Measuring the gender-responsiveness of HIV and sexual and reproductive health services in health facilities: a checklist

TECHNICAL GUIDANCE

Contents

Purpose and background

Gender inequality is a barrier to achieving global goals to end AIDS as a public health threat by 2030. Intensifying efforts to ensure that HIV services are gender-responsive, such that they are designed to consider and address the differing biological and gendered needs of men, women, boys, girls and gender-diverse people is therefore critical *(4)*. This technical brief is intended to guide countries in implementing the Gender-responsiveness of HIV and Sexual and Reproductive Health Services (GRHS) Checklist in health facilities. The GRHS Checklist is a tool that will enable health facility managers to document and measure the gender-responsiveness of HIV prevention, care and treatment, and sexual and reproductive health services offered in their facilities. The GHRS will also enable Ministries of Health to collect information routinely to assess the gender-responsiveness of health services in health facilities across their countries to inform policy changes and/or interventions needed to address gaps identified. Ensuring that HIV and sexual and reproductive health (SRH) services are gender-responsive is key to an effective response to the epidemic.

This guide includes an overview of the importance of gender-responsiveness in health services, the recommended approach for data collection (including guiding principles), and guidelines for analysis. The finalized checklist, presented in Annex 1, was piloted and validated in South Africa and can be adapted for use in other contexts. The tool takes between 45 minutes and one hour to completed. See Annex 2 for a detailed description of the development of the checklist. It is recommended that all health facilities providing HIV and/or sexual and reproductive health services complete the checklist at least once, and ideally on a routine basis (every 2–3 years) to monitor and/or sustain progress towards providing gender-responsive services. National governments may prefer to implement the checklist in a sample of health facilities every 2–3 years to inform national HIV response planning processes. If any facility reviews or regular data collection among health facility managers are taking place, countries are encouraged to integrate the checklist in those efforts.

Who is this technical brief for?

This technical brief is developed to assist health facility managers, health departments, policy makers, researchers, community-led organizations and other people with an interest in assessing and monitoring the gender-responsiveness of HIV and sexual and reproductive health services provided at health facilities. The tool can be used to determine baseline values for gender-responsive HIV and sexual and reproductive health services at different health facilities; to track and monitor gender-responsive services over time; to compare available gender-responsive HIV services across contexts (between facilities, between health authorities, or within or across countries or regions); and to identify gaps where policy changes, intervention and/or training are needed.

The checklist is designed to document and monitor the gender-responsiveness of available HIV and sexual and reproductive health services. It is not suitable for monitoring the attitudes or experiences of health workers, or the experiences of people receiving care. The checklist can be used in different public and private health settings, including hospitals, clinics and health-care centres.

Reasons for measuring gender-responsiveness in health facilities

HIV continues to pose a major challenge across the globe. The provision of gender-responsive health services has been demonstrated to improve the health outcomes of people affected by or at risk of contracting HIV *(1–3)*. Gender-responsive services include health-care services that consider the specific needs of men, women, boys, girls and gender-diverse people with regard to their biological and gendered differences *(4)*. The availability of gender-responsive care has been shown to increase male engagement in HIV testing and prevention services, facilitate youth engagement in HIV services, and improve communication with health-care providers.

When health-care providers are trained to be gender-responsive, they become more aware of the effects of gender norms on care engagement among clients, reduce biases towards certain groups of people, and improve their ability to use client-centred communication skills that are sensitive to gender. Gender-specific counselling approaches can foster better client–provider relationships, thereby promoting greater engagement in HIV care. By acknowledging gender differences and inequalities among women, men and gender-diverse people, gender-responsive health care aims to address these disparities.

The World Health Organization (WHO) advocates for the involvement and active participation of people when decisions are made about their sexual and reproductive health. In addition, the 2021–2026 Global AIDS Strategy highlights the importance of placing people at the center of the HIV response. Gender-responsive approaches prioritize meeting the distinct needs of adult men and women, adolescent boys and girls, and gender-diverse people *(5)*.

Checklist layout

The GRHS Checklist consists of 43 items. There are two main sections: Section 1 covers general information on the health facility, and Section 2 covers gender-responsiveness of HIV and sexual and reproductive health services. Section 2 is divided into seven subsections, focusing on various components of service delivery:

Subsection A: protocols and standard operating procedures existing at the facility (two questions).

