Gender Tip Sheets – Health

Health					
Needs assessment and analysis	> Collect and analyze sex, age and disability disaggregated data (SADDD) and conduct a participatory gender analysis to understand different health needs, capacities, barriers and aspirations and identify populations with special health requirements				
	Population demographics. E.g. pregnant and lactating women, infants, elderly, unaccompanied children, persons with disabilities, chronically ill persons				
	Gender roles and power dynamics. E.g. ability of women, girls, men and boys to make health decisions and access services; roles and responsibility of household members in health.				
	Gender and cultural norms and practices. E.g. preference for mixed/segregated facilities and staff; socio-cultural and religious taboos and beliefs around health, practices and beliefs on menstruation, practices and expectations on pregnancy, childbirth and breastfeeding; traditional health care providers				
	How intersectional issues. E.g. access to health care for LGBTIQ persons, for GBV survivors, for adolescent girls and boys A survivors of the surv				
	> Conduct a participatory gender analysis to identify the gaps in the health response				
	Health facilities. E.g. location, distance, safety; mixed or segregated; privacy and confidentiality				
	Services. E.g. availability of GBV services, SRHR services, mental health services; linkages with other services (i.e. legal services for GBV survivors)				
	Health staff. E.g. specific training needs, knowledge of gender and LGBTIQ issues, knowledge of GBV, existence and understanding of code of conduct for health staff on PSEA, training and support for female staff				
	Health policy/plan. E.g. specific gender considerations in the health sector's JRP, health sector's and partners' program strategy and other strategic documents.				
	> Ensure a gender balance in the health assessment and analysis teams to enhance effective, safe and inclusive consultations with women, girls, men and boys.				
	 Gender analysis should be done by analyzing the sex and age data, and by consulting with women, girls, men and boys in an inclusive and participatory way. E.g. Sex-disaggregated focus groups, ensure time/location/facilities ensures participation from all (i.e. child-care facilities for women with young children) 				
Strategic Planning	> Reflect gender analysis in the planning documents and situation reports, using SADDD.				
	> Consult with women, men, girls, boys, and other at-risk groups (LGBTIQ, elderly, persons with disabilities, etc) to design these activities to ensure they meet their needs.				
	> Ensure equal and inclusive access to health that address the specific needs of women, girls, men, boys and other marginalized populations (LGBTIQ, persons with disabilities, etc) as well as the socio-cultural context (Do No Harm).				
	Access. E.g. location of facilities and distance to shelters; accessible for persons with disabilities; safely accessible; appropriate timings of services; privacy.				
	Services. E.g. gender and age specific services; culturally appropriate service and service delivery; confidentiality;				
	Staff knowledge and skills. E.g. training for staff to identify, monitor, refer and report GBV and child protection issues; sensitization on harmful traditional practices				

	Gender-balanced health staff/volunteers/committees. E.g. recruit, train and retain female staff, recruit and train both female and male in community health committees.		
	 > Work with other sectors to holistically plan interventions that address the barriers to quality health for girls and boys. E.g. WASH, nutrition, food security, education, child protection, GBV, PSEA, GiHA WG → Address cultural barriers to women's, girls', men's and boy's participation in health. E.g. Women effective participation in community health committee or segregated committees; provision to ensure women's participation (i.e. childcare); 		
	Generation → Community awareness and social norm changes. E.g. messaging and community outreach on SRHR, messaging on GBV, gender sensitization of male household members, community members and other actors; messaging on adolescent health needs; community awareness on the importance of women's participation in health and health decision-making power.		
	> Develop indicators to measure change for women, girls, men and boys		
	Use sex and age disaggregated indicators so gaps between groups can be identified and assessed		
	> Use the IASC Gender with Age Marker (GAM) to assess program planning		
Resource mobilization	> Provide SADDD, information and key messages on the specific needs of women, girls, men and boys in health to the health sector so that priority areas are funded		
	 Engage in advocacy with donors and regularly report on the gender resource gaps in health 		
	 Apply the GAM to health program design to assess and highlight its contribution to GEEWG 		
Implementation and monitoring			
	Ensure gender balance and responsiveness in the implementing and monitoring staff of the project. E.g. involve community groups such as women's rights, youth, and LGBTIQ organizations in program implementation and monitoring, ensure equal participation of women and girl-mothers by providing childcare services.		
	How the safety of staff and volunteers, especially female staff/volunteers. E.g. put measures in place to respond to potential threat, intimidation and harassment of female staff; mechanism to report any unwanted incidents and SEA.		
	Ensure women, girls, men and boys are aware of the available services, how to access those, the agency providing them and ways to influence their design and delivery		
	Develop and maintain feedback and complaint mechanisms that are child- and adolescent- friendly, gender-responsive, inclusive and confidential (including for SEA reporting). E.g provide feedback and complaint boxes, provide hotline services, do gender and age segregated FGD,		
	> Regularly monitor for any changes, including in risks, access or social norms and roles, that may limit the participation of women, girls, men and boys in the program.		
	> Monitor access to health services by women, girls, men and boys		
	> Contribute to the Joint Response Plan's gender-specific outcome and all other gender- transformative outcomes through coordinating with other actors and other sectors about implementation efforts, achievements and lessons learned		
	> Apply the GAM to assess and improve gender equality programming		

Operational peer review and evaluation	 Share information, SADDD, key messages and good practices to others on the specific needs, capacities and aspirations of women, girls, men and boys in health. Information should also be disseminated back to beneficiaries. 				
	 from affected populations were reached and identify possible gaps. > Use GAM to assess the program's contribution to GEEWG 				
More information can be found here:					
- Gender profiles <u>1</u> (December 2017) and <u>2</u> (March 2019)					
- Gender briefs <u>1</u> (March 2018), <u>2</u> (March 2018), <u>3</u> (April 2018), <u>4</u> (June 2018), and <u>5</u> (July 2018)					

- -
- <u>Review</u> of gender mainstreaming <u>Definition</u> of gender-related terms. <u>Gender with Age Marker</u> online tool

ACRONYMS				
FGD	Focus group discussions	JRP	Joint response plan	
GAM	Gender with Age Marker	LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex	
GBV	Gender-based violence	PSEA	Prevention of sexual exploitation and abuse	
GiHA	Gender in Humanitarian Action	SADDD	Sex, age and disability disaggregated data	
GEEWG	Gender equality and the empowerment of women and girls	SRHR	Sexual and reproductive health rights	