

GENDER

EQUALITY

STRATEGY

2023 - 2027





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BACKGROUND

In 2020, the University of Manitoba's (UM) Institute for Global Public Health (IGPH) was constituted, born out of the Centre for Global Public Health (CGPH) which was founded in 2008 within the Department of Community Health Sciences. The Centre's initial focus was three-fold: research, education, and service (programs) and its programmatic focus included HIV and AIDS; reproductive, maternal, neonatal and child health; nutrition and a range of other public health domains. It has since implemented programs valued at approximately \$250 million (CAD) from a variety of funding agencies including CIHR, World Bank, WHO, Bill and Melinda Gates Foundation, USAID, Grand Challenges, and others.¹

In a relatively short span of time, UM and CGPH have managed to build a reputation as leaders in global public health. Discoveries by the UM and colleagues in the area of HIV prevention in Kenya have guided national HIV prevention and care programs in Africa and Asia, and now form core components of global HIV prevention strategies. Their research is also now guiding large reproductive, maternal, neonatal and child health and Nutrition (RMNCH+N) programs, in India. They are working on identifying novel methods to improve health care availability and quality, and are transforming the design and implementation of arguably the world's largest single RMNCHN program, managed by the UM, covering the state of Uttar Pradesh in North India. Besides, they are establishing and providing advisory support to public health programs and research in diverse global contexts, including Africa, Asia, and Eastern Europe.

Through IGPH, UM has established major research and program platforms in Africa and Asia, with 27 faculty members and research associates who collaborate with 15 partner academic institutions nationally and internationally, 8 major government partners and over 20 non-governmental organisations (NGOs) globally. UM's influential global health portfolio has also provided the basis for highly productive research collaborations with other Canadian academic institutions (University of Toronto, Université Laval, University of British Columbia), and five leading global institutions that have become key global health research partners, including: London School of Hygiene & Tropical Medicine, Imperial College London, University College London, Cayetano Heredia University (Peru), Aga Khan University (Pakistan), St. John's Medical College (India) and Johns Hopkins University.²

As it has evolved and grown, the Centre's scope of work, complex partnerships and potential for growth has required a more structured and independent framework. Transitioning from a Centre, embedded in the Department of Community Health Sciences, to a full-fledged institute, with a greater amount of fiscal and governance independence, allows IGPH to pursue a greater scope of work globally, to work more efficiently as a semi-independent entity, and to engage effectively with a more diverse set of partners. This transition has also presented the opportunity to reinvigorate its global public health model, including principles, strategies and core elements, and to explore where additional inputs and resources are needed to strengthen the Institute's approach to its central goal: improving health equity. IGPH leadership, therefore, has recognized the obligation and potential benefits of greater and more intentional integration of gender equality into the work of the institute moving forward.

¹IGPH Proposal: https://drive.google.com/file/d/1_mugQ21p6or_r9jgxil1uk43Joq-qJ-/view?usp=sharing

²IGPH Proposal: https://drive.google.com/file/d/1_mugQ21p6or_r9jgxil1uk43Joq-qJ-/view?usp=sharing

RATIONALE

For more than 20 years, the international community has officially acknowledged the relevance of gender equality in the realisation of human rights across all sectors of development. In 1995, through the Beijing Platform for Action, the United Nations endorsed a gender mainstreaming approach that committed member states to incorporate specific concerns and experiences related to gender equality into policies and programs. Since the adoption of this multilateral resolution by member states, public institutions and organizations across diverse fields—including those in global health—have embraced gender mainstreaming and women’s empowerment approaches. These efforts aim to ensure the equitable distribution of development benefits and address gender-based discrimination, violence, and harmful gender norms and inequalities. This shift includes a wide range of institutions, from non-governmental organizations and foundations to academic and research institutions. Gender equality integration has become a standard best practice among these entities, and even the private sector has increasingly adopted gender mainstreaming approaches.

Integrating gender equality into the global health sector has been recognised as key to achieving improvements in health outcomes, particularly for women and girls. According to the WHO:

“Gender inequality damages the physical and mental health of millions of girls and women across the globe, and also of boys and men despite the many tangible benefits it gives men through resources, power, authority and control.”

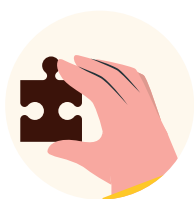
While many organisations and institutions working in global health are moving towards a gender transformative approach to gender integration in both the process and products of their work, a baseline of good practice in gender mainstreaming is first required to establish a foundation of knowledge and practice, to ensure the prevention of harm, and to grow systems and tools that consistently apply a gender equality lens in their work

The leadership and team members of the IGPH have therefore undertaken to establish a Gender Equality Strategy for gender mainstreaming in programs that is both practical for application and relevant for the institute’s work. The institutionalisation of strong and consistent gender integration mechanisms and tools at IGPH will provide a foundation from which specific programs and initiatives can examine and deliver towards gender transformative outcomes in public health.

METHODOLOGY

Approach

Power – and the lack thereof – is at the heart of gender inequality, and this recognition must inform the processes through which we aim to achieve change, as well as the objectives for that change. For this reason, the approach and methodology undertaken for the development of the strategy was one that was strongly aligned with feminist principles and reflected a horizontal and collaborative style of communication and engagement. This can be described by the following principles:



Collaboration and Consultation

Co-creation and collaboration are essential for a process to be seen as legitimate, and in order for its product to reflect the specific strengths and needs of the team. Given that, a key priority was to ensure that engagement was purposeful, efficient, transparent, and accountable. Materials and strategies were built on existing strengths, and new skills introduced, that were accessible and fit for purpose.



Inclusion and Diversity

Intersectionality is a key element of gender inequality – how different aspects of identity interact with gender to amplify privilege and aggravate marginalisation. This work introduced intersectionality into the substance of the task, ensuring that strategies included a discussion of intersectionality, and also ensured that all participants in the process are equally respected, empowered and engaged.



Transparency and Accountability

An important element of addressing power dynamics within global health and other sectors is to generate a sense of shared accountability, not just formal and upward accountability, but moral accountability and individual responsibility. This was generated by ensuring processes were transparent, that they were demonstrably fair and representative, and that communication was clear and accessible.

Development of the Gender Equality Strategy

The development of the gender equality programming strategy has been executed in three phases, between September 2021 and November 2022:

PHASE I: An assessment and mapping of current attitudes and practices related to gender mainstreaming.

PHASE II: A workshop series to build capacity and identify strategic priorities.

PHASE III: The development of a gender equality strategy.

PHASE I

The goal of Phase I was to identify specific needs and opportunities within IGPH programming and staff related to gender mainstreaming across its four areas of work: Research and Academics; Program Design and Delivery; Education; Technical Partnerships. Unlike many formal gender audit processes, which are lengthier and more extensive, this exercise focused on identifying the specific gaps, challenges, and opportunities within IGPH and its partners specifically in order to inform the design of the workshop series and the identification of strategic priorities and goals for improved gender mainstreaming. The objective of this first phase was to provide a snapshot of the current knowledge, attitudes, and practices of IGPH colleagues and partners.

Several rapid assessment tools were employed in October and November of 2021 to collect quantitative and qualitative data that could be easily triangulated, and these included a brief survey (67 respondents), targeted informant interviews (17 interviews), and a review of key documents.

The results of Phase I revealed important gaps and promising opportunities. Although there were clear examples of strong and effective gender integration in IGPH work, without systematic gender integration (through the application of a gender policy, key tools and resources, standards, and approaches, etc.), the integration of gender is vulnerable to the preferences of donors/funders, the capacities and perspectives of specific staff and leadership, and the perceived relevance (or lack thereof) in specific topic areas. The current approach to gender integration, which is ad hoc and is driven by individual leaders and colleagues or sector focus, not only revealed a missed opportunity to produce more sustainable and equitable outcomes, and but also put IGPH programming at risk of omitting important elements in their programming and analysis that could lead to perpetuating harmful gender norms.

For a summary of key findings, conclusions and recommendations, see **Annex A**; for the full report, analysis, and methodology, see *IGPH Gender Equality Capacity and Strategic Support*
PHASE I: EXPLORATORY ANALYSIS

PHASE II

The goal of Phase II was to engage IGPH faculty, staff, and colleagues in a series of workshops to orient them on key gender equality terminology and concepts and to gain their perspectives on what should be included and prioritised in the Gender Equality Strategy and support gender integration in their work. In order to achieve this, two stages of engagement were conducted: an orientation workshop with a representative selection of IGPH faculty, staff, and colleagues; and strategy development consultations with members of the Gender Working Group.

The orientation workshop was a participatory virtual workshop which took place in January 2022. The workshop had two objectives:

1. To provide an **orientation on gender concepts and terminology** to generate a shared understanding.
2. To brainstorm and identify **goals and objectives** for the IGPH Gender Equality Strategy.

This workshop was conducted with 2 cohorts to accommodate the volume of proposed participants, each with approximately 25 participants. Each cohort was engaged virtually for 2 hours, alternating days, for a total of 10 hrs between Jan 17th and Jan 31st. Participants included representatives from all levels at IGPH, including representation from implementing partners, and from each region of work (Pakistan, Kenya, Nigeria, India, Canada).

Central to the success of these workshops was the active participation and engagement, and the workshops were therefore designed with many opportunities to brainstorm, discuss, engage, question and apply. Topics covered in the orientation workshop included:

- Overview of assessment results
- Key gender equality terminology and concepts
- Beyond sex disaggregation: gender as power and rights
- Intersectionality
- Gender Analysis
- Gender and public health programming
- Identifying a vision for a gender equality strategy
- Brainstorming strategic goals and objectives

The second stage of engagement in Phase II included a more targeted strategy workshop with members of the Gender Working Group in March 2022. In this workshop, the brainstorming, and discussions from the final sessions of the orientation workshop were brought forward and further refined, prioritised, and organised by this specialist technical group. The various goals and objectives identified in the orientation workshop were organised into three main areas: capacity building, communication, and tools/resources. Using these three categories, the participants in the strategy workshop drafted strategic goal statements and identified some specific actions for their achievement. In order to pare down the extensive wishlist voiced by IGPH colleagues, a clear priority-setting criteria was implemented to carve out the most effective and aligned goals. The criteria were simple: greatest impact; most urgent needs; and most feasible and relevant to the work.