Subsection B: training offered to staff at the facility, including questions about the topics that staff at this facility may be trained in (11 questions).

Subsection C: policy and availability of feedback mechanisms (five questions).

Subsection D: HIV prevention services offered at the facility (five questions).

Subsection E: HIV treatment services offered at the facility (five questions).

Subsection F: HIV care and support services offered at the facility (five questions).

Subsection G: sexual and reproductive health services offered at the facility (five questions).

Table 1.

Items in the GRHS Checklist

Protocol or standard operating procedure	Training	Policy and feedback mechanisms	HIV prevention services	HIV treatment services	HIV care and support services	Sexual and reproductive health services offered at the facility
This facility has a written protocol or standard operating procedure instructing health-care staff directly providing care and support on: ▪ How to respond to survivors of violence ▪ How to recognize and respond to the challenges faced by people of different genders in accessing and using HIV services	All health-care staff directly providing care and support are trained to: ▪ Ask women, girls, men and boys about their own priorities for their care ▪ Ask gender-diverse people about their own priorities for their care ▪ Respect the choices of women, girls, men and boys about their care ▪ Respect the choices of gender-diverse people about their care ▪ Communicate and offer care in a respectful and non-discriminatory manner to all clients ▪ Respect the principles of confidentiality and clients' rights to confidentiality ▪ Receive ongoing training and skills development in the areas above ▪ All staff, including non-treating staff, are trained to: ▪ Respect clients' privacy and confidentiality ▪ Treat clients with respect, regardless of age, gender identity, economic status, race, ethnicity or occupation ▪ Recognize how their personal values and beliefs can affect their interactions with clients ▪ Receive ongoing training and skills development in the areas above	At this facility: ▪ Efforts are made to include affected communities in training provided to all staff on topics related to stigma, discrimination, human rights and gender ▪ Facility has a confidential reporting mechanism for clients to provide feedback on the quality of services received ▪ Facility has a confidential reporting mechanism for clients to report abuse, violence, harassment, stigma or discrimination experienced from providers or staff ▪ Feedback is gathered on women, girls, men and boys about their experiences using HIV services and make changes based on their feedback ▪ Feedback is gathered from gender-diverse people using HIV services and make changes based on their feedback	At this facility: ▪ Efforts are made to include affected communities in the design and creation of HIV prevention services ▪ HIV prevention services are tailored to address the specific needs and preferences of women, men, girls and boys in terms of access to health services or mode of delivery of services ▪ HIV prevention services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services and mode of delivery of services ▪ HIV prevention services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, girls and boys ▪ HIV prevention services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people	At this facility: ▪ Efforts are made to include affected communities in the design and creation of HIV treatment services ▪ HIV treatment services are tailored to address the specific needs and preferences of women, men, girls and boys in terms of access to health services ▪ HIV treatment services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services and mode of delivery of services ▪ HIV treatment services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, girls and boys ▪ HIV treatment services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people	At this facility: ▪ Efforts are made to include affected communities in the design and creation of HIV care and support services ▪ HIV care and support services are tailored to address the specific needs and preferences of women, men, girls and boys in terms of access to health services and mode of delivery of services ▪ HIV care and support services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services and mode of delivery of services ▪ HIV care and support services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, girls and boys ▪ HIV care and support services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people	At this facility: ▪ Efforts are made to include affected communities (e.g. women, men, adolescents, key populations) in the design and creation of sexual and reproductive health services ▪ Sexual and reproductive health services are tailored to address the specific needs and preferences of women, men, adolescent girls and adolescent boys in terms of access to health services and mode of delivery of services ▪ Sexual and reproductive health services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services and mode of delivery of services ▪ Sexual and reproductive health services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, adolescent girls and adolescent boys ▪ Sexual and reproductive health services are evaluated routinely to ensure they meet the specific needs and preferences of and gender-diverse people

