CROSS CUTTING AND MAINSTREAMING ISSUES FOR THE HPC

- Protection
- Accountability to Affected Population (AAP)
- Prevention of Sexual Exploitation and Abuse (PSEA)
Protection

• Does The project show evidence of protection mainstreaming?
Protection mainstreaming

Do no Harm Approach

Safety
- Ex: Location is safe, no threats around, roads are with light

Adaptability and acceptability
- EX: Separate waiting areas for women and men
- Female staff for female patients

Confidentiality and privacy
- EX: Examination rooms are separated from waiting areas,
  - Ex: Do not collect not needed information
  - Ex: Do not share confidential information with others

COVID-19
- Ex: Is the facility is applying precaution measures and PPE
- Ex: Is any SOP available
- Ex: Is training provided to health facility?

Meaningful access

Collective action for better health outcomes
Collective action for better health outcomes

Protection mainstreaming

Do no Harm Approach

Equitable access (Meaningful)

Is access equitable for all?
- Ex: Ensure that the most vulnerable groups have access to service
  - EX: persons with reduced mobilities (Physical disability, elderly)
  - EX: persons with non-mobility related disability (blind/hard of hearing)
  - EX: ensure that patients do know their right to health care

What are the barriers?
- Ex: Transportation
- Ex: Fees
- Ex: Information availability
- Ex: Accessibility tools
- Ex: Language

How to overcome it?
- Ex: Organize transportation
- Ex: Make services free
- Ex: Provide ramps
- Ex: Mobile team
- Ex: Verbal and written information
- Ex: Trained staff to respond to specific needs of each target (PWD, GBV)

COVID-19
- Ex: which could be the priority target should be the priority
- Ex: alternative activities...
- Ex: Adapted activities (mobile teams)
- Ex: avoid stigmatization
The project has been designed in consultation with affected community members, and / or has a built-in feedback mechanism with the community.

In this section, several question should be answered:

- How will affected population be involved in:
  - Project design
  - Implementation (in the service delivery)
  - In the M&E

- Will there be representation of community groups?

- What feedback and complaint mechanisms will be in place? How will be the information gathered through it used? Reporting ? Action ?

- Is confidentiality and security guarantee through these mechanisms?
The project needs to show an evidence of PSEA activities built into the project.

PSEA activities might include:

- Capacity building on reporting, investigation and victims assistance of SEA cases.
- Training on SEA and screening of staff on SEA.
- Awareness raising for right holders and communities.
- Mainstreaming SEA on HR rules and regulations, including mandatory clause within contracts.
- Designation of a PSEA focal point.
Prevention of Sexual Exploitation and Abuse

There are four mandatory indicators regarding PSEA within the country level framework:

- % of children and adults which have access to a safe channel to report sexual exploitation and abuse.
- Number of adults and children (disaggregated by gender and age) reached through consultation in the establishment of community-based complaint mechanisms, awareness activities and community mobilization interventions on PSEA, including how to report SEA-related complaints.
- % of sites reached by PSEA communications materials, how to report sexual exploitation and abuse and how to access victim/survivor-centred assistance (disaggregated by type of PSEA communication materials developed for each population group identified).
- Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness-raising material on PSEA.
Protection Mainstreaming Tip Sheet - Health Programs

Protection Mainstreaming in the context of COVID-19

IASC PSEA Country Level Framework PALESTINE HRP
Disability Mainstreaming
WHAT IS A DISABILITY?

Result from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.
Disability:

Physical, Mental, Sensory or Intellectual Impairment (long-term)

Environmental And/or Attitudinal Barriers

Participation in Society
Disability in UNC RPD

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Article1 - UNCRPD
Disability Vs. Impairment

- **Disability** is not the same as **impairment**.
- Impairment is a deterioration of a body function, while disability means a restriction in participation in society faced by a person with impairment. The interaction between a person’s impairment and barriers in the environment and society results in restricted participation which is disability.
- Not all of impairment can be seen, and this situation makes them hidden and difficult to identify.
- People may have multiple impairments.
Type of Impairments

5 Groups:
- Physical
- Visual
- Hearing
- Speech
- Intellectual
- Mental
Disability Mainstreaming in HRP Projects

- Does The project show evidence of disability mainstreaming?
5 components of change...

