OPT HEALTH AND NUTRITION GAM TIP SHEET
2019 OPT HRP

This Health and Nutrition Tip Sheet has been adapted from the global IASC Health Tip Sheet and Nutrition Tip Sheet with the aim at offering guidance on integrating gender responsive interventions within the given sector as well as contextualized oPt gender analysis and recommended actions as examples to be referred to in designing Health and Nutrition project proposals for the 2019 oPt HRP. Lastly, the Tip Sheet also provides a set of guiding questions for the design and monitoring of the project against each GEM.

The IASC GAM identifies and codes projects based on the extent to which key programming elements are consistently present in proposals and implemented projects. Four steps (GEMs) are assessed in the design phase, and twelve GEMs are reviewed in monitoring. For more information on the GAM please refer to the GAM Overview.

ROLES, RESPONSIBILITIES AND RISKS IN HEALTH AND NUTRITION FOR DIFFERENT GENDER AND AGE GROUPS

Health: 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.

Nutrition: Girls and boys – and men and women –have different nutritional needs at different life stages. They also face different risks and challenges in accessing adequate nutrition. Gender inequality exacerbates food insecurity, malnutrition and poverty in humanitarian crises. All gender and age groups entitled to equal access to nutrition services and the foods they need to live a healthy life.

HEALTH AND NUTRITION INTERVENTIONS CAN MAKE ASSISTANCE RESPONSIVE AND FAIR BY:

- 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

NUTRITION ACTORS CAN TAKE THE FOLLOWING STEPS TO ENSURE EVERYONE IS EQUALLY ABLE TO ACCESS AND BENEFIT FROM NUTRITION PROGRAMS:

- Integrate the gender perspectives from rapid participatory assessments with women, girls, boys and men of diverse backgrounds into the initial nutritional status analysis. Use this to identify groups most at risk of poor nutrition and health.
- Examine whether at-risk groups (for example, female headed households, older women or men, people living with HIV/AIDS) are accessing adequate food and the food basket meets their specific needs. Take action to address barriers following consultation.
- Use information on age- and sex-specific incidence of illnesses, nutrition indicators and health conditions to tailor activities.
- Review the effectiveness of the nutrition programs for women and men as well as boys and girls in different age groups.

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GENDER MAINSTREAMING, OR A TARGETED ACTION?

HEALTH

Some Health interventions target actions to address specific discrimination or gaps resulting from gender norms and expectations **(Targeted Actions or 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 midwifes, and in consultation with the community establishes a savings cooperative for payment of their incentives. Other health interventions, such as construction of a CHC, aim to serve everyone, and provide services and facilities to equally accommodate the needs and preferences of both male and female users **(Gender Mainstreaming, or M.)**

NUTRITION

Some Nutrition interventions may target actions to address specific discrimination or gaps resulting from gender norms and expectations: these are **"targeted actions" (T.)**

For example, a project may focus solely on changing community perceptions about preparation roles through working with adolescent boys who returned from war to teach them how to prepare nutritious meals or a project may focus on changing community attitudes about pregnant w omen eating meat. However, the majority of humanitarian interventions will aim to assist everyone in need while adapting activities to meet the roles and priorities of girls and boys (or women and men) in different age groups: **gender mainstreaming (M.)** An example would be a project to improve the nutritional status of the affected population for pregnant and lactating w omen, girls and boys under the age of 5 years, and chronically ill people. The GAM Overview explains the coding for GEMs and GAM.

HEALTH AND NUTRITION IN OPT GENDER NEEDS ANALYSIS TO INFORM NEEDS ANALYSIS SET

Gaza performs relatively well on key indicators, e.g. the infant mortality rate is approximately 22 per 1,000 live births, the maternal mortality ratio is below 20 per 100,000 live births, immunization coverage is at 95% for most vaccines, there is near universal coverage of antenatal care, all Gazan women deliver in health facilities, and there has been a noticeable reduction in the fertility rate [10]. Nevertheless, the health system is on the verge of collapse as a result of the 10-year blockade, the deepening intra-Palestinian political divide, deteriorating energy supply, inconsistent payment of public sector medical personnel, and growing shortages in medicines and disposables [1; 7]. Damaged, or not functioning health care centres leave women responsible for their children's health, seeking health services outside their living area [18]. People with disabilities and elderly who depend on electrical medical devices are particularly vulnerable given the shortage of electricity, medical supplies and skilled staff [19].

GBV services through health service providers have been negatively affected by the long hours of power cuts, and financial constraints. Organizations have cancelled activities and reduced working hours. Some hospitals are expected to close in order to preserve energy for the central hospitals with a larger catchment population. This will especially effect women, pregnant women, the elderly and those with chronic illnesses, and GBV survivors as health is the culturally accepted entry point to detect, treat and refer cases. Many GBV Sub-Cluster partners are suffering from overcrowding in their facilities [20].

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Despite the many psychosocial and mental health service providers active in Gaza, organizational, cultural and psychological barriers often prevent young people accessing those services. They often focus on younger children or adult women. Social norms play a key role in hindering service uptake, particularly for adolescent girls – service users face a high degree of stigma, and service use is often perceived to constrain marriageability [9].

Men use health services less frequently than women, but they also tend to use them primarily in cases of urgent medical need rather than for prevention and self-care or to seek mental health and other types of psychological and emotional support. Yet, men's psychosocial distress (particularly in Gaza) is very high, and current programming in psychosocial and mental health tends to overlook men as a target group [2].

