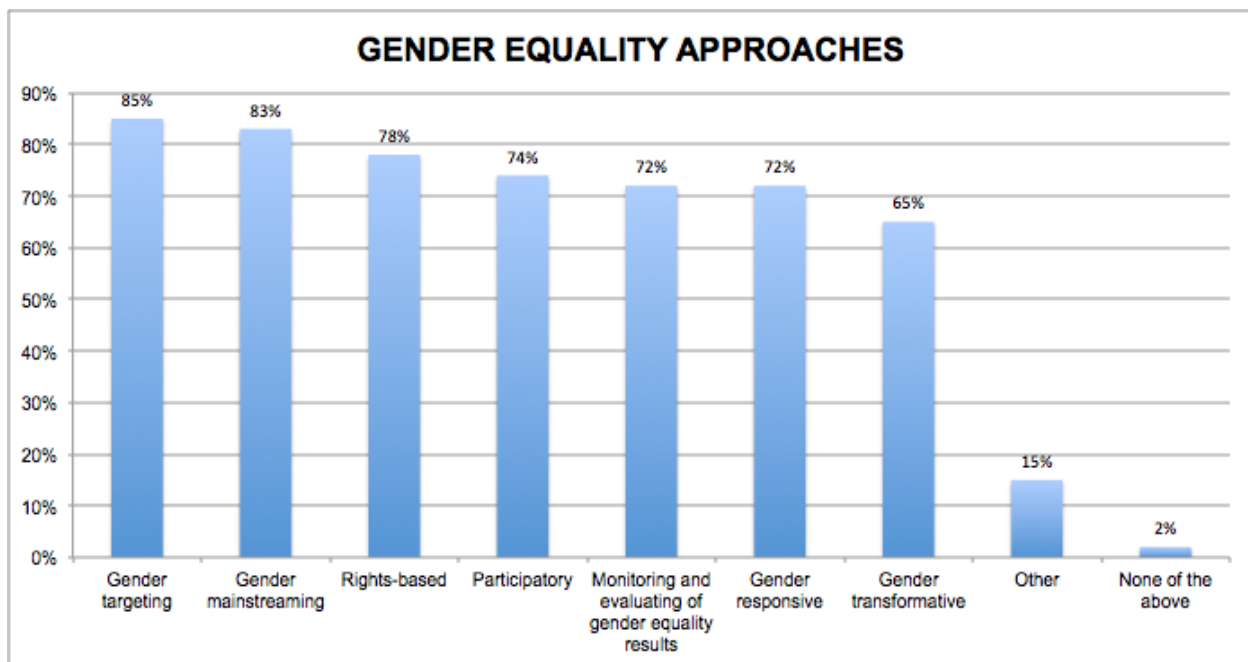


Table 1 GENDER EQUALITY APPROACHES: WITH DEFINITIONS AND PERCENTAGES

GENDER EQUALITY APPROACH	%
<p>Gender targeting: Measures in a program or policy that are specifically aimed at meeting identified needs of women, men, girls, and boys.</p>	<p>85% (39)</p>
<p>Gender mainstreaming: Gender mainstreaming involves integration of gender throughout program and policy design, implementation, monitoring and evaluation, with a view to promoting gender equality.</p>	<p>83% (38)</p>
<p>Rights-based: Rights-based approaches acknowledge international human rights standards, promote and protect human rights, and empower rights-holders to hold duty-bearers accountable. They seek to analyze the root causes of inequality, and redress discriminatory practices and unjust distributions of power that block sustainable development. Gender equality is a rights-based approach.</p>	<p>78% (36)</p>
<p>Participatory: Meaningfully incorporating the voices, experience, knowledge and perspectives of "beneficiaries" as agents of change, including women and girls, in designing, developing, monitoring and evaluation of projects.</p>	<p>74% (34)</p>
<p>Monitoring and evaluating of gender equality results: Program monitoring and evaluation to track results that contribute to reducing inequality between women, girls, men and boys.</p>	<p>72% (33)</p>
<p>Gender responsive: Gender responsive policies and practices aim to ensure that the needs and rights of women, girls, boys and men, are equally addressed.</p>	<p>72% (33)</p>
<p>Gender transformative: Gender transformative approaches address systemic barriers to gender equality in health, including attitudes, behaviour, beliefs, norms, values, power structures, policy and legislation. They also seek to transform unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.</p>	<p>65% (30)</p>
<p>Other gender-related approaches</p>	<p>15% (7)</p>

None of the above ¹³	2% (1)
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For “Other gender-related approaches”¹³ gender-related approaches, respondents listed the following:

1. Approach to masculinity
2. Intersectional
3. Please note that while we use all of the above approaches it is not systematic across all countries where we operate and there are varying levels of application and quality.
4. We do all of the above in our projects but with varying degrees of quality. Our need is to put into place measures to ensure consistent quality.
5. Promote using a twin track approach to disability, gender and age equality combining actions addressing inequalities in all humanitarian and development work at all levels (including policies, funding...), and supporting initiatives aimed at empowerment of groups discriminated against.
6. Gender sensitive approaches
7. Ongoing process on an organizational policy of gender equality, ongoing reflection on approaches to be advocated, strengthened or developed

Gender Equality Tools

Which of the following tools does your organization use?

The survey showed that all except one (1) respondent use at least one or more of the listed gender equality tools.

¹³ Respondents were able to check as many options that apply for this question. In addition, they had the opportunity to elaborate under “Other gender-related approaches”.

