

# Gender Programming Checklist

## Health Cluster

<p><b>Analyze</b> gender differences</p>	<ul style="list-style-type: none"> <li>◆ Gather information about social structures, including positions of authority/influence and the roles of women and men.</li> <li>◆ Gather information including the ratios of:               <ul style="list-style-type: none"> <li>● women and men assessors and translators;</li> <li>● women, girls, boys and men who participate in the assessments; and</li> <li>● women and men consulted about their health needs.</li> </ul> </li> <li>◆ Apply a gender analysis to the following age- and sex-disaggregated data:               <ul style="list-style-type: none"> <li>● cause-specific mortality rates;</li> <li>● case fatality rates;</li> <li>● female-, male- and child-headed households; and</li> <li>● groups with specific needs (including people with mental and/or physical disabilities).</li> </ul> </li> </ul>
<p><b>Design</b> services to meet needs of all</p>	<ul style="list-style-type: none"> <li>◆ Ensure that timing, staffing and location of health services provide equal access/opportunity for women and men.</li> <li>◆ Equitably address the health needs and support the related strategies and facilities for women, girls, boys and men.</li> <li>◆ Ensure a percentage of health facilities have basic infrastructure, equipment, essential medicines and medical supplies, space and qualified staff for reproductive health services, including delivery and emergency obstetric care services (as indicated in the Minimal Initial Service Package (MISP)).</li> <li>◆ Ensure a percentage of health facilities provide confidential care for survivors of sexual violence according to Inter-Agency Standing Committee gender-based violence (GBV) guidelines.</li> <li>◆ Ensure a balanced ratio of health care providers disaggregated by profession, level and sex, and community-based psycho-social care disaggregated by sex and age.</li> </ul>
<p>Ensure <b>Access</b> for all</p>	<ul style="list-style-type: none"> <li>◆ Ensure women, girls, boys and men have proportionate access to sanitary materials (including household-level sanitary disposal facilities for women), safe water supply, food aid and health services.</li> </ul>
<p>Ensure equal <b>Participation</b></p>	<ul style="list-style-type: none"> <li>◆ Ensure a balanced ratio of women and men participating in the following opportunities:               <ul style="list-style-type: none"> <li>● design, implementation, monitoring and evaluation of humanitarian health responses;</li> <li>● group meetings or activities on health issues; and</li> <li>● decision-making positions.</li> </ul> </li> <li>◆ Ensure a balanced ratio of local women and men as well as international women and men are hired and deployed in the health sector.</li> </ul>
<p><b>Train</b> all equally</p>	<ul style="list-style-type: none"> <li>◆ Train a balanced, proportionate number of women and men from the community to provide health care.</li> <li>◆ After training, provide a balanced/proportionate number of women and men from the community employment opportunities in the health sector.</li> </ul>

*and*

<p><b>Address</b> gender-based violence</p>	<ul style="list-style-type: none"> <li>◆ Provide 24-hour access to a sexual violence services team.</li> <li>◆ Ensure staff is trained on clinical management of rape.</li> <li>◆ Provide a confidential referral mechanism for health and psycho-social services for rape survivors; ensure staff is aware of and abides by medical confidentiality.</li> <li>◆ Provide information campaigns for men and women about health risks of sexual violence to the community.</li> <li>◆ Provide emergency and obstetric maternal and newborn care.</li> <li>◆ Ensure women and girls have access to emergency obstetric care or care for complications of pregnancy and childbirth 24 hours per day, 7 days per week.</li> </ul>
<p><b>Collect</b>, analyze and report programme monitoring data</p>	<ul style="list-style-type: none"> <li>◆ Collect, analyze and routinely report on sex- and age-disaggregated data on programme coverage.</li> <li>◆ Develop and implement plans to address any inequalities and ensure access and safety for all of the target population.</li> <li>◆ Routinely collect data on demographics, mortality, morbidity and health services, and disaggregate and report by age and sex; apply gender analysis.</li> <li>◆ Perform participatory assessment reports on the needs of women, girls, boys and men equally.</li> </ul>

	<ul style="list-style-type: none"> <li>◆ Ensure formal monitoring and participatory evaluation mechanisms report the health impact of humanitarian crises on women, girls, boys and men.</li> </ul>
<p><b>T</b>arget actions based on analysis</p>	<ul style="list-style-type: none"> <li>◆ Target messages towards active and recently demobilized members of armed/security forces, displaced persons and IDPs with HIV/AIDS.</li> <li>◆ Develop and implement communication strategies to target specific health risks affecting women and men, and adolescent girls and boys.</li> </ul>
<p><b>C</b>ollectively coordinate actions</p>	<ul style="list-style-type: none"> <li>◆ Ensure actors in the health sector liaise with actors in other areas to coordinate on gender issues, including participating in regular meetings of the gender network.</li> <li>◆ Ensure the health cluster has a gender action plan and routinely measures project-specific indicators based on the checklist provided in the <i>Inter-Agency Standing Committee Gender Handbook</i>.</li> <li>◆ Work with other sectors/clusters to ensure gender-sensitive humanitarian programming.</li> </ul>