



## Health TIP SHEET

### GENDER EQUALITY MEASURES IN HEALTH

This Tip Sheet offers questions and examples of how key gender equality measures contribute to more relevant and responsive health projects and programs. Use alongside the Gender with Age Marker questionnaire at <http://iascgenderwithagemarker.com>

The IASC GAM identifies and codes projects based on the extent to which key programming elements are present and consistently responding to the different needs of different groups. Four programming elements (GEMs) are assessed in the design phase, and ten GEMs are reviewed in monitoring.

Gender differences can influence women's and men's exposure to risk factors or vulnerability, their access to and understanding of health information, differences in health status and the services they receive. When individuals do not conform to established gender norms, they may face discrimination or exclusion, with additional negative health impacts.

Health interventions can make assistance responsive and fair, improving gender equality, by:

- Describing the specific priorities, needs and dynamics that affect women and men, girls and boys in different age groups for emergency health services;
- Designing activities to address the needs, roles and power dynamics at home and in the community that might deprive groups of equal access to health services;
- Locating health services based on the needs expressed by girls, boys, men and women in different age groups, including adolescent girls and boys and older women and men; and
- Recording and comparing the different health results for women and men, girls and boys in comparable age groups.

### GENDER MAINSTREAMING, OR A TARGETED ACTION?

The GAM questionnaire automatically identifies whether a project mainstreams gender ("M"), or whether it is a targeted action to address gender-related discrimination ("T"), based on the answers provided.

*Most health interventions aim to assist everyone in need while adapting activities to address the roles and priorities of women, men, girls and boys in different age groups: gender mainstreaming (M). An example would be construction of a community health centre aiming to serve everyone, providing services and facilities to equally accommodate the needs and preferences of both male and female users.*

Very occasionally, a health intervention may target actions to address discrimination or gaps resulting from gender norms and expectations ("T"). For example, a project recognizing the risks of childbirth attended by unskilled traditional birth attendants seeks to improve women's knowledge, skills, and employment potential by providing training for local midwives.

*The GAM information sheets explain coding in more detail.*



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GENDER WITH AGE MARKER

### QUESTIONS THAT HELP DETERMINE RESPONSIVE AID AND HOW TO PROVIDE IT

<b>Needs Analysis Set</b>	<b>Gender Analysis</b>	How does the crisis affect women's and men's ability to access health and rehabilitation services? What are the health trends by gender & age group? Are RHS and appropriate clinical management of rape available? How do cultural beliefs and practices regarding pregnancy, childbirth, care of the sick, body disposal, washing, water use, cooking and hygiene affect the health of women and girls compared to men and boys?
	<b>Sex and Age Disaggregated Data (SADD)</b>	How does actual access to health services vary by gender and age? Are there disproportionate disease or death rates in certain groups? If so, why? Are pathologies seen in similar rates in different gender and age groups? Is there information on numbers of people with disabilities accessing health services?
<b>Adapted Assistance Set</b>	<b>Tailored Activities</b>	Are facilities designed so that people who need them can access them safely and confidentially (e.g. handrails, non-stigmatizing entrances)? Are mobile outreach services used to reach those with mobility restrictions? Are maternal health activities designed for women of all ages, including very young women? Do men and boys of all ages have equal opportunities to learn about their roles in personal and family health?
	<b>Protect from GBV Risks</b>	Is poor health contributing to early marriage or transactional sex? Is the Minimum Initial Services Package available? Are staff aware of reporting and referral pathways for both GBV and SEA?
<b>Adequate Participation Set</b>	<b>Influence on Project</b>	Are females and males of different ages involved in the project design, implementation and review? Are women and men with disabilities meaningfully and fairly involved in decision-making groups such as health committees? Are there equal opportunities to engage as volunteers?
	<b>Feedback &amp; Complaints</b>	Are there accessible ways to give feedback to health providers? Are complaints procedures confidential, safe and responsive?
<b>Review Set</b>	<b>Communication with Communities (Transparency)</b>	Is information about how to access health services accessible, appropriate and easy to understand for different gender and age groups? Are campaigns adapted and relevant to the concerns of different gender and age groups?
	<b>Benefits</b>	Are targets and indicators disaggregated by sex and age? Do they demonstrate the project is reaching those it needs to? Is the project meeting the needs of different groups identified in the analysis, including people with disabilities? Are the most vulnerable able to access health services? Do different groups get similar benefits?
	<b>Satisfaction</b>	Are women, men boys and girls of different age groups asked about their satisfaction with health services? Are people with disabilities and other diverse groups of concern asked about their satisfaction with the project? Are different groups equally satisfied?
	<b>Project Problems</b>	Does the project regularly check with affected groups to find out how food assistance Do affected people identify access barriers or negative consequences of health activities? Are these different depending on gender or age, or for people with disabilities? Are discrimination and exclusion issues dealt with promptly? Are there plans to improve?



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### EXAMPLE OF GOOD GENDER EQUALITY PROGRAMMING IN HEALTH

GAM Code 4T – can you work out why? See the GAM Information Sheet

#### Key GEM A: Gender Analysis

*The needs, roles and dynamics of women, girls, boys and men in different age groups are understood.*

HIV/AIDS and access to health care are proving to be a significant challenge among women in Uganda. There is significant discrimination against people with HIV/AIDS, particularly against women of reproductive age. There is a "cycle of HIV transmission" driven by high rates of new HIV infections in adolescent girls and young women from men (on average 8 years older). Many of these men were also partners of similarly-aged women, who also have HIV.

#### Key GEM D: Tailored Activities

*How did the project address the Gender Analysis?*

The Health Empowerment and Livelihoods (HEAL) project combined HIV prevention training, testing and counselling with savings and business-enterprise coaching and life skills training, helping young women secure access to higher earnings and increasing overall levels of confidence and self-esteem.

#### Key GEM J: Benefits

*What benefits do affected groups gain in this example?*

HEAL found that engaging local leaders and men made women more likely to participate in savings groups and less likely to fear repercussions. This engagement helped the wider community to see the benefits of women's participation in savings groups for the family and the community. In an evaluation, project implementers Act4Africa found a 25% reduction in men and women reporting high-risk sexual behaviour compared with the project baseline. By the end of the project, the majority (80%) testing HIV positive were taking up healthcare referrals compared with only 48% at the start.

#### Key GEM G: Influence on Projects

*How women, girls, boys and men in different age groups were involved in decisions in this example:*

HEAL consulted with young women (18-25 years) as well as local community leaders, authorities and men about their issues, how to set up the project and what the project achieved. HEAL also arranged for a bank representative to go to villages and speak to women and men directly about the project.

*Using Gender Equality Measures in projects or cluster programs leads to better quality programming, responsive to gender and age differences.*

### GOOD TO GO?

Apply the IASC Gender with Age Marker to your proposal or project.

### WANT MORE INFORMATION?

Visit <https://iascgenderwithagemarker.com>