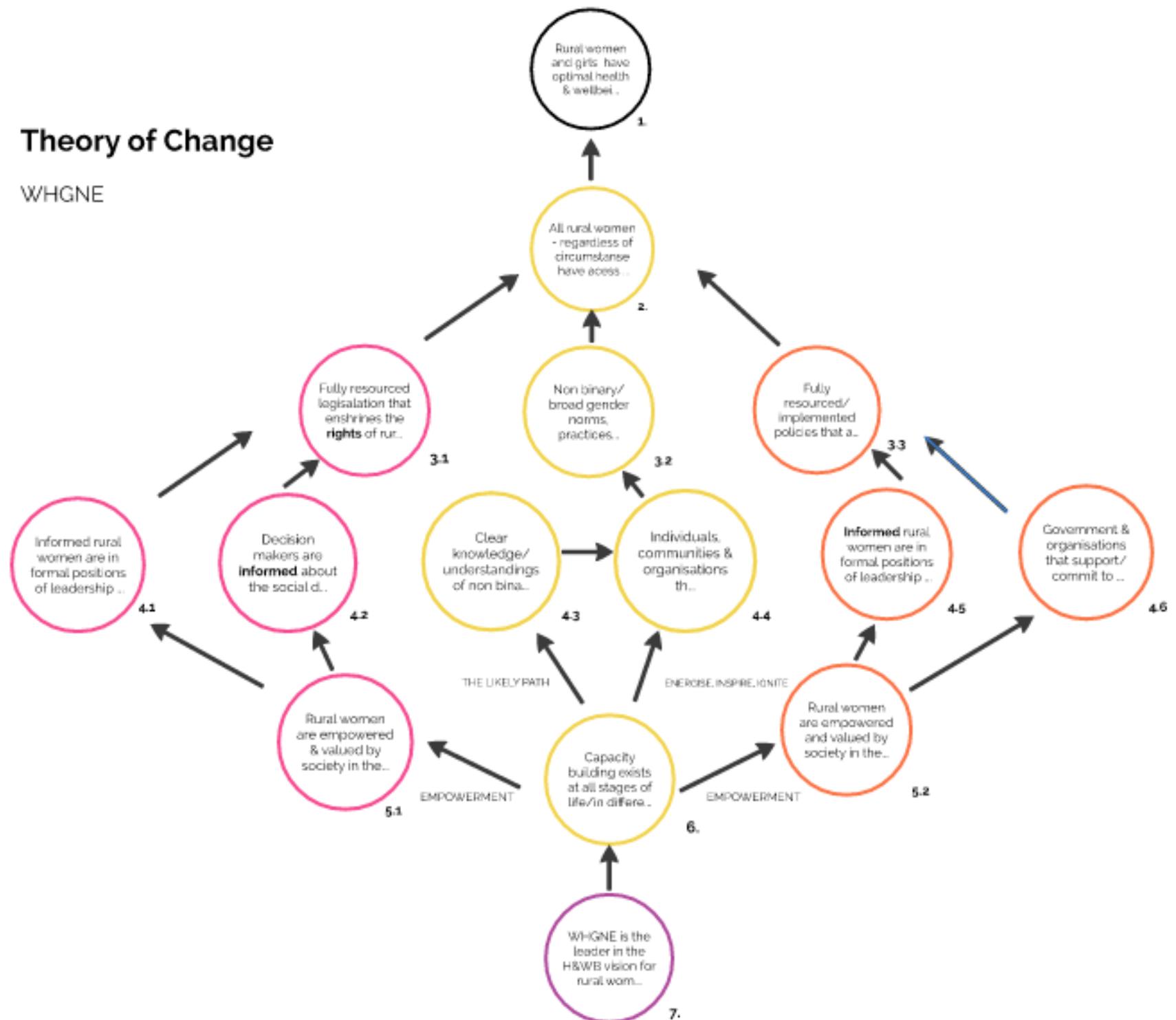


Theory of Change

WHGNE



Landing Pad

<p>1. Ultimate state</p> <p>Rural women and girls have optimal health & wellbeing</p>	<p>Definition</p>	<p>Rural: sets the geographical reach of this long term</p> <p>Health: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO)</p> <p>Health Promotion: 'The process of enabling people to increase control over, and to improve, their health'. (WHO 1986)</p>
<p><u>2.</u></p> <p>All rural women - regardless of circumstance have access to the requisites & resources for health and wellbeing</p>	<p>Framework</p> <p>Document</p>	<p>WHO: a conception framework for the action on the social determinants of health http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf</p> <p>AWHN: meaningful measures for population health http://awhn.org.au/wp-content/uploads/2015/03/145_AWHNMEANINGFULMEASURESREPORTWEB.pdf</p>
<p><u>3.1</u></p> <p>Fully resourced legislation that enshrines the rights of rural women for the requisites/resources for H&WB</p>	<p>Definition</p>	<p>Rights: The right to health includes both freedoms and entitlements. <u>Freedoms:</u> include the right to control one's health and body and be free from interference <u>Entitlements:</u> Include the right to a system of health protection that gives everyone an equal opportunity to enjoy the most attainable level of health.</p>

