Gender Equality and Social Inclusion (GESI) Toolkit for Health Partnerships

Contents

Glossary of terms

Concept	Definition
Sex	The biological or chromosomal attributes that separate males, females and intersex people[2]. Sex is assigned at birth and may differ from a person's gender identity.
Gender	Gender is the socially constructed norms, roles, and attributes considered appropriate for men, women and people of other genders, while gender equality ensures equal rights, responsibilities, opportunities, and respect for men, women, and people of other genders[3].
Gender Equality	Gender equality ensures that women, men and people of other genders have equal rights, opportunities, and respect. Gender equality is the end goal of gender equity.
Social Inclusion	Social inclusion includes the inclusion of women and girls as well as other vulnerable groups who are at risk of exclusion within a particular context[1]. Such groups may include: women and girls, adolescents and young people, the elderly, people living with disabilities, ethnic minorities, religious minorities, people living with a stigmatising illness, internally displaced people, migrant populations, nomadic communities, members of minority clans or sub-clans, people living in urban settlements or geographically inaccessible districts, the Lesbian, gay, bisexual, transgender, queer (or questioning), and intersex community, groups with less education, and the very poor.
Intersectionality	An analytical lens which examines how different social stratifiers (such as gender, age, ability, geographic location, sexual orientation, migrant status, ethnicity, race, and economic status, etc.) intersect to create different experiences of privilege, vulnerability, and/or marginalisation[4,5]. Intersectionality recognises the complexity of human existence and allows us to explore within group differences by recognising that the experiences of all men, women, and people of genders are not the same.
Gender Equity	Recognises that women and girls, and men and boys, as well as people of other genders, may have distinct needs, and seeks fairness of treatment according to a person's respective need to ensure the realisation of equal rights, opportunities, and respect. Gender equity is needed if gender equality is to be achieved.
Sex/gender-specific indicator	An indicator that pertains to only women or only men or only people of other genders.
Sex/gender-disaggregated indicator	An indicator that measures differences between women, men or people of other genders in relation to a particular metric.
Gender equality indicator	An indicator that measures gender equality directly or is a proxy for gender equality or gender equity. Indicators which can act as a proxy for gender equality or gender equity include indicators which look at different ways in which gender inequity manifests, through for example: access to resources, distribution of labour/ roles, norms and values, and autonomy and decision-making.
Social stratifier specific indicator	An indicator that pertains to only a specific group based on a particular social stratifier (e.g. location, ability, financial status, education, age, caste/ethnicity, race, and sexuality).
Social stratifier disaggregated indicator	An indicator that measures differences between different groups based on social stratifiers (e.g. location, ability, financial status, education, age, caste/ethnicity, race, and sexuality). Note that all indicators should also be disaggregated by sex where applicable.
Strategy and Action Plan (SAP)	Health Partnerships should develop a GESI Strategy and Action Plan (SAP), which will help them focus on achieving improved GESI within identified areas. A GESI SAP identifies who has responsibility for delivering the SAP and identifies the related goals, baselines, targets, and activities needed to undertake the prioritized GESI activities.

1. GENDER EQUALITY AND SOCIAL INCLUSION WITHIN HEALTH PARTNERSHIPS

As outlined in the Sustainable Development Goals (SDGs), gender inequality and social exclusion are inextricably linked to social, economic and health outcomes as root causes of poor health and wellbeing. Efforts to address gender inequality and social exclusion lead to long-lasting and sustainable change. A Gender Equality and Social Inclusion (GESI) approach is therefore essential for the success of the Health Partnership model.

A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, and how these identities intersect to create experiences of vulnerability and marginalisation. It focuses on actions to address these unequal power relations and inequalities, reduce disparities and ensure equal rights, responsibilities, opportunities, and respect for all individuals.

This toolkit supports Health Partnerships in integrating a GESI approach by identifying entry points across all elements of Health Partnership work: project design and implementation; internal organisational structures and activities; and monitoring and evaluation activities.

Using the information in this document and the tools in the annexes, THET recommends that Health Partnerships conduct a **GESI needs assessment** and develop a **GESI Strategy and Action Plan** to ensure this is considered in the design, delivery and monitoring of their activities.

Why GESI?

The information in this toolkit supports the UK Foreign, Commonwealth and Development Office (FCDO) Strategic Vision for Gender Equality[6], which recognises that "we all need to take action, in everything we do, if gender equality is to become a lasting reality." The activities presented here will help Health Partnerships to take up FCDO's Call to Action for Gender Equality and work towards a world where girls, women, men and boys across the globe are equal, empowered and safe.

FCDO's Call to Action for Gender Equality

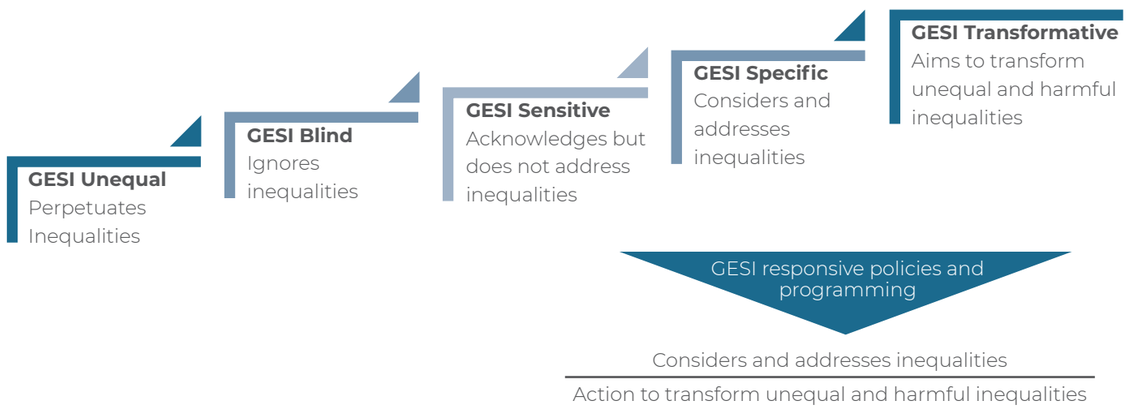
- Challenge and change unequal power relations between men and women, and negative attitudes and discriminatory practices that hold women and girls back.
- Build the inter-linked foundations which will have a transformational impact for girls and women: elimination of violence against women and girls; access to sexual and reproductive health and rights; girls' education; and women's economic and political empowerment, including an increase in women's participation and leadership in conflict prevention and peacebuilding processes, at community and national levels.
- Protect and empower girls and women in conflict, protracted crises and humanitarian emergencies, to rebuild their lives and societies, by listening to their needs and by increasing the meaningful and representative participation and leadership of women.
- Leave no girl or woman behind. Focus where progress is slowest because of multiple discrimination or disadvantage, including for girls and women with disabilities.
- Integrate gender equality in all our work across the board and track delivery through to results.
- Work across girls' and women's lifecycles and on multiple areas simultaneously, with particular attention to adolescence, so that the gains in one area create opportunities elsewhere, and results are achieved at scale.
- Build evidence and disaggregate data by sex, age and disability, to track who is reached and who is left behind, and how best to achieve gender equality at scale. Make this information publicly available.

Five stages of GESI responsiveness

Below is an adapted Gender-Responsive Assessment Scale[7] which outlines the extent to which GESI considerations can be incorporated into projects and policies:

- **GESI Unequal**: perpetuates gender and other forms of inequality by reinforcing unbalanced norms, roles and relations.
- **GESI Blind**: ignores gender and other forms of inequality.
- **GESI Sensitive**: considers gender and other forms of inequality but takes no remedial action to address it.
- **GESI Specific**: considers gender and other forms of inequality and takes remedial action to address it but does not change underlying power relations.
- **GESI Transformative**: addresses the causes of gender-based and other forms of inequality by transforming harmful norms, roles and relations through the inclusion of strategies to foster progressive changes in power relationships.