Recommended approach for data collection

Guiding principles for the implementation of a gender-responsiveness checklist

- Identify the correct contact people. The GRHS checklist is designed to capture a range of available services, training and feedback mechanisms available in health facilities. The checklist should be completed by health facility staff knowledgeable of the workings of the institution, the staffing component, and the HIV and sexual and reproductive health services offered. Facility managers are well placed to complete the checklist. Alternatively, a knowledgeable administrative or management staff member may be identified. In larger facilities such as hospitals, more than one person may need to be involved in completing the checklist.
- Prepare health facilities in advance. If the checklist is administered by an external facilitator, the checklist should be shared with the facility manager or relevant staff before data collection to ensure they are prepared and have sufficient time to collect the necessary information, documentation and records. As some of the statements are lengthy, it is useful for health staff to have the checklist in front of them when responding to items. A short guiding training may be needed to ensure correct understanding of the terminology and expectations. This would also need to be provided to facilities where staff are self-administering the checklist.
- Use an adaptable approach to collect data. If the checklist is administered by an external facilitator, the checklist can be administered via telephone or online meetings. Staff working at public health facilities are often busy, and scheduling appointments may be challenging. A responsive data collection approach is needed. This may include holding face-to-face interviews at health facilities, emailing the checklist to facilities for self-completion by relevant staff, driving to facilities to explain the checklist and provide paper copies, telephoning participants to follow up on any missing items, or returning to facilities for face-to-face discussions on outstanding information. Alternatively, the checklist can be completed as an e-checklist or added to health management information systems (HMIS), where possible.

How to adapt the checklist to the local context

The checklist is provided in Annex 1. Before implementation, the checklist should be adapted and pretested with knowledgeable stakeholders (see below) to ensure the items included are relevant to the local context. This includes providing definitions for key terminology.

Health facility types differ across contexts. In South Africa, for example, clinics are known as community day centres, community health centres or primary health-care facilities, depending on the services provided. Translation is needed in contexts where English is not used widely.

Key stakeholder engagement

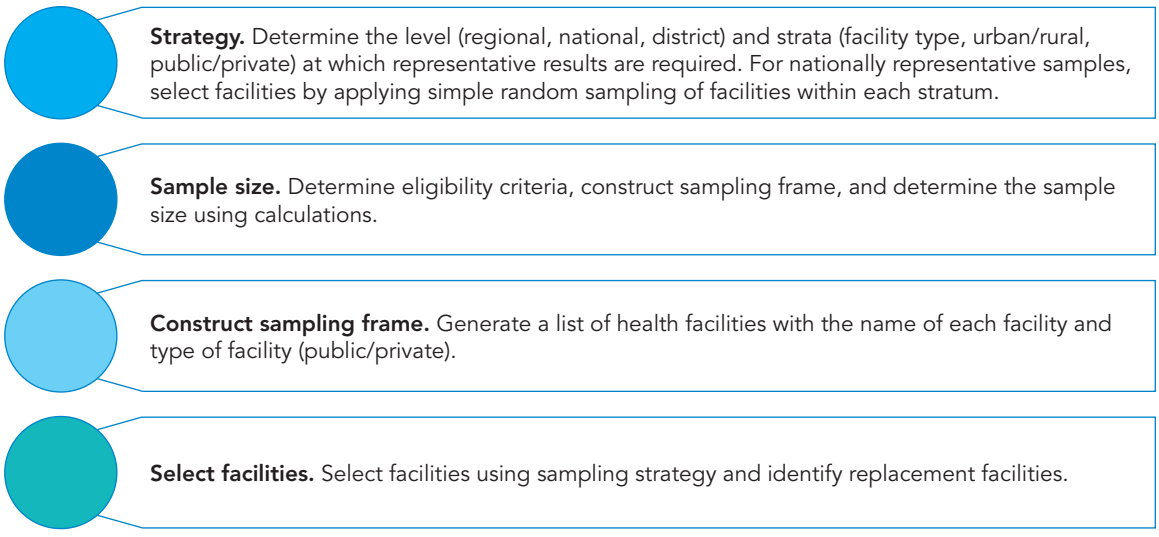
It is recommended to establish a collaborative group to support implementation of the checklist, including key stakeholders at national and local levels from the government, communities (including from gender-diverse community representatives), operational institutions, and academic and research institutes. Such an approach ensures the local context is taken into consideration through all steps of checklist implementation and may promote buy-in for the checklist and use of results to inform programming and policy responses.

