

Gender Tip Sheets

Health Sector



Health sector interventions will focus on:

- > Ensuring access to essential health services and primary healthcare, including emergency medical supplies, trainings of primary health care workers, deployment of mobile clinics and paediatric mobile units, support to referrals, and measles vaccination rollout.
- > Ensuring access to secondary health care: including specialized care for burn victims by emergency medical teams, and other priority groups of population and providing necessary emergency health care including through deployment of emergency medical teams.
- > Providing mental health and psychosocial support: including counselling services by specialised and trained non-specialised health care workers, specialized clinical psychological or psychiatric services, and training to healthcare workers providing these services.

Under the overall coordination of the Ministry of Health, health partners will support access of refugees to quality health services in an equitable and inclusive manner. The Health Sector Coordination Group will have a technical sub-sector group for sexual and reproductive health (SRH), as well as a cross-sectoral coordination with Mental Health and Psychosocial Support (MHPSS) Taskforce that will ensure MHPSS services are integrated across sectors, including clear referral pathways and service mappings. Partners will raise awareness and share information on the prevention of non-communicable and communicable diseases and on SRH. Addressing children's health and development-related issues and ensuring continuum of care will be another key priority. Targeted support will be provided to address the specific needs of vulnerable groups. Partners will monitor refugees' access to and uptake of health care services and strengthen disease surveillance.

The sub-working group on SRH will ensure the availability of comprehensive SRH services to refugees and host community members, including youth and people with disabilities, through the enhancement of existing services, capacity strengthening, referral pathways, provision of supplies and equipment.



Needs Assessments and Analysis

> Collect and analyze sex, age and disability disaggregated data (SADDD) and conduct a participatory gender analysis to understand different health needs, capacities, barriers and aspirations and identify populations with special health requirements.

- Population demographics. Pregnant and lactating women, infants, older persons, unaccompanied children, persons with disabilities, chronically ill persons; adolescent girls.
- Gender roles and power dynamics. Ability of women, girls, men and boys to make health decisions and access services, roles and responsibility of household members in health.
- Gender and cultural norms and practices. Preference for mixed/segregated facilities and staff; socio-cultural and religious taboos and beliefs around health, practices and beliefs on menstruation, practices and expectations on pregnancy, childbirth and breastfeeding; traditional health care providers.
- Intersectional issues. Access to health care for marginalized persons, for GBV survivors, for adolescent girls and boys, for older men and women.

> Conduct a participatory gender analysis to identify the gaps in the health response.

- Health facilities. Location, distance, safety; mixed or segregated; privacy and confidentiality.
- Services. Availability of GBV services, SRHR services, mental health services; linkages with other services (i.e. legal services for GBV survivors)
- Health staff. Specific training needs, knowledge of gender issues, knowledge of GBV, existence and understanding of code of conduct for health staff on Protection of Sexual Exploitation and Abuse (PSEA), training and support for female staff
- Health policy/plan. Specific gender considerations in the health sector in the RRP, health sector's and partners' program strategy and other strategic documents.

> Ensure a gender balance in the health assessment and analysis teams to enhance effective, safe and inclusive consultations with women, girls, men and boys.

- Gender analysis should be done by analyzing the sex and age data, and by consulting with women, girls, men and boys in an inclusive and participatory way. Sex-disaggregated focus groups, ensure time/location/facilities ensures participation from all (i.e. child-care facilities for women with young children)



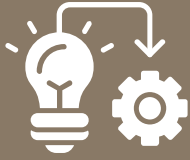
Strategic Planning

- > **Reflect gender analysis in the planning documents and situation reports, using SADDD.**
- > **Consult with women, men, girls, boys, and other at-risk groups (older persons, persons with disabilities, etc) to design these activities to ensure they meet their needs.**
- > **Ensure equal and inclusive access to health that address the specific needs of women, girls, men, boys and other marginalized populations (persons with disabilities, older persons) as well as the socio-cultural context (Do No Harm).**
 - Access. accessible for persons with disabilities; safely accessible; appropriate timings of services; privacy; transport to health services.
 - Services. Gender and age specific services; confidentiality.
 - Staff knowledge and skills. Training for staff to identify, monitor, refer and report GBV and child protection issues.
- > **Work with other sectors to holistically plan interventions that address the barriers to quality health for girls and boys. WASH, nutrition, food security, education, child protection, GBV, PSEA, GiHA WG**
 - Address cultural barriers to women's, girls', men's and boy's participation in health. E.g. Provision to ensure women's participation (i.e. childcare); Discussions with older persons.
 - Community awareness and social norm changes. Messaging and community outreach on SRHR, messaging on GBV, gender sensitization of male household members, community members and other actors; messaging on adolescent and older persons health needs; community awareness on the importance of women's participation in health and health decision-making power.
- > **Develop indicators to measure change for women, girls, men and boys.**
 - Use sex and age disaggregated indicators so gaps between groups can be identified and assessed. E.g. Use the IASC Gender with Age Marker (GAM) to assess program planning.



Resource Mobilization

- > **Provide SADDD, information and key messages on the specific needs of women, girls, men and boys in health to the health sector so that priority areas are addressed.**
- > **Engage in advocacy with donors and regularly report on the gender resource gaps in health care.**
- > **Apply the GAM to health program design to assess and highlight its contribution to Gender Equality.**



Implementation and Monitoring

> Involve women, girls, men and boys equally and meaningfully in decision-making, implementation and monitoring of the programs/projects.

- Ensure gender balance and responsiveness in the implementing and monitoring staff of the project. E.g. involve community groups such as women's rights, youth, and other marginalized groups' organizations in program implementation and monitoring, ensure equal participation of women by providing childcare services.
- Ensure the safety of staff and volunteers, especially female staff/volunteers. E.g. put measures in place to respond to potential threat, intimidation, and harassment of female staff particularly in GBV service provision; ensure a mechanism is in place to report any unwanted incidents and SEA.
- Ensure women, girls, men and boys are aware of the available services and how to access them including support registering for national health services.
- Develop and maintain feedback and complaint mechanisms that are child- and adolescent- friendly, gender-responsive, inclusive and confidential (including for SEA reporting). Provide feedback and complaint boxes/websites/hotlines (including UNHCR hotline), conduct gender and age segregated FGDs.

> Regularly monitor for any changes, including in risks, access or social norms and roles, that may limit the participation of women, girls, men and boys in the program.

> Monitor access to health services by women, girls, men and boys.

> Contribute to the Refugee Response Plan's gender-specific outcome and all other gender-transformative outcomes through coordinating with other actors and other sectors about implementation efforts, achievements and lessons learned.

- Apply the GAM to assess and improve gender equality programming.



Operational Peer Review and Evaluations

> Share information, SADD, key messages and good practices to others on the specific needs, capacities and aspirations of women, girls, men and boys in health. Information should also be disseminated back to beneficiaries.

> Review project in the health sector and assess if all women and girls, men and boys from affected populations were reached and identify possible gaps.

- Use GAM to assess the program's contribution to Gender Equality.

Key Resources	Protection Working Group Key Actors
<p>Education Specific:</p> <ul style="list-style-type: none">○ <u>The Gender Handbook for Humanitarian Action</u>, Section on Health, p. 222	<p>Sector lead and Gender Focal Point:</p> <p>Alissa Lalime, Alalime@iom.int and Vasily Esenamanov esenamanovv@who.int</p>