

Gender and Inclusion Tip Sheet for Health Sector Partners

Overview & Purpose

This document aims to support Health sector partners to promote better gender equality in their programming and to ensure that needs of the most vulnerable populations are meaningfully addressed throughout the program cycle.¹

I. Health: Why does gender equality matter?

The multifaceted crisis hitting Lebanon has disrupted access to healthcare services across the country. Access challenges are aggravated for vulnerable groups such as women of reproductive age, children under five years of old, persons with disabilities, older people, individuals with chronic and/or catastrophic illnesses, and displaced persons including migrants, as well as LGBTIQ+ communities. By examining how gender may increase risk and vulnerability among various groups, Health sector partners can seek to ameliorate these impacts and ensure inclusive response services for all populations.

Primary, secondary, and tertiary healthcare services including specialized medications and treatments – especially for chronic and/or catastrophic illnesses – are increasingly unaffordable for most of the populations in Lebanon. Lack of affordable transportation also prevents timely access and follow up for services including antenatal care for pregnant women and routine immunization for children. Consequently, vulnerable groups might experience several forms of accessibility challenges. For instance, health care needs of women may be delayed or postponed while female-headed households, which historically report lower levels of overall income, may struggle disproportionately to access care. In addition, access might be difficult for the displaced populations including men especially when they do not have proper documentations. Furthermore, mental health issues such as depression, hopelessness, anxiety, sleeplessness, or night terrors are increasingly reported among affected persons, including children. Persons who experienced previous trauma, such as Gender-Based Violence (GBV), the Beirut Port explosions, and the Lebanese Civil War, may also experience re-emergence of symptoms such as excessive worrying and fear, having nightmares, insomnia, disorientation, and recalling of these incidents.

Health sector partners are encouraged to ensure meaningful representation and consideration of the needs of vulnerable groups throughout all phases of their program cycle. The headings below offer important tips to promote a gender-sensitive and inclusive approach to response programming.

II. Needs assessment and analysis

A needs assessment is essential to identify gaps between the current and desired results. In addition, a needs analysis is required to understand the root causes and essential elements of gender gaps and then to advise on programme design accordingly.

¹ The content of this document builds upon the actions and recommendations, included in the Lebanon tip sheet, released by UN Women, WHO and OCHA in August 2020:

<https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/Publications/2020/09/gender%20and%20inclusion%20tip%20sheets%20in%20lebanon/Health%20-%20Gender%20and%20Inclusion%20Tip%20Sheet.pdf>

While undertaking needs assessment and analysis, Health sector partners are recommended to:

- Make sure that Sex-Age-Disability Disaggregated data (SADDD) is collected to address the needs of all populations, particularly vulnerable groups.
- Ensure analysis of the composition of the affected populations and identify the most vulnerable groups, including detailed information on the barriers to health access for all gender groups.
- Ensure a gender balance/diversity in assessment teams as well as respondents where key informant interviews (KII) and/or surveys are utilized.
- Identify potential power dynamics that might deprive certain groups of equal and equitable access to health services and address these in programme activities. For example: Women's and girls' limited access to healthcare due to existing patriarchal norms (needing to seek permission from male family members for daily activities) or LGBTIQ+ communities access restrictions due to stigma or lack of understanding of their specific needs by healthcare staff.
- Assess specific needs for women, men, girls, and boys as well as for at risk-groups such as LGBTIQ+ communities, older people, persons with disabilities and capacities of the health system to respond to these needs.
- Integrate gender specific analysis risk assessments to identify the gender gaps in service provision.
- Ensure an equal balance of men and women in the health assessment team to ensure access to women, girls, men, and boys. Where feasible, include a gender specialist and protection/GBV specialist as part of the team.
- Look for expertise or training by local LGBTIQ+ community members where possible to inform the analysis of the needs of these groups relating to health.
- Undertake a participatory assessment with women, girls, men, and boys. Set up separate Focus Group Discussions (FGDs) and match the sex of humanitarian staff to the sex of the beneficiaries consulted to better identify their capacities and priorities.
- Build on previously collected multi-sectoral data and missing data regarding nationality, nutrition and food security, medical conditions, legal and socioeconomic status, access to healthcare including mental health, WASH, and shelter.
- Map the surrounding environment: security, services, accessibility for persons with disabilities, and available resources.
- Adopt community-based approaches building on existing community structures to motivate the participation of women, girls, men, and boys in the health response.
- Ensure access to childcare to enable the participation of women and girls, who often carry responsibility for care work, throughout the programme cycle.

