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The Gender Equality Strategy and the Gender Equality Plan

2024-2026

**for the Clinical Hospital of Obstetrics and
Gynecology, „Elena Doamna” Iasi**

**Strategia si Planul de Implementare al
Egalității de Gen (2024-2026) în
Spitalul Clinic de Obstetrica-Ginecologie
„Elena Domna”, Iasi**



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Abbreviations and definitions

AC	Administration council
CPOC	Counseling and professional orientation center
GE	Gender equality
GEP	Gender equality plan
HoD	Head of Department
HR	Human Resources
CHOG	Clinical Hospital of Obstetrics and Gynecology

Sex	Either of the two major forms of individuals that occur in many species and that are distinguished respectively as female or male especially on the basis of their reproductive organs and structures (https://www.merriam-webster.com/dictionary/)
Gender	The behavioral, cultural, or psychological traits typically associated with one sex (https://www.merriam-webster.com/dictionary/)
Sex vs. Gender	A clear delineation between sex and gender is typically prescribed, with sex as the preferred term for biological forms, and gender limited to its meanings involving behavioral, cultural, and psychological traits. In this dichotomy, the terms male and female relate only to biological forms (sex), while the terms masculine/masculinity, feminine/femininity, woman/girl, and man/boy relate only to Psychological and sociocultural traits (https://www.merriam-webster.com/dictionary/)



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INTRODUCTION

The Gender Equality Strategy (GES) for the period 2024-2026 was developed by the Clinical Hospital of Obstetrics and Gynecology,, Elena Doamna`` Iasi based on contributions from the entire hospital, considering all those who work in our institution. The GES was built on the European Gender Equality Strategy 2020-2025¹, and the Horizon Europe guidelines on gender equality plans².

The motivation behind developing the GES is to establish our hospital as a safe and inclusive environment where all activities and processes align with principles such as equality, diversity, inclusiveness, and non-discrimination.

Building upon the GES, the Clinical Hospital of Obstetrics and Gynecology,, Elena Doamna`` has crafted a comprehensive Gender Equality Plan (GEP) for the period 2024-2026. This plan incorporates specific actions and measures, along with indicators for monitoring the progress of implementation and subsequent revisions. Aligned with its mission and values, the GES and GEP ensure the promotion of equality and diversity in knowledge acquisition and skill development for all individuals involved.

The objectives outlined in the GES are translated into tangible actions focused on fostering an equal and inclusive organizational culture while promoting gender equality across all levels. As a result, the GES and GEP actively support the advancement of gender equality awareness, skills development, and competencies. Additionally, they strive to achieve gender balance in decision-making structures and processes, including the recruitment of personnel.

I. REVIEW OF REQUIREMENTS, POLICIES AND CASE STUDIES

Prior to developing the GES and the GEP, the Clinical Hospital of Obstetrics and Gynecology, Elena Doamna`` appointed a working group to conduct a literature review of the existing requirements, policies, recommendations and examples and case studies pertinent to discrimination, inclusiveness and gender equality.

A Gender Equality Plan is a comprehensive framework designed to promote gender equality and address gender-based disparities and discrimination in various areas of society, such as workplaces, institutions, or communities. The plan outlines specific goals, strategies, and actions to be implemented to achieve gender equality and create an inclusive and fair environment for everyone, irrespective of their gender.

¹ https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

² <https://op.europa.eu/en/publication-detail/-/publication/ffcb06c3-200a-11ec-bd8e-01aa75ed71a1>



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The purpose of a Gender Equality Plan is to challenge and change the structural and societal factors that perpetuate gender inequality. It seeks to dismantle barriers and biases that hinder individuals from realizing their full potential, both in personal and professional spheres. The plan aims to foster an environment that values and respects the rights, needs, and contributions of all genders equally. Gender inequality refers to the unequal treatment, opportunities, and outcomes experienced by individuals based on their gender. It is deeply rooted in social, cultural, economic, and political structures, resulting in disparities and discrimination against women, girls, and other marginalized genders. The background and context of gender inequality issues provide a foundation for understanding the challenges that need to be addressed.