Figure: 1 GESI-Responsive Assessment Scale



The toolkit acts as a roadmap, so that the incorporation of GESI into project activities and processes can be considered along a continuum – from GESI sensitive to GESI specific to GESI transformative. **All Health Partnerships should aim, as a minimum, for a GESI sensitive approach**, moving along the continuum where it is possible and relevant to do so.

2. WHY GENDER EQUALITY *AND* SOCIAL INCLUSION?

A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, including gender, location, (dis)ability, wealth, education, age, caste/ethnicity, race, sexuality. While presented separately, gender equality and social inclusion[8] are interrelated.

Each focus on different but interrelated types of exclusion, recognising the ways in which people's multiple identities influence their lived experiences. While gender equality uses gender as an entry point to understand how women and girls are marginalised, social inclusion recognises that there are particular groups regardless of gender which experience marginalisation and vulnerability as a result of their intersecting identities.

Gender Equality

Due to the lack of rights, responsibilities, opportunities and respect, and therefore increased vulnerability, of women and girls worldwide, a GESI approach often includes a specific focus on women and girls.

Gender equality differs from gender equity, which recognises that different genders may have distinct needs, and seeks fairness of treatment according to a person's need to ensure the realisation of equal rights, opportunities, and respect. Gender equality is the end goal of gender equity. A gender equality approach will therefore include activities to support and enhance gender equity with the goal of achieving gender equality.

A gender equality approach also ensures the proper engagement and involvement of men and boys. The document: "Do's and Dont's for Engaging Men & Boys[9]" outlines best practices and lessons learned for male engagement across health areas, including:

- recognising and meeting men's distinct needs.
- not engaging men at the expense of women.
- transforming harmful gender relations and norms.
- not discounting the structural barriers men face with accessing health services.
- gathering evidence with men and boys (and not just women and girls).
- not starting with the assumption that all men are bad actors.
- starting early in the life course.
- not overlooking the diversity of men and boys in the population.
- engaging men on their own and in groups of men, as well as together with women.
- not overlooking scale and sustainability for achieving impact.

Social Inclusion

Vulnerable groups who are at risk of exclusion may:

1. have inadequate representation and/or participation in leadership and decision making.
2. be discriminated against or experience stigma as a result of their social identities or poor health.
3. have restricted rights and/or lack power and agency to exercise their rights and access protections. This not only affects their ability to participate as equal members in society, including within health projects or partnerships, but can have negative effects on health and wellbeing.

Marginalisation, vulnerability and exclusion may be exacerbated for those who belong to more than one of the above groups[10]. Equally, a person may experience both marginalisation and advantages due to the intersection of their identities – for example, a woman from a high-income group may be awarded some advantages due to her social status, at the same time as experiencing marginalisation as a result of her gender.

This interconnected nature of social stratifiers (such as gender, age, ability, etc.) is known as 'intersectionality'.

Intersectionality can be a useful analytical lens for Health Partnerships to examine how different social stratifiers intersect to create different experiences of privilege, vulnerability or marginalisation[11,12]. Intersectionality recognises the complexity of human existence and allows us to explore within group differences. By using such a lens, Health Partnerships will be able to better identify and target those groups who are at increased risk of marginalisation and exclusion.

3. GAINING SUPPORT AND BUY-IN

Before beginning GESI activities, Health Partnerships must gain support and buy-in at the institutional level and in the community, from both sides of the Partnership. Raising GESI issues can be a daunting process, but below are some suggestions on how you might do so:

- **Formal meetings**: Take advantage of formal meetings or discussions, such as staff meetings or steering group meetings, when a range of team members are present to open conversations on key issues.
- **Informal discussions**: Start informal discussions with colleagues or team members during breaks or after work to increase openness and receptiveness to the subject.
- **Evidence**: Use evidence showing the impact of GESI within your discussions. You may use evidence from a GESI needs assessment, or you can draw on research from your context and topic area which shows the magnitude and urgency of the problem, such as from academic journal articles and demographic health surveys.
- **Personal stories and experiences**: It is often valuable to combine evidence-based arguments with a personal account, particularly from somebody who has benefitted from Health Partnership activities such as a health worker or service user.

Cultural and religious norms at institutions, as well as cultural and religious laws within a country, need to be treated with care, with awareness that conversations will vary depending on who you are trying to influence and who the agents of change are. It may not always be possible or safe to broach certain topics and any potential negative unintended consequences need to be considered. How the topic is broached therefore becomes very important so that recommendations are not met with outright rejections. Conversations should be guided and led by the LMIC partner who will have more knowledge of the local context.

Gaining buy-in at the institutional level

Making clear, well thought-through and realistic suggestions for change, as well as anticipating opposing arguments and develop reasonable responses, can be a valuable approach. Conducting a GESI needs assessment beforehand (see 4.1.2) can help you to do this.

Top Tips

The following evidence-based arguments may help you in gaining institutional support and buy-in:

- Improved gender balance at all levels within health institutions can lead to: increased health worker retention; strengthened services through contribution of additional talent, ideas and knowledge; improved productivity; and improved staff satisfaction[13].
- Health Partnerships and institutions demonstrating GESI are more likely to outperform those that do not[14].
- GESI in the health and social care workforce will help to achieve the delivery of Universal Health Coverage and Health for All [15,16].
- GESI is essential to meet the criteria of many grants programmes and donor requirements, and as part of results frameworks.
- There are gender equality laws and strategies, as well as international commitments such as the Convention on the Elimination of all Forms of Discrimination Against Women, in most countries that all public and private institutions should be responding to and against which they should be adjusting practices and policies accordingly.
- It can be useful to make clear to colleagues that gender inequality and social exclusion affects all institutions across the world, and that all institutions should be playing a role in achieving GESI. Sharing information about the actions that both the UK and in-country institutions within your partnership have recently taken towards GESI could be particularly helpful in beginning to discuss the issue and work toward those plans.

Ways in which senior management can actively support GESI

Once on board, there are various ways senior managers can demonstrate commitment to GESI both within the Health Partnership work and wider institutional practice:

Top Tips

- Requesting progress reports.
- Providing recognition to staff for innovation or achievement related to GESI.
- Appointment of a GESI champion in the organisation and the Health Partnership.
- Integrating GESI into speeches and statements on a range of subjects.
- Ensuring allocation of sufficient resources for the promotion of GESI and GESI related activities.
- Participating in discussions on GESI issues.
- Promoting measures to develop greater gender equality in staffing.
- In the long term, senior management should aim to have GESI formalised in policies, for example GESI recruitment policies, rather than relying on ad hoc support for GESI issues.

Stakeholder engagement and gaining buy-in at the community level

Where possible, the development and implementation of Health Partnership GESI activities should be done in an inclusive and participatory manner, including active community engagement. The level of community engagement required will be determined by your project objectives. For example, if your aim is to transform community gender norms to increase access to health services, this would require high levels of community engagement at every stage of the process. Conversely, if you were testing a new approach for the diagnosis of a specific disease for use within specific health facilities, community engagement may be less essential.

Definition: Community engagement

Community engagement is defined as the: 'meaningful, respectful and fit for purpose involvement of community members in one or more aspects of [...] projects, and may include involvement during the identification of the study [or intervention], to defining its purpose and design, to stages of implementation, interpretation, and use of results[17].