Based on the results from the strategy workshop, a draft Gender Equality Strategy was produced and reviewed by the Gender Working Group for comments. Those comments were integrated as a part of moving into Phase III of the process.

All workshop materials and the orientation workshop evaluation can be found [here](#).

PHASE III

The goal of Phase III was to build a Gender Equality Strategy that reflects the needs and priorities of IGPH faculty, staff and associates, that is aligned with IGPH's program model for health equity and meets the agreed-upon criteria: greatest impact, most urgently needed; most feasible; most relevant to the work of IGPH.

The draft strategy was designed between April and June 2022 by the consultant and based on the work conducted and the findings in Phases 1 and 2. A core team meeting was held in April to validate an initial draft of the Strategic Goals and Objectives, and to finalise the Vision and Mission Statements, after which a narrative was developed and an implementation plan was drafted, which included associated actions, persons responsible, resources required and a timeline estimate. This draft document was shared for feedback with the core team and feedback was provided in May 2022. In June 2022, the overall process, key findings, and Gender Equality Strategy were presented virtually to the executive and leadership team at IGPH, and feedback was provided. This feedback led to an additional layer of outcomes in the Strategy and the core team once again gathered in August 2022, to determine how this additional layer of outcomes should be structured. Final revisions were made and draft revised language in a PPT deck was shared with and approved by IGPH in September 2022. Further narrative revisions were made to the narrative document and a final draft strategy was submitted for approval in September 2022. IGPH requested additional changes and the addition of an ancillary goal related to gender equality in internal policies and management. These final revisions were made and a final draft was submitted November 2022.

IGPH GENDER EQUALITY STRATEGY



PURPOSE OF IGPH'S GENDER EQUALITY STRATEGY

Gender equality integration can be understood across a spectrum of change ranging from gender unintentional or 'blind', which refers to programs or policies that ignore gendered elements completely, to gender transformative, which refers to programs or policies that not only consider gendered elements but seek to address the root causes of inequality to redistribute power more equally.



Like most organisations, IGPH's portfolio includes initiatives that fall across the spectrum of change and address gender in a variety of ways with varied impact, depending on the focus of work, expertise and interest of staff, and availability of resources. The purpose of this Strategy is to support IGPH teams to continue to move their initiatives along the spectrum, with greater consistency, to ensure increased consideration and impact related to gender equality.

IGPH recognises that one of the most important elements of a successful strategy is that it is effectively implemented. This may seem obvious, but too often gender equality initiatives are not resourced effectively, are not feasible, and have weak accountability structures. When strategies fail, confidence and 'buy-in' from staff, colleagues and partners is diminished and there is loss of positive momentum.. In part, the purpose of this Strategy is to strike an appropriate balance between ambition and feasibility to lay the groundwork for a sustainable, supported, and successful gender integration approach in the long term. For this reason, the IGPH team identified their strategic priorities using a purposeful set of criteria that includes space for gender transformative work but focuses most strongly on laying a foundation for consistent and quality gender integration to the gender intentional level.

The purpose of this initial four-year Gender Equality Strategy is therefore to systematically introduce gender integration across IGPH's programming model (including partnerships) to ensure that gender is mainstreamed through its work and that a gender intentional level of gender integration is achieved consistently, with opportunities for gender transformative work supported when identified by teams and when the capacity and resources are suitably available.

GENDER EQUALITY STRATEGY OVERVIEW

The IGPH Gender Equality Strategy for Programs has four levels:

1. The **Vision** and **Mission** statements provide the foundational underpinning for the strategy and IGPH's approach to gender equality in its work. These statements can be reviewed and/or revised periodically but are intended to remain constant throughout this four-year strategy and into subsequent strategy development processes.
2. Translation the Vision and Mission statements into impact and outcomes in the actual work of IGPH. The **Strategic Commitment** requires that each thematic team undertakes a process to explore, identify and deliver on specific targets related to strengthening the gender intentionality of their work.
3. Through brainstorming, prioritisation, and consensus. The IGPH team has identified three areas of work needed to provide the capacity building and support for the achievement of the Strategic Commitment. Each of these three areas has been built into a **Strategic Goal** statement.
4. Finally, a set of specific **objectives** and associated **actions** are included to support operationalising each Strategic Goal.



Strategy Overview



VISION

People of all genders, in all their diversity, have the agency and opportunity to realize their right to health and wellbeing.

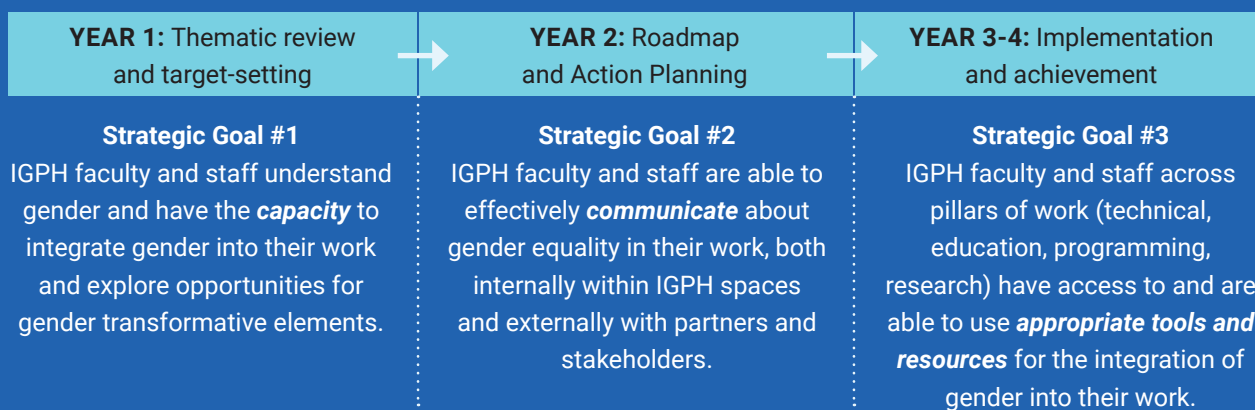


MISSION

To embody and promote a rights-based approach to gender equality with partners and communities across IGPH health programming, education and research; and to contribute to building knowledge, good practice and evidence for the role of gender in health equity.

STRATEGIC COMMITMENT

Each IGPH thematic team will develop and deliver on a **gender integration roadmap** for their thematic work that is at minimum gender intentional and includes either targets or identified potential areas for gender transformative integration.

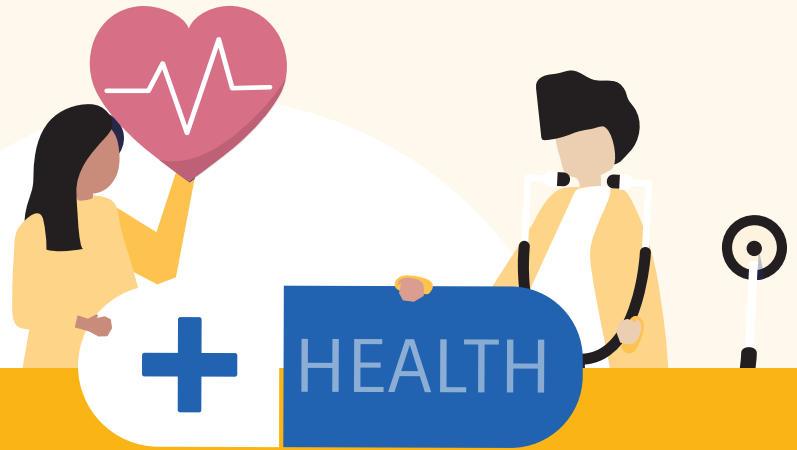


OBJECTIVES

- GE capacity building is provided on an ongoing basis.
- External opportunities for GE training and capacity building are accommodated and supported.
- Gender equality mentorship is provided to targeted staff.
- GE community of practice is established in IGPH to effectively communicate internally on GE.
- IGPH faculty and staff are supported to effectively communicate externally on GE.
- Fit-for-purpose tools for gender integration are available and socialized to faculty and staff.
- Gender Analysis framework and guidelines are available and socialized to faculty and staff.

Note: Gender Equality in IGPH Management

While this initial investment in strategy development has purposefully focused on gender integration in IGPH's **Programming Model**, the importance of addressing gender equality internally at the operational and management levels of the Institute has been acknowledged from the outset. It was recognised that this will require a targeted assessment, alignment with UM's policies and processes, and examination of the complex relationship between the Institute and its global partners. Because of this recognition, and to ensure that this important stream of work is actioned, a **development goal** has been included in this strategy to emphasise the commitment of the Institute's leadership to developing and investing in the next steps towards gender integration in its internal management and operations.



VISION STATEMENT FOR GENDER EQUALITY IN HEALTH

People of all genders, in all their diversity, have the agency and opportunity to realise their right to health and wellbeing.

Decoding the Vision Statement

Each term and phrase in the vision statements is intentional. They are included both to signal the aspirations of IGPH related to gender equality in health, but also to serve as a mechanism for accountability.

“all genders”

IGPH recognises that gender and sexual orientation **are not binary**. This vision is inclusive of a full spectrum of gender identities and sexual orientations.

“all their diversity”

IGPH recognises how diverse **identities intersect with gender** across contexts to aggravate marginalisation and amplify privilege. This vision represents a commitment to explore and address intersecting identities through gender integration work, including (but not limited to) age, marital status, religion, race, caste, ability, economic status, etc.

