Health Cluster HRP Proposal Writing Workshop

CROSS CUTTING AND MAINSTREAMING APPROACHES

A PRACTICAL OVERVIEW

HEALTH CLUSTER

Collective action for better health outcomes

World Health Organization

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?

HEALTH CLUSTER

World Health Organization

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**

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 t should be the priority

Ex: alternative activities ..

Ex: Adapted activities (mobile teams)

Ex: avoid stigmatization

Accountability to Affected Population

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?

Prevention of Sexual Exploitation and Abuse

❑ 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

- ✓ Mainstream 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](#)

HEALTH CLUSTER

World Health Organization

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.

HEALTH CLUSTER

World Health Organization

Disability:

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

Environmental And/or Attitudinal Barriers

Participation in Society

Disability in UNCRPD

"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:

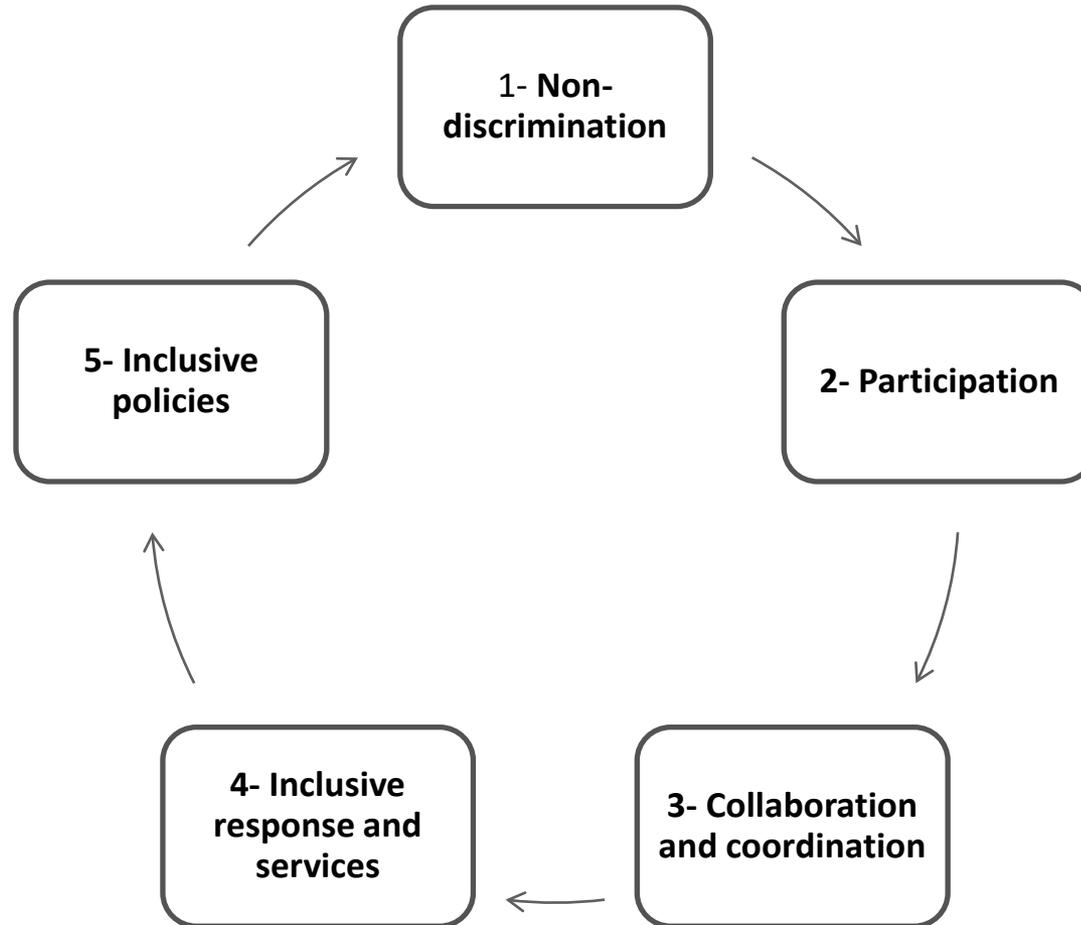- Physical
- Visual
- Hearing
- Speech
- Intellectual
- Mental

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**

HEALTH CLUSTER

World Health Organization

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

Ensure the i**nformation on health service provision** and on health itself **adapted to diverse disabilities**? IEC materials using different media for dissemination of Inf.