How to select facilities if you cannot reach them all (sampling methodology)

Countries may wish to partner with a local university or research organization to assist with developing a sampling frame, selecting a sample, implementing the checklist and interpreting the data. I]=ft countries choose to sample facilities, the methodology should be recorded so it can be repeated over time to allow for comparison of data across time periods. In determining the health facilities to be included, the appropriate health authorities should first be identified. Depending on the context, facilities may be under the regional, national or local authority, with each authority potentially implementing different policies, programmes and services. If the aim is to provide an overall snapshot of the gender-responsiveness in an area, facilities should be sampled for type (e.g. hospital, community clinic, day hospital) and location (rural, semiurban, urban). Recruitment of suitable health facility staff for completing the checklist is described above.

Random sampling is recommended to produce national estimates that are more likely to be representative of the regional/provincial or national situation. Sampling methods should be the same across all regions/provinces. With probability-based sampling, all units (regions/provinces, facilities) have an equal chance of being selected, and therefore the sample can be considered representative. Details on sampling are provided in Annex 3.

Figure 1.
Sampling steps



Data collection processes and administering the checklist

The checklist can be self-administered by one or more facility staff together or completion of the checklist can be facilitated by a trained data collector familiar with health facilities. Before data collection (either self-administered or facilitated), the facility should receive information to explain the purpose and scope of the checklist. The most appropriate and knowledgeable health facility staff members are then identified to complete the checklist. Health facilities may differ in how records are collected (e.g. information on staff training or staff profiles), and different management or administrative staff may need to contribute to ensure all sections are completed. The person(s) completing the checklist are encouraged to consult with colleagues if they are unsure of the answers.

The checklist can be completed using computing devices available at health facilities. Alternatively, paper-based checklists can be taken to each facility, with a code developed for each checklist and written on each page. Data are then entered into a spreadsheet for analysis in statistical software.

The checklist is not anonymous or confidential, however, no individual personal information is collected at any stage. The number of facilities that receive the checklist and the number that complete the checklist should be recorded so a response rate can be calculated.

The checklist takes 45–60 minutes to complete.

A note on "another gender"

Some respondents may not be aware of, or may not be trained in, gender diversity. They may experience challenges in answering some questions. To address this concern, the following definition is included (which could be translated for local use):

People sometimes identify as another gender. This may include transgender people, who have a gender identity that differs from the sex they were assigned at birth. It may also include gender-diverse people, who identify outside the gender binary of male or female or move back and forth between different gender identities. Gender-diverse people may use terms such as "gender nonbinary", "genderqueer" or "gender fluid" to describe themselves.

Recommended approach for data use

The GRHS Checklist is designed to measure gender-responsiveness of HIV and sexual and reproductive health services provided at facilities. The gender-responsiveness score is assessed as follows (see also Annex 3).

