Engendering Global Health

Action for Global Health is a cross-Europe network of NGOs and charities, calling for Europe to act now to enable developing countries to achieve the health Millennium Development Goals by 2015.



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"A gender perspective means recognising that women stand at the crossroads between production and reproduction, between economic activity and the care of human beings, and therefore between economic growth and human development."

Gita Sen, gender and development scholar and policy activist

GENDER - A HEALTH AND DEVELOPMENT ISSUE

In many parts of the world, simply being a woman is a health risk. **Gender has a crucial impact on a person's health. So does poverty.** Worldwide, women have less access to health care, health information, and have little command over aspects of their own bodies. Gender inequality severely affects a person's ability to realise his or her right to health. Gender equality and women's empowerment are, therefore, central to the achievement of the health Millennium Development Goals.

IMPROVING PRIMARY HEALTHCARE THROUGH THE PRINCIP-LES OF UNIVERSAL ACCESS, EQUITY, SUSTAINABILITY AND INTERCULTURAL EXCHANGE ON THE ALTIPLANO OF LA PAZ (BOLIVIA)

In the region of Bolivian Altiplano the majority of the population is of Aymara origin. The population almost entirely depends on subsistence farming, rearing a little livestock and selling surplus in local markets. This subsistence living often means vast communities living below the poverty line.

In dealing with this extremely poor community, Medicos del Mundo aimed its intervention in the health field at extending the coverage of health services and integrating and supporting the most vulnerable groups (women, children, elderly and disabled). The intervention aims to reduce poverty, promote equity and improve access to health services through the strengthening of public systems. It embraces the already existing and well-functioning system of traditional healers (yatiris) and traditional midwives.

Pregnancy and birth-related health practices required particular attention due to the cultural sensitivity of pregnancy and birth. The natal facilities were painted with earth colours, a factor of great importance in Aymara culture, and both family members and traditional midwives are able to accompany the women during delivery. Traditional herbs and delivery-friendly equipment are used. The facilities are backed-up by hospital and other health facilities for any emergency cases.

Regular attempts are made to inform the general population about these services. In addition, traditio-

nal and biomedical health providers are trained and encouraged to exchange experiences between both health models. The ultimate aim is to introduce and sustain a relationship of freedom and mutual cultural respect. In doing so, Medicos del Mundo advocates for harmonious relationships between groups who identity the practices, traditional and more western/ biomedical, as heterogeneous.

By integrating specific and culture-sensitive needs of women into state health care centres a genuine transformation of understanding other cultures was triggered, as well as helping to combat racism and sexual discrimination. Aymara women were given the opportunity to achieve a better quality of life through actions aimed at improving their health status and recognising their contributions to the community.

Yedra Garcia, AfGH partner Medicos del Mundo in Spain



Sex refers to biological differences between men and women. **Gender** describes the characteristics which are considered 'masculine' and 'feminine' in a society.

HOW IS GENDER IMPORTANT FOR HEALTH?

Men and women face **different health risks** as a result of both biological (sex) and social (gender) differences. Due to biological differences, men and women have **different health needs**, for instance in relation to reproductive health.

Gender relates to women's and men's roles, behaviours, rights and responsibilities in society. In most cases, women are in a position of socio-economic disadvantage compared to men. This negatively affects their health as they are less likely to have the resources to protect their health, and tend to have less access to health information and appropriate health care.

Gender roles also affect men's health. Certain behaviours which have negative health effects are sometimes regarded as 'masculine', such as smoking and drinking, as well as promiscuity, increasing exposure to sexually transmitted diseases. Gender inequalities also interact with other inequalities, such as ethnicity, age and socio-economic class.

Poverty and gender are key factors determining a person's health. Living in poverty has detrimental effects on health status, and seventy percent of those who live in extreme poverty are women.

POVERTY AND GENDER IN ECONOMIC CRISIS

Because of women's gender roles in most societies, they carry the primary responsibility for the care and well-being of the family and also do most of the caring work in society. During economic crisis women are affected in particular ways. **Cuts in public sector spending and in the health sector specifically can disproportionately impact women.** The care work is relocated from the state to the private household, increasing the load of unpaid work for women. At the same time, women and girls experience greater barriers to receiving adequate health care.



WHY INTEGRATE GENDER IN THE HEALTH MILLENNIUM DEVELOPMENT GOALS?

THE FIGHT AGAINST POVERTY REQUIRES EQUALITY AND JUSTICE FOR WOMEN. HEL-PING COMMUNITIES OUT OF POVERTY WILL DEPEND ON WOMEN'S PARTICIPATION AND LEADERSHIP, ACCESS TO HEALTH AND EDUCATION AND OTHER RESOURCES.

DEVELOPMENT INCLUDES THE EQUAL RIGHT FOR MEN AND WOMEN TO ENJOY THE BEST ATTAINABLE STANDARD OF HEALTH. FOR WOMEN IN PARTICULAR THIS INCLU-DES BEING ABLE TO ENJOY THEIR REPRODUCTIVE AND SEXUAL RIGHTS, FREEDOM FROM VIOLENCE, AND EQUAL RIGHTS IN THE FAMILY AND IN SOCIETY.



At the Millennium Summit in 2000 the 189 member states of the United Nations made a commitment in the Millennium Declaration to achieve eight goals, now referred to as the **Millennium Development Goals (MDGs)**. The eight Millennium Development Goals aim at reducing poverty, promoting education, improving maternal health, promoting gender equality, and combating child mortality, HIV/AIDS and other diseases. The goals are to be achieved by 2015.

Health is a vital driver of economic development. In order to achieve the health MDGs by 2015, significant action and increased political will are necessary.