Within a true inclusive and participatory approach, each participant, regardless of their standing or power within the community or health system, is an important contributor to the planning and implementation process, and their perspectives are valued and considered – as opposed to including them for the sake of appearing participatory with the intention of carrying on regardless of their involvement[18]

Advantages to using this approach include[19,20]:

- Generating a broader range of perspectives and ideas through engaging a diverse set of stakeholders.
- Establishing ownership among those involved.
- Establishing credibility of projects and interventions which are more efficient and effective.
- Taking into account the realities of the context and the population groups involved, helping to avoid projects or interventions which may be rejected by the community.
- Improving accuracy of baseline data, including power relations between different groups, and as a result planning and programming will be based on more accurate information.
- Minimising the risk of exclusion of certain groups during the design and delivery of interventions.
- Empowerment of marginalised and disadvantaged groups by giving them a voice.

Conducting a stakeholder analysis

The first step for the Health Partnership is a stakeholder analysis which identifies the key people who should be engaged within the activities the Health Partnership is carrying out. A stakeholder analysis can also be used to identify stakeholder interests, capacities, resources and roles.

When identifying stakeholders, consider whether any groups are being excluded or missed. Involving community members in the process can help you identify who is present at the community level and should be included. By undertaking a participatory stakeholder analysis with the community, the Health Partnership can identify any under-represented or marginalised groups which should be included within partnership activities.

Be sure to consider sub-groups of individuals. For example, if the Partnership identifies people living with disabilities as an important marginalised group, make sure to distinguish between men living with disability and women living with disability and/or poor men living with disability and poor women living with disability, as each will have distinct needs. In order to identify such groups, Health Partnerships can also review existing documentation, for example previous assessments and analyses, and reports about the local social, economic, political, legal, and physical environment.

Engaging with groups at risk of marginalisation, vulnerability, and exclusion

Following the stakeholder analysis, the next step is 'further' – as already engaged with community through the stakeholder analysis community outreach, including engaging with local women's groups and community leaders, and ensuring meaningful participation of key groups in planning, delivery, review, and monitoring of projects and services.

During community engagement activities, it is important to recognise the power dynamics that exist between and among groups which impact control over, and access to, resources and decision-making power. When individuals with varying levels of power are included, those with less power may feel silenced or may not be given an opportunity to express their views[21]. Where possible, the Partnership should organise activities separately for subgroups of genders, and when applicable subgroups of younger children, adolescents, young adults, and older adults. Health Partnerships should also meet separately with groups of individuals with separate needs (e.g. people living with disabilities or refugees or internally displaced people, LGBTQ+), and other key groups who have been identified as at risk (e.g. single parent householders, female-lead households, a specific ethnic minority group, the unemployed)[22]. Certain adaptations to the space or method of delivery might be needed, such as ensuring wheelchair access, using translation, or using a sign language interpreter.

4. INTEGRATING GESI INTO HEALTH PARTNERSHIPS: ACTIVITIES AND CONSIDERATIONS

Section 4 outlines the key activities Health Partnerships can undertake to integrate a GESI approach. Not all activities will be relevant for all Health Partnerships but should be selected based on a GESI needs assessment.

Integrating GESI activities into project design and implementation

Unless vulnerable and/or marginalised groups are explicitly targeted and engaged within Health Partnerships it is likely that they will not incur the project's benefits. It is therefore important that GESI is part of project design, i.e. that GESI is part of the rationale for a particular intervention, in tandem with improving health outcomes.

GESI integration activities can include: conducting a GESI needs assessment of the context; identifying relevant GESI related activities and integrating these into the project; establishing processes for identifying groups at risk of marginalisation, vulnerability, and exclusion; ensuring meaningful participation of key groups; and assessing activities against a gender responsive assessment scale.

Conducting a GESI needs assessment

All Health Partnerships should conduct a GESI needs assessment. This can be integrated into existing broader needs assessments; however, it is important that there is a clear section dedicated to GESI. A GESI needs assessment identifies the barriers or challenges that groups may experience to participate in the project as a result of the intersection of their social identities or how gender or other forms of inequality may affect the ability of a project to meet its objectives.

GESI needs assessments can be conducted using primary and/or secondary data. Primary data can include data from: key informant interviews (for example with policy makers or in-country experts), semi-structured interviews, focus group discussions, and surveys. Secondary data can include information from: population-based surveys, demographic health surveys, or existing published qualitative and quantitative research. These assessments could, for example, compare prevalence of a disease between and across different groups (e.g. prevalence of non-communicable diseases between genders), factoring in age or other social stratifiers. If secondary data is limited or unavailable within a particular context, it is recommended the GESI needs assessments rely more heavily on primary data.

Developing an intersectional gender analysis matrix

An intersectional gender analysis matrix is a useful way to systematically explore the different ways in which gender power relations manifest as inequalities/inequities, and how these intersect with other forms of inequality/inequity. An example is provided in table 1. The columns represent the ways in which gender power relations manifest as inequities, which are taken from gender analysis frameworks[23,24]. The rows represent domains of relevance to the project (note that these will need to be modified depending on what is of interest to the project as well as the project's goals).

A matrix can be used as a brainstorming tool to help Health Partnerships identify relevant information and evidence. It can also be used to input evidence; the example below shows the latter. The analysis matrix may for example reveal quantitative differences between and among genders in morbidity and mortality, in health service attendance rates, or in health worker numbers. The data inputted into the gender analysis domains columns helps to explain the differences that are seen within the sex-specific/sex-disaggregated data column. The social stratifiers column allows you identify factors beyond gender which can lead to social exclusion and consider how they intersect with gender.

Filling in an intersectional gender analysis matrix can also be useful for specific tasks with the Health Partnership, including making the case for taking GESI issues seriously, defining target groups, developing appropriate indicators, and planning projects that will be effective in improving health care delivery for people of all genders.

Table 1: Intersectional Gender Analysis Matrix

Topic specific domains (to be modified)	Social stratifiers (e.g. race, age, location, disability, etc.)	Sex/Gender specific or disaggregated data	Gender Analysis Domains				
			Access to resources	Division of labour, roles	Norms, beliefs	Autonomy, decision-making power	Institutions, laws policies
Access to services	How do the findings differ between different groups by: age, location, disability, etc.	% of women, men or people of other genders who access health facility disaggregated by relevant social stratifiers.	Women have less access to financial resources and cannot afford services. People with disabilities do not have access to adequate transportation.	Women's responsibilities in the home prevent them from accessing services. Men's work outside the home prevents them from accessing services.	Norms around what is acceptable for women, men and people of other genders to do affect access.	Women need permission from husband or male relative to access services.	Facility has policy that sees women accompanied by male relative first.
Utilisation of services	How do the findings differ between different groups by: age, location, disability, etc.	% of women, men and people of other genders who use a facility disaggregated by relevant social stratifiers.	Health centres do not have separate bathrooms for women, men and people of other genders.	-	-	Women need permission from husband or male relative to access services.	Lack of women providers.
Quality of care	How do the findings differ between different groups by: age, location, disability, race, ethnicity, migrant status, etc.?	% of women who report experiencing disrespect and abuse by health providers disaggregated by relevant social stratifiers.	-	-	Norms around disrespect and abuse during labour and delivery.	-	-

THET Grants Management Programme Requirements

THET requires Health Partnerships to provide evidence that they have conducted a GESI needs assessment or a needs assessment which outlines GESI challenges and barriers in the context that is appropriate and adequate for the project being proposed. In some cases, baseline sex/ social stratifier specific and disaggregated data will need to be provided. Health Partnerships should also demonstrate that they have made a plan for engagement with relevant GESI stakeholders. All of this information can be summarised in a GESI Strategy and Action Plan which will target both health workers targeted with capacity development initiatives, and groups accessing the improved services, and will be monitored quarterly.