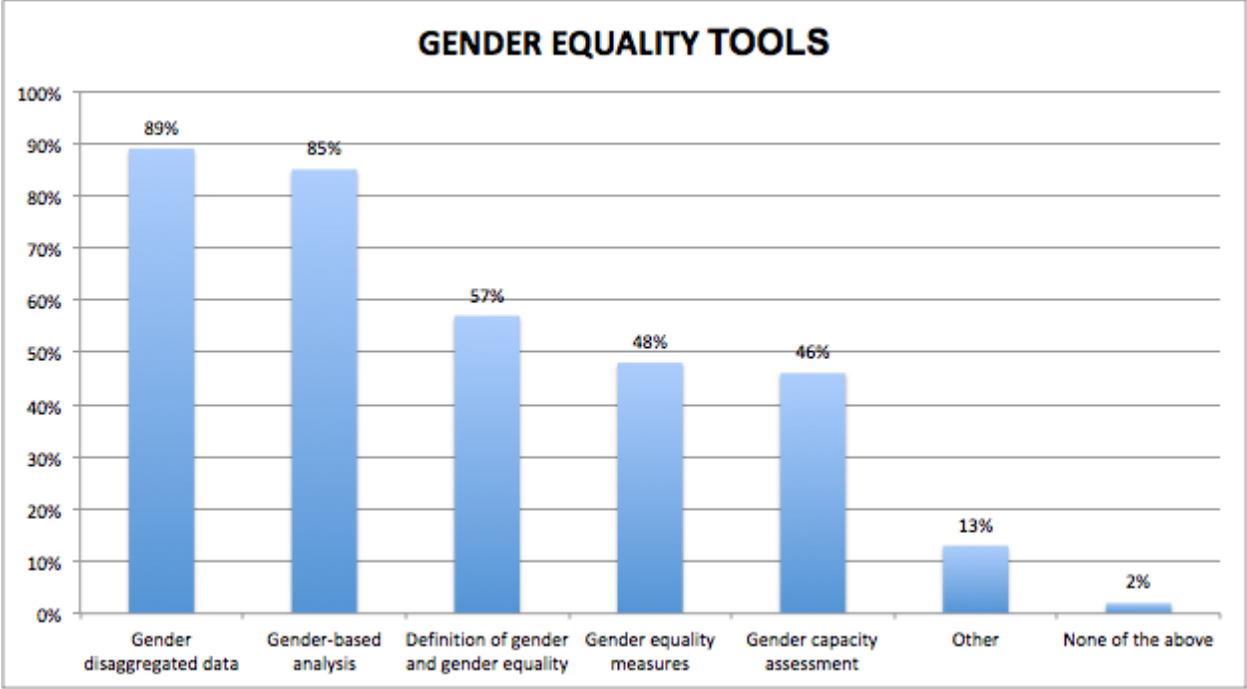


Table 2 GENDER EQUALITY TOOLS: PERCENTAGES WITH DEFINITIONS

GENDER EQUALITY TOOLS	%
Gender disaggregated data: Gender disaggregated data involves collecting information on the different experiences, needs, interests, and access to opportunities and resources of men and women so as to establish an accurate picture of gender gaps and power dynamics at the local, national and global level.	89% (41)
Gender-based analysis: Gender-based analysis is a critical examination of how differences in gender roles, activities, needs, opportunities and rights affect men, women, girls and boys in specific situations or contexts. Gender-based analysis helps us understand unequal power and patterns of participation in economic, social, political and legal structures as well as the implications of these differences.	85% (39)
Definition of gender and gender equality: Shared and used within your organization	56.5% (26)
Gender equality measures: Performance indicators that measure the scale of a project, program, or organization's contribution to gender equality results. For example, OECD DAC Gender Equality Marker Global Affairs Canada, Framework for Assessing Gender Equality Results.	48% (22)

Gender capacity assessment: Assessment tools that gauge the understanding, knowledge and skills at the systems, organizational and individual levels on gender equality and women's empowerment.	46% (21)
Other gender-related tools	13% (6)
None of the above	2% (1)

For “Other gender-related”¹⁴ tools, respondents listed the following:

1. In relation to gender indicators, we have gender targets
2. Gender Minimum Standards (internal and mandatory for all countries where we work, HQ and regional offices)
3. We use all of these tools but the quality varies from one project or program to another. Institutionalised measures for consistent quality are what we need.
4. Gender Marker Tool (to measure gender integration with a score ranging from 0 -Gender Harmful, 1 -Gender Neutral, 2 -Gender Sensitive, 3 - Gender Responsive, and 4 - Gender Transformative. We use this tool for both development and humanitarian/emergency response proposals, PIPs, and on-going implementation.
5. We are currently developing out tools and capacities to better address gender equality as a major source of exclusion ... Meanwhile we are keen to use and adapt tools already developed and solidly experimented by other organizations.
6. Sex and age disaggregated data e.g. females and males, 1-12 months, under 5 years old, 15-49 years, etc. Not consistently available especially for fragile and conflict zones.

Training on Gender Equality and Health

Does your organization provide training on gender equality and health?

63% (29 member organizations) of respondents indicated that their organization provides training on gender equality and health. Of the organizations providing training, the charts below depict the audience for the training(s), the areas of training, and the frequency of training.

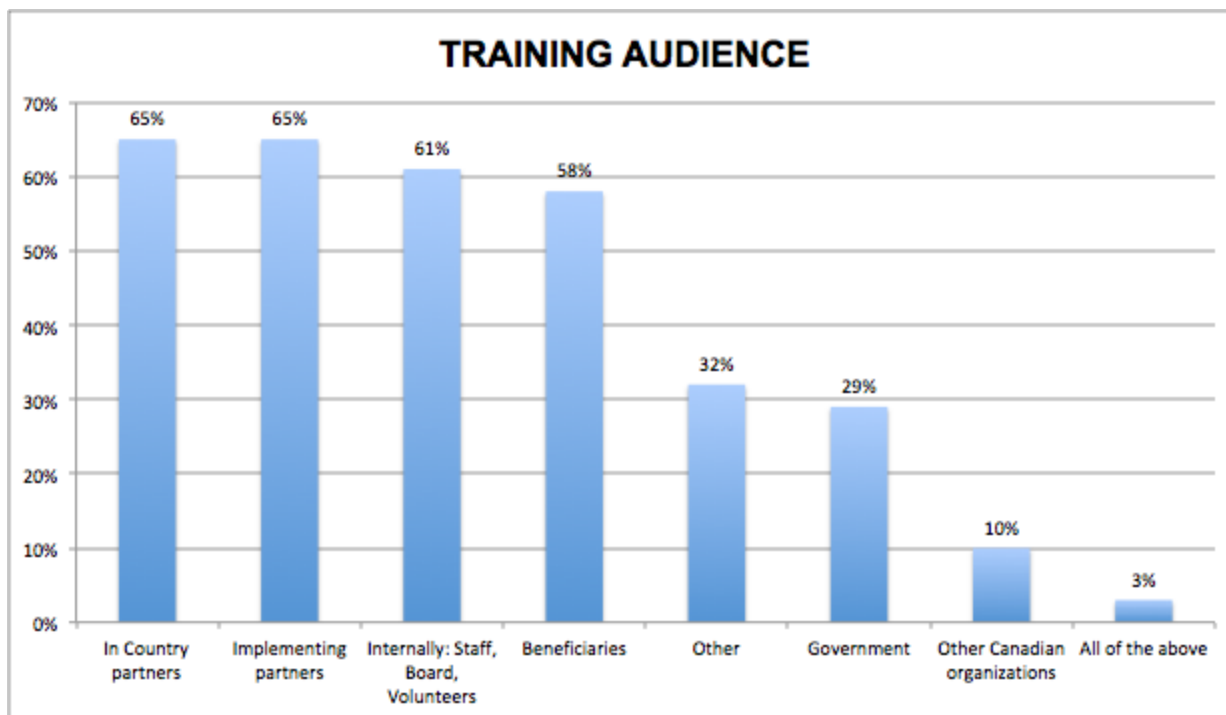
Audience

*To whom?*¹⁵

The top three audiences for gender equality training identified by respondents are in-country partners (64.5%, 20 member organizations), implementing partners (64.5%, 20 member organizations) and internal staff, board and volunteers (61%, 19 member organizations).

¹⁴ Respondents were able to check as many options that apply for this question. In addition, they had the opportunity to elaborate under “Other gender-related tools”.

¹⁵ The total respondents for this question was 31 (15 respondents skipped this question).



Respondents indicating “Other” provided the following responses:

1. Training includes government partners as well as NGOs and community members.
2. Provides training on gender equality and health to our partner organizations in other countries.
3. Sometimes through presentations with certain groups at Global Affairs Canada
4. Health workers
5. Training at the field level is carried out by our local staff in the field and their partners, often with the support from our office.
6. The effort to develop our capacities on gender equality will translate into a training plan under discussion for the 3 years to come (2019/2021), it will be mainly focused internally.
7. Feedback to partners, stakeholders, beneficiaries and community leaders on the findings of the quantitative and qualitative Baseline and Gender Barriers Survey through training and community engagement and feedback activities.
8. We have a gender mainstreaming manual which is used to give workshops at our international meetings and some of our regional meetings.
9. In country health personnel (project intermediaries).
10. Members and registrants

Areas of Training

*In what areas?*¹⁶

The primary areas of gender training identified by respondents are gender mainstreaming (83%, 25 member organizations), gender transformative approaches (67%, 20 member organizations) and gender monitoring and evaluation (63%, 19 member organizations).

¹⁶ The total respondents to this question was 30 (16 respondents skipped this question).