Refer appropriately for disability-specific services based on needs identified.

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

5- Inclusive policies

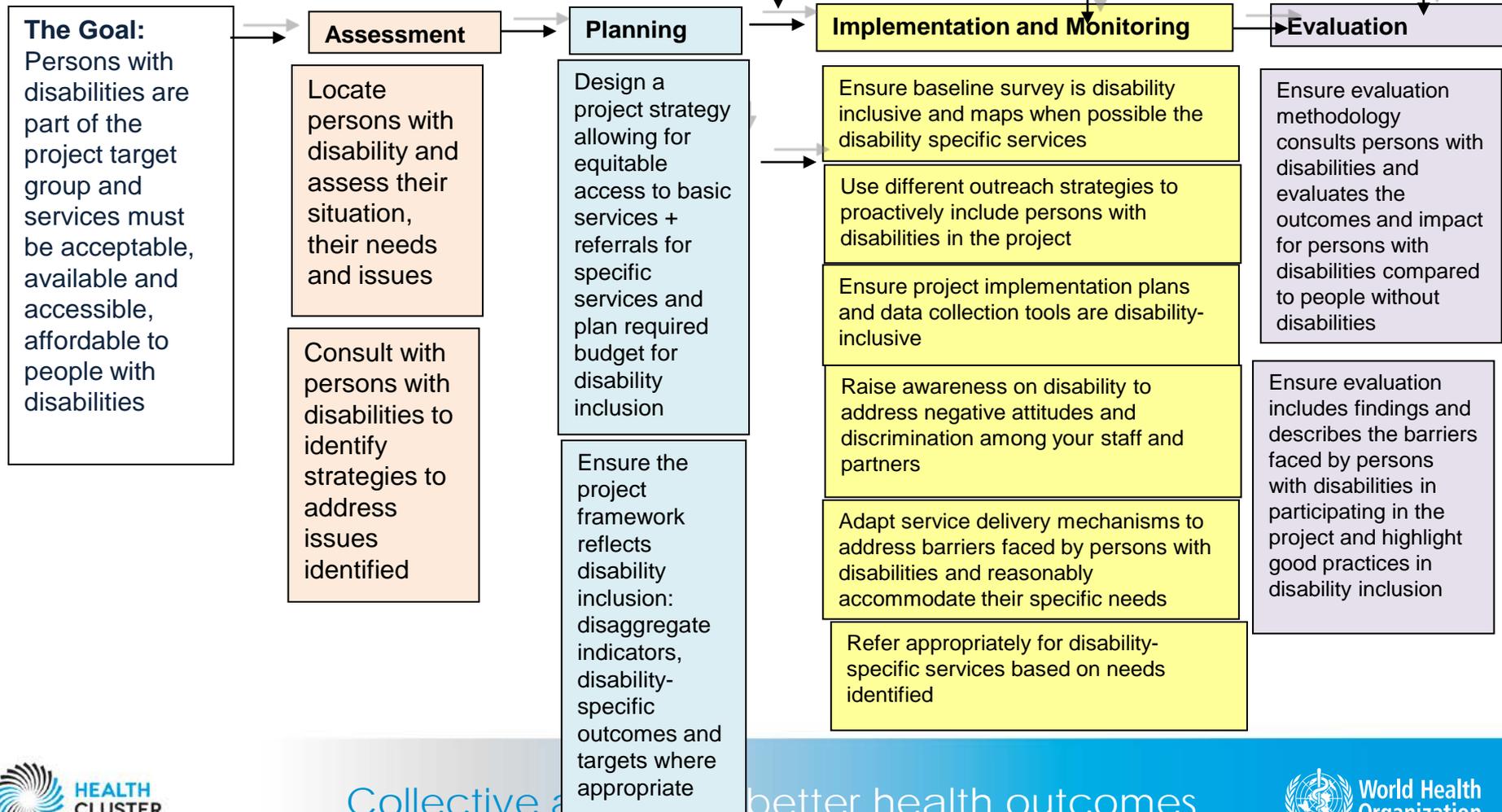Ensure that the strategic and operational **documents** disability-inclusive.