“have the agency”

IGPH understands that increasing **demand** for health services and health rights is essential for the achievement of gender equality in health and wellbeing. This vision emphasises choice, empowerment, and the agency of individuals, especially women and girls, to claim health-related decision-making rights.

“have the opportunity”

IGPH has a strong commitment to health systems strengthening and that is embedded in its vision for gender equality in health. This vision therefore recognises the importance of access to **gender responsive health systems and services**.

“right to wellbeing”

IGPH explicitly recognises that health rights include **overall wellbeing**, as included in the WHO definition of health equity and as defined in the Beijing Declaration.



MISSION STATEMENT ON GENDER EQUALITY IN HEALTH

To embody and promote a rights-based approach to gender equality with partners and communities across IGPH health programming, education and research; and to contribute to building knowledge, good practice, and evidence for the role of gender in health equity.

Decoding the Mission Statement

Each term and phrase in the Mission Statement is intentional. These are included to demonstrate the alignment of the mission with the different components of IGPH's program model for health equity, and to indicate the values that will drive IGPH's work to achieve its gender equality vision.

- "embody and promote"** **Embodying** a rights-based approach means applying it to *processes* as well as products/goals.
Promoting a rights-based approach means *advocating* with and *educating* partners, especially government, on rights-based approaches to gender equality in health
- "rights-based approach"** Rights-based approach prioritises **autonomy, agency, participation and empowerment** – it puts the client (the individual human) at the centre of the work.
- "partners and communities"** A focus on partners and communities is a key principle of IGPH's programming model.
- "building knowledge"** Building knowledge refers to the **generation** of knowledge related to gender equality and health equity, and the **sharing** and understanding of important information that is represented by the 'knowledge translation' strategy in the IGPH programming model.
- "evidence"** Reflects the contribution of IGPH's **program science** and **knowledge translation** strategies.
- "health equity"** Explicitly places this work in GE within the **broader mission of IGPH**: the achievement of health equity.



STRATEGIC COMMITMENT, GOALS AND OBJECTIVES

This section provides the narrative explanation for the Strategic Commitment, each goal, and associated objectives. For additional information, including actions, accountability, indicators, and timeline, see the Implementation Plan section.

STRATEGIC COMMITMENT

Each IGPH thematic team will develop and deliver on a gender integration roadmap for their thematic work that is at minimum gender intentional and includes either targets or identified potential areas for gender transformative integration.

The ultimate purpose of this Strategy, as stated above, is for the work of IGPH to integrate gender equality more consistently across its work to achieve greater impact towards health equity. This includes its work across its Core Elements (research, programming, technical support, and education) and within each thematic area (MNCH, nutrition, HIV/AIDS, etc). To achieve this impact, each thematic area team will work to draft a 'gender integration roadmap' specific to the work in their thematic area that will identify their targets for gender integration and the steps, or 'roadmap', they need to take to achieve those targets.

Putting the Horse before the Cart

The Strategic Commitment must be built upon the emergent outcomes of the three Strategic Goals described below and must accommodate space **for each thematic area to define its own targets and roadmap for success**. This means that the targets and roadmaps for the Strategic Commitment will be developed over the course of the first year of the Gender Equality (GE) Strategy implementation. This timing is important for several reasons:

- Roadmaps developed for the Strategic Commitment must be aligned with the Gender Equality Vision and Mission of IGPH, and therefore must be built on a broad and **strong understanding of the driving elements of both** among the staff of each thematic team.
- Each thematic area at IGPH has made unique progress in gender integration, faces unique challenges specific to their focus, and will **identify distinct opportunities** for strengthening gender integration – unique targets and roadmaps are needed to produce results and **generate ownership** within thematic teams.
- The identification of distinct targets and the development of each roadmap **requires strengthened capacity and knowledge**; and the delivery on those targets will require strengthened capacity, communication, and availability of supportive resources for gender integration.

1

Year 1: Thematic review and target-setting

Thematic teams collaborate to review their portfolio and identify areas in each of the Core Elements (research, education, technical collaboration, program delivery) where gender integration can be strengthened.

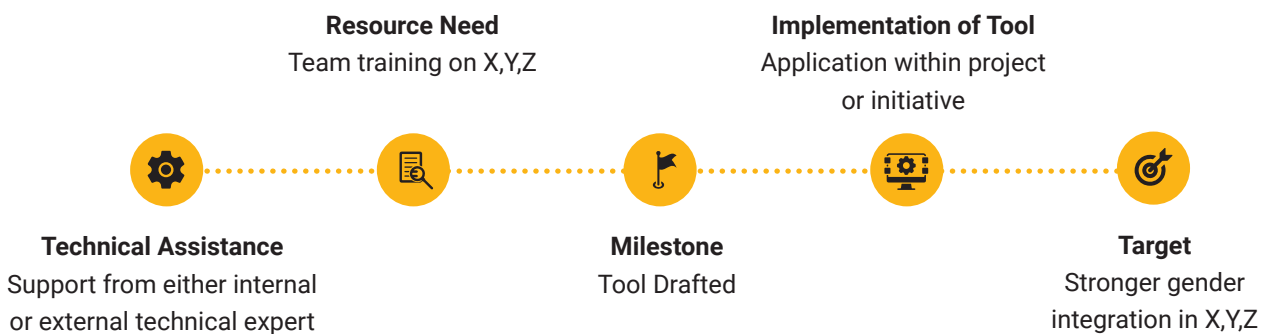
- At least one target is set for each Core Element.
- The targets must be at least gender intentional, and each team should identify at least one area where they can explore more gender transformative integration.
- The process of identifying the targets should be collaborative and involve participation from across the thematic teams.
- Targets can be attached to elements of specific initiatives, for example “greater integration of gender in data collection tools for ‘project X’”, or “purposeful inclusion of male engagement activities/strategy in ‘project Y’”. They can also be more general and apply more broadly to a thematic area. For example, “development of a communications tool with ‘government X/ Ministry Y’ on gender diversity and HIV.”

2

Year 2: Roadmap and Action Planning

Each thematic team creates a roadmap to achieve each of their targets, including an action plan that identifies needs, actions, milestones and accountabilities. A roadmap includes a goal or target, and the actions and key milestones that are required to achieve that goal or target (see example below). As a part of roadmap development, each team will map out the specific resources and supports they need and will align this with the work being planned and implemented for the three Strategic Goals (capacity building, communication, and tools/resources). This will ensure that teams are well-prepared to execute their roadmaps with the right resources, capacities and tools for gender integration.

SIMPLIFIED ROADMAP



3-4

Year 3-4: Implementation and Achievement

Thematic teams implement their roadmaps with the support of the GE technical inputs provided in Strategic Goals, then measure and assess targets. Teams should be constantly revisiting their roadmaps and making adjustments as needed. For example, if there are delays in deliverables under Strategic Goal 3, some of the tools or resources needed to move forward in the roadmap might be unavailable and the team will have to adjust their timelines/milestones. *Remember: The achievement of these roadmaps and targets will depend heavily on the successful delivery of support outlined in the three Strategic Goals!*

Recommendations

- The most consistent finding of Phase I was the need for capacity, tools and resources to support IGPH teams. It was found that while they understand the importance of gender integration, they lack the skills and tools. Each roadmap and targets must be developed as these skills and tools are built and socialised across teams.
- The process of target identification and roadmap development should be consistent across each thematic team, ideally facilitated through the same process.
- Staff, leaders, management, researchers can be members of multiple thematic teams – the priority is that teams are composed of those who are most able to identify and set feasible and meaningful targets.
- Targets should meet the same criteria as Strategic Goals: greatest impact, most urgently needed, and achievable.
- Targets for this first Gender Equality (GE) Strategy should balance ambition and feasibility – they should be achievable within two years of implementation and with the resources that have been committed from IGPH leadership.





STRATEGIC GOAL 1

IGPH colleagues and associates understand gender and have the capacity to integrate gender into their work and explore opportunities for gender transformative elements.

As noted in the GE assessment conducted in Phase I of this engagement, IGPH faculty, staff, research associates and senior leadership of partners are all eager to integrate gender equality into their work. The strategic focus therefore, should be on building understanding and capacity, rather than on generating 'buy-in'. Accordingly, one of the three Strategic Goals focuses entirely on providing capacity-building opportunities for IGPH team-members to integrate gender equality into their work. The objectives that support this goal include internal capacity building, external opportunities for capacity building, and peer support for collaborative capacity building.

Objective 1.1: GE capacity building is provided on an ongoing basis.

One of the most important commitments that IGPH can make to support the consistent and quality integration of gender across its work is to deliver capacity building tailored to the programming model and specific needs of IGPH colleagues. According to the GE assessment, there was not only an incredible appetite for capacity building amongst IGPH colleagues, but also quality gender equality training and capacity support, which is demonstrated to be a significant driver of institutional change and effective gender integration³. This objective represents the largest investment under Strategic Goal 1 and refers to those capacity building opportunities provided by IGPH itself, either through existing expertise and time, or through the tailored services of a consultant/firm.

The focus of the capacity building program should be to build confidence and capacity to integrate gender sufficiently to ensure that IGPH work across its program model is *at least* gender intentional. But there is also great interest amongst IGPH colleagues for a greater understanding of gender *transformative* programming and how to identify opportunities to integrate transformative approaches within the work of IGPH. The gender equality capacity building program will therefore provide the foundational skills/knowledge to achieve gender intentional integration but will also provide the knowledge and skills for IGPH colleagues to recognise where transformative change is needed and possible.

During the first year of the strategy implementation, a capacity building program and action plan will be designed that identifies the specific training topics and materials, assesses what materials can be drawn from existing programs in the sector (including partners) and what needs development, who will participate and when, the budgetary requirements, and various roles and responsibilities.