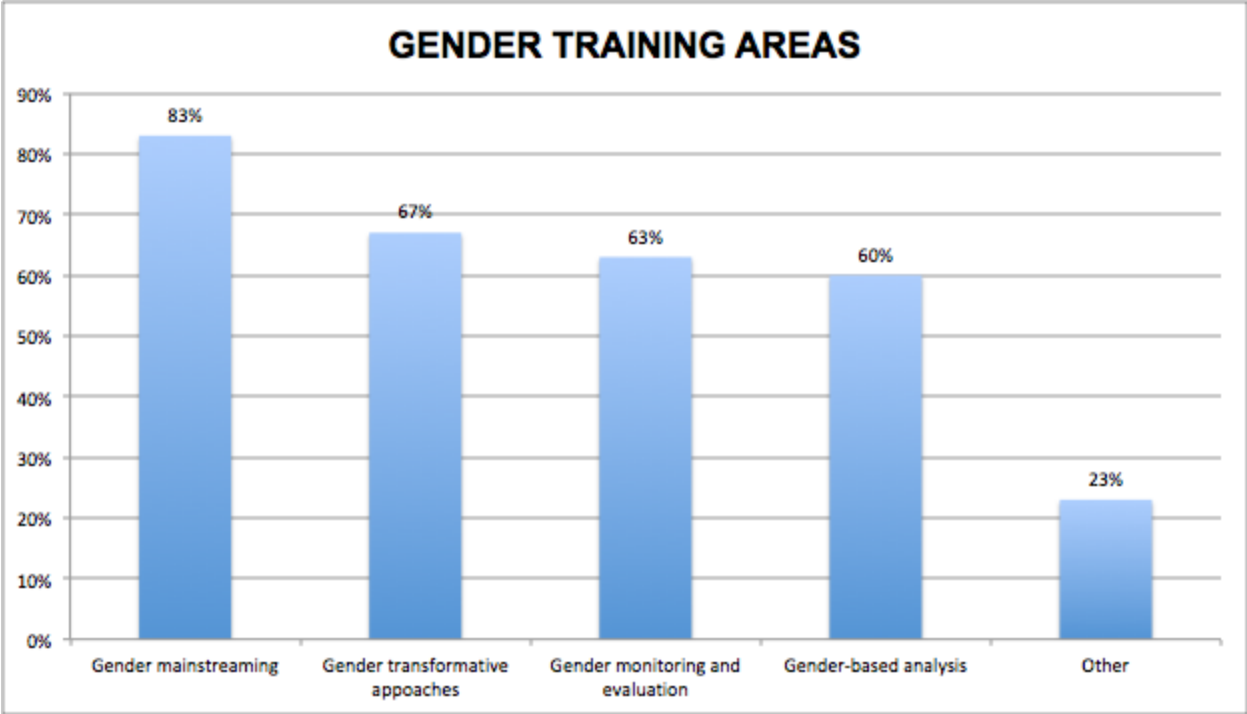


Table 3 GENDER TRAINING AREAS

GENDER TRAINING AREAS	%
Gender mainstreaming	83% (25)
Gender transformative approaches	67% (20)
Gender monitoring and evaluation	63% (19)
Gender-based analysis	60% (18)
Other	23% (7)

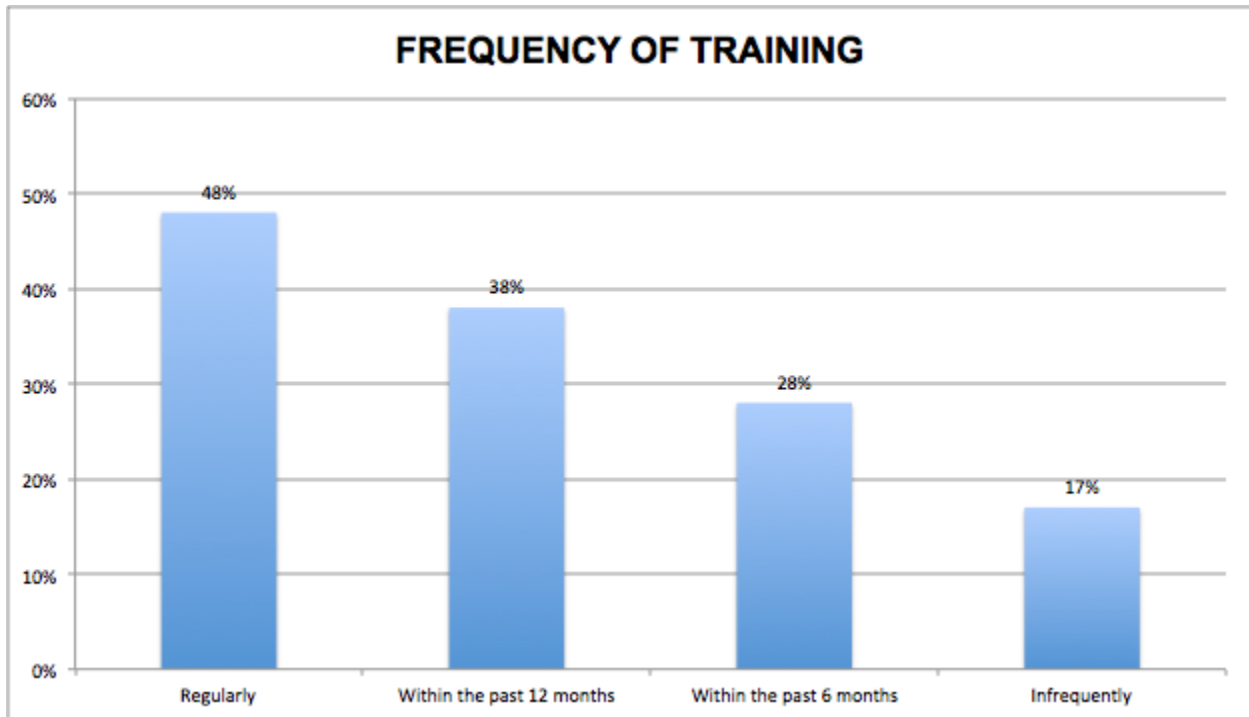
Respondents indicating “Other” training areas noted the following:

1. Training that we provide includes gender equality and health, human rights and health, masculinities and maternal health, and GBV and health.
2. Not necessarily in the health sector, though. More in Women's Economic Empowerment and Gender in Emergencies.
3. Gender sensitive.
4. All these areas should be covered in the training areas to come, starting first on gender-based analysis.
5. Using our GE toolkit.

- 6. Gender inclusiveness.
- 7. Women's specific health issues.

Frequency of Training
How often?¹⁷

Fourteen (48%) of the 29 (63%) respondents who report that they conduct gender training indicate that this training is regular.



Measuring Results

Does your organization measure gender equality results?

78% (36 member organizations) of respondents indicated that they measure gender equality results.