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**?

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

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

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

Raise awareness on disability to address negative attitudes and discrimination among your staff and partners

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

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

Collective a... better health outcomes

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)

>> **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)
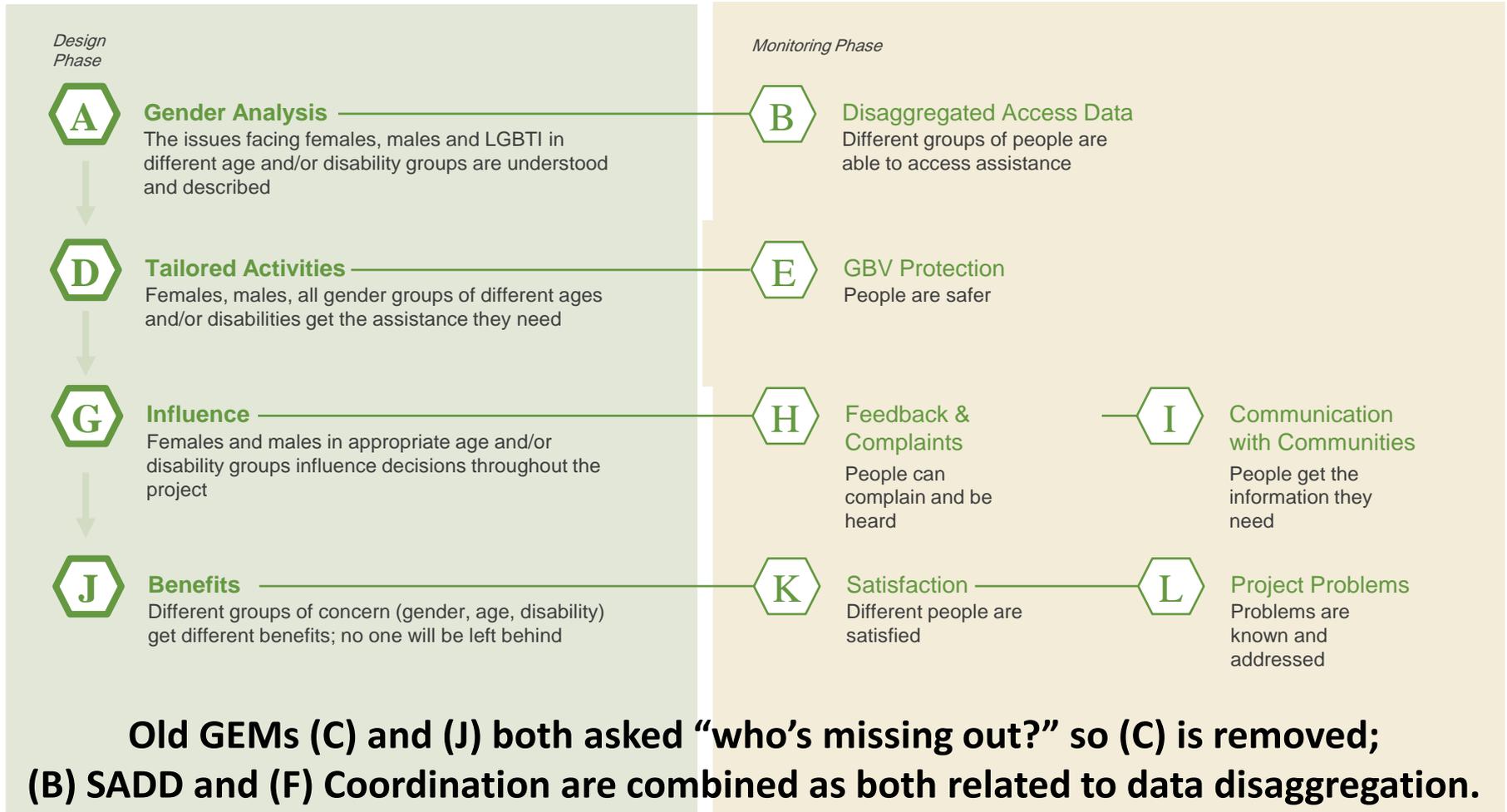
❑ **The analysis is concerned… "**   **" …age groups:** (incl All age groups)