Figure 2.
Assessing the gender-responsiveness score

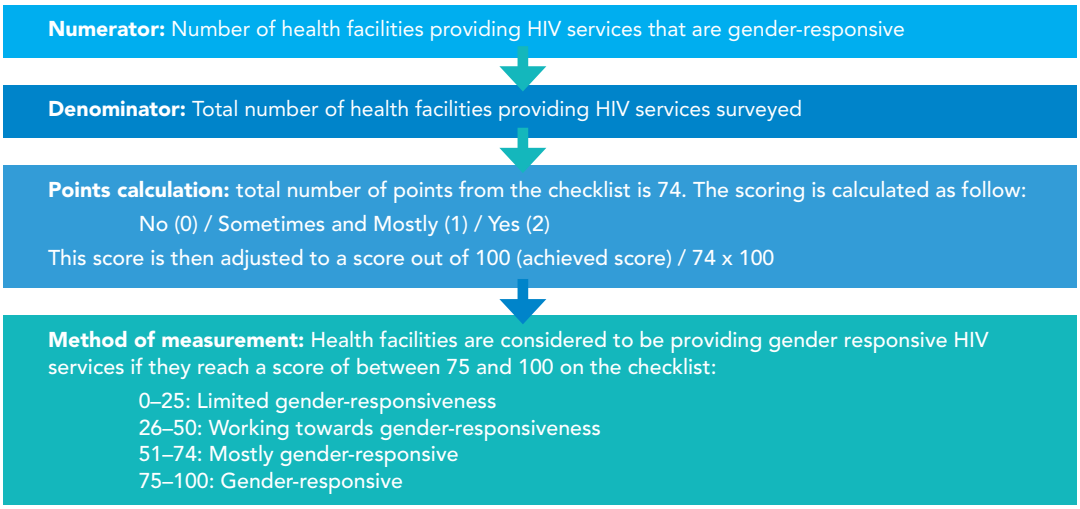


Table 2.
Scoring calculations

Subsections	N of items	Maximum score
Section 1: Protocols or standard operating procedures (SOP)		
SOP on how to respond to survivors of violence	1	1
SOP on how to respond to challenges faced by different genders	1	1
Section 2. Gender-responsiveness of HIV and sexual and reproductive health services		
Training		
Health-care staff	7	14
All staff	4	8
Policy and feedback mechanisms	5	10
HIV prevention services	5	10
HIV treatment services	5	10
HIV care and support services	5	10
Sexual and reproductive health services	5	10
Overall score	**38**	**74**
Overall score, adjusted to 100	**38**	**100**

The findings from the checklist can be used to establish a baseline to understand the status quo of gender-responsive services at health facilities; track gender-responsiveness over time as part of routine surveillance (every 2 years); compare the gender-responsiveness of HIV and sexual and reproductive health services across contexts (within and across countries or regions); and identify gaps where intervention, policy or training is needed.

Further analysis on data disaggregated by various characteristics of the facilities, including geographical location, type of facility (public/private), and services provided (e.g. HIV prevention, treatment, care and support, sexual and reproductive health), may provide further insights to inform programmes and policies.

Presenting results

The gender-responsiveness score for each facility should be shared with the participating facilities as soon as possible following completion of the checklist to support awareness and decision-making about training or resources needed.

Annex 1. GRHS checklist

The GRHS checklist should be completed with a health facility manager or managers who are very familiar with the operations of the health facility as a whole, and with the HIV and sexual and reproductive health services provided at the facility. The checklist may be completed with one or more health facility managers together.

Section 1. Information about the health facility

This section should be filled out by the health facility manager or designee with relevant knowledge.

Read aloud: First, I would like to ask a few questions about your health facility.

Variable ID	Question	Response	Skip	Comments
IHFLOC	Location of health facility	Urban ..... 1 Periurban ..... 2 Rural 3		
IHFPOP	Is the facility a public or private institution?	Public ..... 1 Private 2		
IHFTYP	Type of health facility	Primary health-care clinic ..... 1 District hospital ..... 2 Regional or provincial hospital ..... 3 Community day centre ..... 4 Community health centre ..... 5 Specialist clinic (e.g. HIV clinic, clinic providing health services to key populations) ..... 6 Other 7		
IHSTATC	Total number of health-care staff working at this facility who directly provide care and support to clients *(write number)*	_____		Open-ended numerical
IHSTATW	How many of these staff members are women?	_____ *(number)* Or Do not know		Open-ended numerical
IHSTATM	How many of these staff members are men?	_____ *(number)* Or Do not know		Open-ended numerical
IHSTATA	How many of these staff members identify as another gender? *Definitions for clarification:* *People sometimes identify as another gender. This may include transgender people, who have a gender identity that differs from the sex they were assigned at birth. It may also include gender-diverse people, who identify outside the gender binary of male or female or move back and forth between different gender identities. Gender-diverse people may use terms such as "gender nonbinary", "genderqueer" or "gender fluid" to describe themselves.*	_____ *(number)* Or Do not know		
IHFAVG	Average number of clients seen at this health facility per day *(write number)*	Total: _____		Open-ended numerical

Section 2. Gender-responsiveness of HIV and sexual and reproductive health services

This section should be completed by a health-care provider familiar with HIV and sexual and reproductive health services, together with a health facility manager.

Read aloud: Now I am going to ask you some additional questions about your health facility. I will ask about protocols or standard operating procedures, staff training practices and workplace policies, and then specifically about how HIV and sexual and reproductive health services are designed and implemented.

A. Protocols and standard operating procedures

Read aloud: I would first like to ask you about protocols or standard operating procedures that may exist at this facility.

Variable ID	Question	Response		
		Yes …….. 1	**No** …….. 2	**Do not know / Not sure** …… 99
		Score: 1	Score: 0	Score: 0
SOPSOV	Does this facility have a written protocol or standard operating procedure instructing health-care staff directly providing care and support on how to respond to survivors of violence?			
SOPSER	Does this facility have a written protocol or standard operative procedure instructing health-care staff directly providing care and support on how to recognize and respond to the challenges faced by people from different genders in accessing and using HIV services?			

