



## Gender Equality Measures in Health Interventions

This Tip Sheet describes interventions, poses action-oriented questions and offers an example of the 4 Key GEMs. These critical programming steps connect to generate gender equality in Health interventions. The IASC GAM (described below) flags whether these steps are in proposals or implemented projects.

**Gender Equality in Health:** Women and men, girls and boys across the life-course and in all their diversity, have the same conditions and opportunities to realize their full rights and potential to be healthy, contribute to health development and benefit from the results. Achieving gender equality in health often requires specific measures to mitigate barriers.

WHO Gender Fact Sheet and linked through Global Health Cluster

Take the following actions to work towards this:

- Describe the specific priorities, needs of and the dynamics that affect women and men, girls and boys in different age groups for emergency health services;
- Design 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;
- Locate the types of 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
- Record and compare the different health results for women and men, girls and boys in comparable age groups. Review activities where there are project problems, including barriers.

Gender inequality limits access to quality health services and contributes to avoidable morbidity and mortality rates in women and men throughout the course of their lives. Women live longer than men but they tend to suffer from poor health more than men. Men have higher rates of fatal illnesses, more toxic occupational exposure and higher rates of injuries (intentional and non-intentional). When social discrimination decreases, women's life expectancy increases. Gender equality programming puts the focus on dealing with the impact of how risks/protective factors are different for men and women because of how society is organized<sup>1</sup>.

### Questions to Inspire Action

#### Needs Analysis Set

**Gender Analysis (Key)** What are the health trends across gender and age? How does the crisis affect their abilities to access health services and rehabilitate? Are there sufficient facilities to support reproductive health and appropriate clinical management of rape? Are there inclusive policies and procedures that ensure that people with different sexual orientation and/or gender identities are able to access health care? How do cultural beliefs and practices regarding pregnancy and birthing, the disposal of dead bodies, care of the sick, washing, water use, cooking, and menstruation affect the health of women and girls, or men and boys? **Sex & Age Disaggregated Data** Are pathologies (physical and mental) exhibited in similar rates in women, girls, boys and men in different age groups? How do rates of access to the project vary across different affected groups? Are there disproportionate numbers of deaths among certain groups? If so, what are the reasons? **Targeting** Should the interventions be for everyone or do efforts need to be targeted? How does gender and age affect the ability of affected people to access the project? What efforts are made to ensure that people with mobility issues can access the project?

#### Adapted Assistance Set

**Tailored Activities (Key)** Are health services located and designed to ensure those who need them can access them safely and confidentially? For example, hand rails, non-stigmatizing and confidential entries to services. Are mobile/outreach clinics used where girls, women and older people lack mobility because of cultural practices or frailty? Are people with disabilities and their caregivers supported? Are maternal new-born health activities designed for all females, including very young pregnant adolescents who are at increased risk of obstructed labour? Do women and men, young and old, enjoy equal capacity building opportunities on good health practices? **Protect from GBV Risks** Is poor health contributing to early marriage or exchanging sex for food? Are Minimum Initial Services Packages (MISP) available? Is there a referral pathway? **Coordination** Does the project fit in with the cluster response plan and complement actions by other clusters? Does the agency share gender analysis and access trends?

#### Adequate Participation Set

**Influence on Project (Key)** Are girls, boys, women and men of different ages and backgrounds involved equally in the project's design, implementation and review? Are women and men meaningfully and fairly involved in decision-making groups such as health committees? Are women and men given opportunities fairly to be involved in implementing the project through volunteering? **Feedback Processes** Are there feedback processes for affected people? Can complaints be lodged safely and are they responded to? **Transparency** Is everyone given the information about access to health projects and feedback processes? Is the way it is shared changed to make sure everyone gets the right message? Are campaigns varied to communicate in ways understood by the target group? (For example, men are more likely to delay seeking help for depression – public health messages are provided using anecdotes they understand.

#### Review Set

**Benefits (Key):** Are targets and indicators disaggregated by sex and age? Is assistance distributed to those who need it most? Do men versus women (or boys versus girls) get assistance fairly? **Satisfaction:** Are women & men in different age groups asked about their levels of satisfaction? Are they equally satisfied? **Project Problems:** Do people in need identify barriers to access or negative consequences? Are they different depending on gender and age? Do women talk with women about their issues? And men with men? Does the project have plans to improve?