III. Programme design

Program design includes planning for the health service delivery environment and experience through conceptualizing change and selecting program activities to bring about desired gender results.

Based on the needs assessment and analysis, Health sector partners are recommended to:

- Develop programmes that address the healthcare and psychosocial needs of children, widows, older people, persons with disabilities, and LGBTIQ+ communities.
- Ensure that all gender groups, including women, are involved in decision-making regarding the location, quality, and types of health services.
- Allocate resources for gender equality and equity related programme, needs assessments, activities, capacity building, and/or staffing.

- Introduce activities, including but not limited to, psychosocial support, health, GBV, advocacy, and awareness and recruit trained Mental Health and Psychosocial Support (MHPSS) staff.
- Identify and involve focal points, community leaders, key influencers, stakeholders and implementing partners who can support the inclusive response.
- Ensure that facilities are designed in a way so that people who need them can access them safely and confidentially (e.g. handrails, non-stigmatizing entrances).
- Consider mobile outreach services to reach those with mobility restrictions while linking these activities to the closest health center within the catchment area in line with Health sector strategies across different existing frameworks.
- Ensure maternal health activities are designed for women of all ages, including very young women.
- Plan for men and boys of all ages have equal opportunities to learn about their roles in personal and family health when organizing health information sessions.
- Consider how routine care and frequency of required visits (e.g. routine childhood vaccination, ANC, NCD follow up) may pose an undue burden on certain groups and work to reduce barriers such as transportation costs.

IV. Implementation and Monitoring

Throughout the implementation and monitoring of the programmes, Health sector partners are recommended to:

- Collect and utilize SADDD for implementing programmes/projects, monitoring purposes, and measuring outcomes. Reports should contain dedicated discussion regarding the outcomes of vulnerable groups.
- Ensure Accountability to Affected Populations (AAP) and implement Prevention of Sexual Exploitation and Abuse (PSEA) best practices, including:
 - Appointing a designated gender and inclusion focal point within their program team and providing PSEA training to all staff, with particular emphasis on frontline workers.
 - Mainstreaming PSEA within policies and practices for recruitment of local and international staff at every level of the organization, with particular emphasis on frontline workers.
 - Ensuring codes of conduct are signed by contractors and oversight of distributions are implemented by aid workers (female and male) trained on Sexual and Gender based Violence (SGBV) and PSEA.
 - Setting-up gender-responsive, inclusive, and confidential feedback and complaint mechanism (FCM) including PSEA reporting measures for health staff and beneficiaries. FCMs should account for language and communication barriers, as well as differential access to and capacity to use technology.
 - Making sure that communities/beneficiaries have information on how and where to report misconduct.
- Provide training and awareness-raising among female and male health workers on:
 - GBV first line response and referral to local providers of specialized GBV case management.
 - The provision of responsive services to all populations, with consideration for sexual orientation, gender identity and expression.
- At primary health care centers and facilities, provide comprehensive package of healthcare services with a specific focus on women, children, persons with disabilities and older people, including consultation, medications for chronic and acute diseases, vaccination, sexual and reproductive health (SRH), mental health, nutrition services, and physical rehabilitation. Where

full-service packages are unable to be delivered, Health sector partners should provide facilitated referrals through:

- Ensuring health care workers are aware of nearest available providers for specialized services such as MHPSS, GBV case management, physical rehabilitation, and home care.
- Providing in-kind transportation support to ensure continuum of care.
- Ensure that health centers provide adequate privacy, convenience and safe access for women and girls, persons with disabilities and older people as well as for at risk groups.
- Ensure that individuals who have limited mobility (older people and persons with disabilities, women restricted for cultural reasons, etc.), as well as persons who lack documentation (such as refugees and migrants) have access to health services (home visits, mobile clinics, transport services, etc.) while staying in line with Health sector strategies across different existing frameworks.
- Partners hiring outreach teams should:
 - Ensure gender diversity, with special consideration for safety and cultural norms with regards to home visits.
 - Provide training on the comprehensive package of healthcare, services, and referrals so that the outreach teams are equipped to respond to the different health needs of the vulnerable groups.
 - Include gender sensitive and specific monitoring tools (FDGs, KII, pre- and post-tests, and satisfaction survey)
- Provide proper referral pathways for internal and external referrals.
- Ensure that all gender groups of different ages including people with disabilities and older persons are involved in the project design, implementation, and review.
- Support the recruitment of more female staff within SRH services.
- Adapt health information messaging for all gender groups of different ages including adolescent girls and boys.
- Raise the awareness of men and boys on shared responsibilities for health care at the household level.
- Identify local women's rights groups, networks and social collectives, in particular informal networks of women, youth, persons with disabilities and LGBTIQ+ communities, and support their participation in programme design, delivery and monitoring and their role in coordination.
- Implement a representative and participatory design and implementation process that is accessible to women, girls, men, and boys to develop community-based and sustainable health programmes.

ADDITIONAL TIPS

- Employ and retain women and members of other at-risk groups as staff members. Strive for 50 per cent of health programme staff to be women.
- Distribute significant and appropriate roles such as health monitors and hygiene promoters equally between men and women.
- Ensure that women, girls, men, and boys participate meaningfully in Health sector programmes and can provide confidential feedback and access complaint mechanisms by managing safe and accessible two-way communication channels.
- Ensure that women at heightened risk have a mechanism to raise their concerns and participate in decision-making, while guaranteeing confidentiality regarding their personal situations and without

exposing them to further harm or trauma. Some mechanisms such as confidential hotlines run outside the community are more effective.

- Be mindful of barriers and commitments (childcare, risk of backlash, ease of movement, government ban on LGBTIQ+ individuals etc.) that can hinder the safe participation of women, girls and LGBTIQ+ individuals in community forums.
- Ensure that meeting spaces are safe and accessible for all. Where women's voices cannot be heard, look for other ways to get their opinions and feedback.
- If needed, negotiate with community leaders prior to talking with women community members to avoid backlash.
- Follow the guidance provided on the Health sector in the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action².
- Ensure provision for 24-hour access to GBV health-related services for survivors and additional referral mechanisms. These must protect confidentiality and ensure safety, security, and non-discrimination. Obtain informed consent prior to performing a physical examination. Ensure that follow-up services are provided for survivors, including long-term mental health and psychosocial support as needed.
- Identify early potential problems or negative effects by consulting with women, girls, men, and boys, using complaint mechanisms, doing spot checks and, where appropriate, using transect walks around distribution points. Measures to ensure safety, respect, confidentiality, and non-discrimination in relation to survivors and those at risk are always vital considerations.
- Train health staff on how to orient people to services towards GBV referral and identification of GBV (this should not include routine inquiry).
- Reduce protection risks by making sure that women, girls and other at-risk groups utilize the quickest and most accessible routes to health services.

TRANSFORMATIVE ACTIONS

- ✓ Challenge structural inequalities. Engage men, especially community leaders, in outreach activities regarding gender-related health issues.
- ✓ Support gender equality for paid positions in the health workforce to promote women's economic empowerment, including equal pay.
- ✓ Source materials for dignity kits from local women's organizations groups.
- ✓ Promote women's leadership in all health management committees and agree on representation quotas for women with the community prior to any process for elections.
- ✓ Work with community leaders (women and men) to sensitize the community about the value of women's participation.
- ✓ Raise awareness with and engage men and boys as champions for women's participation and leadership in the health response.
- ✓ Support women and girls to build their negotiating skills and strategies and to become role models within their communities by working with them and encouraging them to take on leadership roles.
- ✓ Help establish women's, girls' and youth groups within the community and enable them to undertake leadership roles.

² Available at: <https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015>