Recent events related to "Great March of Return" are cause for concern. As of 7th June 2018, 131 Palestinians, including 15 children, were killed by Israeli forces during the demonstrations since 30th March. The cumulative number of injuries is estimated at around 13,900; more than 7,500 needed to be hospitalized – putting additional pressure on stretched health services.[1]

EXAMPLE RECOMMENDED ACTIONS IN OPT TO INFORM ADAPTED ASSISTANCE SET:

- Health service promotion and tailoring for all groups, including adolescent girls and men (particularly with respect to psychosocial well-being).
- Continue integration of GBV related services into health service provision and strengthen coordination of comprehensive referral system.
- Joint work with food security cluster to raise awareness about healthy diet (epidemiological transition).
- Targeting of particularly vulnerable groups such as women and girls with disabilities, and that of women and girls living in key geographical areas such as Area C, H2, East Jerusalem, and Gaza (particularly ARA).

HEALTH AND NUTRITION: QUESTIONS TO INSPIRE ACTION

Needs Analysis Set	**A Gender Analysis**	**Health**: What are the health trends by gender & age group? How does the crisis affect respective abilities to access health and rehabilitation services? 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? **Nutrition**: How does the crisis affect nutritional well-being of girls and boys, women and men? What cultural beliefs and practices such as food taboos affect their nutrition? Who controls household resources, and how does this affect access to food and feeding patterns? How do individuals with disabilities access food, and does it meet their specific needs?
	B Sex and Age Disaggregated Data (SADD)	**Health**: Are pathologies seen in similar rates in different gender and age groups? How do project access rates vary by gender and age? Are there disproportionate disease or death rates in certain groups? If so, why? **Nutrition**: What are the relative rates of malnutrition? How does rate of access to the project vary for different groups?

[1] https://www.ochaopt.org/content/humanitarian-snapshot-casualties-context-demonstrations-and-hostilities-gaza-30-march-7-june

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	C Good Targeting	**Health**: Should the intervention be for everyone or do certain groups need targeting? How do gender and age affect ability to access project services? What efforts are made to ensure people with disabilities can access the project? **Nutrition**: Should interventions be for everyone, or do efforts need to be targeted? How do gender and age affect ability to access nutrition projects? What efforts are made to ensure people with mobility issues can access the project?
Adapted Assistance Set	**D Tailored Activities**	**Health**: Are facilities designed so that people who need them can access safely confidentially? (e.g. handrails, non-stigmatizing entrances) Are mobile outreach services used to enable access for those with physical or cultural restrictions on mobility? Are maternal health activities designed for women of all ages, including very young women? Do men and boys of all ages have equal opportunities for capacity-development on personal and family health? **Nutrition**: How do food baskets and information campaigns differ to ensure different nutritional needs are met? Do campaigns target family members who make decisions about child-feeding, who may not be the mothers? Are there special access provisions where disabilities, domestic or care work limit access for women or girls? Do supplementary feeding and malnutrition treatment include elderly women and men, PLW, as well as girls and boys? Are there activities to build child nutrition knowledge of fathers?
	E Protect from GBV Risks	**Health**: Is poor health contributing to early marriage or transactional sex? Is the Minimum Initial Services Package available? Is there a referral pathway? **Nutrition**: Is poor nutrition contributing to early marriage or transactional sex? Does targeting of individuals within the family increase tension or violence? Are staff aware of referral pathways?
	F Coordination	**Health**: Does the project fit with the cluster response plan & complement other clusters' actions? Is the gender analysis and data shared? **Nutrition:** Does the project fit with the cluster response plan & complement other clusters' actions? Is the gender analysis and data shared?
Adequate Participation Set	**G Influence on Project**	**Health**: Are diverse women, girls, boys, men of appropriate ages equally involved in the project design, implementation and review? Are women and men meaningfully and fairly involved in decision-making groups such as health committees? Are there equal opportunities to engage as volunteers? **Nutrition**: Are girls and boys of different ages and backgrounds consulted equally and appropriately about the content and review of the nutrition project? Is there gender-balanced representation on nutrition committees?
	H Feedback	**Health**: Are there feedback mechanisms? Confidential, safe and responsive complaints channels? **Nutrition**: Are there safe feedback & complaints channels for affected boys & girls, women & men? Are they responsive?

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	I Transparency	**Health**: Is everyone given information about the project and how to access services in ways they can understand? Are campaigns adapted and relevant to the different concerns of different gender and age groups? **Nutrition**: Is everyone given information about access to nutrition projects and feedback processes? Is communication adapted to make sure everyone gets the right message?
Review Set	**J Benefits**	**Health**: Are targets and indicators disaggregated by sex and age? Is assistance provided to those who need it most? Do men and women receive assistance fairly? **Nutrition**: Are targets and indicators disaggregated by sex and age? Are the most vulnerable able to access nutrition? Is access fair for girls and boys?
	K Satisfaction	**Health**: Are men and women in different age groups asked about their satisfaction? Are they equally satisfied? **Nutrition**: Are women and men in appropriate age groups asked about their satisfaction? Are levels similar?
	L Project Problems	**Health**: Do affected people identify barriers or unintended negative consequences? Are they different depending on gender or age? Do women talk with women, and men with men? Are there plans to improve the project? **Nutrition**: Do people in need identify access barriers or negative consequences? Are they different depending on gender and age? Do women talk with women and girls? And men with men and boys? Does the project have plans to improve?

GEMs A, D, J, G in the orange boxes are relevant to the design phase of the project; however, implementing partners should ensure that mechanisms and systems (see **GEMs B, C, E, F, H, I, K, L**) are set up or will be set up before or during the implementation stage to ensure good quality programming. Implementing partners will report back in the GAM survey at the mid-year point as part of the monitoring and evaluation phase of the GAM that will gauge to what extent the project carried out its activities to the way it had intended to do at the design phase.

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