1- Non-discrimination
2- Participation
3- Collaboration and coordination
4- Inclusive response and services
5- Inclusive policies
Collective action for better health outcomes

Disability Mainstreaming

1- Non-Discrimination

People with disabilities shouldn’t be excluded due to their type of disability, age, gender, location. Use Right Based Language in referring to people with disabilities. Ensure access to invisible disabilities.

2- Participation

Consult persons with disabilities and their families and involve them in all stages of the project cycle (including at the assessment stage to ensure their needs are communicated). Partner, network and consult with Disabled People’s Organizations, local authorities, disability-specific organizations and disability service providers in all stages of the project.

3- Collaboration and Coordination

Ensure that the project steering committee includes representatives of people with disabilities to give feedback about the quality of services and advocate for the right of persons with disabilities to access to the project services. Establish partnerships with representatives of concerned groups or with other actors specialized in disability, gender or age issues.

4- Inclusive response and services

Ensure project data collection tools are disability-inclusive, Use WGQs, plan required budget for disability inclusion, Adapt service delivery mechanisms to address barriers faced by persons with disabilities and reasonably accommodate their specific needs. Service locations should be accessible, Consider other alternatives to ensure access to people with disabilities: fixed transportation arranged, door to door, Use different outreach strategies/mobile clinics to proactively include persons with disabilities in the project activities, Raise awareness on disability to address negative attitudes and discrimination among your staff and partners.

5- Inclusive policies

Ensure that the strategic and operational documents are disability-inclusive, Ensure that the HR policy is inclusive, Ensure the vision and mission supportive to work on inclusion, and does your organization have a written policy on inclusion?

Ensure that feedback and complain mechanisms are inclusive and accessible to people with disabilities, Ensure the project framework reflects disability inclusion: disaggregate indicators, disability-specific outcomes and targets where appropriate.
The Goal: Persons with disabilities are part of the project target group and services must be acceptable, available and accessible, affordable to people with disabilities.

Consult persons with disabilities and their families and involve them in all stages of the project cycle (including at the assessment stage to ensure their needs are communicated).

Partner, network and consult with Disabled People’s Organizations, local authorities, disability-specific organizations and disability service providers in all stages of the project.

Raise awareness on disability including by training staff on disability and on working with persons with disabilities at all points of the project.

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### Assessment
- Locate persons with disability and assess their situation, their needs and issues.
- Consult with persons with disabilities to identify strategies to address issues identified.

### Planning
- Design a project strategy allowing for equitable access to basic services + referrals for specific services and plan required budget for disability inclusion.
- Ensure the project framework reflects disability inclusion: disaggregate indicators, disability-specific outcomes and targets where appropriate.

### Implementation and Monitoring
- Ensure baseline survey is disability inclusive and maps when possible the disability specific services.
- Use different outreach strategies to proactively include persons with disabilities in the project.
- Ensure project implementation plans and data collection tools are disability-inclusive.
- Adapt service delivery mechanisms to address barriers faced by persons with disabilities and reasonably accommodate their specific needs.
- Refer appropriately for disability-specific services based on needs identified.

### Evaluation
- Ensure evaluation methodology consults persons with disabilities and evaluates the outcomes and impact for persons with disabilities compared to people without disabilities.
- Raise awareness on disability to address negative attitudes and discrimination among your staff and partners.
- Ensure evaluation includes findings and describes the barriers faced by persons with disabilities in participating in the project and highlight good practices in disability inclusion.
References

Disability Mainstreaming in HRP 2022 - A Health Checklist

https://www.washingtongroup-disability.com/

Disability Terminology Guideline in Arabic and English
Gender with Age Marker

Refresher Session – Health Cluster
29 SEP, 2021
WHAT'S *NEW* IN THE GAM?!

OVERVIEW

* As of March 2021
Main changes...

Design Phase

Needs Analysis (At the beginning of this section!)

>> GEM A: Analysis

Briefly describe gender, age and/or other inequality in this context: who is disadvantaged and why? (Do not write about your policy or project plans) (Max 150 words)
Design Phase
Analysis

>> GEM A: Analysis (continued)

- The analysis considers the situation of LGBTI /other gender groups (lesbian, gay, bisexual, transgender, intersex: people with diverse sexual orientation, gender identity, gender expression, and/or sex characteristics)
  - Yes
  - No / Not yet

- The analysis is particularly concerned about the situation of the following gender group(s): (Females, Males, LGBTI, All gender groups)

- The analysis is concerned... “ ” ...age groups: (incl All age groups)

- The analysis is particularly concerned about the situation of the following group(s) with disabilities (females with disabilities; males “ “; all gender groups with disabilities; people with disabilities by age group not specified)
Revised indicators of good programming: Gender Equality Measures ("GEMs")

Old GEMs (C) and (J) both asked “who’s missing out?” so (C) is removed; (B) SADD and (F) Coordination are combined as both related to data disaggregation.
What does good gender equality programming look like?