³<https://www.unwomen.org/en/digital-library/publications/2015/9/training-for-gender-equality-twenty-years-on>

Recommendations

- The capacity building program should include, but not be limited to, the following topics:
 - Foundational gender equality training across all four Core Elements of IGPH work (gender equality concepts, gender as a social determinant of health, gender in the project cycle, etc) – including strategies for communicating externally about gender equality and public health (see Objective 2.2);
 - Gender analysis frameworks and methodology.
 - Measuring gender equality: best practices for integration into MEL design and methodologies.
 - Gender integration in research design and methodologies (including research question design, tool development, data collection processes, data analysis and dissemination of results).
- The GE capacity building plan should be very closely aligned with the development of tools and resources under Strategic Goal 3. Capacity building and training investments should also serve as opportunities to socialise tools, frameworks, standards, and other resources developed under this strategy amongst IGPH colleagues.
- The capacity building program should take into consideration the benefits of having multiple points of engagement over time, gradually building on knowledge and capacity. Not only is this best practice in terms of achieving sustainable changes in practice, but it also accommodates colleagues with considerable workloads and demanding schedules.

Objective 1.2: External opportunities for GE training and capacity building are accommodated and supported

Tailored and internal capacity building opportunities are important to ensure that the specific needs of IGPH colleagues are met, however providing support for colleagues to access external training and capacity building opportunities is important for several reasons. First, it is not feasible for IGPH to meet all the specific and distinct needs of its colleagues, in particular those working in specialised areas wherein the needs are specific and limited in terms of demand across IGPH. Second, external training and capacity building opportunities are an important way for IGPH colleagues to gain exposure to sector best practices and to be consistently developing their gender integration skills.

IGPH will develop a proposal template and review process for colleagues to use when they have identified an external capacity building opportunity. A pool of funding will be set aside to support these opportunities, and expectations for share-back and/or reporting will be established. Improvements and increases in virtual and asynchronous training opportunities post-pandemic means that there can be many opportunities for GE/health trainings for a relatively low investment.

Recommendations

- External training and capacity building opportunities should be carefully reviewed to ensure that they are 1) aligned with IGHP gender equality strategy; 2) have a direct and demonstrable application to the work of the employee.
- IGPH should take advantage of its global partnerships with academic and global health institutions to explore external capacity building and training opportunities.
- Being supported to access external professional development opportunities can be a powerful tool for empowering and building the commitment and capacity of junior staff especially. IGPH can consider investing strategically in staff who are likely to grow with the Institute.
- Share back and learnings should be integrated into the community of practice established in Objective 2.3.

Objective 1.3: Gender Equality mentorship is provided to targeted staff

One of the most common reflections that emerged from the GE assessment was the importance of *ongoing* and *consistent* support for GE integration. Capacity building opportunities in the form of trainings and workshops are important, and these must be offered regularly, however there is also an extremely rich amount of experience embedded within IGPH teams specifically in GE integration across health programming and research. IGPH will set up a mentorship program that is flexible and responsive to the existing skills and interest of IGPH staff. A set of criteria for mentor selection will be developed and distributed and interested staff will be selected and paired with mentees that have expressed interest. Areas of mentorship will ideally be distributed across the core elements of IGPH program model, however, will be dependent on interest and availability.

Terms of reference will be developed to ensure that roles are clear, time allocation is formalised, and incentives are established. The mentorship program will be evaluated each year, and participation renewed as needed for both mentors and mentees.

Recommendations

- Contributions to a mentorship program should be built into the level of effort of participating staff, meaning that it cannot be an additional responsibility, but rather an explicit role that is clearly signposted in terms of time allocation, accountability, is incentivised, etc.
- Mentorship for GE should be carefully considered – mentors must be familiar with and implementing best practices for gender integration in their field and are fully aligned with IGPH GE Strategy Vision and Mission statements.
- An effective way of ensuring that paired mentors/mentees are investing an appropriate and feasible amount of time is to allow each pair to determine the frequency and timing of their meetings themselves. These can be tracked to monitor time investment and to evaluate the program.



STRATEGIC GOAL 2

IGPH colleagues and associates are able to effectively communicate about gender equality in their work, both internally within IGPH spaces and externally with partners and stakeholders.

Effective communication about gender integration is very important for several reasons. First, it creates opportunities for learning and providing support to meet challenges and build on successes. And second, it can motivate and support partners and stakeholders to adopt strong gender integration approaches. These two reasons are distinctive in that the former is concerned with internal opportunities (including collaborative partners) for communication about gender integration and the latter is focused on external communication – but they are also very connected, because they both share a common goal of strengthening and widening a sphere of influence and learning related to gender integration in public health. IGPH colleagues identified both of these elements as priorities that they want to see addressed in the GE Strategy.

Effective communication about gender integration in the work of IGPH and more broadly on gender equality in public health (both as a right and a social determinant of health), requires opportunity, skills, practice and resources. This goal therefore overlaps with Goals 1 and 3 in that it requires capacity building elements as well as resource development elements.

Objective 2.1: GE community of practice is established in IGPH to effectively communicate internally on GE integration

A community of practice (COP) is an informal but organised collection of people that purposefully engage for shared goals of learning and sharing. This COP will provide an opportunity to learn about how other professionals communicate about gender integration in public health work, a chance to practice communicating about IGPH's gender integration work, and of course an opportunity to share resources, lessons, and challenges with global partners.

During year 1 of the strategy implementation, a COP working model will be developed, including its purpose/ outputs, frequency and platform for meetings, participation, and facilitation. IGPH staff will be informed and recruited for participation and will validate the COP model. Global collaborative partners will be introduced to the COP and representatives recruited for participation.

A Community of Practice is a group of people who share a common interest, or have a set of related goals, and come together to learn, share information, and reach their individual and group objectives.

The result of an effective CoP is the creation of new knowledge that advances an area of professional practice, as well as the development of a close community whose members frequently interact. – Research Impact Canada

Recommendations

- The COP working model (purpose/outputs, etc.) should be developed using participatory methods once an initial membership is identified.
- A COP should have consistent leadership and administrative support to be well-organised and fruitful for participants. This will require the consistent support of technical and admin/management staff, and consistent participation from representatives of the IGPH leadership team to validate the group and to demonstrate its importance.
- A repository of resources should be included as an output of the COP on a shared and accessible platform (ie, Dropbox, Google Drive, etc.). This should be accessible to COP members/participants but should also be made available to all IGPH staff, affiliates and partners.
- COP can be a host for structured learning and sharing sessions that are open to participation beyond COP members (open for staff, associates, partners).

Objective 2.2: IGPH staff and associates are supported to effectively communicate externally on GE

As one of the Key Principles of the IGPH programming model, partnerships have a high profile in the work of IGPH. The assessment revealed a strong need amongst IGPH staff and colleagues for the tools and support to effectively communicate with government, community and implementing partners about IGPH's approach to gender integration and about gender equality in public health more generally.

There are two elements that will contribute to the achievement of this objective. The first is the development of a communications primer (a short, informative piece of writing). This primer will include accessible and 'decoded' explanations of the Vision and Mission statements for the IGPH GE Strategy and how they relate to the IGPH program model, a summary of key international normative frameworks that support this approach. It will also explain why IGPH has developed a GE Strategy, helpful global evidence related to gender equality and public health, key resources for additional learning, and an explanation of what to expect from the implementation of the GE Strategy. The primer will be translated and disseminated amongst IGPH staff and through regional hubs, and accompanied by webinars/workshops to introduce, socialise and explain how the primer can be used to support communication with external community and government partners and stakeholders.

The second element is to ensure that communication strategies are included in the capacity building program developed in Objective 1.1. This can mean introducing and exploring different ways, in different contexts, of sharing IGPH's work in gender integration, it's GE Strategy, and more broadly how to navigate discussions on the role of gender equality in public health (as a human right and as a social determinant of health).

Recommendations

- Writing a primer is a specific skill that simplifies and summarises content without diminishing the intent of the content. IGHP can consider engaging a writer/designer to conceptualise, develop and test the primer.
- Contextualising and testing the primer for use across IGPH regions should be included in the plan for its development – visual or conceptual devices used to explain the content of the GE Strategy may need to take different approaches for use in different regional contexts, and varying gender norms, stereotypes, policies, and laws may need to be considered.





STRATEGIC GOAL 3

IGPH colleagues and associates across core elements of work (technical, education, programming, research) have access to and are able to use appropriate tools and resources for the integration of gender into their work.

The achievement of sustainability for the GE Strategy is paramount: IGPH must apply consistent standards and approaches to its work that are accessible by staff and accounted for by leadership if it is to realise consistently strong gender integration across its work now and in the future. Key to the achievement of sustainability is the development of tools and resources that provide flexible and accessible guidance across the core elements of IGPH's work: research, education, program delivery, technical collaboration. This was also a very strong element in the assessment findings, as well as a highly prioritised need during strategy development workshops: IGPH staff and colleagues are looking for comprehensive and accessible tools and resources that provide practical guidance on integrating gender into various aspects of their work and can be picked up as/when needed.

The development of any tools or guidelines must be aligned with the Vision and Mission statements for the IGPH GE Strategy and should reflect the principles of IGPH's program model (key partnerships, sustained engagement, focus on community priorities). Central to the uptake and success of these resources will be their accessibility and relevance to staff (and potentially implementing partners) – this means that they will be developed with the end user in mind and will be validated and tested with specific staff to ensure their accessibility and relevance. Nevertheless, it is important also to acknowledge the tremendous availability of existing resources and best practices in the health sector for gender integration and to ensure that IGPH is not only finding efficiencies by adopting tools that are a good fit, but also building on and learning from sector best practices as it compiles its toolkit for staff.