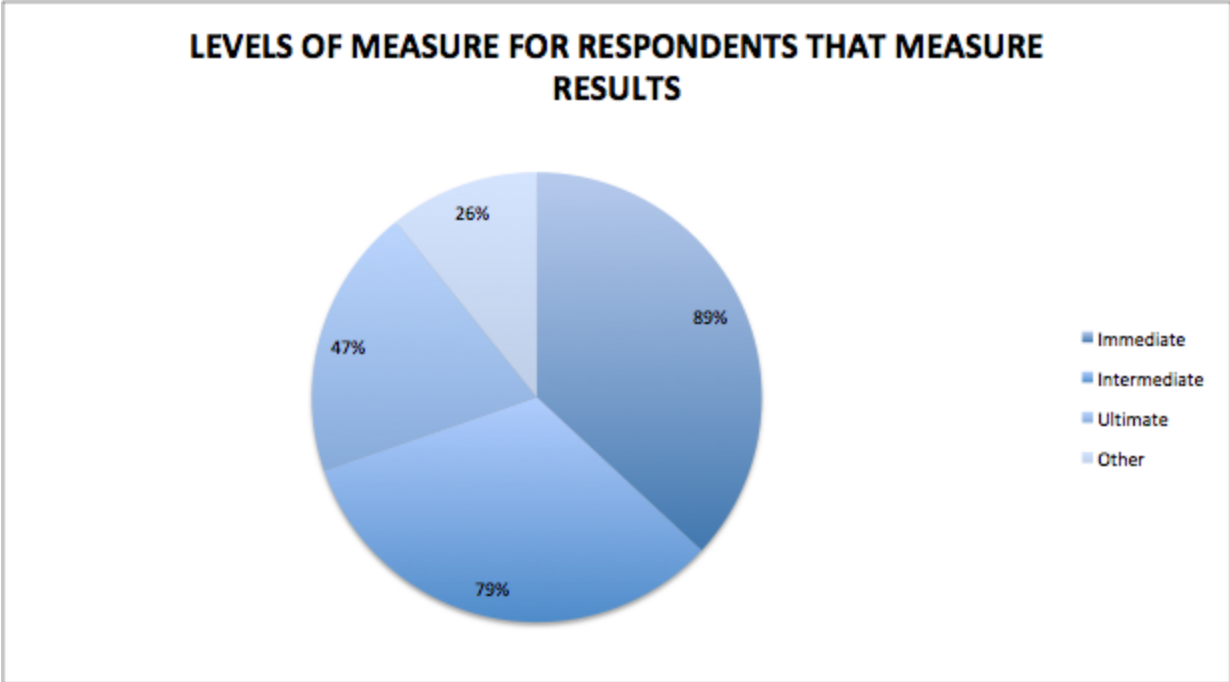
Outcome Level

At what level?¹⁸

Of those who measure gender equality results, 89% (34 member organizations) measure at the immediate outcome level, 79% (30 member organizations) at the intermediate outcome level, 47% (18 member organizations) at the ultimate outcome level, and 26% (10 member organizations) at another outcome level.

¹⁷ The total respondents to this question was 29 (17 respondents skipped this question)

¹⁸ The total respondents to this question was 38 (8 respondents skipped this question)



Collecting and Analyzing Disaggregated Data

Does your organization collect and analyze data disaggregated by any of the following factors?

98% (45 member organizations) of the respondents of the survey report using data disaggregated by sex and 91% (42 members organizations) by age. Further breakdown on respondents' data disaggregated factors can be viewed in the graph below.

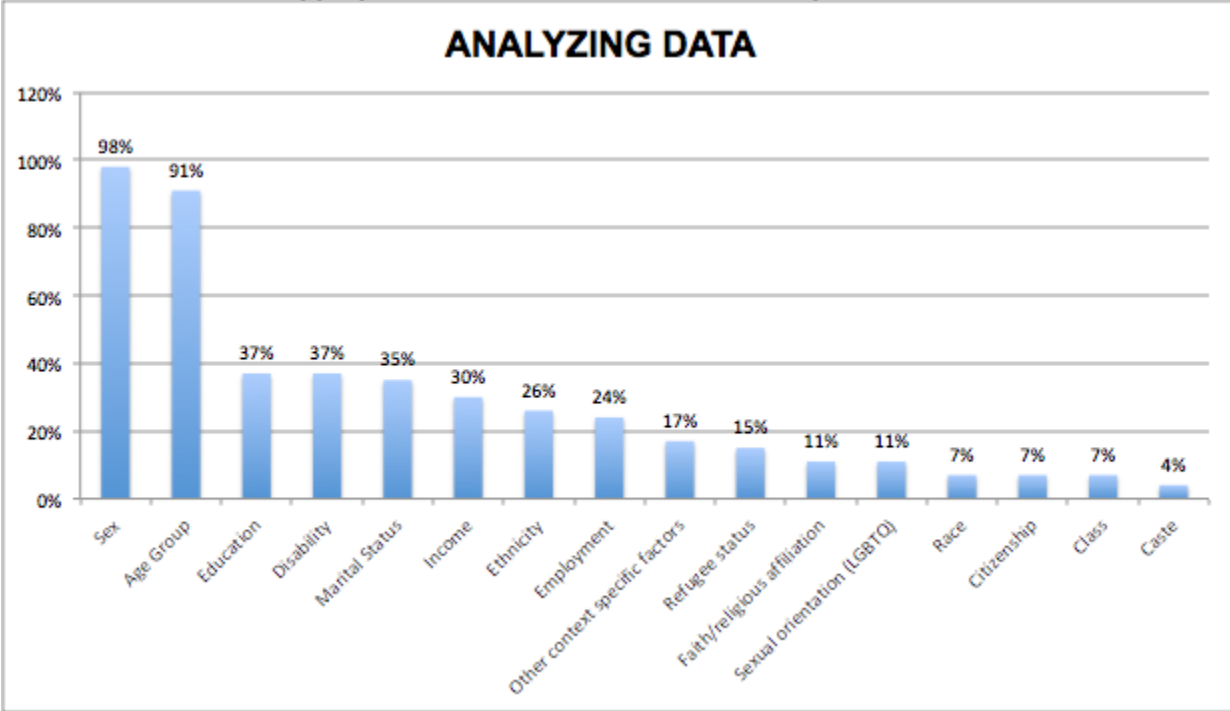


Table 4 COLLECTING AND ANALYZING DATA DISAGGREGATED BY FACTORS

FACTORS	%
Sex	98% (45)
Age group	91% (42)
Education	37% (17)
Disability	37% (17)
Marital status	35% (16)
Income	30% (14)
Ethnicity	26% (12)
Employment	24% (11)
Other context specific factors	17% (8)
Refugee status	15% (7)
Faith/religious affiliation	11% (5)
Sexual orientation (LGBTQ)	11% (5)
Race	6.5% (3)
Citizenship	6.5% (3)
Class	6.5% (3)
Caste	4% (2)

How gender and other disaggregated data is used
How do you use gender and other disaggregated data?

91% (42 member organizations) of respondents report using disaggregated data for reporting purposes, 87% (40 member organizations) for communicating results and 78% (36 member organizations) for program design and development. A further breakdown on how respondents use disaggregated data can be viewed in the table below.

Table 5 HOW DISAGGREGATED DATA IS USED

AREA	%
Reporting	91% (42)
Communicating Results	87% (40)
Program design and development	78% (36)
Program Evaluation	76% (35)
Policy Advocacy	39% (18)
Don't use gender or other disaggregated data	2% (1)
Other	2% (1)

Interest in Participating in Gender Equality and Health Workshops and Other Learning & Knowledge-Sharing Events

Would your organization be interested in participating in gender equality and health workshops and other learning and knowledge-sharing opportunities?

The survey showed that **100% (46 member organizations)** respondents are interested in participating in gender equality capacity-building and knowledge-sharing events.

Priorities for gender equality learning and knowledge-sharing

What are the top three priorities for your organization in terms of gender equality and health learning and knowledge-sharing with CanWaCH members and other stakeholders?

The top 3 priorities for learning and knowledge-sharing identified by members are:

- Gender transformative approaches (59%, 27 member organizations)
- Gender Equality and Health Monitoring and Evaluation (54%, 25 member organizations)
- Gender-Based Analysis (39%, 18 member organizations)

Table 6 TOP PRIORITIES FOR LEARNING AND KNOWLEDGE-SHARING

PRIORITY AREAS	%
Gender Transformative Approaches	59% (27)
Gender Equality and Health Monitoring and Evaluation	54% (25)
Gender-Based Analysis	39% (18)
Rights Based Approaches	28% (13)
Theory of Change	26% (12)
Conducting a gender assessment to inform programming and/or gender equality strategies	26% (12)
Strategy	19.5% (9)
Gender and Sexual Diversity	17% (8)
Policy and Advocacy	15% (7)
Gender Equality Induction Training for New Staff	15% (7)
Policy	15% (7)
Public Engagement for Gender Equality and Health	13% (6)
Program Design	13% (6)
Communicating Gender Equality and Health Results and Impact	13% (6)
Research	11% (5)
Reporting	9% (4)

Other	0% (0)
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Organizational Gender Advisor or Specialist

Does your organization have a dedicated Gender Advisor or Specialist?

35% (16 member organizations) of respondents report that they have gender advisors on staff.

Are the gender human resources sufficient?

65% (30 member organizations) of respondents report that gender human resources are insufficient.

8. Conclusion

We stand at a critical moment. Canada is operationalizing its Feminist International Assistance Policy and prioritizing gender equality results like never before in the history of Canadian international development cooperation. At the same time, the global sustainable development goals are bringing international commitment and action to advance gender equality and health.