Identifying and prioritising relevant GESI activities in Health Partnerships

Annex 1 identifies what a GESI approach can be in relation to the different health system components, including considerations for action. Please note this list is not exhaustive, and the GESI needs assessment should determine which activities the Health Partnership undertakes.

Annex 2 provides a template that Health Partnerships can use to select and prioritise which GESI activities are going to be integrated into projects. This activity can be done to assist the development of the GESI Strategy and Action Plan. When prioritising activities, Health Partnerships should decide which of the GESI challenges identified within the GESI needs assessment most urgently need addressing and could feasibly and appropriately be strengthened.

Incorporating GESI into internal organisational structures and activities

Health Partnerships should aim to exemplify GESI principles and values within their organisational policies and plans, as well as among their staff and volunteers – not just in relation to the project outcomes and activities. GESI activities related to internal organisational practices and structures include:

- Discussing and agreeing values to underpin the Health Partnership
- Developing GESI protocols and/or policies, and integrating GESI into existing and new protocols and procedures
- GESI training and awareness for Health Partnership staff and volunteers
- Identifying and supporting GESI champions
- Increasing women's representation within leadership and decision-making
- Introducing internal procedures around sexual and gender-based violence (SGBV).

Annex 3 can be used to identify which internal organisational GESI activities your health partnership will engage in, each of which are outlined below.

Developing a GESI statement and integrating GESI into policies and procedures

Developing a Partnership GESI statement

A GESI statement will set out the commitment and approaches the Health Partnership plans to take to drive GESI in their work. The formulation of a statement is a great opportunity to involve as many staff as possible, promoting ownership, enhancing understanding of and commitment to GESI issues, ensuring that it fits with the organisational culture, structures and procedures, and can substantially increase the chance that the protocol will be implemented. Protocols can take a range of forms. It could be a simple statement of commitment or a more comprehensive policy spelling out the actions and steps a Partnership or organisation will take.

Integrating GESI into recruitment policies and procedures for staff and volunteers

GESI should be integrated into recruitment policies and procedures for staff and volunteers. Recruitment policies should ensure a gender balance in management and delivery staff, as well as in trainees who are recruited onto projects, in addition to considering the representation of other under-represented groups.

In order to do this, a set of criteria related to GESI could be established for any new team members, volunteers and trainees. Vacant positions should be equally accessible to both women, men and people of other genders, be transparently advertised through formal networks, and take into account differences in access to formal and informal networks. Ensure that job advertisements are posted for an adequate aperiod of time to encourage more women to apply. Carefully framed non-gendered language should be used at each stage of the recruitment process, especially when these challenge traditional gender roles.

Creating an environment that welcomes applicants to engage with the partnership and to approach your team with questions can make a difference in encouraging all to apply for a position. Interview panels should reflect an appropriate gender balance to avoid biases.

Integrating GESI into existing and new partnership policies and procedures

GESI considerations should also be integrated into other existing and new partnership policies and procedures, for example, MOUs and governance structures, ensuring the collection of data that is disaggregated by sex and other social stratifiers. Specific considerations could include equal gender representation on steering committees, and the inclusion of a review of progress against the GESI Strategy and Action Plan as a standing point on steering committee meeting agendas. These policies and strategies should be regularly reviewed, assessed and audited to measure impact and reflect changes in best practice.

Introducing internal procedures around Sexual and Gender-Based Violence

Health Partnerships may wish to ascertain the level of safeguarding that is in place in institutions to ensure that there are adequate procedures to support those who have experienced sexual and gender-based violence (SGBV). All institutions should have a policy promoting a zero-tolerance attitude to any form of violence as well as mechanisms for dealing with cases of SGBV in the workplace, including an open-door policy for reporting and an escalation process for addressing reported cases.

GESI training and awareness for Health Partnership team members

Health Partnerships should develop an ongoing GESI awareness training programme for all team members. This training can be helpful in challenging stereotypes and biases, opening up discussions on values underpinning the partnership, and ensuring projects and partnership activities are actively challenging gender and other forms of inequalities. Trainings should take into consideration separating staff by level at different stages (perhaps an initial session for all staff, followed by junior/senior sessions). These could take place over the course of a full day onsite, be conducted in blocks during breaks or staff meetings, or even online modules. It may be necessary to involve a GESI consultant or specialist from an external GESI related organisation to deliver the training. A GESI budget can be included in applications to THET's grants management programmes for this purpose.

Identifying and supporting GESI champions

GESI champions are individuals who support and promote GESI awareness and drive GESI mainstreaming initiatives. Partnerships should consider identifying at least one local GESI champion. Specific duties of champions can include:

- Encouraging senior management support through arranging GESI briefings
- Involving senior management in GESI protocol development
- Developing strategic alliances with women's groups and others (e.g. disability and LGBTQI+ organisations or movements) outside the institution.

However, it is important to consider that GESI champions require team support. This includes clarity about their roles and responsibilities articulated in a Terms of Reference, capacity building and mentoring, support through networks, senior management support, and time and/or resources allocated to enable the appropriate actions for this role. Supportive online materials include the UN Women's Massive Open Online Course: Gender Equality in the 2030 Agenda for Sustainable Development. This is a free resource which is self-paced. Please see section 6 for further resources and information.

Increasing women's representation within leadership and decision-making

Health Partnerships should aim to increase the representation of women within their leadership and decision-making bodies and structures. While women constitute 70% of the global health and social care workforce, they only hold 25% of senior roles[25]. This has consequences not only for service delivery and access for health service users, but also allows for inequalities, gendered roles and biases to be replicated and reproduced in institutions, facilities, and project structures.

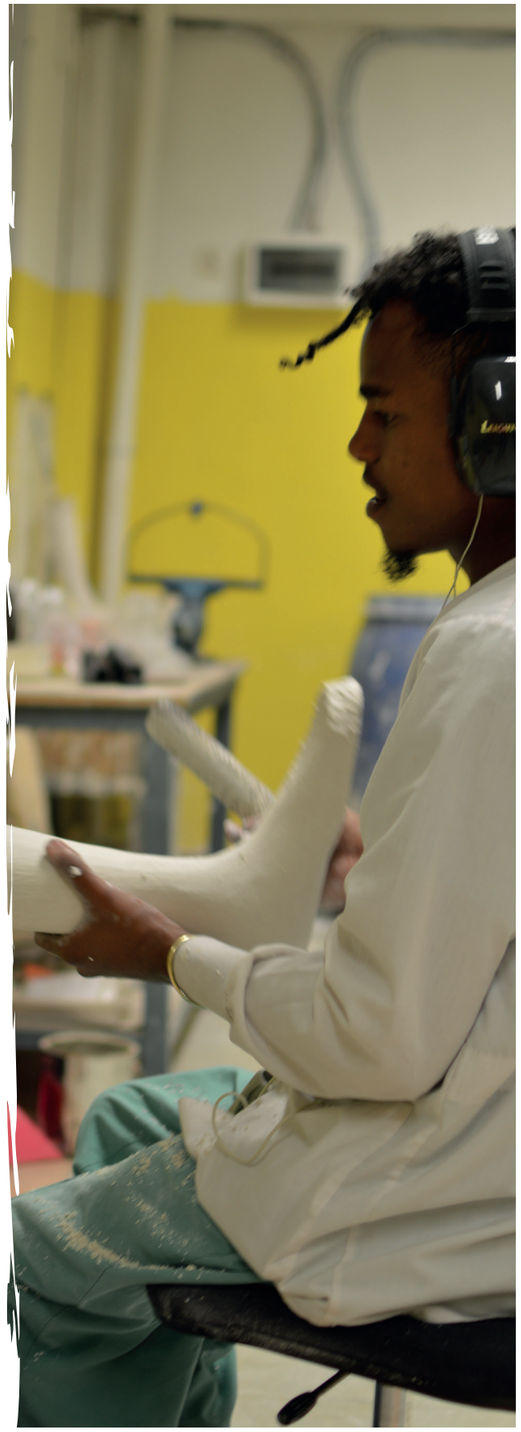
Representation matters, as when women have less decision-making power than men, either in households or in government, then women's specific needs are less likely to be met[26]. There are different reasons why there are fewer women within leadership and decision-making roles within the health system, including norms around who makes a good leader and what traits a good leader has, barriers on women's education and career progression, barriers to women taking up leadership positions, and lack of institutional support.