Objective 3.1: Fit for purpose tools and resources for gender integration are available to staff and associates working in each of the core element areas

This repository of tools and resources can be an evolving space constantly being enhanced, responding to the growing needs of IGPH's work. As a starting point, a mapping exercise will be conducted to understand the distinct needs across IGPH's core elements, each of which will require different types of tools and resources. For example, tools and resources supporting program delivery will need to address gender integration in program design (proposal writing, monitoring and evaluation, implementation processes), whereas tools and resources supporting research work will need to explain how gender can be effectively integrated into research design,

data collection and analysis, findings dissemination – and how gender bias can be recognised in and mitigated against by research teams⁴.

Once a mapping is conducted, an audit of existing tools and resources within the sector will be done to identify what is already suitable for IGPH’s work and what needs to be developed and/or adapted to be fit for purpose at IGPH and specifically for each core element of the model. There is important overlap with Objective 1.1 here: once resources have been identified and/or developed, they must be socialised through training/capacity building moments to build awareness and confidence for uptake.

Recommendations

- Tools/guidelines should include a framework for gender integration that is aligned with the GE vision/mission of IGPH, aligned with the gender analysis framework, and sufficiently flexible to be applied across all four core elements of IGPH’s program model.
- Accessibility will be key to achieving uptake – any tools that are identified for use by IGPH should be evaluated both on their alignment with IGPH’s vision and mission for GE in health, but also on the accessibility of the tool itself and its applicability to the core elements of IGPH’s work. Development of new tools should be done with an explicit aim for accessibility and validated for their accessibility by the relevant teams (education team, research team, program team, technical team).
- The plan for tool development might take a staggered approach and should be considered an ongoing effort across all four years of the strategy, depending on the scope of tools required for development.

Objective 3.2: Gender analysis framework and guidelines are available

One of the greatest tools of gender integration within the work of IGPH would be to apply gender analysis across processes. Gender analysis is considered to be an essential component of health programming for several important reasons: 1) gender-related barriers and risks in seeking and accessing health services and information must be understood in order to *do no harm*; 2) gender intersects with other social determinants of health in every community and practitioners and policymakers need to understand and address this to ensure the *full realisation of health rights*; 3) examining gender from both the demand and supply-side of public health is a powerful and necessary way to *build an evidence base* for stronger gender integration in health systems.⁵

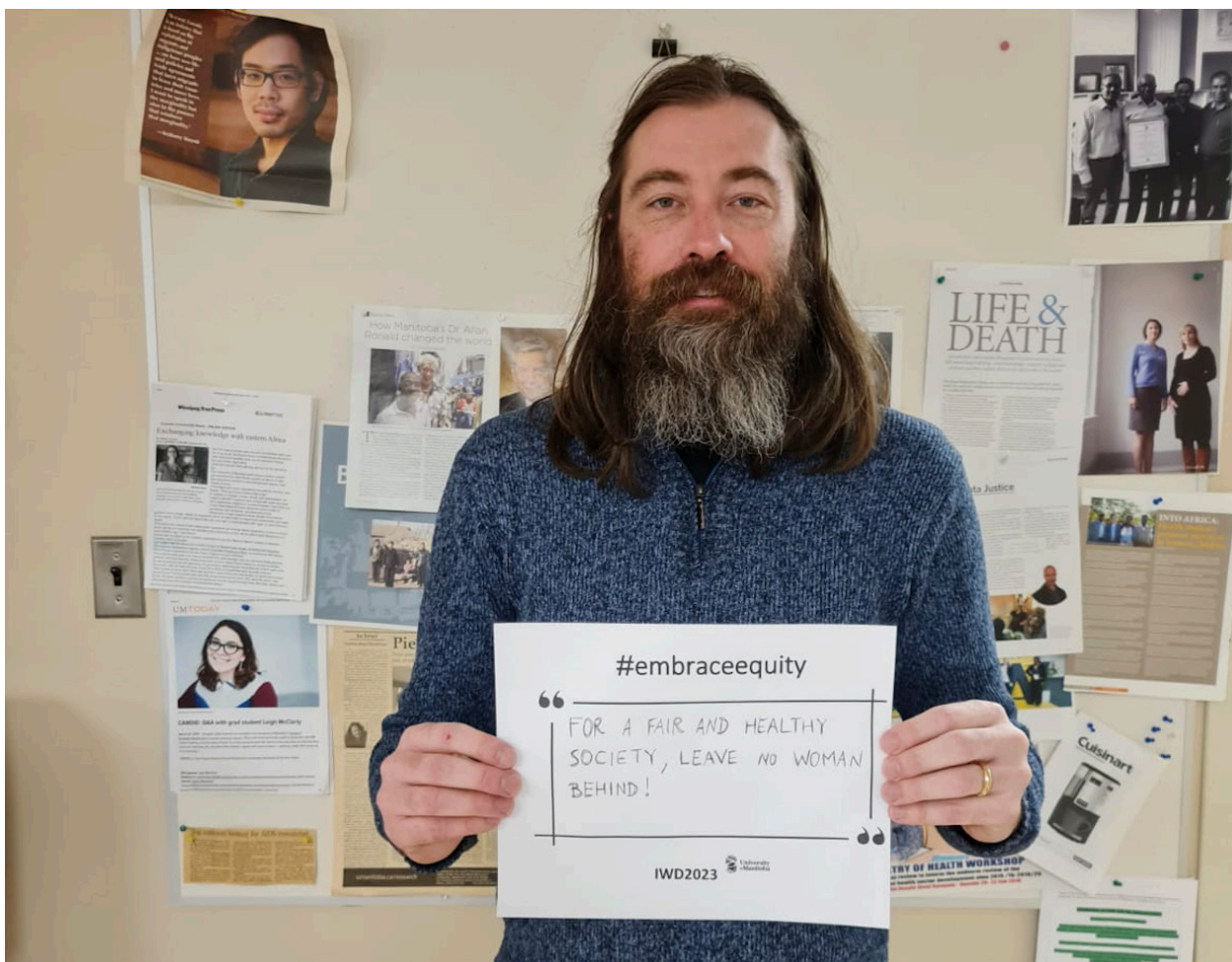
Gender analysis is a process that can be, at one extreme, extensive and incur considerable cost and investment, and at the other can be a simple and accessible exercise that is incorporated regularly into management and implementation processes. A good gender analysis framework can provide a foundation and guidance for different needs and purposes across that spectrum – from deep and rigorous data collection and analysis to discussions at regular touchpoints across ongoing processes. In order to meet the needs of IGPH across its work in the four Core Elements, a gender analysis framework will be developed that will be flexible enough to meet a variety of purposes and intensities, while at the same time providing a level of consistency in approach that aligns with the vision and mission for the Institute’s GE Strategy. This framework can and should be informed by best practices and the many gender analysis frameworks that have been developed for public sector and health sector work in general.

⁴https://www.ki.si/fileadmin/user_upload/KINA24840ENC_002.pdf
⁵https://academic.oup.com/heapol/article/32/suppl_5/v1/4718143

Key to a successfully applied gender analysis framework is its effective socialisation. Like other objectives above, the introduction of the gender analysis framework can be incorporated into the capacity building opportunities in Objective 1.1 and also can be aligned with opportunities created in the COP of Objective 2.1.

Recommendations

- Gender analysis guidelines should include a lot of scope for GA – including, as mentioned above, comprehensive and intensive gender analysis, but also how gender analysis should be integrated into processes throughout the project cycle.
- Like the tools in Objective 3.1, accessibility will be key for uptake – guidelines should be validated by various teams to ensure they are fit for purpose, accessible and effectively reflect the needs of their work.
- Gender analysis framework and guidelines must be sufficiently flexible to serve work across a variety of contexts, and should provide guidance on how to contextualise tools and approaches to address, for example, different intersecting factors of identity in different communities, various legal environments, etc.



DEVELOPMENT GOAL

IGPH Develops and implements policies and processes that promote gender equality within IGPH and its work in global health.

IGPH's commitment to gender equality should be reflected in its organisational culture and staff. The importance of gender equality considerations in human resource management and policies were raised in the staff survey administered during Phase I of this process to assess gender equality programming needs.

This development goal has been included in this strategy to respond to the needs of IGPH staff and recognise the obligations of management to apply a gender lens internally. It will serve as a starting point to this process, which will be developed concurrently with the implementation of the GE program strategy outlined above. It will recognise the diverse identities of the IGPH staff and the specific challenges and opportunities they bring. Similarly, new staff should be hired in accordance to the equity, diversity and integration policy of the UM. While the IGPH is part of the UM structure and must adhere to institutional policies, it must also be acknowledged that the work done by IGPH staff may pose unique situations (such as travel abroad) that may need specific interpretation of existing policies. A review of existing policies and adaptation to IGPH needs is required.

The following three objectives describe the initial commitment of leadership towards this process, and will provide the foundation for the further development of this strategic goal.

Development
Goal Objective

1

A full gender equality organisational audit is conducted, done with consideration of the University of Manitoba and the Faculty of Health Sciences, and a set of recommendations/needs is identified.

An organisational gender equality audit is conducted to determine the adequacy and effectiveness of existing policies, the needs and perspectives of IGPH staff, the options and processes for revising existing policies and developing new policies and recommended next steps.

Development
Goal Objective

2

Policies and process are revised and developed according to audit recommendations and leadership priorities/resources.

Existing UM policies are revised, and new policies and processes are developed to promote gender equality keeping in mind the unique function and role of the Institute.