- **Takeaway key message**
 - CanWaCH members have significant gender equality capacity. They want more. And they are keen to share knowledge.
- **Ways Forward**
 1. **Respond** to CanWaCH members identified capacity-building and knowledge-sharing needs, with a focus on gender transformative approaches, gender analysis and gender equality monitoring and evaluation.
 2. **Establish** common gender equality and health definitions, principles, including a common statement on why and how we work together on gender equality and health.
 3. **Scale up investment** in building capacity and knowledge sharing on gender equality and health to meet the ambitious gender equality and women's empowerment goals of Canada's Feminist International Assistance Policy.

ANNEX 1: Strengths and Challenges

Strengths

What are your organization's top three strengths in integrating gender equality in your work?

Strength #1 (50 words max)	Strength #2 (50 words max)	Strength #3 (50 words max)
The openness, willingness of staff to learn.	Recognition that integrating gender is extremely important, and getting resources to support the work.	Ability to use limited resources to the maximum.
Gender pay equity	Training	Executive support
Our GE specialists - they are all excellent and have practical experience in a wide range of contexts.	We have good gender mainstreaming tools (including gender analysis)	Our leadership team is championing gender equality and has been for a while.
HISTORICAL CONTINUITY- Being inclusive and fighting for equal opportunities of [X] and vulnerable populations is part of the organization's DNA: this creates a very conducive environment for gender equality in order to actually leave no one behind.	INTERNAL WILLINGNESS - As shown by a recent internal survey across our teams there is good opportunities internally to build upon: a collective strong willingness was expressed to improve knowledge and practices for gender equality, good expertise available on the field and HQ was identified and volunteered as gender focal persons	EXTERNAL COHERENCE: Our aim is to build capacities and play a major role in contributing to "leaving no-one behind". As stated in our theory of change the processes of change required to ensuring access to services for [X] and vulnerable people must systematically consider and tackle gender inequality issues.
WASH including water, sanitation, hygiene and menstrual health are a foundation of achieving gender equality	Strong voices for gender equality within WASH globally reflecting a variety of contexts	Numerous pathways for gender equality and WASH including health, climate resilience, education, economic empowerment

There is growing momentum in the development of resources and training curriculum for gender mainstreaming and analysis.	Mid-line management staff are capable, knowledgeable and passionate about integrating gender equality into all programs.	We have developed some success stories and best practices that are starting to be scaled up.
We consider gender equality from the very beginning with the design of project proposals, data collection, and monitoring and evaluation.	Male engagement in improving gender equality has long been emphasized by the organization.	Use different methods to engage with different audiences on addressing gender inequality. Including, direct counselling by health workers, education sessions at schools for adolescents, and community theatre and radio messages to reach broader community.
Availability of excellent resources & expertise through our network	<i>No response</i>	<i>No response</i>
Some research capacity	Some global health expertise that recognizes value of gender equality agenda	Willingness to advocate for sex disaggregation of data
Incorporate sex specific data gathering at all levels of program design, development and evaluation	Strong in-country partners with two decades of experience in improving gender equity in [X] care program delivery and training	Strong national and international leadership in advocating for gender equity in [X] care
Willingness to adopt innovative approaches	Clearly articulated policies	<i>No response</i>
Technical expertise in GE and health	Motivated leadership and staff	Specific tools such as Minimum Standard Commitments
We have long been involved with the concept of gender mainstreaming	Holding a workshop at international meetings is customary and expected	We truly believe in gender equality and the empowerment of women

Collecting project monitoring data, disaggregated by sex and ethnicity.	Consulting with a local gender equality specialist and gender equality units in the Ministry of Health to ensure project activities remain culturally appropriate and respond to local needs.	Utilizing communication technologies to provide health promotion and education in rural communities (i.e. health promotion videos loaded onto mobile smartphones).
N/A	<i>No response</i>	<i>No response</i>
Consistent training and integration that builds shared responsibility for GE	GE is at the core of our organizational strategy, ensuring shared accountability at all levels	Systematizing GE integration and transformative approaches through GE architecture
Using rights based approaches with target populations	Projects integrated into MOH delivery and ability to influence practices and system changes	Community-based projects can address gender equality issues and barriers at community level
Desire to do so	<i>No response</i>	<i>No response</i>
Staff members in Canada and partner organization staff in the Global South have strong backgrounds in gender equality work.	We have considerable self-determination in the projects and partners we choose to work with, and in terms of designing project objectives and strategies.	All of our funders and donors are aware and supportive of the importance of integrating gender equality into our program work.
Experienced and expert local partners	Focusing on clear gender gaps in programming, e.g. maternal health care; survivors of sexual violence	Focusing on intersectional issues, e.g. disability and gender
Part of our DNA	Member engagement	Evidence shows it leads to better outcomes
Long history of prioritizing women's health through a prism of human rights	Use of Community Health Workers, the majority of whom are women, as integral to delivery model	Commitment to high quality care based on burden of disease and gaps in service, which disproportionately affect girls and women

Experience at grassroots level working with women-led community-based organisations/projects	<i>No response</i>	<i>No response</i>
Growing pool of female physicians	<i>No response</i>	<i>No response</i>
Women-led org	Commitment to integrating women's feedback and experiences	<i>No response</i>
High level of innovative GE integration into technical areas of operation (nutrition, WASH, livelihoods)	Implementation and Learning	Innovative and practical tools for mainstreaming
Policy analysis	Engagement with Members of Parliament	Engagement with citizen advocates.
20 years of experience in developing strategies	training modules	mainstreaming
Gender analysis and design	Integrating gender at most levels	Gender and M&E
Gender equality is embedded in our programming	<i>No response</i>	<i>No response</i>
Very strong organizational commitment to gender	Developed GE Tools and Strategy	Funds allocated and available for improving gender practices
GBA, GE in program design	GE and health monitoring and evaluation	Interactive GE trainings
Listening to women, men, female youth and male youth; integrating their needs into projects	Engaging women, men, female youth and male youth in project implementation	Involving women and men in decision making (representation on committees, training, etc.)

Interest and dedication	Resources	Wide scope expertise
Large partnership of support offices (like Canada) and a large global centre mean that we do not have to reinvent the wheel; tools have been developed by other offices as well as our global centre technical support office.	Because we work with children, integrating gender is a natural result.	There is a real demand internally for doing this so there are limited political barriers / hurdles.
Recent appointment of women in positions of power	Willingness to embrace change	Attention to social accountability/justice is growing
Presence of strong women leadership within our organization	Experience and emphasis on high quality equity analysis	<i>No response</i>
Having a gender policy to guide our work and buy in from Senior Management for the institutionalization of GE in our work	Gender mainstreaming	GE training capacity
Working with local partners 'where they are at' and helping increase their standards of implementation	<i>No response</i>	<i>No response</i>
Mission to accompany social change	A community approach based on the recognition and enhancement of the potential of individuals, social networks and communities to address their social and health problems.	Taking into account the socio-cultural determinants that have an impact on actions, behaviours, but above all on the perceptions of individuals and communities.
Member of the Practice Community, Genre in Practice	Member of the Women and Development Committee	Project managers with gender transversal skills
An internal gender equality policy	A dedicated full-time resource person at the work of equal genres	The support of a world confederation that puts gender equality at the heart of its work

Internal resource person	Gender equality resources in all field project teams	The presence of young women in the organization who wish to stimulate a change of vision
Gender inclusion in the project planning cycle	The integration of women and young people in the activities	Working with men and masculinity
This is a well-recognized determinant in health promotion	We have experience in gender-differentiated analysis	Health promotion strategies are already being applied in our work, which include strengthening the capacity to act for people and communities where women are generally strongly involved. Another of these strategies is the influence for the adoption of public policies favourable to health, by the different sectors of society (education, employment, status of women...) which have a great influence on the different determinants of health, including access to resources and services.
We have excellent feminist scholars	We understand partnerships between Canadian feminists and those in the Global South	We have an intersectional analysis

Challenges

What are the top three challenges your organization faces in integrating gender equality in your work?