B. Training

Read aloud: Now I would like to ask you some questions about the topics that staff at this facility may be trained in. Please tell me for each statement whether this is always, mostly, sometimes or never the case, or alternatively state if you do not know the answer.

Variable ID	Question	Status				
		Yes / Always …… 1	**Mostly** …… 2	**Sometimes** …… 3	**No / Never** …… 4	**Do not know** …… 99
		Score: 2	Score: 1	Score: 1	Score: 0	Score: 0
TRPFC	All health-care staff directly providing care and support are trained to ask women, girls, men and boys about their own priorities for their care					
TRGDPFC	All health-care staff directly providing care and support are trained to ask gender-diverse people about their own priorities for their care *Note: as a reminder, "gender-diverse" refers to people who identify outside the gender binary of male or female or move back and forth between different gender identities and use terms such as "gender nonbinary", "genderqueer" or "gender fluid" to describe themselves.*					
TRRPC	All health-care staff directly providing care and support are trained to respect the choices of women, girls, men and boys about their care					
TRGDRPC	All health-care staff directly providing care and support are trained to respect the choices of gender-diverse people about their care					
TRNDM	All health-care staff directly providing care and support are trained to communicate and offer care in a respectful and non-discriminatory manner to all clients					
TRCON	All health-care staff directly providing care and support are trained in the principles of confidentiality and patients' rights to confidentiality					
TRSD	All health-care staff directly providing care and support receive ongoing training and skills development in the areas above (TRPFC–TRCON)					

Variable ID	Question	Status				
		Yes / Always …… 1	**Mostly** …… 2	**Sometimes** …… 3	**No / Never** …… 4	**Do not know** …… 99
		Score: 2	Score: 1	Score: 1	Score: 0	Score: 0
TRPAC	All staff, including non-treating staff (e.g. security guards, receptionists) are trained to respect clients' privacy and confidentiality					
TRRES	All staff, including non-treating staff (e.g. security guards, receptionists) are trained to treat clients with respect regardless of age, gender identity, economic status, race, ethnicity or occupation					
TRVAL	All staff, including non-treating staff (e.g. security guards, receptionists) are trained to recognize how their personal values and beliefs can affect their interactions with clients					
TRTRN	All staff, including non-treating staff (e.g. security guards, receptionists) receive ongoing training and skills development in the areas above (TRPAC–TRVAL)					
C. Policy and feedback mechanisms **Read aloud:** I would now like to ask you a few questions about policies and feedback mechanisms in this health facility. Please tell me for each statement whether this is always, mostly, sometimes or never the case, or alternatively state if you do not know the answer.						
PFMTR	At this facility, efforts are made to include affected communities (e.g. women, men, adolescents, key populations) in training provided to all staff on topics related to stigma, discrimination, human rights and gender					
PFMFDB	This facility has a confidential reporting mechanism for clients to provide feedback on the quality of services received (e.g. suggestion box, WhatsApp number to provide anonymous feedback)					
TRREP	This facility has a confidential reporting mechanism for clients to report abuse, violence, harassment, stigma or discrimination experienced from providers or staff					
TRFHV	At this facility, feedback is gathered from women, girls, men and boys about their experiences using HIV services (e.g. timing, comfort, quality, provider knowledge), and changes are made based on this feedback					
TRFGD	At this facility, feedback is gathered from gender-diverse people using HIV services (e.g. timing, comfort, quality, provider knowledge), and changes are made based on this feedback					
D. HIV prevention services **Read aloud:** I would now like to ask you a few questions about the HIV prevention services offered at your facility. HIV prevention services include HIV testing and counselling; prevention of vertical transmission of HIV; and provision of preventive methods such as male and female condoms, PrEP, PEP, voluntary medical male circumcision and harm reduction (e.g. clean needles or safe injecting sites for people who use drugs). Please tell me for each statement whether this is always, mostly, sometimes or never the case, or alternatively state if you do not know the answer.						
PRVHIV	At this facility, efforts are made to include affected communities (e.g. women, men, adolescents, key populations) in the design and creation of HIV prevention services					