Development
Goal Objective

3

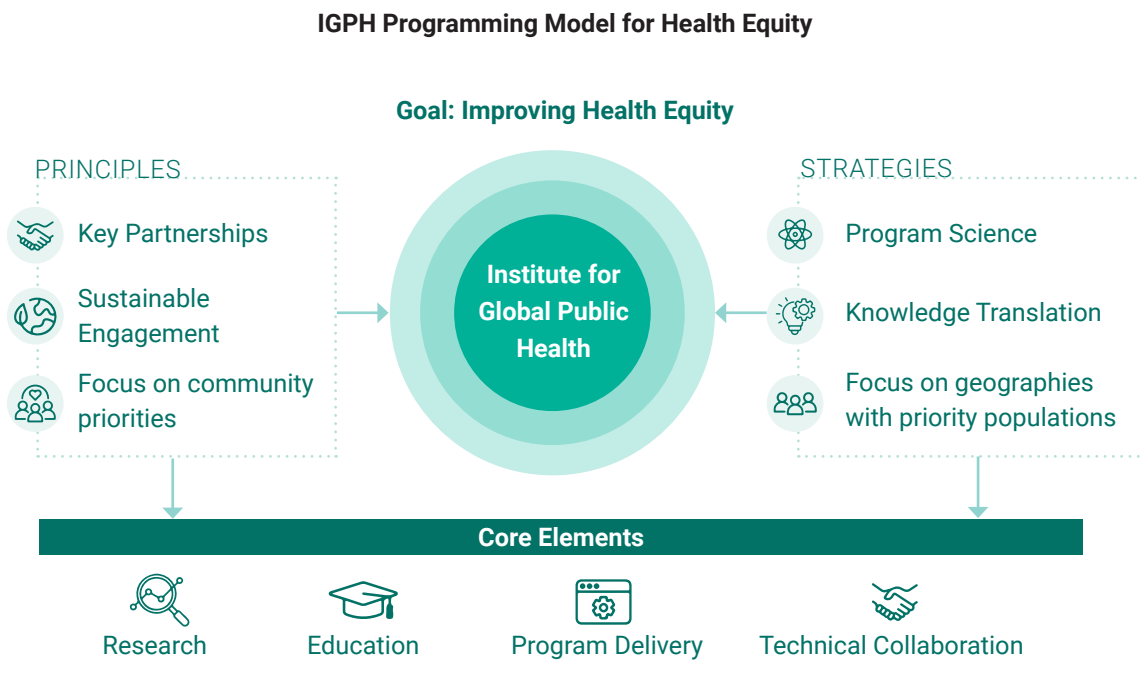
The revised policies and processes are shared among the staff and implemented.

As mentioned above with the goals 1-3 included in the GE Strategy, the success of revised institutional policies will depend on its socialisation. The Gender analysis framework can be introduced into the capacity building opportunities in Objective 1.1 and also, be aligned with COP opportunities in Objective 2.1.

SCOPE OF IGPH'S GE STRATEGY⁶

What areas of work does the GE strategy address?

The IGPH GE Strategy is intended to address gender equality integration in IGPH's model for improving health equity. This includes the guiding principles (key partnerships, sustained engagement, community-focused), the strategies employed (program science, knowledge translation, priority populations), and of course the core elements of its work (technical collaboration, education, research, program delivery).



Principles

The GE Strategy reflects the principles of the IGPH program model and will keep those front and centre during various design and implementation phases.

For example:

- **Communication and key partnerships:** A significant challenge identified during Phase I was effective communication with key partners on issues of gender equality. Strategic Goal 2 will examine who these partners are and what is needed in order to effectively communicate the gender equality vision and mission (and approach) so that these partnerships are strengthened through the implementation of the strategy.
- **Sustained engagement and understanding opportunities for transformative change:** Each team would be required to identify at least one area in their thematic work to explore gender transformative integration around longer-term structures of engagement. While the roadmap implementation period is only years three and four, this target can be a first step for working towards transformative change through sustained engagement.

⁶Note that this discussion is based on the *Proposal to Establish the Global Institute for Public Health and the IGPH overview - RFHS Deans Council - February 16 2021* provided to the consultant by the GE team.

- Focus on **community priorities** and training on intersectionality/gender: Ensuring a strong understanding and response to intersectionality will be important in both the gender capacity building activities (Strategic Goal 1) and in the tool and resource development (Strategic Goal 3) in order that the real gendered needs and priorities of the community are understood and integrated.

Strategies

The IGPH GE Strategy should be delivered in a way that supports the central strategic pillars of the Institute's work which is, fundamentally, about knowledge generation and translation from and to populations most in need of improved health equity.

For example:

- **Program Science** through training for gender analysis and gender integration into programs and research. As gender equality systems and tools are built into different elements of data collection analysis and program design and delivery, there is a great opportunity to learn, contribute to the community of practice, and to strengthen the evidence base for stronger gender integration into programming and initiatives more broadly.
- **Knowledge translation.** This is intrinsically linked to communication and to community priorities. It begs the questions: Who defines 'knowledge? Who owns it? What is the purpose? How do we understand and communicate gender equality knowledge? What role does IGPH play in finding ways to generate and translate knowledge about gender equality and health equity to key partners in the health sector?

Core Elements

Perhaps most importantly, the implementation of the GE Strategy will purposefully reach into each of IGPH program model's Core Elements. This will be reflected in each roadmap and strategic goal by ensuring that the capacity building program, the communications structure and mechanisms, the tools and resources developed are tailored to, or have tailored elements for, each of these very distinct - yet interconnected - areas of work. Certain strategic goals will be more relevant for different Core Elements.

Who is the GE strategy intended to apply to?

The IGPH has a cascading and complex human resource structure, and it is important that a shared understanding is established about who is accountable for this strategy, as well as who should be guided by and benefit from this strategy. The strategy has been organised in a phased approach, wherein the staff and faculty of IGPH are initially responsible, accountable and beneficiaries of the strategy, which then can be extended in a targeted and contextualised way to IGPH partners in various regions and countries.

Core Team and Full-Time Faculty and Team

IGPH's core team and full-time faculty will be responsible for the implementation of the GE Strategy and accountable for its success (including indicators for each objective area and activity), including adequate resourcing (human, financial, LOE) to support teams in their associated responsibilities included in the GE Strategy.

Research and Administration Staff

Research and Administration Staff will have varying responsibilities for the GE Strategy depending on their role and team affiliation but will include the implementation and socialisation of GE Strategy products (guidelines, tools, etc). This will include overall implementation (delivery on objectives and activities) and ensuring update and integration across the areas of work they supervise.

Associate Part-time Faculty Members

Associate part-time faculty members will be guided by and will benefit from the GE Strategy in terms of the quality of gender integration in their work. They will be responsible for integration of GE Strategy products into their work for IGPH but will not be responsible for its implementation beyond their limited contract responsibilities. They will be also responsible for socialising their research and program teams in countries where they work on the GE Strategy and supporting them in implementing the strategy.

Regional Hub Directors

Affiliate organisations with offices in countries have played a key role in development of this strategy. Their role will be to review and understand this strategy and discuss with their boards on the need for a similar strategy for their organisations. Though these organisations have independent boards, their close association with IGPH, make them accountable to implement this strategy in programs and research which are supported by IGPH.

What are the limitations to the Strategy's Scope?

The scope is limited for several important reasons. First, as the inaugural GE Strategy, the success of its implementation will be essential to establish 'buy-in' and build commitment from IGPH staff at all levels. Gender integration requires extra work, extra time and extra resources – and ensuring that there is strong and accountable follow-through on the commitments in the strategy will build confidence amongst colleagues for this continued investment in gender integration.

Gender Equality Considerations in Organisational Policy/Management

The focus of this undertaking has been on the integration of gender considerations into the *work* of IGPH: programming, research, technical support, education. This process of analysis and strategy development by design did *not include* elements related to human resource management and policies related to gender in the workplace. The importance of these have been acknowledged and included in the form of a development goal (a goal requiring further development and action). A broader assessment of organisational culture and practice – via a full gender equality organisational audit – will be required to address these elements. This will need to be done in concert with the UM and the Faculty of Health Sciences.

Potential Resource and Financial Constraints

This strategy was developed outside of the parameters of a fixed and approved budget and timeline for support of the strategy. While the criteria agreed upon in the setting of goals and commitments included 'feasibility', the goals and actions within the strategy will only be realised to the extent that they can be adequately resourced. Resource constraints, both those within and outside the control of IGPH leadership, may impact the achievement of the strategy as the implementation plan is further detailed and budgeted, and this would have limiting effect on the scope of its impact.

IMPLEMENTATION PLAN FOR IGPH'S GENDER EQUALITY STRATEGY

This detailed implementation plan is a starting point that must be further detailed internally by the IGPH core team and Gender Working Group, including assigning specific faculty and/or staff as responsible or accountable for the implementation of each objective, agreement on the distribution between internal faculty/staff and external consultants for execution of specific actions, and negotiating a budget accordingly. In addition to the plan below, the following should be considered as a more detailed workplan is developed and implemented:

- It is important not to overburden staff with additional responsibilities related to GE Strategy implementation. A commitment to the strategy needs to be accompanied by adequate resources to hire or engage external support. Considerations for this should be managed from the outset, and budget/time restrictions can and should lead to adjustments in expectations for prioritising strategic objectives and timelines.
- Transparency is key to the implementation of a successful strategy: staff and associates should be regularly updated on strategy implementation, and also of course investment needs to be made to ensure that products and processes developed through the strategy are socialised in a way that ensures uptake amongst staff and colleagues. This is included in many of the actions, however it must be kept in mind as adjustments are made and additional resources are identified/developed.
- Faculty and staff have multiple pressures and occupy varying time zones, which will present challenges in alignment for some activities in the strategy. Using flexibly accessed resources (for example synchronous and asynchronous learning opportunities; ad hoc or 'on demand' mentoring and support) are considered throughout the design of the strategy and should continue to be top of mind during implementation.
- The data collected during Phase I and II of this strategy development process should be revisited when determining the detailed design of the three Strategic Goals. For example, when developing the capacity building plan, the results of the consultations should inform how topics and focus can be determined.