Historical gender roles and societal norms have played a significant role in perpetuating gender inequality. These norms and roles have often assigned different roles, responsibilities, and expectations to individuals based on their gender, resulting in unequal treatment and opportunities. Historically, societies have assigned distinct roles to men and women based on their biological differences. Men were typically associated with breadwinning, paid work, and public life, while women were primarily responsible for domestic work, caregiving, and maintaining the household. This division of labor created a hierarchy where men had more economic and political power, while women's contributions were often undervalued and unpaid.

Patriarchy refers to a social system in which men hold primary power and dominance over women. It has been prevalent in many societies throughout history. Under patriarchy, men have traditionally held positions of authority, decision-making power, and control over resources. This power dynamic has perpetuated gender inequality by marginalizing and disempowering women, limiting their access to education, employment, and leadership roles. Societies have constructed and perpetuated gender stereotypes, which are widely held beliefs about the characteristics, roles, and behaviors expected of individuals based on their gender. For example, stereotypes have often portrayed women as nurturing, emotional, and suited for caregiving, while men are expected to be strong, assertive, and career-oriented. These stereotypes have constrained individuals, reinforcing gender-based expectations and limiting opportunities for self-expression and personal growth.

In many historical contexts, property and inheritance laws have favored men over women. Sons were often given preferential treatment in terms of inheriting land, wealth, and property, while daughters had limited or no rights to inherit. This unequal distribution of property perpetuated economic disparities between genders and limited women's financial independence and social mobility. Various social and cultural norms have reinforced gender inequality. These norms dictate acceptable behavior, appearance, and roles for individuals based on their gender. Examples include societal pressure on women to conform to beauty standards, restrictions on women's mobility and participation in public spaces, and the stigmatization of men who engage



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in caregiving or "feminine" activities. These norms have perpetuated harmful gender biases and restricted individual autonomy and choice.

It is important to recognize that these historical gender roles and societal norms continue to influence contemporary attitudes and behaviors, even as progress has been made towards gender equality. Challenging and transforming these norms and roles is crucial for creating a more equitable society that values and empowers individuals regardless of their gender.

II. DIAGNOSIS (DATA COLLECTION AND ANALYSIS)

II.1. Data collection

The following indicators were selected at the Clinical Hospital of Obstetrics and Gynecology, Elena Doamna` as relevant for the discussion on gender equality issues:

- Staff numbers by sex/gender at all levels, by department, function (including administrative / support staff)
- Numbers of women and men in medical and administrative decision-making positions (e.g. top management team, boards, committees, recruitment and promotion panels);

A. Women and men in leadership positions

Table 1. Hospital management

	W	M
Manager		1
Medical Director		1
Financial and Accounting Director	1	
Total	1	2



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Table 2. Head of Department

	W	M
Obstetrics		1
Gynecology	1	
Neonatology	1	
Anesthesia and Intensive Care		1
Medical Analysis Laboratory	1	
Radiology Laboratory	1	
Pharmacy	1	
Technical-Administrative Department		1
Total	6	2

B. Women and men - Medical departments

Medical departments	Doctors		Nurses and Midwives		Auxiliary Staff (Nursing Assistants and Caregivers)		Other Supervisory Staff	
	W	M	W	M	W	M	W	M
OG	16	6	38	0	23	2		
AIC	2	1	14	0	9	0		
NN	3	0	16	0	10	0		
Medical Analysis Laboratory	1		4					
Pathological Anatomy Laboratory	1		2					
Radiology Laboratory	1		1					
Pharmacy	1		2	0	1	0		
Medical Statistics Department							6	0
TOTAL	25	7	77	0	43	2	6	0



C. Women and men - administrative and support services

	Administrative Execution Staff		Skilled Workers		Auxiliary Staff (Cleaners)		Unskilled Workers	
	W	M	W	M	W	M	W	M
HR Department	2	1						
Accounting Department	2	0						
Procurement Department	0	1						
Structure of Quality Management in Health Services	1	1						
Technical-Administrative Department	7	5	2	0				
TOTAL	12	8	2					

II. 2. Data analysis

The Clinical Hospital of Obstetrics and Gynecology, Elena Doamna` conducted internal analyses of collected data and reviewed existing policies related to gender equality and inclusiveness. These analyses were carried out through workshops, meetings, and working seminars at all levels, with the gender equality function responsible for developing the GEP. The participants included hospital management, medical staff, and representatives from administrative and support services, ensuring a balanced representation with an equal number of men and women in each working group.