<sup>1</sup> K.C. Smith (2006) Sex, Gender & Health The Johns Hopkins University

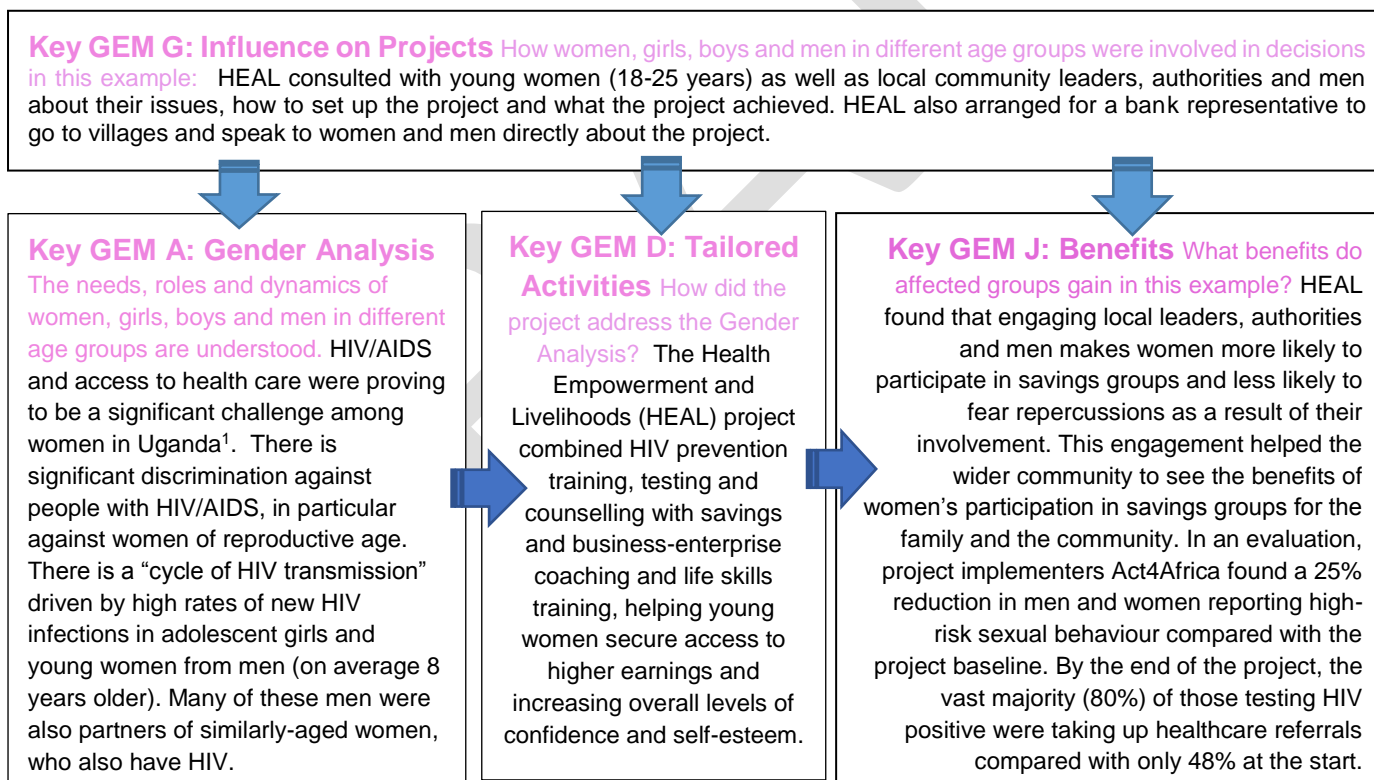
Gender inequalities are differences between men and women which systematically empower one group to the detriment of the other. They can lead to inequalities between men and women in health status and provision of appropriate health services. Gender differences in society can influence both women's and men's exposure to risk factors or vulnerability; access to and understanding of information about disease management, prevention and control; household-level investment in nutrition, care and education; experiences in health-care settings; social impacts of ill-health and patterns of health service use. When individuals do not conform to established gender norms, relations or roles, they often face stigma, discriminatory practices or social exclusion – all of which negatively impact health.

**IASC Gender & Age Marker (GAM):** The GAM measures whether the Needs Analysis, Tailored Activities, Influence on Project and Benefits (Key Gender Equality Measures/GEMs) demonstrate gendered issues and involvement across age groups. These are the building blocks that lay the foundations for quality programming. The tool codes (0-4): higher when the project can demonstrate gendered needs, roles and dynamics are considered, based on different age groups; activities are tailored accordingly; affected groups get benefits fairly; and they influence the project fairly. Only Key GEMs are considered in Design while all GEMs are considered in the Monitoring Phase.

Health interventions may target action to address specific vulnerabilities or discriminations resulting from gender norms or expectations (Targeted Action). Alternatively, interventions may consider the distinct needs roles and dynamics for women and men, girls and boys in different age groups and adapt activities accordingly (Gender Mainstreaming). The GAM Overview explains the coding for GEMs and GAM.

### Example of Health Programming

(Code 4T – can you work out why? See GAM Overview)



Using the above GEMs in your project or cluster program will lead to better quality programming that is responsive to gender and age issues.

**GOOD TO GO?** Apply the **IASC Gender with Age Marker** to your proposal or project.

**WANT MORE INFORMATION?** Check out more resources below.

2018: Health: IASC Gender with Age Marker

For more resources on the **IASC Gender with Age Marker** and integrating gender & age into humanitarian programming visit [www.humanitarianresponse.info/](http://www.humanitarianresponse.info/)  
Global Health Guidance: the WHO Fact Sheet and resources can be found at <http://www.who.int/mediacentre/factsheets/fs403/en/>,  
[http://www.who.int/social\\_determinants/publications/womenandgender/en/](http://www.who.int/social_determinants/publications/womenandgender/en/)

For the E-learning course on “*Increasing Effectiveness of Humanitarian Action for Women, Girls, Boys and Men*”, visit: [www.iasc-elearning.org](http://www.iasc-elearning.org)