Gender Programming Checklist

Health

941,300 people living in conflict-affected areas in Myanmar have no secured access to health care, which is exacerbated for vulnerable groups such as women, girls, boys, elderly and persons with disabilities and chronic illnesses.[1] Key health issues and challenges include the lack of maternal health care services in internally displaced persons' (IDP) camps, unreliable governmental healthcare facilities, lack of accessibility to healthcare services due to safety, mobility and access restrictions, shortage of qualified medical staff, inadequate infrastructure and sanitation facilities.[2] The gap in maternal health services has critical implications on women's and girls' access to life-saving sexual and reproductive health services (SRHS) including emergency obstetric care and clinical management of rape. To respond to these gaps, humanitarian and development actors are promoting an enhanced gender-responsive and inclusive health care system and have been implementing SRHS across Rakhine, Kachin and Shan states. In addition, collaborations between the Health sector and GBV sub-sector have been strengthened and training on psychological first aid (PFA), protection principles and referral pathways including for gender-based violence (GBV) have been provided to humanitarian workers.

Needs Assessment and Analysis	✓ Analyze the composition of the affected population and identify the most vulnerable groups with the biggest health support needs disaggregated by sex-, age- and disability data (SADDD) to guide the design and delivery of health assistance. ✓ Identify potential power dynamics that might deprive certain groups of equal access to health services and address these in programme activities. ***Example**: Women's and girls' limited access to healthcare due to existing patriarchal norms or LGBTIQ individuals' access restrictions due to discriminatory treatment or lack of understanding of their needs by healthcare staff.* ✓ Identify preferences for the establishment of gender-segregated health care facilities to complement other mixed facilities through community consultations taking into consideration child protection elements. ✓ Ensure a gender balance in assessment teams for health interventions. ✓ Carry out an analysis of the gender breakdown and gender capacities of Health staff. ***Examples:** Identify training needs, level of confidence in promoting gender equality, level of knowledge and gender skills.*
Strategic Planning	✓ Engage an equal number of women and men in health programme design. ✓ Reflect gender analysis in planning documents and situation reports. ✓ Include women and girls and other at risk-groups such as LGBTIQ, elderly, persons with disabilities, female-headed households, etc. in decision-making on accessibility to health services. ✓ Ensure coordinated health service delivery strategies including the coordination and referral of protection cases to relevant actors and tailor health programme activities to the different needs and priorities of women, girls, men and boys. ***Examples**: Provide Minimum Initial Service Packages (MISP) and ensure that health centers are sensitive to the needs of LGBTIQ, e.g. considering single-occupancy bathrooms or training health care staff on non-discrimination policies.* ✓ Involve local health workers of different genders and ethnical backgrounds according to the needs of the target population. ✓ Provide culturally appropriate mental health services based on consultations with women, girls, men and boys in affected communities. ✓ Support healthcare workers and managers in their capacity to mainstream gender into service provisions and to create a gender-responsive healthcare setting that guarantees equal access to quality essential healthcare treatment.

[1] Humanitarian Needs Overview 2019.
[2] Oxfam and Trocaire (2017). Life on Hold.

	***Examples of gender-responsive health care planning**: Adjust timing and location of health services to the different needs of women, girls, men and boys or integrate one-stop service centers in health facilities.* ✓ Increase the number of SRHS and develop a health cluster HRP Strategy focusing on primary health care including SRH programmes with support for menstrual hygiene management. ✓ Continue and expand efforts to include men and community leaders in health education initiatives.
Resource Mobilization	✓ Advocate with the Government for the allocation of more human and financial resources dedicated to ensuring gender-responsive and inclusive health care service provision. ✓ Continue to negotiate with the Government to grant the issuance of travel authorizations for regions where previous essential health services by non-government health partners have been interrupted due to travel restrictions. ✓ Apply IASC gender with Age marker to all health programme and ensure their compliance. ✓ Include information and key messages on gender and the health sector for inclusion in the initial assessment reports to influence funding priorities. ✓ Report regularly on resource gaps on gender within the health sector to donors and other humanitarian stakeholders.
Implementation and Monitoring	✓ Ensure gender balance in health staff. ✓ Collect and analyze SADDD for monitoring purposes and consider the diversity of needs and perspectives of women, girls, men and boys. ✓ In collaboration with the Protection Sector and GBV CWG/SS, provide training to female and male health professionals on the identification, monitoring, referral and confidential reporting of GBV and child protection issues, Psychological First Aid (PFA), Psychosocial Support (PSS), the clinical management of rape, as well as on assisting persons of diverse SOGIESC. ***Example**: Train community health workers on how to identify physical, emotional and sexual abuse incidents or persons with suicidal thoughts.* ✓ Sensitize medical staff on cultural beliefs and practices around pregnancy, delivery, menstruation, reproductive health and the importance of monitoring and discouraging harmful traditional practices (e.g. child pregnancies). ✓ Provide SRHS community outreach to women, girls, men and boys. ✓ Implement the Code of Conduct developed by the inter-agency PSEA network for medical staff, including respect for private and confidential patient consultations and documentation as well as informed patient consent. ✓ Set-up gender-responsive, inclusive and confidential feedback and complaint mechanisms including SEA reporting measures for health staff and beneficiaries. ***Examples:** Conduct gender-segregated focus group discussions based on age groups including women support groups and women's CSOs where appropriate, provide feedback and complaint boxes and hotline services.*
Review and Evaluation	✓ Review methodologies and processes based on equal participation and access to Health services by women, girls, men and boys from diverse groups from the onset of programme planning through to implementation in order to determine good practice in providing equal assistance to women and men. ✓ Share good practices around usage of gender-responsive approaches and address gaps identified. ✓ Routinely measure project-specific indicators based on the checklist provided in the Inter-Agency Standing Committee Gender in Humanitarian Action Handbook and the Minimum Standards in Water Supply, Sanitation and Hygiene Promotion outlined in the Sphere Handbook.