Variable ID	Question	Status				
		Yes / Always …… 1	**Mostly** …… 2	**Sometimes** …… 3	**No / Never** …… 4	**Do not know** …… 99
		Score: 2	Score: 1	Score: 1	Score: 0	Score: 0
PRVTAI	At this facility, HIV prevention services are tailored to address the specific needs and preferences of women, men, girls and boys in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
PRVGD	At this facility, HIV prevention services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
PRVEVA	At this facility, HIV prevention services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, girls and boys					
PRVEGD	At this facility, HIV prevention services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people					
E. HIV treatment services **Read aloud:** I would now like to ask you a few questions about HIV treatment services. HIV treatment services include provision of antiretroviral therapy to people living with HIV. Please tell me for each statement whether this is always, mostly, sometimes or never the case, or alternatively state if you do not know the answer						
HTSINC	At this facility, efforts are made to include affected communities (e.g. women, men, adolescents, key populations) in the design and creation of HIV treatment services					
HTSTAI	At this facility, HIV treatment services are tailored to address the specific needs and preferences of women, men, girls and boys in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
HTSGD	At this facility, HIV treatment services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
HTSEVA	At this facility, HIV treatment services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, girls and boys					
HTSEGD	At this facility, HIV treatment services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people					
F. HIV care and support services **Read aloud:** I would now like to ask you a few questions about HIV care and support services. HIV care and support services include adherence support for people taking antiretroviral therapy and other services provided for people living with HIV, such as allied health and support for nutrition, mental health and substance use. Please tell me for each statement whether this is always, mostly, sometimes or never the case, or alternatively state if you do not know the answer.						
CSSHVC	At this facility, efforts are made to include affected communities (e.g. women, men, adolescents, key populations) in the design and creation of HIV care and support services					

Variable ID	Question	Status				
		Yes / Always …… 1	**Mostly** …… 2	**Sometimes** …… 3	**No / Never** …… 4	**Do not know** …… 99
		Score: 2	Score: 1	Score: 1	Score: 0	Score: 0
CSSTAI	At this facility, HIV care and support services are tailored to address the specific needs and preferences of women, men, girls and boys in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
CSSTGD	At this facility, HIV care and support services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
CSSEVA	At this facility, HIV care and support services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, girls and boys					
CSSEGV	At this facility, HIV care and support services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people					
G. Sexual and reproductive health services **Read aloud:** I would now like to ask you a few questions about sexual and reproductive health services. Sexual and reproductive health services include routine pelvic examinations; screening for sexually transmitted infections, HPV and cervical cancer; contraception and family planning; provision of methods to protect against sexually transmitted infections; antenatal, delivery, postnatal and safe abortion services; prevention and treatment of reproductive cancers; and support for survivors of violence. Please tell me for each statement whether this is always, mostly, sometimes or never the case, or alternatively state if you do not know the answer.						
SXRSER	At this facility, efforts are made to include affected communities (e.g. women, men, adolescents, key populations) in the design and creation of sexual and reproductive health services					
SXRTAI	At this facility, sexual and reproductive health services are tailored to address the specific needs and preferences of women, men, adolescent girls and adolescent boys in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
SXRGDT	At this facility, sexual and reproductive health services are tailored to address the specific needs and preferences of gender-diverse people in terms of access to health services (e.g. home, facility, health day event) or mode of delivery of services (combined with other health services, standalone)					
SXREVA	At this facility, sexual and reproductive health services are evaluated routinely to ensure they meet the specific needs and preferences of women, men, adolescent girls and adolescent boys					
SXREGD	At your facility, sexual and reproductive health services are evaluated routinely to ensure they meet the specific needs and preferences of gender-diverse people					

Annex 2.
Development of the checklist

This checklist was developed through an iterative process by a team of international researchers and community experts with vast experience in the field of health and gender-responsiveness. As a first step, the initial checklist was developed by a core team of technical experts based on a literature review. An advisory group composed of community representatives, academia, UNAIDS Co-sponsors and other partner organizations with expertise in measuring gender norms and gender-responsive programming provided guidance throughout development of the checklist and indicator definition. This includes experts with experience working in Africa, Asia, Europe and the United States of America.

Based on their feedback, the checklist was refined and phrasing adapted by the local team to be appropriate for use in the South African context. The checklist was piloted in 18 health facilities in the Western Cape province in South Africa, including three hospitals, four community day centres/health centres and 11 clinics across urban (13 facilities), periurban (one facility) and rural (four facilities) areas.