Institutions can increase the representation of women within leadership and decision-making roles by instigating a quota system or reevaluating criteria for promotion or appointment. Institutions should also provide a supportive environment for women leaders, including valuing different leadership styles, recognising that allowances might need to be made for women's dual responsibilities both within the home and at work, and not tolerating any discrimination or harassment.

Positive role models and mentors who support and train other team members can support GESI mainstreaming at the project, partnership, and organisational level. Assigning mentors to different staff members in both the UK and the LMIC can promote empowerment, develop a culture of personal and professional growth and inclusivity, and improve performance and motivation. Depending on the availability and understanding of local context of the UK mentors, it may be more suitable to develop in-country mentorships as well as cross-country ones. Many Health Partnerships have indicated that the involvement of women UK health professionals as volunteers or partnership team members encouraged more inclusivity among team members and LMIC partner teams.

Monitoring and evaluating GESI related activities

Monitoring, Evaluation and Learning (MEL) is crucial to ensuring Health Partnership interventions are meeting their aims, reaching the target health workers or health service users, and having a sustainable impact. Measuring change allows projects and Partnerships to learn, improve and ultimately share what works with others. All Partnerships should monitor and evaluate their GESI activities related to their project and internal organisational structures and processes. Monitoring and evaluation of GESI activities can be embedded within wider MEL activities.



Developing and measuring GESI-responsive indicators

In addition to ensuring that training data is disaggregated by sex/gender, MEL should include both quantitative and qualitative gender responsive indicators. GESI-responsive indicators include: sex/gender-specific and/or sex/gender-disaggregated indicators, social stratifier specific and/or disaggregated indicators, as well as gender equality indicators which explore the role of gender inequality in relation to particular health or health system outcomes[27]. Note that these indicators can be either quantitative or qualitative.

The types of indicators you use will be dependent upon the GESI activities you are engaging in; while sex/gender-specific and/or sex/gender-disaggregated indicators and gender equality indicators will be more appropriate for gender equality activities, social stratifier specific and/or disaggregated indicators will be more appropriate for social inclusion activities. It is likely that you will want to use a combination of these indicators.

Unless you are asking separate questions about the sex a person was assigned at birth or their gender identity, these are often used interchangeably. It is recommended that this data is collected separately to be inclusive of transgender or other gender minorities.

Developing a GESI Strategy and Action Plan (SAP)

After completion of the GESI needs assessment and prioritisation of GESI activities (related to both external and internal organisational activities), Health Partnerships should develop a GESI Strategy and Action Plan (SAP), which will help them focus on achieving improved GESI within identified areas. A GESI SAP, based on SMART indicators and targets (Specific, Measurable, Achievable, Relevant, Time-bound), should identify who has responsibility for delivering the SAP, and clearly allocate roles and responsibilities to team members. Ideally, senior management will support and champion the GESI SAP to ensure buy-in and support implementation. The GESI SAP should then identify the related goals, baselines, targets, and activities (broken down by year) needed to undertake the prioritised GESI activities. See Annex 5 for an example of a GESI-SAP.

Developing a GESI Checklist

A checklist can be used by Health Partnerships to ensure all recommended actions and considerations are in place. This should be reviewed regularly and collaboratively, and updated as required. Each activity is colour-coded against the GESI-responsive assessment scale. Undertaking both GESI sensitive and GESI specific activities can help lead to transformative change through challenging and changing existing unequal and harmful inequalities/inequities. All Health Partnerships should aim for a GESI sensitive approach, moving along the continuum where it is possible and relevant to do so. Please see Annex 6 for an example of the checklist.

5. SHARING LEARNING

THET encourages and supports Health Partnerships to reflect on and learn from their own work and to share their experiences within the Health Partnership community and more widely, for example through:

- Presentations at conferences
- Meetings with local organisations, particularly civil society organisations focusing on vulnerable groups
- Meetings with Ministries of Health and ministries with a remit in gender
- Journal publications and policy briefs
- Your institution's website, social media and newsletters

THET can support partnerships to share their learning through its website and other platforms. Please contact us (grants@thet.org) if you have any case studies or other learning that you think will be valuable for others to access.

FURTHER RESOURCES AND INFORMATION

BRIDGE supports gender efforts by bridging the gaps between theory, policy and practice with accessible gender information: http://www.bridge.ids.ac.uk

DAC work in the area of gender equality is conducted primarily through the Network on Gender Equality (GENDERNET), which is an international forum where gender experts from development co-operation agencies meet to define common approaches in support of gender equality: www.oecd.org/dac/gender

Gender and Development Network (GADN) is a membership network working on gender, development and women's rights issues: http://gadnetwork.org

Gender equality in the global health workforce: learning from a Somaliland-UK paired institutional partnership

IntraHealth's Gender Equality in Human Resources for Health: What Does This Mean and What Can We Do?

THET's Gender and Transforming Health Systems Webinar

UN Women in Ethiopia, UNDP Regional Service Center, 2nd Floor, Kirkos Sub City, Kebele 01, House No. 110, P. O. Box 5580, Addis Ababa, +251 118 69 50 25, +251 118 69 50 04, +251 118 69 50 11

UN Women in Kenya, UN Gigiri Complex, UN Avenue, Block M, Ground Floor, 00100 Nairobi, +254 20 7625991, +254 20 7624363

UN Women in Malawi, Area 12/224, Private Bag B425, Lilongwe 3, +265 1 772 549, +265 1 772 541

UN Women in Rwanda, 12 Avenue de l'Armee, P.O.Box 445, Kigali, +250 252 590465

UN Women in Sierra Leone, 76 Wilkinson Street, P.O. Box 1011, Freetown, +232 2223 1311

UN Women in Somalia, UN Compound/ Phase 6, Mogadishu International Airport, Mogadishu, +252 61 771 1112

UN Women in South Africa, Metro Park Building, 351 Francis Baard Street, Pretoria, 0001, +27 83 953 7369

UN Women in Tanzania, Plot 421 Mahando Street, Masaki, P.O. Box 9182, Dar es Salaam, +255 682 216 486

UN Women in Uganda, Plot 11, Yusuf Lule Road, P. O. Box 7184, Kampala, +256 417 112 100 x183