3.2

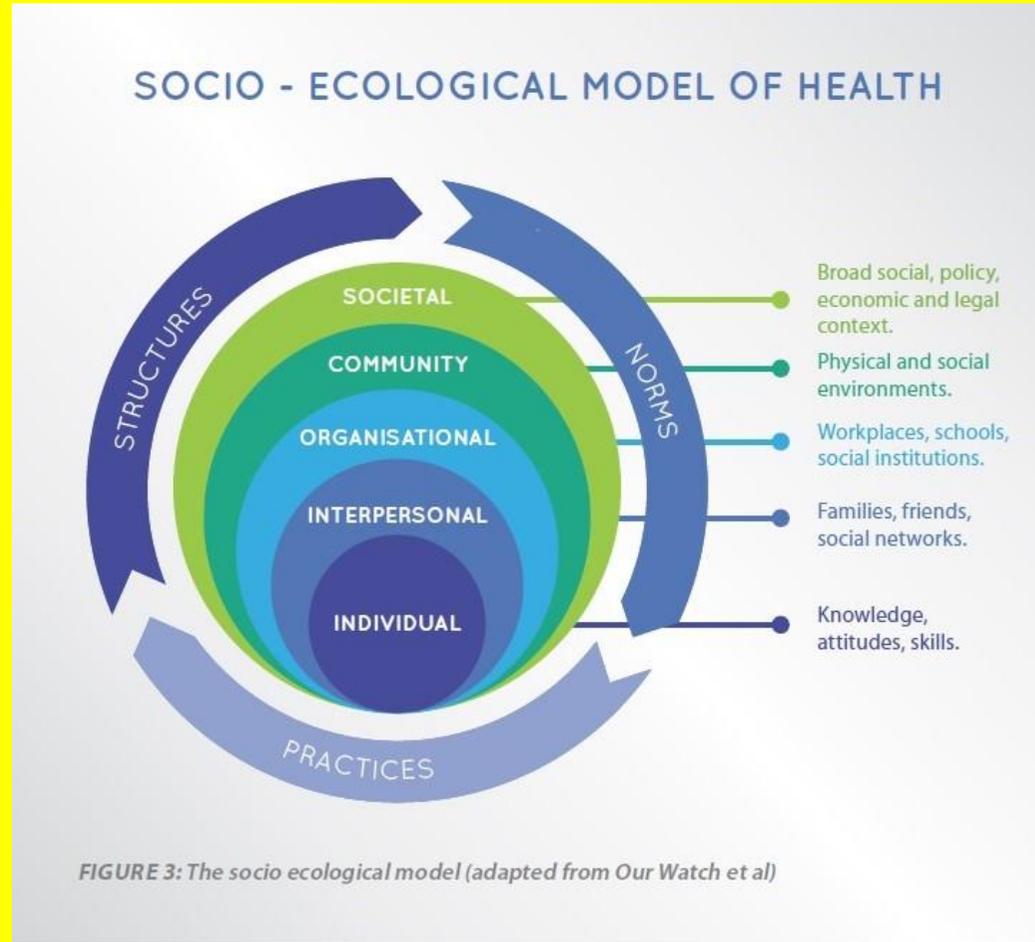
Non binary/broad gender norms, practices & structures are valued, embraced & 'lived' (real)

Definition

Post-structuralist feminism: Post-structuralist feminism helps us move beyond the binaries of male and female. It is viewed as critically important in unmasking layers of power previously unrecognised in order to reconstitute the world in less oppressive ways.