Challenge #1 (50 words max)	Challenge #2 (50 words max)	Challenge #3 (50 words max)
Lack of capacity and clear guidance on gender approaches, so there is a heavy reliance on outside consultants	Lack of organizational strategy to guide work on gender approaches	Communicating the impact/outcomes of our work around gender equality

Attracting female candidates	Retaining female employees	Flexible shifts/work schedules
We don't have enough GE specialists to do all the work that is needed.	Our local-based staff is not always strong on gender equality so there are capacity gaps at that level.	Limited expertise in sexual diversity & LGBTQI- related issues.
Currently: lack of dedicated resources on gender at HQ level able to steer the Roll out of the Policy and build internal capacities. This is under discussion and hopefully investments will be made in the coming months.	Mainstreaming gender in all our technical fields and in all our contexts of intervention (emergency, rehabilitation, development) will require the evolution of all our programmatic tools, from HQ to field level: big work ahead to change attitudes and practices (3 years at minimum)	Gender equality touches the cultural, religious and political foundations of any society: its promotion is therefore likely to provoke rejection or even threats in certain contexts. Its promotion will require analytical work that strongly engages our partners in the field
Reinforcing messages on the importance of [X] in achieving gender equality	Traditional focus of [X] as an engineering discipline lacking gender perspectives	Demonstrating critical nature of [X] in achieving return on investment from other gender equality programs
Capacity of staff to conduct gender analysis that translate into gender-sensitive designs.	Senior organizational appreciation and understanding of the importance of mainstreaming gender equality into programs.	Rapid staff turn over that results in the continued need to build capacity in gender mainstreaming and equality.
Different views (within the organization and between local partners) on the meaning of gender equality and how it can be obtained.	Difficulty in designing and implementing activities to promote gender equality that are truly gender transformative, and not simply gender-informed. Concerns that some activities aimed at improving women's health, may inadvertently employ gender exploitative approaches.	Developing projects and activities (incl. data collection and M&E) that uses an intersectional approach. Especially in highly multicultural settings, it is difficult to adequately consider/adjust for other factors (socioeconomic, cultural, religious, caste, etc) and ensure marginalized groups aren't excluded or stigmatized.
Limited HR capacity in-house	<i>No response</i>	<i>No response</i>

Gender equality is not formally identified as a priority	Gender equality is addressed on an individual rather than organizational basis	Gender equality takes a back seat to other equity issues at this time; we are paying particular attention to issue of Indigenous cultural safety and other TRC recommendations
Inadequate financial and logistical support and involvement at the family level, particularly by men	Local [X] care programs lack time, resources, and methodological skill to test strategies to improve gender equity in [X] care	Lack of rigorously tested and documented strategies for improving gender equity in [X] care and poor knowledge exchange of successful strategies among programs
Inconsistent implementation	Lack of human resources with relevant expertise at field level	Legal and traditional barriers
Convincing implementing partners that GE analysis and addressing GE gaps are important	Short time frames in which to build capacity of implementing partner, project staff and impact deeply held social norms of beneficiary populations - time limited to go beyond emphasis beyond training	Lack of adequate national and local GE capacity in fragile contexts
Gender fatigue	Infrequency of meetings at which to hold workshops	<i>No response</i>
Coordinating project gender equality activities with the priorities and actions of gender equality units in the local Ministry of Health.	Monitoring concerns that equipping health personnel with communication technologies may contribute to harmful gender-based behaviors in communities or households (i.e. gender-based violence).	Identifying gender transformative strategies relating to eHealth approaches.
lack of training and knowledge	lack of resources	<i>No response</i>
Building/sustaining capacity of non-specialist staff on GE. This challenge applies both within our Canadian office and amongst our field staff counterparts	Funding/donor restraints on spending related to human resources/associated costs for transformative approaches and measuring those approaches.	maintaining consistent buy-in from management to implementation staff
Capacity of organization and partners for gender equality assessments and M&E	Confusion of partners on gender equality and equity (some think it is only gender-based violence)	availability of sex disaggregated data for design and planning

Systematic strategy on how to do so	<i>No response</i>	<i>No response</i>
Gender inequality is grounded in social norms and practice that is deeply rooted in the countries we work in and very difficult to change in the short-term.	When working in contexts of severe poverty and need, some gender equality work can seem to have lower priority.	Ensuring that gender equality work is integral to the project work, and not just an add-on.
Limited human resource capacity and time	Lack of impetus/prioritisation from individual donor base	Multiple competing priorities
We are dedicated by mission to women's health	Reconciling inclusiveness with priority to women	<i>No response</i>
Insufficient human and financial resources at field sites	Mainstreaming gender across the organization globally	Insufficient capacity in the Canadian office
Lack of human resources	Lack of funding	<i>No response</i>
Recruitment	<i>No response</i>	<i>No response</i>
Human resources	Financial resources	<i>No response</i>
Day to day challenges of gender mainstreaming across all functions of the organization and the time that it takes	Attitude and culture change with staff	Technical capacity of program teams for gender analysis and program development
Dearth of (disaggregated) quantitative and qualitative research on the broader impacts of gender equality on accessing to all levels of health, nutrition, education, economy and body politic.	Dearth of (disaggregated) quantitative and qualitative research on the broader/residual and direct/indirect outcomes of gender equality in health, nutrition, education, economy, body politic etc.	Communicating to people beyond the sector what fully constitutes gender equality as it relates to achievement and progress towards global goals.
Measuring results	Institutionalising gender equality	Building staff competency

Capacity at the Country Office level to integrate gender into all levels of their implementation	Moving beyond the gender transformative approach on paper into real quality implementation	Lack of gender budgeting
Managing and analyzing disaggregated data	Communicating the results	Cultural resistance
Many grantees, hard to find consistent understanding and reporting	Reporting burden	Different developmental phase of grantees and orientation (non profit/for profit), hard to cater to all needs
Gender transformative approaches	Buy-in and organisational change of field units and partners	Integrating disability and gender and sexual diversity
Resistance from partners to integrate gender into project work	Not dedicating enough time for gender training and refresher training within the organization and our partners	Keeping abreast of all the developments in gender theory, terminology, research, etc.
Lack of experience	Lack of understanding of the applicability to women and children's health	Lack of known guidelines
Size of the organization and the fact that it is part of a partnership means that national offices do not report to our office and therefore can only be encouraged to adopt standards.	External perception that because we work with children, there is limited need to integrate gender equality.	Diversity of programs means that integration tools need to be tailored and this takes time.
As an academic institution, there is a lack of attention analysis within	Change and meaningful participation are slow to come	Integrating LGBTQ concerns and needs
Male engagement and identifying best strategies to encourage more male participation	Lack of women in leadership positions in partner organizations	<i>No response</i>

Building/maintaining field partner capacity in GE	Integrating GE transformation in short-term humanitarian and highly sensitive contexts like Yemen, Sudan etc.	Institutionalizing GE integration in all departments of our headquarters and in partner offices who are governed separately from us. Hence our decision to conduct a gender audit and develop a gender strategy for our own organization, so that we can lead by example and speak to our own learnings on this topic with partner offices.
Ensuring local partners have capacity to assess, implement, monitor & evaluate gender outcomes	<i>No response</i>	<i>No response</i>
Human resources dedicated to gender equality	Tools	Training
Cross-sectional portfolio for project managers, this is not a specific task, so lack of time	Institutionalization of gender through departments (implementation of the strategic plan)	Need to be informed about innovative and up-to-date aspects, especially specific to health
Limitation of human and financial resources for equality	Internal resistance to gender approaches in intercultural context work	Difficulty adapting our tools with a more intersectional perspective
Internal resistance: to understand the relevance of EG beyond the requirements	Lack of time to make positive changes to the EG in a participatory way	Lack of training for local human resources
Resistance to change	The challenges of HR mobilization	The lack of gender-sensitive budget
Access to reliable sexual data	Identify relevant and available indicators	To act in cultural contexts very different from ours and which are less open to integrating egalitarian approaches between women and men

Dealing with our partner's challenges in a male dominated society	Finding approaches that are palatable in [X]	None
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ANNEX 2: Survey Questions

Q1 Organization Name

Q1 Nom de l'organisme

Q2 Does your organization have a gender equality policy?