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Annexes

Annex 1: Incorporating GESI into health systems programmes

Health System Component	Gender and Social Inclusion Approach	Key Considerations for Health Partnership Action
Human Resources for Health	Taking a GESI approach within HRH includes the promotion of equitable opportunities for health workers who are men, women and people of other genders across all cadres. It ensures that gender disparities are addressed in health workforce remuneration, planning, recruitment, deployment, retention and motivation, and particularly health worker advancement across all skills and levels of the health workforce[28].	**Gender Equality** • Develop, implement, and monitor gender-sensitive HRH policies and strategies, including sexual harassment and gender-based violence policies. • Develop and analyse gender-sensitive HRH data. For Partnerships that are addressing health workforce planning, they should seek to undertake inventory and headcount of all health workers involved in project activities disaggregated by sex, location, seniority, and qualifications where appropriate. • Consider how women, men and people of other genders have competing gendered barriers and responsibilities (e.g. lack of resources, need for approval from family member, childcare and other reproductive responsibilities) which affect ability to take up training opportunities. Women are often given fewer opportunities to retrain for new positions or to advance professionally in their careers. • Consider gender pay gap and need for equitable remuneration. Consider how women tend to be targeted specifically for unpaid community health work. Women often concentrate in service delivery roles, including as nurses, midwifes, and community health workers which receive less pay and respect than male-dominated roles. Consider how female households and community members provide a large majority of the non-institutional and unpaid care. • Consider gendered-specific needs of women, men and people of other genders. Little consideration is often given to the different family roles and obligations of female versus male workers and how these may impact employment needs and preferences. Consider how gendered responsibilities may make it difficult for women to relocate, e.g. childcare. Women are often expected to follow their husbands which affects their career trajectory. • Increase women's representation in leadership positions both within the Health Partnership and within the institutions which are being targeted. While women comprise majority of employees in the formal health system, they are less likely to hold senior professional, managerial and policy-making roles. **Social Inclusion** • Develop and analyse social inclusion-sensitive HRH data. For Partnerships that are addressing health workforce planning, they should seek to undertake inventory and headcount of all health workers involved in project activities disaggregated by key social stratifiers, including age, sex, location, seniority, and qualifications where appropriate. • Enhance capacity and relevance for training of health workers to provide fair, equitable and non-discriminatory services. • Consider urban and rural inequity of health care providers, including doctors, nurses, and midwives. • Consider how basic necessities and amenities in the form of accommodation may be lacking and remain a major challenge for staff, including female health workers such as nurses and midwives working in remote, hard-to-reach and rural areas. • Consult key stakeholders, including health care providers, in the design of human resource reforms. Women are often absent during human resource planning processes, due to lack of representation at higher decision-making levels.
Health Information Systems	Taking a GESI approach within health information systems identifies gendered dimensions of health outcomes. Data should be sex-disaggregated and other biological and social stratifiers, such as age, location, disability, education, income, etc., and health systems should ensure the rapid collection, collation, analysis of data and use of this data to address inequities[29].	**Gender Equality** • Disaggregate data by relevant social stratifiers, such as sex (male/female), age (where possible) and location (e.g. rural areas). Without data it will be difficult to know where to target resources to reduce inequalities most effectively. • Include gender sensitive data. This includes data that outlines trends in service use and treatment patterns by gender and identifies gender-specific behaviours influencing health outcomes. • Include appropriate quantitative and qualitative indicators to measure the impact of health reforms and decisions on gender equity. • Ensure representation of women on data collection and analysis teams. Ensure women, men and people of other genders across cadres are sensitised and trained for data collection and analysis and data quality.

Health System Component	Gender and Social Inclusion Approach	Key Considerations for Health Partnership Action
Health Information Systems		**Social inclusion** • Ensure representation of women on data collection and analysis teams. Ensure both women, men and people of other genders across cadres are sensitised and trained for data collection and analysis and data quality. Disaggregate data by relevant social stratifiers. Without data it will be difficult to know where to target resources to reduce inequalities most effectively. • Training Health Management Information System (HMIS) staff and planners in using disaggregated data to reduce inequalities is important to make sure that as information becomes available it is used effectively and to the benefit of those who need services most. However, even without robust data systems, it is important to ensure issues are raised, and planning and delivery staff are trained and taking these issues into account in their work. • Training HMIS staff and planners in using disaggregated data to reduce inequalities is important to make sure that as information becomes available it is used effectively and to the benefit of those who need services most. However, even without robust data systems, it is important to ensure issues are raised, and planning and delivery staff are trained and taking these issues into account in their work. Include patient and community views in assessments, along with reviewing any disaggregated data to measure improvements in inequalities.
Health Financing	Taking a GESI approach within health financing ensures the allocation of financial resources is transparent and allocated in a way that reflects the gendered and other equity dimensions of health. Financing systems must be equitable, minimising the risk of catastrophic health expenditures[30].	**Gender Equality** • Develop gender responsive budgets. Gender responsive budgets are a tool to analyse governmental budgets from the perspective of gender equality and the fulfilment of women's rights. These budgets analyse the gender-differential impact of revenue-generation and allocation of national country budgets and development assistance. Ensure that it is applied to broader health programming, not just services targeted at women[31]. • Develop gender responsive budgets. Gender responsive budgets are a tool to analyse governmental budgets from the perspective of gender equality and the fulfilment of women's rights. These budgets analyse the gender-differential impact of revenue-generation and allocation of national country budgets and development assistance. Ensure that it is applied to broader health programming, not just services targeted at women . Ensure representation of women on financial management committees and steering groups. • Ensure that specific needs of men and boys, women and girls, and people of other genders are considered within financial strategies. • Ensure that analyses of health care financing methods explore how financing reforms impact the differential health needs of women, men and people of other genders. • Consider who is excluded from social insurance schemes. They are often composed of individuals employed in the formal sector and may serve only a proportion of the population, often those who are economically advantaged. Fewer women are often employed in the formal economy. Sometimes women can be covered as a dependant under their husbands' insurance. Unmarried or widowed women who are employed in informal or unpaid work are often excluded, as are women (and their dependants) in polygamous relationships[32]. • Consider how private health insurance can create discriminatory practices and inadequate coverage. As women have a greater need for health services than men, coverage based on a calculation of risk has a negative effect on women. Such schemes often involve greater out-of-pocket expenditures and higher private insurance premiums for women. Consider which services specific to men's and women's health needs may be excluded by such schemes. Consider who is excluded from such schemes, such as the unemployed or those involved in informal or unpaid work[33]. • Consider how those suffering financial hardship will be influenced by different social stratifiers such as gender, education, income, disability, etc. Due to women's health needs and responsibility for childcare, they often incur more out of pocket expenditure for healthcare than men. This expenditure can pose a more significant financial burden for women given their economic status, and act as a barrier to access due to their inability to pay or the unwillingness of their families to pay for health services for women[34]. **Social Inclusion** • Increase participation of patients and community in financial management committees and decision-making processes. • Ensure that specific needs of vulnerable and marginalised groups are considered within financial strategies. • Ensure funding is mobilised for allocation to services that meet the specific needs of key marginalised and vulnerable groups. • Ensure that analyses of health care financing methods explore how financing reforms impact the differential health needs vulnerable and marginalised groups. • Consider how those suffering financial hardship will be influenced by different social stratifiers. • Consider who is excluded from social insurance or community financing schemes. They are often composed of individuals employed in the formal sector and may serve only a proportion of the population, often those who are economically advantaged. Such schemes may face low participation rates because of the inability of the poor and marginalised, particularly women, to pay premiums[35]. Consider how private health insurance can create discriminatory practices and inadequate coverage among different groups. • Protect poorest people from catastrophic health expenditures. Consider how user fees can restrict the poorest and most marginalised communities from access to services. People are often less inclined to use services that require out-of-pocket payments, and fees require the poorest people to pay a larger proportion of their income for care. Women often make up majority of poor and user fees have been shown to decrease their use of all health services[36]. • Ensure representation of key groups on financial management committees.