<http://www.e-ir.info/2015/05/22/poststructuralism-and-feminism-the-interplay-between-gender-language-and-power/>

Model



<p><u>3.3</u> Fully resourced/implemented policies that are gender transformative Government (all levels) Organisations (all types)</p>	<p>Assumption</p>	<p>Fully resourced/implemented: Money and time is allocated to ensure policies are developed and implemented</p>
<p><u>4.1</u> Informed rural women are in formal positions of leadership to influence/make decisions</p>	<p>Assumption</p>	<p>Informed: Women that are informed understand the harms of binary gender norms, practices etc. as they have come through the capacity building landing pad (6.)</p>
<p><u>4.2</u> Decision makers are informed about the social det. of women's H&WB and committed to legislation that enhances women's rights (requisites and resources)</p>	<p>Assumption</p>	<p>Informed: Women that are informed understand the harms of binary gender norms, practices etc. as they have come through the capacity building landing pad (6.)</p>

4.3
 Clear knowledge/
 understandings of non-
 binary/diverse notions of
 gendered identities (&
 constructions)

- At all stages of life
- At all stages of the social ecological model

Model

SOCIO - ECOLOGICAL MODEL OF HEALTH



FIGURE 3: The socio ecological model (adapted from Our Watch et al)

4.4
 Individuals, communities
 & organisations that
 acknowledge, challenge,
 act on binary/rigid gender
 norms, practices,
 structures
EVERYWHERE!

Assumption

Critical mass: people may not understand or want to come along, but there will be enough people that they will come along

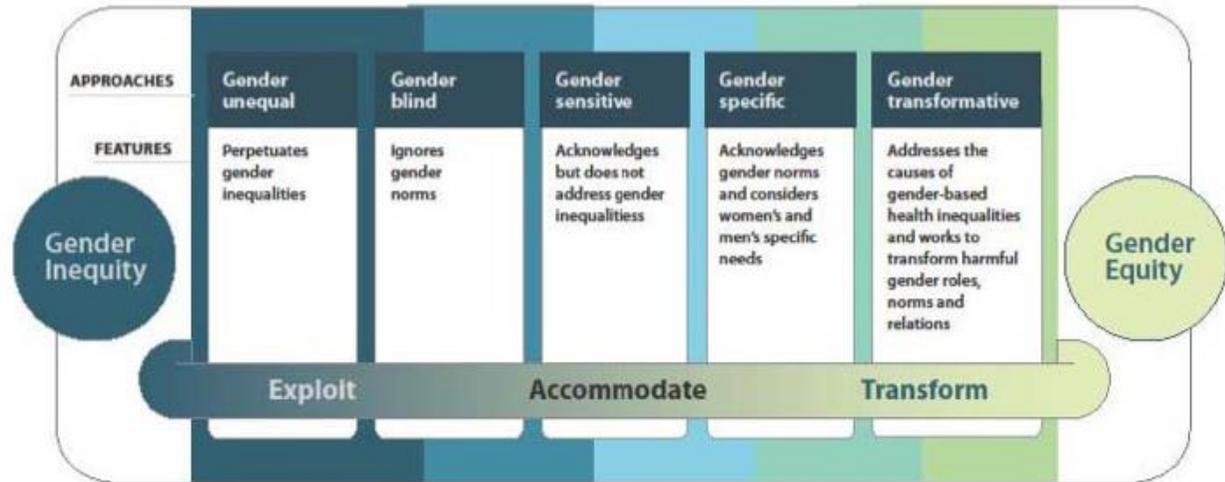
<p><u>4.5</u> Informed rural women are in formal positions of leadership to influence/make decisions</p>	<p>Assumption</p>	<p>All Women have the opportunity to lead if they choose to, and without prejudice if they don't. Initially not all women (e.g women with disabilities) may have the opportunity to lead, but over time women in those positions are informed and will ensure opportunities are available for all women.</p>
<p><u>4.6</u> Government & organisations that support/commit to Gender Sensitive/ Gender Transformative policy development and implementation</p>	<p>Assumption</p>	<p><i>Support and commit</i> implies: through culture, practices and structures.</p>
<p><u>5.1</u> Rural women are empowered & valued by society in their choices to lead (or not) without prejudice</p>	<p>Assumption</p>	<p>Refer to 4.5</p>
<p><u>5.2</u> Rural women are empowered and valued by society in their choices to lead (or not) without prejudice</p>	<p>Assumption</p>	<p>Refer to 4.5</p>

6.

Capacity building exists at all stages of life/in different settings, the harms of binary gender norms, practices etc. and the rationale for GS/GT approaches

Model

A Continuum of Approaches to Action on Gender and Health



Inspired by remarks by Geeta Rao Gupta, Ph.D, Director, International Center for Research on Women (ICRW) during her plenary address at the XIIIth International Aids Conference, Durban, South Africa, July 12, 2000:

"To effectively address the intersection between HIV/AIDS and gender and sexuality requires that interactions should, at the very least, not reinforce damaging gender and sexual stereotypes."