Accountability

Monitoring and assessment of results should be structured around a performance measurement plan based on the finalised and validated implementation plan. Draft indicators have been included in the plan and can be adjusted and revised as any changes are made to the implementation plan. A baseline can be conducted at the outset of the strategy's implementation and targets can be set based on an analysis of baseline results. Subsequent data collection points for monitoring should be included at mid-point (Y2) and upon completion of the four-year strategy period.

Additional elements of accountability:

- Ultimate accountability for the implementation of the GE Strategy is the Director and the GE Working Group.
- Progress is formally reported to the IGPH Core Team, Board of Directors and also partners through the annual report. This input to the annual report is produced by the GE Working Group and the Core Team.
- The GE Strategy progress update is included as an agenda item on IGPH management meetings.
- A GE Strategy progress report is included in annual board meetings.
- GE Strategy updates are regularly provided to IGPH Core Team
- Progress updates are provided regularly to IGPH staff and associates, using pre-determined avenues (monthly newsletter, GE COP meetings, etc).

Implementation Plan

Strategic Commitment

Each IGPH thematic team will develop and deliver on a gender integration roadmap for their thematic work that is at minimum gender intentional and includes either targets or identified potential areas for gender transformative integration.

Indicators:

- Level of achievement towards set targets across all thematic teams.
- Level of achievement towards set actions and milestones for all thematic team roadmaps.

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
Targets are set for each thematic area	Thematic teams are determined (note that one person can advise on more than one thematic team)	GE Working Group	Themes are defined Thematic teams are identified	Staff time	x			
	Process for thematic review, target setting, and road mapping is set	GE Working Group	Guideline/template is completed	Staff time (potentially) external consultant to design process/template	x			
	Portfolio is reviewed and targets are set for each Core Element in the thematic area	Thematic Teams	Targets are set for each Core Element in each thematic area. Degree to which targets meet criteria set for strategic goals: greatest impact, most urgently needed, and achievable No. of targets that are gender intentional No. of targets that include gender transformative elements	Staff time (potentially) external consultant to facilitate	x			
Roadmaps for Achievement are created	Each thematic team determines a roadmap for their targets, including milestones, required resources and support, responsibilities, timing.	Thematic Teams	No. of completed roadmaps	Staff time		x		

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
	Roadmaps are cross-checked against strategic goals 1-3 to identify where intersecting needs exist and how/when those actions related to those goals can support each roadmap Additional resource needs are identified	Thematic Teams, GE Working Group	No. of roadmaps with completed description of resource/support needs and sources	Staff time		x		
	Roadmaps are validated and approved by GE Working Group and Core Group	GE Working Group/Core Group	No. of approved roadmaps	Staff time		x		
Roadmap are Implemented Successfully	Necessary resources are provided/allocated by leadership	Core Group, GE Working Group	Level of resource needed for each roadmap that is met by leadership	Resources (financial, technical, time)			x	x
	Actions/steps in roadmap are implemented	Thematic Teams, GE Working Group	Level of achievement of milestones/timing	Staff time Technical support (overlap with Strategic Goals) (potentially) external consultant for specific needs			x	x

Implementation Plan

Strategic Goal 1

IGPH colleagues and associates understand gender and have the capacity to integrate gender into their work and explore opportunities for gender transformative elements.

Indicators:

- % of IGPH faculty and staff with an increased understanding of key gender concepts and gender integration strategies
- Level of improvement in gender integration across targeted IGPH products in each Core Element area (document audit)
- Level of confidence of faculty and staff in their ability to integrate gender equality in their specific area of work
- Ability of faculty and staff to recognise/identify opportunities for gender transformative integration in their specific area of work

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
1.1 GE capacity building is provided on an ongoing basis	Capacity building program is designed, including identification of topics, participants (faculty, staff, partners), human and financial resourcing, detailed timeline.	Director and GE Working Group	Completed and approved CB program design and budget	External consultant GEWG	x			
	Materials and resources are identified and/or developed for selected topics	Director and GE Working Group	Materials mapping completed Materials developed as needed	External consultant(s)	x			
	Capacity building activities are implemented with IGPH faculty and staff	Director and GE Working Group	No. of capacity building activities conducted, by topic/theme No. of IGPH staff trained Level of satisfaction of IGPH staff with training	External consultants Faculty/staff Travel and venue costs		x	x	
1.2 External opportunities for GE training and capacity building are accommodated and supported	Capacity building opportunities are identified by IGPH or individual faculty and staff and shared with IGPH staff, associates and partners	GE Working Group	No. of requests from staff for external training opportunities No. of learning and training opportunities shared by IGPH	Internal staff	x	x	x	x

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
	Staff are supported (either financially or with allocated time) to pursue opportunities relevant to their work at IGPH	Director	No. of staff who access external training opportunities Level of satisfaction (perception of usefulness?) of staff with external training	Budget for registration fees Trainee time allocated (LOE)	x	x	x	x
1.3 Gender equality mentorship is provided to targeted staff	GE Mentor and mentee criteria is developed and mentors/mentees are identified	GE Working Group	Criteria developed No. of mentors identified No. of mentees identified	External Consultant (support from faculty/staff)	x			
	Mentor TORs are developed, including scope of role, level of effort, compensation	GE Working Group and Director	TORs developed	External Consultant	x			
	Mentorship space is facilitated and organised by IGPH	GE Working Group		Internal management and administration staff LOE		x	x	x
	Ongoing mentoring meetings are conducted	GE Working Group	Frequency of meetings Level of satisfaction of mentor and mentees with mentorship experience.	Internal staff		x	x	x

Implementation Plan

Strategic Goal 2

IGPH faculty and staff are able to effectively communicate their commitment to gender equality both internally within IGPH spaces and externally with partners and stakeholders.

Indicators:

- Frequency reported by faculty and staff of using the content of the primer to communicate IGPH's approach to GE (disaggregated by audience – government, communities, implementing partners, etc)
- Level of confidence of faculty and staff in their ability to communicate effectively about gender integration in the work of IGPH.

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
2.1 GE community of practice is established in IGPH to effectively communicate internally on GE	Develop community of practice working model and action plan.	GE Working Group	Working model and action plan are produced and approved	External Consultant GEWG	x			
	Inform and recruit IGPH staff and associates to attend/participate in COP. Inform and recruit representatives from key Global Partners to attend/participate in COP.	GE Working Group	No. of participants recruited for COP from IGPH No. of participants recruited for COP from Global Partners	Faculty GEWG	x			
	With initial members, develop TORs for COP (including purpose/ outputs, frequency of meetings, participation and facilitation).	GE Working Group	TORs finalized, validated by participants, approved	External Consultant		x		
	Organize and conduct COP meetings and sharing opportunities.	Faculty COP Chair	No. of meetings held per year	COP Chair Management and Admin staff LOE		x	x	x
	Establish a repository of resources shared by COP, accessible to all staff/associates.	COP Admin Staff	Repository established and populated Level of awareness on repository of IGPH faculty, staff and partners	COP Chair Management and Admin staff LOE		x		

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
2.2 IGPH faculty and staff are supported to effectively communicate externally on GE	A communications primer is produced on IGPH's GE Strategy, including an accessible explanation of vision/mission statements.	GE Working Group, Director	Primer is produced, validated by Regional Hubs, approved.	External Consultant Regional Hub Directors	x			
	GE Communications primer is translated, validated and disseminated amongst IGPH staff and partners	GE Working Group	Primer is adapted and translated into necessary languages for use by each Regional Hub. # Implementing partners who have been shared the primer.	External Consultants (1 per Hub?) Regional Hub Directors	x			
	Webinar/workshop is conducted to introduce and explain the primer and how it can be used to communicate with partners and stakeholders.	GE Working Group	No. of webinars/workshops conducted on the primer in each Regional Hub Level of familiarity with primer content and purpose amongst participants	Faculty/staff (potentially Regional Hub Directors) Travel to Regional Hubs	x	x		
	Communicating about GE/health with partners and stakeholders is included as a training topic under Goal 1.	GE Working Group	No. of Goal 1 trainings that include introduction to primer Level of familiarity with primer content and purpose amongst participants	External Consultants (as in Objective 1.1) GEWG		x	x	

Implementation Plan

Strategic Goal 3

IGPH colleagues and associates across pillars of work (technical, education, programming, research) have access to and are able to use appropriate tools and resources for the integration of gender into their work

Indicators:

- Level of familiarity of faculty and staff with all available tools/resources (including their appropriate application across areas of work)
- Frequency of use by faculty and staff of relevant tools/resources developed and identified under the strategy, disaggregated by area of work
- Level of satisfaction of faculty and staff with the accessibility and comprehensiveness of the tools and resources, disaggregated by area of work

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
3.1 Fit for purpose tools for gender integration are available and socialized.	A mapping of needs across all four pillars of work is conducted for GE tools/guides.	GE Working Group	Mapping document complete	External consultant	x			
	Existing tools/guides from the sector are gathered and organised.	GE Working Group	Repository of tools/guides is created.	External consultant	x			
	Additional tools for development are identified and a development plan is created, including expertise, resources, etc.	GE Working Group and Director	Priority list and development plan is drafted.	GEWG	x			
	Additional tools are developed.	GE Working Group	Each tool included in the development plan is developed, validated, approved.	GEWG External consultant (s) GEWG		x		
	IGPH staff and associates are socialized on the key tools and available supportive resources.	Director and GE Working Group	No. faculty and staff introduced/trained on each tool Level of knowledge of each tool	External consultant GEWG		x	x	
3.2 Gender Analysis framework and guidelines are available and socialised.	A general gender analysis framework is developed to align with IGPH's work and diversity focus areas.	GE Working Group		External consultant GEWG	x			