Yes

No

Other gender-related policy (please specify)

Q2 Votre organisme a-t-il une politique sur l'égalité entre les genres?

Oui

No

Autre politique liée à l'égalité entre les genres (veuillez préciser)

Q3 Does your organization have a gender equality strategy?

Yes

No

Other gender-related strategy (please specify)

Q3 Votre organisme a-t-il une politique sur l'égalité entre les genres?

Oui

No

Autre politique liée à l'égalité entre les genres (veuillez préciser)

Q4 Which of the following approaches does your organization use?

Gender mainstreaming: Gender mainstreaming involves integration of gender throughout program and policy design, implementation, monitoring and evaluation, with a view to promoting gender equality.

Gender targeting: Measure in a program or policy that are specifically aimed at meeting identified needs of women, men, girls, and boys.

Monitoring and evaluating of gender equality results: Program monitoring and evaluation to track results that contribute to reducing inequality between women, girls, men and boys.

Participatory: Meaningfully incorporating the voices, experience, knowledge and perspectives of "beneficiaries" as agents of change, including women and girls, in designing, developing, monitoring and evaluation of projects.

Gender responsive: Gender responsive policies and practices aim to ensure that the needs and rights of women, girls, boys and men, are equally addressed.

Rights-based: Rights-based approaches acknowledge international human rights standards, promote and protect human rights, and empower rights-holders to hold duty bearers accountable. They seek to analyze the root causes of inequality, and redress discriminatory practices and unjust distribution of power that block sustainable development. Gender equality is a rights-based approach.

Gender transformative: Gender transformative approaches address systemic barriers to gender equality in health, including attitudes, behaviour, beliefs, norms, values, power structures, policy and legislation. They also seek to transform unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.

None of the above

Other gender-related approaches (please specify)

Q4 Laquelle des approches suivantes votre organisme utilise-t-il? Cochez toutes les réponses qui s'appliquent

Intégration des considérations liées à l'égalité entre les genres: L'intégration des considérations liées à l'égalité entre les sexes sous-entend l'intégration de ces considérations dans la conception, la mise en oeuvre, le suivi et l'évaluation des programmes et des politiques, en vue de promouvoir l'égalité entre les genres.

Ciblage incluant des considérations relatives à l'égalité entre les genres: Mesures, dans un programme ou une politique, qui visent précisément à répondre aux besoins cernés des femmes, des hommes, des filles et des garçons.

Suivi et évaluation des résultats en matière d'égalité entre les genres: Suivi et évaluation des programmes pour suivre les résultats qui contribuent à réduire les inégalités entre les femmes, les filles, les hommes et les garçons.

Participation: Intégration de façon significative des voix, de l'expérience, des connaissances et des perspectives des << bénéficiaires >> comme agents de changement, y compris les femmes et les filles, dans la conception, le développement, le suivi et l'évaluation de projets.

Tenant compte de l'égalité entre les genres: Les politiques et les pratiques tenant compte de l'égalité entre les genres ont pour but de veiller à ce que les besoins et les droits des femmes, des filles, des garçons et des hommes soient traités de la même façon.

Approches fondées sur les droits: Les approches fondées sur les droits reconnaissent les normes internationales en matière de droits de la personne, promeuvent et protègent les droits de la personne, et habilite les titulaires de droits à tenir les détenteurs d'obligations responsables de leurs actes. Elles visent à analyser les causes profondes de l'inégalité et à redresser les pratiques discriminatoires et les distributions injustes du pouvoir qui bloquent le développement durable. L'égalité entre les genres est une approche fondée sur les droits.

Approches qui visent à transformer les relations entre les genres: Les approches qui visent à transformer les relations entre les genres s'attaquent aux obstacles

systemiques à l'égalité entre les genre en santé, y compris les attitudes, les comportements, les croyances, les normes, les valeurs, les structures de pouvoir, les politiques et les lois. Elles cherchent également à transformer les relations inégales entre les genres afin de promouvoir le partage des pouvoirs, le contrôle des ressources, la prise de décisions et le soutien à l'autonomisation des femmes.

Aucune de ces réponses

Autres approches liées à l'égalité entre les genres (veuillez préciser)

Q5 Which of the following tools does your organization use? Check all that apply

Definition of gender and gender equality: Shared and used within your organization

Gender-based analysis: Gender-based analysis is a critical examination of how differences in gender roles, activities, needs, opportunities and rights affect men, women, girls and boys in specific situations or contexts. Gender-based helps us understand unequal power and patterns of participation in economic, social, political and legal structures as well as the implications of these differences.

Gender equality measures: Performance indicators that measure the scale of a project, program, or organization's contribution to gender equality results. For example, OECD DAC Equality Marker Global Affairs Canada, Framework for Assessing Gender Equality Results.

Gender disaggregated data: Gender disaggregated data involves collecting information on the different experiences, needs, interests, and access to opportunities and resources of men and women so as to establish an accurate picture of gender gaps and power dynamics as the local, national and global level.

Gender capacity assessment: Assessment tools that gauge the understanding knowledge and skills at the systems, organizational and individual levels on gender equality and women's empowerment.

None of the above

Other gender-related tools (please specify)

Q5 Lequel des outils suivants votre organisme utilise-t-il? Cochez toutes les réponses qui s'appliquent

Définitions des genres et de l'égalité entre les genres: Partagées et utilisées au sein de votre organisme

Analyse comparative entre les genres: L'analyse comparative entre les genres est un examen critique de la façon dont les différences entre les rôles, les activités, les besoins, les possibilités et les droits sexospécifiques touchent les hommes, les femmes, les filles et les garçons dans des situations ou des contextes particuliers. L'analyse comparative entre les genres nous aidés à comprendre les inégalités de pouvoir et les modes de participation aux structures économiques, sociales, politiques et juridiques, ainsi que les répercussions de ces différences.

Mesures de l'égalité entre les genres: Indicateurs de rendement qui mesurent l'ampleur de la contribution d'un projet, d'un programme ou d'un organisme aux résultats de l'égalité entre les genres. Par exemple, le marqueur égalité hommes-femmes du Comité d'aide au développement de l'Organisation de coopération et de développement économiques et le Cadre d'évaluation des résultats en matière d'égalité entre les genres.

Données ventilées selon le genre: Les données ventilées selon le genre nécessitent la collecte d'information sur une variété d'expériences, de besoins, d'intérêts et sur l'accès aux occasions et aux ressources des hommes et des femmes afin d'établir une image précise des écarts entre les sexes et de la dynamique du pouvoir aux échelons local, national et mondial.

Évaluation des capacités selon le genre: Outils d'évaluation qui mesurent la compréhension, les connaissances et les compétences à l'échelle des systèmes, des organismes et des individus en matière d'égalité des sexes et d'autonomisation des femmes.

Aucune de ces réponses

Autres outils liés à l'égalité entre les genres (veuillez préciser)

Q6 Does your organization provide training on gender equality and health?

Yes

No

Q6 Votre organisme offre-t-il de la formation sur l'égalité entre les genres et la santé?