After implementation of the checklist, findings were presented to the expert task team to determine the final tool. The final checklist is presented in Annex 1.

Annex 3.
Sampling, data aggregation and scoring

Sampling

The country may consider stratifying the sample by geography and/or various characteristics of health facilities. Random sampling, within strata in the case of a stratified sample, is recommended to produce national estimates that are more likely to be representative of the regional/provincial and national situation. With probability-based sampling, all units (regions/provinces, facilities, individuals) have an equal chance of being selected, and therefore the sample can be considered representative. Sampling methods should be the same across regions/provinces and health-care facilities for comparability.

Non-probability-based sampling would lead to bias in the sample, as the probability of being included in the sample for each unit is unknown. As the direction of this bias is unknown, the results would be representative only of the facilities that completed the checklist and should be interpreted with caution and not extrapolated to the entire population.

Selecting a sampling strategy

1. Determine the level (national, regional/provincial, district) and strata (facility type, urban/rural, public/private) for which you want to have representative results. To obtain reliable estimates at smaller geographical levels, a larger sample size is required.
2. To obtain a nationally representative sample, select facilities as follows *(6)*:
    a. Small country: simple random sampling of facilities within each stratum from a list of facilities (design effect = 1).
    b. Medium country: list and area sampling (design effect = 1.2).
        – Select larger health facilities from a list using simple random sampling.
        – Select through random sampling the administrative or primary sampling units, and collect data from all smaller facilities within those areas.
    c. Large country: purposively select a sample of regions, and then apply simple random sampling to select facilities within each strata in each region (design effect = 1).

Calculating sample size

1. Determine eligibility criteria for facilities to include in the sample:
    a. Services provided—directly provide HIV services: HIV prevention services include HIV testing and counselling, prevention of vertical transmission of HIV, and provision of preventive methods such as male and female condoms, PrEP, PEP, voluntary medical male circumcision and harm reduction (e.g. clean needles or safe injecting sites for people who use drugs).

b. Managing authority: include only public facilities, or also private facilities or facilities managed by nongovernmental organizations, faith-based organizations and others.

c. Type of facility: primary health-care centres, tertiary-level hospitals or specialized facilities.

d. Within a defined geographical area.

2. Construct a sampling frame that includes a complete, accurate, up-to-date list of all facilities in the country that responds to the eligibility criteria defined for completing the checklist. The list should include the following information for each facility: region or district, facility type, managing authority, urban/rural designation, size of facility, and types of (HIV) service provided. A master facility list, if available, may be a useful reference. This may need to be complemented with information from other sources, including nongovernmental organizations.

3. Calculate the sample size required:

   a. Apply the following formula *(6)*:
   $n = [[(z^2 * p * q) + ME^2] / [ME^2 + z^2 * p * q / N]] * d$, where:

      i. n = sample to be calculated;

      ii. z^2 = square of the desired level of confidence (3.84 for $z = 1.96$);

      iii. ME = margin of error, amount of random sampling error—usually use 15% for service availability and readiness assessments;

      iv. p = expected proportion of facilities with gender-responsive services;

      v. $q = 1 - p$;

      vi. d = design effect—can use $d = 1$ for simple random sampling or $d = 1.2$ if using a combination of random and area sampling.

   b. To obtain the final sample size, adjust n by the following:

      i. Finite population correction factor: the calculated sample size (n) should be reduced by the factor $1 - n/N$, where N is the total number of facilities in a country.

      ii. Correct checklist completion rate / non-response: assume, for example, that 10% of checklists will have errors or will be incomplete and would therefore need to be excluded from analysis. Add (n * 0.10) to the sample size.

      iii. Design effect: increase the sample size by a design effect factor. Calculate (n * design effect) to obtain the adjusted sample size.

4. Select facilities using the selected sampling strategy.

5. dentify replacement facilities in case a facility in the sample cannot be contacted (e.g. facility is closed). The replacement facilities should be selected in the Excel worksheet used to identify the sampled facilities—for example, identify the next 10 facilities listed after the facilities in the sample for each strata to be contacted if needed.

Data aggregation

Calculate weights: this is not needed if simple random sampling of all facilities is used as the sampling strategy. The sampling weight adjustment allows for each group of facilities to contribute to the final estimates in the correct proportion to compensate for unequal sampling probabilities.

Further information

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