Health System Component	Gender and Social Inclusion Approach	Key Considerations for Health Partnership Action
Medical Products and Technologies	Taking a GESI approach within medical products and technologies ensures equitable access to and utilisation of medical products and technologies to meet the needs and rights of women, men, girls and boys and people of other genders, while considering how gender intersects with other social stratifiers such as age, location, disability, income, etc.[37].	**Gender Equality** • Develop and analyse gender-sensitive medicines and technologies management and use. • Ensure equitable access to and utilisation of medical products and technologies to meet the needs and rights of women, men, girls and boys and people of other genders. • Consider how women, men and people of other genders' access to medical products and technologies is influenced by gender and by differing biological responses to pharmaceuticals. Consider how financial inequalities and norms may impact access to and continuation of treatment[38]. • Consider how gender norms and roles (e.g. childcare, employment, need for permission to leave house) may act as barriers to diagnosis, treatment, and curative therapy. • Consider how gender bias may lead to gender differentials in resources allocated to medical products for boys and girls. • Ensure representation of women, including among patients and communities, on relevant committees. **Social Inclusion** • Disaggregate data by factors such as sex (male/female), age (where possible) and location (e.g. rural areas). Without data it will be difficult to know where to target resources to reduce inequalities most effectively. • Ensure equitable access to and utilisation of medical products and technologies to meet the needs and rights of vulnerable and marginalised groups. • Consider how financial inequalities and norms may impact access to treatment and continuation of treatment for different groups[39]. • Ensure representation of vulnerable and marginalised groups, including among patients and communities, on relevant committees.
Governance and Leadership	Taking a GESI approach within governance and leadership ensure that the government, and health system leaders at all levels of the health system, meaningfully promote gender equity within the health system. Public administration reforms in the health sector, such as decentralization of healthcare to provincial and district and community levels, should increase the responsiveness of the health sector to frontline staff and the differential needs of men, women, girls, boys and people of other genders, while considering how gender intersects with other social stratifiers such as age, location, disability, income, etc[40].	**Gender Equality** • Consider how women may be underrepresented in decision-making bodies at all levels, including the local level, and within the Health Partnership itself. Strive for gender parity within leadership and support for women leaders. When management does not include sufficient women or gender sensitive tools, women's health needs will often not be reflected in local health priorities, and financial and human resources will not be allocated accordingly. More diverse leadership leads to more effective leadership and strategic direction for everyone. • Consider how gender norms and roles may impact women's and men's ability to take up leadership positions. • Develop gender sensitive policies, including family leave, flexible working hours, equal pay, quota systems for increased representation. • Develop and implement sexual harassment policies. **Social Inclusion** • Consider how vulnerable and marginalised groups (e.g. people living with disabilities and LGBTQI+) may be underrepresented in decision-making bodies at all levels, including the local level. More diverse leadership leads to more effective leadership and strategic direction for everyone. • Foster citisens' participation, civil society dialogue and interaction with governments including parliamentarians, finance ministers, and heads of states. • Consider how decentralization may impact on equity and whether district levels have the requisite human, institutional and financial resources to ensure the provision of affordable, accessible and equitable health services.

Health System Component	Gender and Social Inclusion Approach	Key Considerations for Health Partnership Action
Service Delivery	Taking a GESI approach within service delivery ensures that health services are gender equitable, accessible, and integrated to ensure an efficient provision of a basic or essential package of health services that meets the needs and rights of women, men, girls, boys and people of other genders, including, but not limited to, full sexual and reproductive health services. This should include the effective regulation of private practice[41]. It also includes the prioritisation of equitable service delivery. Focus on vulnerable and marginalised groups, including: women and girls, adolescents and young people, the elderly, people living with disabilities, ethnic minorities, religious minorities, people living with a stigmatizing illness, internally displaced people, migrant populations, nomadic communities, members of minority clans or sub-clans, people living in urban settlements or geographically inaccessible.	**Gender Equality** • Ensure gender-sensitive service delivery. This includes considering how services meet the distinct needs of men, women, and people of other genders, including privacy, confidentiality, separate waiting rooms and toilets as appropriate. • Include meaningful stakeholder involvement in planning, delivery and review of services, including with representation of women. • Consider specific methods to increase access, such as ensuring husbands and mothers-in law encourage women to attend services, making sure anti-malarial bed-nets are used by pregnant women, working with imams and other religious leaders to encourage health promoting activities, ensuring boys and girls get equal treatment in healthcare services. • Include screening for gender-based violence and referral services. Promote community engagement in GBV reduction activities. • Consider gender disparities, particularly in rural areas. These can include “extreme” gender inequality: limited access to education, early marriage, “universal” prevalence of FGM combined with low contraceptive use and high fertility resulting in elevated risks of dying in pregnancy. **Social Inclusion** • Disaggregate data by factors such as sex (male/female), age (where possible) and location (e.g. rural areas). Without data it will be difficult to know where to target resources to reduce inequalities most effectively. • Consider key inequalities in access, including women, people living in rural areas, people with disabilities, nomadic people, internally displaced people. • Tailor strategies to the needs of the population – mobile clinics or using entry points outside the health sector if they are culturally more acceptable. • Include meaningful stakeholder involvement in planning, delivery and review of services, including with representation of vulnerable and marginalised communities. • Integrate services to reduce visits of health centers and transportation costs. • Promote community outreach services to reduce access barriers. • Use participatory techniques and methods such as participatory needs assessment to ensure accurate targeting of services, meaningful involvement of civil society – including the most vulnerable groups – in planning, delivery and review of services.
Health Emergency Preparedness	Taking a GESI approach within health emergency preparedness ensures that gender and other forms of inequity are considered within planning for humanitarian aid and public health emergencies, such as ensuring private space for women and targeting resources at hard-to-reach areas[42,43].	**Gender Equality** • Consider specific needs of women, men, and people of other genders. • Consider primary and secondary gendered effects of emergencies, including social and economic implications on women, men and people of other genders. These include care giving roles and responsibilities, rate of gender-based violence, trauma, mental health, economic insecurity. • Ensure women are represented on decision-making bodies. • Consult a range of key stakeholders (with GESI concerns at the forefront), including health care providers, in the design of emergency preparedness and planning. Women are often absent during planning processes, due to lack of representation at higher decision-making levels. **Social Inclusion** • Disaggregate data by factors such as sex (male/female), age (where possible) and location (e.g. rural areas). Without data it will be difficult to know where to target resources to reduce inequalities most effectively. • Target resources at hard-to-reach areas. • Ensure vulnerable and marginalised groups, including among patients and communities, are represented on decision-making bodies. • Consult key stakeholders, including health care providers, in the design of emergency preparedness and planning. • Ensure how access to essential services by vulnerable and marginalised groups may be impacted by emergencies, including sexual and reproductive health services.

Annex 2: Prioritising GESI activities for integration within Health Partnership activities (Example)

Health Systems Domain	**GESI activities** – choose a minimum of 3-4 activities for each health system domain. Make sure that activities related to both gender equality and social inclusion are included.
Human Resources for Health	Consider how women, men and people of other genders have competing gendered responsibilities which affects ability to take up training opportunities. Women are often given fewer opportunities to retrain for new positions or to advance professionally in their careers.
	Develop and implement gender-sensitive HRH policies and strategies.
	Consult key stakeholders, including health care providers, in the design of human resource reforms. Women are often absent during human resource planning processes, due to lack of representation at higher decision-making levels.
	Increase women's representation in leadership positions. While women comprise the majority of employees in the formal health system, they are less likely to hold senior professional, managerial and policy-making roles.
Health Information Systems	Disaggregate data by factors such as sex (male/female), age (where possible) and location (e.g. rural areas). Without data it will be difficult to know where to target resources to reduce inequalities most effectively.
	Train HMIS staff and planners in using disaggregated data to reduce inequalities is important to make sure that as information becomes available it is used effectively and to the benefit of those who need services most. However, even without robust data systems, it is important to ensure issues are raised, and planning and delivery staff are trained and taking these issues into account in their work.
	Include patient and community views in assessments, along with reviewing any disaggregated data to measure improvements in inequalities.
	Ensure representation of women on data collection and analysis teams. Ensure both women, men and people of other genders across cadres are sensitised and trained for data collection and analysis and data quality.
Health Systems Domain	Activity 1
	Activity 2
	Activity 3
	Activity 4