Brainstorm:

When you go to the field to visit a project, what do you SEE that tells you it is a good programme?

10 indicators: Gender Equality Measures (“GEMs”)
<table>
<thead>
<tr>
<th>Item</th>
<th>No</th>
<th>GEMs</th>
<th>Criteria</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>Gender Analysis</td>
<td>• The gender analysis describes the needs and dynamics between women, girls, boys and men in different age groups</td>
<td>• A written gender analysis&lt;br&gt;• The analysis describes needs and dynamics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Different people are understood</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>Disaggregated Access Dada</td>
<td>• Data on relative access are used in a credible way and disaggregated by sex and age&lt;br&gt;• The project reaches the intended target groups</td>
<td>• Rates of actual access to assistance Collected&lt;br&gt;• Data is meaningfully disaggregated by sex and age&lt;br&gt;Actual access to aid by gender/age groups is similar to planned targets&lt;br&gt;• The target rates are informed by the gender Analysis</td>
</tr>
<tr>
<td>Item No</td>
<td>GEMs</td>
<td>Criteria</td>
<td>Evidence</td>
<td></td>
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</table>
| **D**   | Tailored Activities<br>People get the right Resources | • Activities/resources are adapted to the needs and preferences of girls, boys, women and men of different ages.  
• Targeted actions address the needs and priorities as well as the discrimination faced by specific groups of women/girls/boys/men | • The assistance is varied according to gender Analysis  
• Actions aim to address gender-based Discrimination |
| **E**   | Protection From GBV<br>People are safer from GBV risks | • At least one activity, item or process is designed to reduce risks or address GBV, **OR**  
• The project works solely to address GBV risks.  

The agency shares its gender analysis, access rates, successes and gaps with sector/cluster members and in meeting minutes | • Preventing or responding to GBV is either mainstreamed or is the primary project Purpose.  
The agency shares project data with the Sector |
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Influence on the Project</td>
<td>People influence decisions about projects</td>
<td>• Women, girls, boys and men of appropriate ages participate in design AND review of the project AND their suggestions are incorporated</td>
<td>• Needs assessments and reviews are Influenced</td>
</tr>
<tr>
<td></td>
<td>People influence decisions about projects</td>
<td></td>
<td></td>
<td>• Barriers to participation are addressed</td>
</tr>
<tr>
<td>H</td>
<td>Feedback Processes</td>
<td>People can complain and be heard</td>
<td>• There is a confidential complaints process that considers gender and age, and responds with changes to the way services are delivered</td>
<td>• There is a complaints process</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Policies outline a safe and accessible Process</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>• Documentation that practices have changed in response</td>
</tr>
<tr>
<td>I</td>
<td>Transparency</td>
<td>People get the information they need</td>
<td>• The project delivers different messages through appropriate media according to the gender analysis</td>
<td>• Information strategies vary depending on gender and age</td>
</tr>
<tr>
<td>Item</td>
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<td>GEMs</td>
<td>Criteria</td>
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<tr>
<td>J</td>
<td></td>
<td><strong>Benefits</strong></td>
<td>• There are distinct benefits for women/girls and/or men/boys in different age groups as a result of activities tailored to the gender analysis</td>
<td>• There are recorded benefits for different users as a result of activities tailored to the gender analysis</td>
</tr>
</tbody>
</table>
| K    |    | **Satisfaction** | • Most of the surveyed women /girls AND boys/men of appropriate ages are satisfied with the project | • Satisfaction rates are collected  
• Most groups are satisfied  
• Different groups are equally satisfied |
| L    |    | **Project Problems** | • The barriers or negative effects and (planned) steps to change are outlined  
• These address the needs of women/girls and/or men/boys of different ages | • Harmful effects and access barriers are outlined  
• Steps to address problems are described |
Access GAM

https://ee.humanitarianresponse.info/single/CmMi32GF
Thank You