Oui

Non

Q7 If yes to Question 6: To whom? Check all that apply

Internally: Staff, Board, Volunteers

Other Canadian organizations

In country partners

Government

Implementing partners

Beneficiaries

All of the above

Other (please specify)

Q7 Si oui: à qui? Cochez toutes les réponses qui s'appliquent

A interne: personnel, Conseil, bénévoles

Autres organismes canadiens

Dans les pays partenaires

Gouvernement

Partenaires de mise en œuvre

Bénéficiaires

Tout ce qui précède

Autre

Q8 If yes to Question 6: In what areas? Check all that apply

Gender-based analysis

Gender mainstreaming

Gender transformative approaches
Gender monitoring and evaluation
Other (please specify)

Q8 Si oui: dans quels domaines? Cochez toutes les réponses qui s'appliquent

Analyse comparative entre les genres
Intégration des considérations liées à l'égalité entre les genres
Approches qui visent à transformer les relations entre les genres
Approches incluant des considérations relatives à l'égalité entre les genres
Suivi et évaluation des genres
Autre (veuillez préciser)

Q9 If yes to Question 6: How often? Check all that apply

Regularly
Infrequently
Within the past 12 months
Within the past 6 months

Q9 Si oui: à quelle fréquence? Cochez toutes les réponses qui s'appliquent

Régulièrement
Rarement
Au cours des 12 derniers mois
Au cours des 6 derniers mois

Q10 Does your organization measure gender equality results?

Yes
No

Q10 Votre organisme mesure-t-il les résultats en matière d'égalité entre les genres?

Oui
Non

Q11 If yes to Question 10: At what level? Check all that apply

Immediate outcome
Intermediate outcome
Ultimate outcome
Other (please specify)

Q11 Si oui, à quel niveau? Cochez toutes les réponses qui s'appliquent

Résultat immédiat
Résultat intermédiaire
Résultat final
Autre (veuillez spécifier)

Q12 Does your organization collect and analyze data disaggregated by any of the following factors? Check all that apply

Sex
Age group
Marital status
Sexual orientation (LGBTQ)
Education
Employment
Disability
Faith/religious affiliation
Ethnicity

Race
Caste
Class
Refugee status
Citizenship
Income
Other context-specific factors (please specify)

Q12 Votre organisme recueille-t-il et analyse-t-il des données ventilées par l'un ou l'autre des facteurs suivants?

Sexe
Groupe d'âge
Etat matrimonial
Orientation sexuelle (LGBTQ)
Etudes
Emploi
Handicap
Foi/appartenance religieuse
Ethnicite
Race
Caste
Classe
Statut de refugie
Citoyennete
Revenu
Autres facteurs propres au contexte (veuillez préciser)

Q13 How do you use gender and other disaggregated data? Check all that apply

Program design and development
Program evaluation
Policy advocacy
Communicating results
Reporting
Don't use gender or other disaggregated data
Other (please specify)

Q13 Comment utilisez-vous les données ventilées par genre et autres? Cochez toutes les réponses qui s'appliquent

Conception et élaboration du programme
Evaluation du programme
Promotion des politiques
Communication des resultats
Production de rapports
Aucune utilisation de données ventilées par genre ou autres
Autre (veuillez préciser)

Q14 Would your organization be interested in participating in gender equality and health workshops and other learning and knowledge-sharing opportunities?

Yes
No

Q14 Votre organisme souhaiterait-il participer à des ateliers sur l'égalité entre les genres et la santé et à d'autres occasions d'apprentissage et de partage des connaissances?

Oui
Non

Q15 If yes to Question 14: What are the top three priorities for your organization in terms of gender equality and health learning and knowledge-sharing with CanWaCH members and other stakeholders?

Gender transformative approaches
Gender-Based Analysis
Conducting a gender assessment to inform programming and/or gender equality strategies
Policy
Strategy
Reporting
Gender Equality and Health Monitoring and Evaluation
Program Design
Theory of Change
Policy and Advocacy
Public Engagement for Gender Equality and Health
Communicating Gender Equality and Health Results and Impact
Research
Gender Equality Induction Training for New Staff
Rights-Based Approaches
Gender and Sexual Diversity

Q15 Si oui: quelles sont les trois principales priorités de votre organisme en ce qui concerne l'apprentissage en matière de santé et d'égalité entre les genres et le partage des connaissances avec les membres du CanSFE et d'autres intervenants?

Approches qui visent à transformer les relations entre les genres
Analyse comparative entre les genres
Tenue d'une évaluation comparative entre les genres pour éclairer les programmes et/ou les stratégies d'égalité entre les genres
Politique
Strategie
Production de rapports
Suivi et évaluation de l'égalité entre les genres et de la santé
Conception du programme
Theorie du changement
Politique et representation
Engagement public pour l'égalité entre les genres et la santé
Communication des résultats et de l'incidence de l'égalité entre les genres et de la santé
Recherche
Formation initiale sur l'égalité des genres pour les nouveaux employés
Approches fondées sur les droits
Diversité sexuelle et de genre
Autre (veuillez préciser)

Q16 Does your organization have a dedicated Gender Advisor or Specialist?

Yes
No

Q16 Votre organisme a-t-il un conseiller ou une conseillère ou un ou une spécialiste en matière d'égalité entre les genres

Oui
Non

Q17 If yes to Question 16: How many?

Q17 Si oui: s'il y a plus d'une personne, combien de personnes y a-t-il?

Q18 Are the gender human resources sufficient?

Yes
No

Q18 Les ressources humaines liées à l'égalité entre les genres sont-elles suffisantes?

Oui
Non

Q19 Please provide the contact information for your organization's lead gender advisor(s) / specialist(s),if applicable

Name
Title
Address
Address 2
City/Town
State/Province
ZIP/Postal Code
Country
Email Address
Phone Number

Q19 Veuillez fournir les coordonnées des principaux conseillers ou spécialistes en matière d'égalité entre les genres de votre organisme, s'il y a lieu

Nom
Nom de l'organisation
Address
Titre
City/Town
State/Province
ZIP/Postal Code
Country
Courriel
Telephone

Q20 Please provide the contact information for your organization's lead gender advisor(s) / specialist(s), if applicable

Name
Title
Address
Address 2
City/Town
State/Province
ZIP/Postal Code
Country
Email Address
Phone Number

Q20 Veuillez fournir les coordonnées des principaux conseillers ou spécialistes en matière d'égalité entre les genres de votre organisme, s'il y a lieu

Nom
Nom de l'organisation
Address
Titre
City/Town
State/Province
ZIP/Postal Code
Country
Courriel
Telephone

Q21 What are the top three challenges your organization faces in integrating gender equality in your work?

Challenge #1 (50 words max)
Challenge #2 (50 words max)
Challenge #3 (50 words max)

Q21 Quels sont les trois principaux défis auxquels votre organisme est confronté pour intégrer l'égalité entre les genres dans votre travail?

Premier défi (50 mots maximum)
Deuxième défi (50 mots maximum)
Troisième défi (50 mots maximum)

Q22 What are your organization's top three strengths in integrating gender equality in your work?

Strength #1 (50 words max)
Strength #2 (50 words max)
Strength #3 (50 words max)

Q22 Quels sont les trois principales forces de votre organisme sur le plan de l'intégration de l'égalité entre les genres dans votre travail?

Première force (50 mots maximum)
Deuxième force (50 mots maximum)
Troisième force (50 mots maximum)

Q23 In the coming weeks, CanWaCH will be conducting interviews to gather further information on gender equality and health. I, or a representative within my organization, would be willing to participate in a short follow-up interview.

Yes
No

Q23 Au cours des prochaines semaines, le CanSFE mènera des entrevues afin de recueillir de plus amples renseignements sur l'égalité entre les genres et la santé. Une personne représentant mon organisme ou moi-même serons disposés à participer à une brève entrevue de suivi

Oui
Non

Q24 If yes, please provide the following contact information

Name
Organization
Title

Address 2
City/Town
State/Province
ZIP/Postal Code
Country
Email Address
Phone Number

Q24 Si oui, veuillez fournir les coordonnées suivantes

Nom
Nom de l'organisation
Titre
Address 2
City/Town
State/Province
ZIP/Postal Code
Country
Courriel
Telephone