

GENDER EQUALITY MEASURES IN HEALTH

This Tip Sheet offers interventions, guiding questions and an example of how 4 Key Gender Equality Measures (GEMs) support gender equality in Health projects and programs. It should be read together with the GAM Overview. 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.

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 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.

QUESTIONS TO INSPIRE ACTION

Needs Analysis Set	Gender Analysis	What are the health trends by gender & age group? How does the crisis affect respective abilities to access health and rehabilitation services? Are there RSH services and appropriate clinical management of rape? 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?
	Sex and Age Disaggregated Data (SADD)	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?
	Good Targeting	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?
Adapted Assistance Set	Tailored Activities	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?
	Protect from GBV Risks	Is poor health contributing to early marriage or transactional sex? Is the Minimum Initial Services Package available? Is there a referral pathway?
	Coordination	Does the project fit with the cluster response plan & complement other clusters' actions? Is the gender analysis and data shared?
Adequate Participation Set	Influence on Project	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?
	Feedback	Are there feedback mechanisms? Confidential, safe and responsive complaints channels?
	Transparency	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?

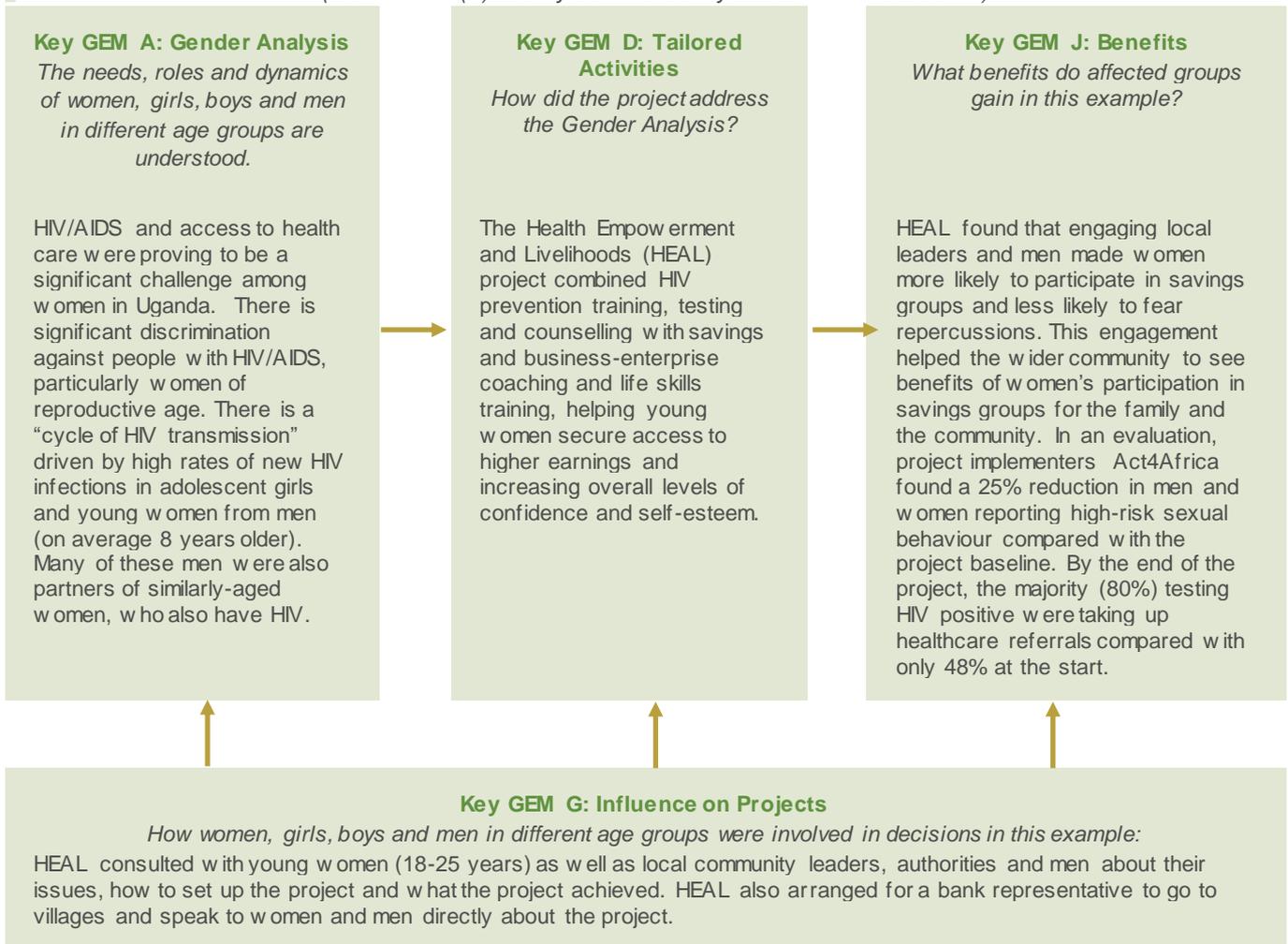
Review Set	Benefits	Are targets and indicators disaggregated by sex and age? Is assistance provided to those who need it most? Do men and women receive assistance fairly?
	Satisfaction	Are men and women in different age groups asked about their satisfaction? Are they equally satisfied?
	Project Problems	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?

GENDER MAINSTREAMING, OR A TARGETED ACTION?

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 midwives, 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.)

EXAMPLE OF GOOD GENDER EQUALITY PROGRAMMING IN WASH

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



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

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

RESOURCES? Refer to iascgenderwithagemarker.com