Annex 3: Identifying GESI activities for integration within internal Health Partnership structures and processes

GESI Activities within internal Health Partnership structures and processes	**Status (e.g. already in place, needs action, not going to implement with justification)**
Partnership GESI statement	
GESI protocol for recruitment	
Integrating GESI into existing and new policies and procedures	
Internal procedures around sexual and gender-based violence	
GESI training and awareness for Health Partnership staff and volunteers	
Adequate representation of women within leadership and decision-making	
Other:	

Annex 4: GESI Indicator Sheet (Quantitative)

Indicator	**Numerator**	**Denominator**	**Baseline**	**Target**
Proportion of data sets that disaggregate data by sex.	# of data sets that disaggregate data by sex.	# of data sets		
Proportion of leadership positions within organisation held by women.	# of leadership positions in organisation held by women.	# of leadership positions in organisation.		
Proportion of assessments that engage community members.	# of assessments that engage community members.	# of assessments.		

Annex 5: GESI Strategy and Action Plan

GESI Goal	GESI activities related to goal	Baseline	Target	Activities (broken down by year)	Who's responsible	Other actors who need to be involved
GESI activities for integration within external project activities (from table 2)						
Strengthen representation of women and other vulnerable and marginalised groups within planning, delivery, review, and monitoring of projects and services	Include patient and community views in assessments, along with reviewing any disaggregated data to measure improvements in inequalities.	Our partnership has no existing mechanism to ensure patient and community engagement.	A concrete mechanism is put in place to engagement patients and the community within assessments.	At six months: patients and community have been engaged with at least once. At twelve months: patients and community have been engaged with at least three times.		
GESI Goal						
GESI activities for integration within internal organisational structures and processes (from table 3)						
Strengthen gender equality within our Health Partnership processes	Develop partnership GESI protocol	Our partnership has no existing protocols that ensure partnership commitment to achieving gender equality in its partnership team or projects	At least one partnership protocol has been developed that clearly sets out parameters for achieving gender equality in our work and our partnership team.	At six months: A first draft of the protocol has been developed. At twelve months: The protocol has been developed and all partners have signed in agreement.		
GESI Goal						

Annex 6: GESI checklist

GESI-Assessment Scale
GESI Unequal: perpetuates gender and other forms of inequality by reinforcing unbalanced norms, roles and relations.
GESI Blind: Does not consider gender and other forms of inequality.
GESI Sensitive: Considers gender and other forms of inequality but takes no remedial action to address it.
GESI Specific: Considers gender and other forms of inequality and takes remedial action to address it but does not change underlying power relations.
GESI Transformative: Addresses the causes of gender-based and other forms of inequality by transforming harmful norms, roles and relations through the inclusion of strategies to foster progressive changes in power relationships.

GESI Activities	Completed (indicate when)	To be completed (indicate when)	Not being completed	Associated GESI-responsive assessment scale rating
Institutional support and buy-in				
Has the Health Partnership received adequate institutional support and buy-in?				**Sensitive**
Stakeholder Participation				
Did the Health Partnership conduct a stakeholder analysis to identify key stakeholders who should be engaged within the project activities?				**Sensitive**
Does the Health Partnership ensure meaningful participation of women and vulnerable and marginalised communities in at least one of the following: planning, delivery, review, and monitoring of projects and services?				**Specific**
GESI Needs Assessment				
Did the Health Partnership conduct a GESI needs assessment to identity key issues related to gender inequality and social exclusion?				**Sensitive**
Did the Health Partnership develop a gender analysis matrix as part of the GESI needs assessment?				**Sensitive**
Did the Health Partnership consider the distinct needs of individuals based on gender and other biological or social stratifiers within the assessment?				**Sensitive**
Is this Health Partnership informed by a GESI needs assessment?				**Specific**
Identifying and Prioritising GESI Activities				
Did the Health Partnership prioritise which GESI activities will be integrated based on the GESI needs assessment?				**Sensitive**
Are project activities adapted to meet the distinct needs of individuals (disaggregated by sex and other biological and social stratifiers) as identified in the GESI needs assessment?				**Specific**
GESI Champions				
Has the Partnership identified GESI champions?				**Sensitive**
Has the Partnership put mechanisms in place to actively support the GESI champions?				**Specific**
Women's Representation in Decision-Making Roles				
Does the Health Partnership include adequate representation of women in decision-making roles?				**Specific**
Does the Partnership provide targeted mentoring and leadership training to women?				**Specific**

GESI Activities	Completed (indicate when)	To be completed (indicate when)	Not being completed	Associated GESI-responsive assessment scale rating
GESI Statement				
Did the Partnership develop a GESI statement?				**Sensitive**
Has the Partnership implemented the GESI statement?				**Specific**
Did the Partnership integrate GESI into their recruitment policies?				**Sensitive**
Has the Partnership implemented the GESI considerations within their recruitment policies?				**Specific**
GESI training and awareness				
Has the Partnership discussed how it will conduct ongoing GESI training and awareness for team members?				**Sensitive**
Has the Partnership conducted any ongoing GESI training and awareness for team members?				**Specific**
GESI Strategy and Action Plan				
Has the Partnership created a GESI SAP?				**Sensitive**
Has the Partnership identified GESI activities for integration within external project activities, including goals, activities, baseline, target, and responsibility?				**Sensitive**
Has the Partnership implemented the GESI activities within external projects?				**Specific**
Has the Partnership identified GESI activities for integration within internal organisational structures and processes, including goals, activities, baseline, target, and responsibility?				**Sensitive**
Has the Partnership implemented the GESI activities within internal organisational structures and processes?				**Specific**
Monitoring and Evaluation Systems				
Are monitoring systems collecting and analysing sex-specific or sex-disaggregated data?				**Sensitive**
Are monitoring systems collecting and analysing data disaggregated by other relevant biological and social stratifiers?				**Sensitive**
Are the findings from the analysis of sex-specific or sex- disaggregated data being used to inform planning and programming?				**Specific**
Are monitoring systems collecting and analysing gender equality indicators?				**Sensitive**
Are the findings from the analysis of the gender equality indicators being used to inform planning and programming?				**Specific**
GESI Responsive Scale Assessment				
Are the Health Partnership GESI activities both gender sensitive and gender specific?				

About THET

One billion people in the world do not have access to a qualified health worker. THET has a vision of a world where everyone has access to quality health care. We achieve this by training and educating health workers in Africa and Asia, working in partnership with organisations and volunteers from across the UK. Founded in 1988 by Professor Sir Eldryd Parry, we are the only UK charity with this focus.

About LSTM

Liverpool School of Tropical Medicine (LSTM) is the world's oldest centre of excellence in tropical medicine and international public health. It has been engaged in the fight against infectious, debilitating and disabling diseases since 1898 and continues that tradition today with a research portfolio over £320 million and a teaching programme attracting students from over 65 countries. For more information please visit: www.lstmed.ac.uk.

LSTM is the technical partner on the UKPHS programme, providing technical expertise in the areas of health systems strengthening, gender equity and social inclusion, and monitoring, evaluation, and learning.

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THE FRAXINUS TRUST

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THET
PARTNERSHIPS FOR GLOBAL HEALTH

THET,
1 Wimpole Street,
London W1G 0AE

Charity Registration No. 1113101
Company Registration No. 5708871

www.thet.org