The outcomes of the internal audit underwent further analysis in the Board of Directors, and the findings were subsequently communicated to the entire hospital staff. With a mandate from the Board, the Manager committed to the development and implementation of the GEP for the Clinical Hospital of Obstetrics and Gynecology, Elena Doamna` for the period 2024- 2026. This commitment underscores the hospital's dedication to advancing gender equality within its policies and practices.



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Analysis of current data

The analysis of current data illustrated that:

- There are more women than men in leadership positions within the hospital departments.
- The number of women and men among nurses, midwife, auxiliary staff (nursing assistants and caregivers) shows more women than men, with a need to reflect on the recruitment/admission policies;
- The gender dimension is not yet well integrated;
- The hospital is considered as a safe place, without gender-violence;
- There is a noticeable lack of procedures and knowledge about the gender equality, inclusiveness and non-discrimination

The important conclusions of the current data analysis are:

We need to make a review of recruitment and admission policies for nurses, midwives, and auxiliary staff (nursing assistants and caregivers), considering the observed gender disparity, aiming to ensure a more equitable and inclusive representation within these categories of personnel.

We need to revisit the existing policies and procedures, to make gender relevant, and develop new ones covering all identified areas of intervention.

We need to communicate gender relevant actions and measures actively and efficiently.

We need to develop a gender strategy and a GEP for 2024-2026, with clear actions and targets, and responsible persons

III. GES and GEP

In alignment with internal reviews and adherence to national and European policies and requirements, Clinical Hospital of Obstetrics and Gynecology, Elena Doamna` has made a commitment to formulate the Gender Equality Strategy (GES) for the period 2024-2026, alongside the corresponding GEP.

To facilitate the development, implementation, and monitoring of the GES and GEP for 2024-2026, the hospital has established a Gender Equality (GE) committee at the hospital level. This committee comprises both male and female representatives from the Board, leadership positions



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in each department, as well as representatives from hospital administration and support services. This diverse composition ensures a comprehensive and inclusive approach to addressing gender equality within the hospital's operations and policies.

III.1. GES 2024-2026

The GES comprises the following areas of intervention and objectives for 2024-2026:

Area of intervention	Objectives
1.Work-life balance and organizational culture	Promoting integration of work with family and personal life
2.Gender balance in leadership and decision-making	Promoting gender equality in the institutional culture, processes and practice
3.Gender equality in recruitment and career progression	Promoting processes to favor and support gender-sensitive recruitment, career and appointments
4.Measures against gender-based violence, including sexual harassment	Raising awareness about the importance of equality issues and strengthening positive attitudes towards diversity

III.2.GEP 2024-2026

The GEP at the Clinical Hospital of Obstetrics and Gynecology „Elena Doamna” encompasses intervention areas, objectives, essential measures, target audience, timeline, accountable individuals, and progress indicators.

Area 1. Work-life balance and organizational culture

Objective: Promoting integration of work with family and personal life

Action/Measure	Target	Timeline			Indicator(s)	Responsible
		2024	2025	2026		
1.Availability of policies, procedures and structures at the hospital for promoting integration of work with family and personal life	Hospital leadership,medical staff, technical and administrative staff	X	X	X	Policies, procedures and services for work and personal life integration	GE committee
2.Implementation of ICT-based systems for enhancing flexibility and improving a better planning of working meetings accordingly to work life balance needs	Hospital leadership,medical staff, technical and administrative staff	X	X	X	Policies, procedures for ICT-based systems promoting work and personal life integration	GE committee



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(e.g., management and communications of the meeting schedule/timing)						
3. Developing and implementing annual study regarding degree of satisfaction of employees over GES and GEP outcomes	Hospital leadership, medical staff, technical and administrative staff		X	X	Study results	GE committee