Final narrative

Women's Health Goulburn North East (WHGNE) is a regional women's health promotion agency that is funded by the Department of Health and Human Services (DHHS). Theory of change allows us to identify strategic priorities for the organisation and work backwards from our vision to determine the process through which social change will occur. There are three distinct storylines working towards the vision (**1.**). A clear central storyline (yellow) is the spine where WHGNE is the backbone function. Either side of the central story line are the two biggest environments: legislation (pink) and policy (orange).

The final ultimate state **1.** 'achieve optimal health and wellbeing' has definitions [health](#) and [health promotion](#) that sit behind the landing pad. In order to achieve the final state, equity needs to be experienced at landing pad **2.**, the key document and framework that support this state are [Meaningful Measures for Population Health](#) and [A Conception Framework for the Action on the Social Determinants of Health](#). All storylines meet at landing pad **2.**, but have different paths to reach it. Landing pad **3.2** in the central storyline (yellow), it is best described as the ultimate road block to reach the vision. For this state to be lived, a [post structural feminist](#) world exists, meaning non-binary/broad gender norms, practices and structures are valued, embraced and 'lived'. The socio-ecological model represents how different levels of our environment interact to influence the health of an individual. The three landing pads that sit below **3.2**, almost sit in a bubble.

Landing pad **6.** is a state where capacity building exists at all stages of life and in different settings. [Gender transformative practice](#), [intersectionality informed practice](#) (*no woman is left behind*) and the [case for gender equality](#) sit behind this landing pad. As a result of this state, there are two paths that can be taken, the likely path is to landing pad **4.3**. This state is having clear knowledge/understanding of non-binary diverse notions of gendered identities. They may move to landing pad **4.4** where the state individuals, communities and organisations acknowledge, challenge, **act**, on binary/rigid norms, practices and structures. Individuals, communities or organisations may directly go from landing pad **6.** to landing pad **4.4** if they are *energised, inspired or ignited* from capacity building. There are assumptions that sit behind landing pad **4.4**, there may be individuals that act or challenge gender norms and structures but may not have clear knowledge/understanding why they are doing it. This may be due to workplace policies and procedures that are in place that are to be followed. The other assumption is people may not move to the state, due to not seeing the value in gender equality, but there will be enough 'critical mass' of people that they will be brought along. The legislation (pink) and policy (orange) have very similar storylines, given that they are mirrored environments. The state of landing pad **3.1** is fully resourced legislation that enshrines the [rights](#) of rural women for the requisites for health and wellbeing. In order to achieve that state, landing pads **4.1** and **4.2** need to be lived.

Landing pad **4.1** is a state where there are rural women in formal positions that are informed, where the assumption of *informed* is women understand the harms of binary gender norms, practices, etc. They have come through capacity building (**6.**). Being in formal position of leadership will enable influence and decision making. Landing pad **4.2** is the state of decision makers who are informed about the social determinants of women's health and wellbeing and commitment to legislation that enhances women's rights. Again, the assumption of *informed* is the same as **4.1**.

Landing pad **5.1** is the state where rural women are empowered and valued by society in their choice to lead (or not) with prejudice. An assumption is, initially not all women may have the opportunity to lead, but over time women in positions of leadership are informed and will ensure opportunities are available for all women. The policy storyline (orange) is considered an environment. The storyline is very similar to legislation, landing pad **3.3** the state is fully resourced/implemented policies that are gender transformative, with the assumption, money and time is allocated to ensure policies are developed and implemented, and occur at all government and organisational levels. In order to achieve this state, landing pads **4.5** and **4.6** need to be lived. Landing pad **4.5** is similar to the mirrored **4.1** where there are informed rural women in formal positions of leadership to influence/make decisions. Landing pad **4.6** is where government and organisations support/commit to gender sensitive and gender transformative policy development and implementation. The assumption that sits behind this landing pad, *support and commit* implies through culture, practices and structures.

Landing pad **5.2** is the same as **5.1**, the state where rural women are empowered and valued by society in their choice to lead (or not) with prejudice. The assumption behind the landing pad is the same, over time a broad representation of women will have opportunity, due to women being informed in positions of leadership. Landing pad **7.** is ground zero, the current state to start from. WHGNE is the leader in the H&WB vision for rural women and girls, the assumption behind this landing pad is women's health services will continue to be funded in this work.



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