Objectives	Actions	Responsible	Indicators	Resources	Y1	Y2	Y3	Y4
	Faculty and staff are trained and/or socialised on the use of the GA framework and how it applies to their specific area of work.	GE Working Group and Director		External consultant GEWG		x	x	



ANNEX A

IGPH Gender Equality Capacity and Strategic Support PHASE I: EXPLORATORY ANALYSIS

General Findings

Broadly speaking, both in the survey responses and amongst interviewees, there is a fairly strong degree of alignment both in terms of the identification of gaps as well as the expressed preferences and priorities related to gender integration into IGPH work, and this includes across colleagues occupying different positions and gender identification. Key findings include:

- Colleagues are generally supportive of, and often enthusiastic about, increased and improved gender integration into the work of IGPH and partners; there is very little resistance to this work amongst respondents and interviewees.
- Most colleagues recognise the need to increase their own capacity to integrate gender into their work, while at the same time acknowledging that there is and has been some quality application of a gender lens to the work of the IGPH.
- The key gap that emerges from both the survey results and interviews is in the 'how' of gender integration. Colleagues are supportive of gender integration and have a moderate to strong knowledge level (the 'why' and the 'what'), however they lack the supportive resources and a consistent approach to gender integration.
- Colleagues indicate that there currently is a moderate quality of gender integration across the work of the institute. This is validated in the interviews, with some additional reflections on the inconsistent nature of gender integration across IGPH programs.
- Integration of gender is generally positioned as an instrument towards improved health outcomes, rather than as a human rights issue or its criticality to harm prevention ().
- Colleagues generally feel well-supported by IGPH leadership in this area, and organisational culture does not appear to be a barrier to stronger gender integration.

CONCLUSIONS AND RECOMMENDATIONS

The results of Phase I of this exercise have revealed important gaps and promising opportunities.

Although there are clear examples of strong and effective gender integration in IGPH work, without systematic gender integration (through the application of a gender policy, key tools and resources, standards and approaches, etc.), the integration of gender is vulnerable to the preferences of donors/funders, the capacities and perspectives of specific staff and leadership, and the perceived relevance (or lack thereof) in specific topic areas. The current approach to gender integration, which is ad hoc and is driven by individual leaders and colleagues or sector focus, not only reveals a missed opportunity to produce more sustainable and equitable outcomes, and but also puts IGPH programming at risk of omitting important elements in their programming and analysis that could lead to perpetuating harmful gender norms.

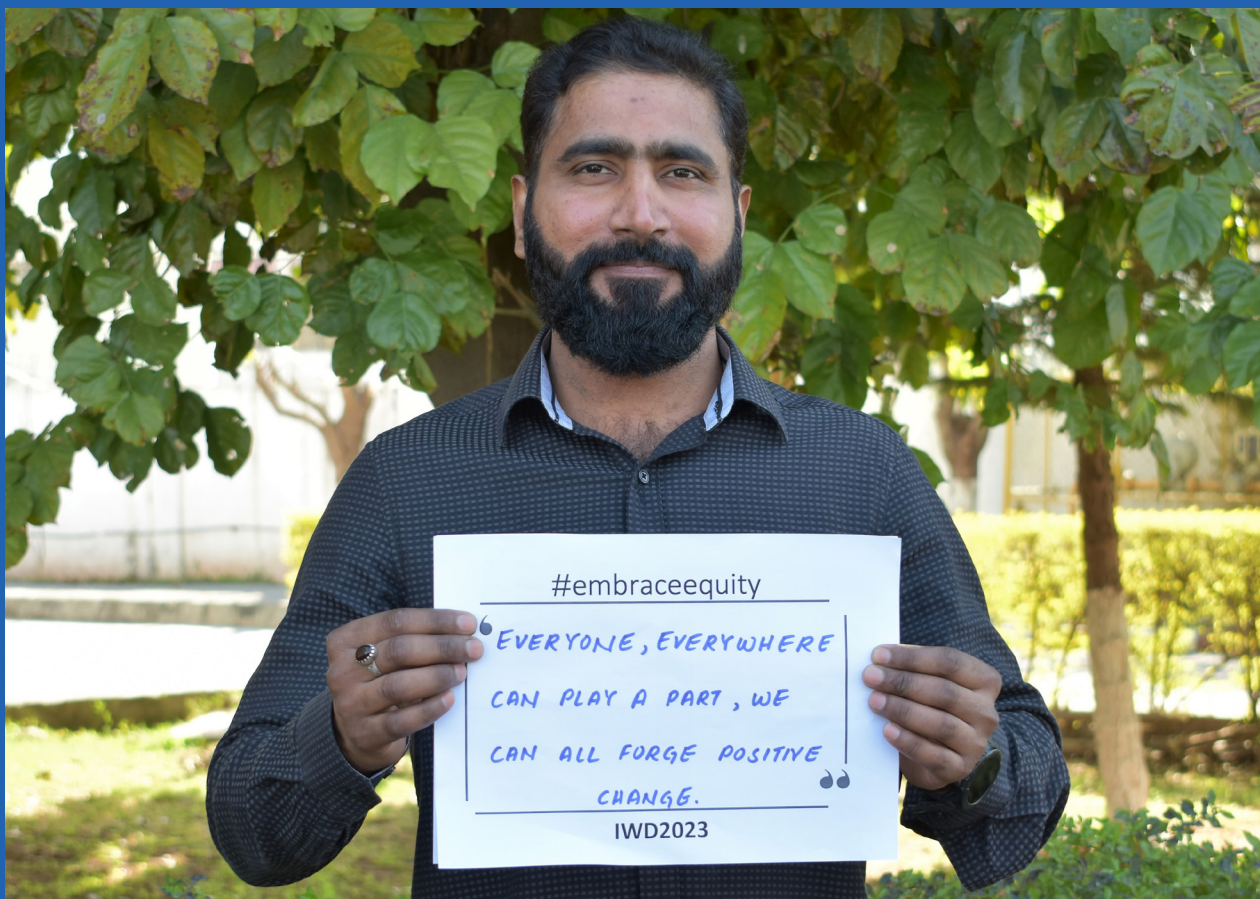
The following are conclusions and recommendations that can inform gender strategy development discussions:

- The need for a single, overarching approach to gender integration was discussed repeatedly by interviewees both in terms of providing guidance for how they should approach gender integration in their work, but also to use as leverage within their teams to ensure the integration of gender. Several interview discussions included the importance of having a formalised approach to ensure accountability and consistency. This should be the first priority for the gender equality strategy: **a vision statement or values statement that can serve as the foundation for the strategy and clearly defines how gender fits within the broader goals of the Institute.**
- The theme of health equity comes across strongly, primarily through document review and interviews, as the core mission for IGPH, or the overarching ‘goal’ in its model for programming. However, there is not a clear explanation of the Institute’s understanding of, or approach to achieving health equity – for example, **the role its work should play in addressing the social determinants of health, and how the Institute views its obligations under global normative frameworks related to health rights.** While this is a wider philosophical discussion that extends beyond gender, it will be important to introduce this for the development of the vision for the gender strategy because gender is a key social determinant of health and central to the achievement of health rights and in turn, the improvement of sustainable health outcomes for marginalised and vulnerable populations.
- One of the biggest challenges often faced by organisations and institutions when introducing gender mainstreaming is convincing colleagues at different levels, and especially leadership, of both their obligation to integrate gender and its potentially for improving outcomes. Based on this analysis, **IGPH does not need to invest significant resources in generating that ‘buy-in’;** on the contrary – IGPH colleagues seem to already have a very strong appetite for improving gender integration in their work.
- A corollary of the previous bullet – that colleagues have an understanding of and appetite for gender integration – **is the need for the provision of practical guidance, tools and standards that can empower teams to consistently and effectively apply gender integration in their work.** While there will always need to be basic knowledge-building components to ensure that all staff share a common vernacular and approach, there needs to be clear emphasis here on the development and socialisation of practical and accessible tools. Colleagues have also repeatedly emphasised that tools and approaches must be accessible and flexible to the diversity of programs and cultural contexts reflected in the Institute’s portfolio.
- Importantly, there is widespread recognition that gender integration is a shared responsibility, and not exclusively the remit of gender experts or focal points, and in fact some colleagues actually discussed **the need to move away from ‘silos’ of work, where gender is tacked to certain programs or people.** The recommendation here is twofold: First, that while there has been an expressed need for some additional

gender expertise to be made available, the overall capacity building of staff will be welcomed and should be prioritised; and second, that there are already untapped learnings, expertise and best practices that have remained in topical 'silos' and have not permeated across teams. Structured opportunities, including accountability mechanisms, that can **facilitate the capture and cross-pollination of gender knowledge and skills** can ensure that the practice of Program Science is not only generating learning within specific topic areas, but also across them within IGPH. This can also support the creation of an IGPH 'community of practice' with respect to gender integration in specific processes and products.

- The nature of the relationship between IGPH at the University of Manitoba and its partnersn affiliates in Pakistan, Nigeria, India and Kenya has undergone a recent transformation wherein the autonomy of the national partners has been emphasised. This will, inevitably, play a role in setting the objectives for the gender strategy. It is important that **a clear understanding is laid out as to the expectations, obligations, and accountability within and between IGPH and its partners** with respect to the specific goals, indicators of success and resource allocation included in the gender strategy and action plan. The strategy might take a step-wise approach, where goals are achieved within the Institute (policy and tool development for example), and then cascaded to partners based in individual agreements. Whatever the final decision that is taken, expectations must be managed from the outset.

While this current strategy development process is focused on IGPH programming, some colleagues raised **the need for more effective gender integration in human resources policy and practices** at IGPH and amongst partners. Documents show that IHAT had undertaken a process in 2019 to develop a gender policy and identify actions to be taken with respect to management practices, and perhaps the wider IGPH family could use that as a starting point or example to apply more broadly across the Institute and its other partners/affiliates.



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