❑ **The analysis is particularly concerned about the situation of the following group(s) with disabilities** (females with disabilities; males " "; all gender groups with disabilities;

Revised indicators of good programming:

Gender Equality Measures ("GEMs")

Design Phase

(A) Gender Analysis
The issues facing females, males and LGBTI in different age and/or disability groups are understood and described

(D) Tailored Activities
Females, males, all gender groups of different ages and/or disabilities get the assistance they need

(G) Influence
Females and males in appropriate age and/or disability groups influence decisions throughout the project

(J) Benefits
Different groups of concern (gender, age, disability) get different benefits; no one will be left behind

Monitoring Phase

(B) Disaggregated Access Data
Different groups of people are able to access assistance

(E) GBV Protection
People are safer

(H) Feedback & Complaints
People can complain and be heard

(I) Communication with Communities
People get the information they need

(K) Satisfaction
Different people are satisfied

(L) Project Problems
Problems are known and addressed

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")

Item	No	GEMs	Criteria	Evidence
Needs Analysis Set **What do we know?**	A	**Gender Analysis** Different people are understood	• The gender analysis describes the needs and dynamics between women, girls, boys and men in different age groups	• A written gender analysis • The analysis describes needs and dynamics
	B	**Disaggregated Access Dada** Different people are Counted	• Data on relative access are used in a credible way and disaggregated by sex and age • The project reaches the intended target groups	• Rates of actual access to assistance Collected • Data is meaningfully disaggregated by sex and age Actual access to aid by gender/age groups is similar to planned targets • The target rates are informed by the gender Analysis

Item	No	GEMs	Criteria	Evidence
ADAPTED ASSISTANCE SET What do we do about it?	D	**Tailored Activities** 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** 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 se

Item	No	GEMs	Criteria	Evidence
ADEQUATE PARTICIPATION SET How do we do work together?	G	**Influence on the Project** People influence decisions about projects	• Women, girls, boys and men of appropriate ages participate in design **AND** review of the project **AND** their suggestions are incorporated	• Needs assessments and reviews are Influenced • Barriers to participation are addressed
	H	**Feedback Processes** People can complain and be heard	• There is a confidential complaints process that considers gender and age, and responds with changes to the way services are delivered	• There is a complaints process • Policies outline a safe and accessible Process • Documentation that practices have changed in response
	I	**Transparency** People get the information they need	• The project delivers different messages through appropriate media according to the gender analysis	• Information strategies vary depending on gender and age

Item	No	GEMs	Criteria	Evidence
REVIEW SET What do we do well and what should we change**?**	J	**Benefits** Different people get different benefits	• There are distinct benefits for women/girls and/or men/boys in different age groups as a result of	• There are recorded benefits for different users as a result of activities tailored to the gender analysis
	K	**Satisfaction** Different people are Satisfied	• 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** Problems are known and changes planned	• 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