Area 2. Gender balance in leadership and decision-making

Objective: Promoting gender equality in the institutional culture, processes and practice

Action/Measure	Target	Timeline			Indicator(s)	Responsible
		2024	2025	2026		
1. Appointing GE committee to be responsible for monitoring and ensuring that workplace procedures and practices respect gender equality	Hospital leadership, medical staff, technical and administrative staff	X			Gender equality policy and structures	Manager, Board
2. Regularly reviewing all text, communication, and images from a gender equality and diversity standpoint.	Hospital leadership, medical staff, technical and administrative staff	X	X	X	Text, communication, images revised from a gender equality and diversity standing point	GE committee
3. Promoting initiatives to foster comprehensive gender competence at all organizational levels by providing training to staff, doctors, nurses, midwives, auxiliary staff	Hospital leadership, medical staff, technical and administrative staff	X	X	X	Awareness training on gender equality issues	GE committee

Area 3. Gender equality in recruitment and career progression

Objective: Promoting processes to facilitate and support gender-sensitive recruitment, career and appointments

Action/Measure	Target	Timeline			Indicator(s)	Responsible
		2024	2025	2026		
Carrying out gender awareness initiatives, briefings and creating guidelines for gender-	Hospital management	X	X	X	Gender awareness initiatives and guidelines	HR, GE committee



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sensitive recruitment, career and appointments						
2. Courses and training on gender equality	Hospital leadership, medical staff, technical and administrative staff, patients	X	X	X	Courses and training for recruitment Courses and training for career progression	HR, GE committee
3. Disseminate and communicate career good practices - role models for women	Hospital leadership, medical staff, technical and administrative staff, patients	X	X	X	Initiatives for raising awareness on female role models	HR, GE committee

Area 4. Measures against gender-based violence, including sexual harassment

Objective: Raising awareness about the importance of equality issues and strengthening positive attitudes towards diversity

Action/Measure	Target	Timeline			Indicator(s)	Responsible
		2024	2025	2026		
1. Training on discrimination phenomena (including discriminatory language), violence (including that based on prejudice or gender), harassment, and sexual harassment	Hospital leadership, medical staff, technical and administrative staff, patients		X	X	Participation in training, per categories. Skills acquired in relation to identifying and responding to discrimination and violence phenomena.	Manager, HR, GE committee
2. Develop internal (hospital) electronic tool (website/platform) supporting information and education, as well as allowing the reporting of sexual harassment and discrimination	Hospital leadership, medical staff, technical and administrative staff, patients		X	X	Dedicated website/platform, number of visits, number of real-case situations reported	Manager, HR, IT services, GE committee
3. Reinforce the Code of Ethics of the hospital with provisions against genderbased violence, including sexual harassment	Hospital leadership, medical staff, technical and administrative staff, patients		X	X	Provisions on the sanctioning of genderbased violence, including sexual harassment	Manager, HR, GE committee
4. Awareness campaign highlighting diversity and inclusiveness in the hospital staff community and encouraging prevention of	Hospital leadership, medical staff, technical and administrative staff, patients	X	X	X	Awareness campaign	GE committee

discrimination in various areas						
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IV. MONITORING AND EVALUATION OF THE GEP

The execution of the GEP at the Clinical Hospital of Obstetrics and Gynecology „Elena Doamna” involves regular assessments of progress against the Gender Equality (GE) strategy's aims and objectives through periodic meetings. The GE committee, responsible for the continuous monitoring of the GEP implementation, conducts initial analyses of progress based on indicators and gathers insights and feedback.

The hospital's GE committee produces annual findings reports, which are subsequently presented to the hospital management for discussion. These meetings yield valuable insights into the GEP's implementation, offering comments and recommendations for adjustments and enhancements to interventions in the upcoming year.

The periodic reports facilitate ongoing evaluation of the GEP's impact, ensuring transparency and community engagement in the journey toward gender equality. The review of progress reports incorporates both qualitative information and quantitative data, including updates on human resource data disaggregated by gender and monitoring data to track the implementation of key actions.