MDG 5 aims to improve maternal health by reducing maternal mortality and morbidity rates and provide access to reproductive health. There is still a long way to go to achieve this goal. Over half a million women worldwide die every year during pregnancy or childbirth, and over 90 percent of these largely preventable deaths occur in developing countries. In many countries women do not have access to contraceptives and/or pre- and antenatal care. Because of their low socio-economic position, women often have no power to protect themselves from HIV/AIDS and other sexually transmitted diseases.

Gender equality and the empowerment of women are the focus of the third MDG. But more than that, both health and gender equality cut across all eight development goals. Promoting health and expanding health systems are important conditions for sustainable development. At the same time, gender inequalities have to be addressed in order to improve women's health – and thereby the health of their families.

PLAN: CHILDREN BREAK THE SILENCE AS PEER EDUCATORS ON FEMALE GENITAL MUTILATION (FGM)

Plan, through local NGOs, works with child peer educators to *break the silence* on female genital mutilation (FGM) in Sierra Leone. The children focus on harmful traditional practices including FGM to try to promote girls' rights to a life free from mutilation.

Female genital mutilation (FGM) is a common ritual in Sierra Leone. The great majority of the population adheres to the practice of FGM as an ancient, valued tradition without perceiving it as a rights violation (Plan 2005 FGM research). Consequences include enormous health-related, educational and socio-economic costs. Practitioners of FGM benefit socially and financially as it is their main source of income. Feared and admired at the same time, they are often regarded to possess supernatural powers. This explains the overall reluctance to stop the practice of FGM and the courage it takes for NGOs to address the issue.

Initiation of girls is carried out throughout the year even during school sessions. When parents/guardians of a girl are ready to initiate her, her age and school attendance are of little consideration to them. This is one reason why many girls miss or even drop out of school.

In Plan's project *Breaking the Silence* children work on FGM through appropriate community sensitization. The activities follow a gender approach, addressing girls and women as well as boys and men: "We play theatre and role-plays on FGM in schools and in the communities to inform the children and their parents. And we also talk to the children: boys to boys and girls to girls! It is important to talk also to men because they can pass the message to traditional leaders" said a girl peer educator. Children argue that girls need to be at least 18 to give their consent. Instead of FGM, they promote a possible continuation of transition rituals for girls into womanhood, but without the cutting. In Port Loko and Bombali Districts, children use the country's Child Right Act from 2007 that prevents harmful traditional practices and the United Nations Convention on the Right of the Child (CRC) to justify their campaign against FGM.

In 2009 Plan has managed to *break the silence* on FGM – and more importantly – a break in the practice on Female Genital Mutilation (FGM). Thus a dialogue regarding this practice has been started. Initial encouraging results can already be witnessed: in Port Loko and Bombali Districts parents and girls refuse the practice and about 20 FGM practitioners have put down their tools in response.

Sabine Terlecki, AfGH partner Plan EU Liaison Office in Brussels



Gender Mainstreaming is a strategy for promoting gender equality. Gender Mainstreaming integrates equality as a cross-cutting task in everyday practice and throughout all stages of policy development, research, advocacy, legislation, resource allocation, planning, implementation and monitoring of programmes and projects.

It is not enough to simply "add in" a focus on women. If health of women and men is to be addressed adequately, **gender needs to** be taken into account in health research, health system reforms, health education, health outreach, and health policies and programmes.

GENDER EQUALITY AND THE RIGHT TO HEALTH

WOMEN'S RIGHTS ARE HUMAN RIGHTS

The right to health is a human right. Women have a right to health. This means empowering women and protecting their rights. It means preventing violations of women's rights (such as violence against women) and addressing particular vulnerabilities of women in order to improve their access to health. It means taking a broad approach to address women's living conditions, access to education, nutrition and clean water. Health is a human right which requires economic security to be realised.

Empowering women is central to strengthening women's rights and women's health, and to achieving gender equality and equity. In order to accomplish that we have to:

- Give women control over their own bodies and sexualities, and their lives.
- Provide women and men with equal access to adequate health care.

AIDOS METHODOLOGY FOR CREATING PRIMARY HEALTH CENTRES FOR SEXUAL AND REPRODUCTIVE HEALTH

Since 1986 the Italian Association for Women in Development – AIDOS – has developed a flexible model for creating primary Sexual and Reproductive Health Centres (S&RHC) based on an integrated, holistic approach adaptable to different cultural, social, religious and political contexts. The approach deals with women-centred health care, prevention and education in the community. AIDOS' vision is to consider all women beyond their reproductive roles as solely wife and mother.

The Centres are run by local partners with AIDOS' financial, organisational and technical support, and are connected with hospitals and other health care facilities. The centres offer a range of services: gynaecological care, modern contraception, treatment and prevention of sexually transmitted diseases, detection of breast and cervical cancer, ante- and post-natal care, menopausal assistance as well as psychological, social and legal counselling. The staff are trained in capacity building to promote quality and continuity of care, interaction, personalised assistance, informed choice and consent, respect and confidentiality.

One of such centres - Centre pour le Bien-être des Femmes (CBF - Women's Health Centre) in Burkina Faso (Ouagadougou, Sector 27) – is a joint creation between AIDOS and its local partners Voix des Femmes women association and Mwangaza Action. Burkina Faso is one of the poorest country in the world where population health indicators are poor - with high maternal and child mortality - and, in addition, high fertility rates. More than 80% of the women have undergone Female Genital Mutilation/ Circumcision (FGM/C). The project focuses on providing education, information and awareness about women's sexual and reproductive rights. The choice of female professionals for almost all job positions proved to be successful in contributing to staff selfesteem, greater attendance amongst women users, as they find it easier to communicate their problems to other women, as well as women's empowerment and freedom to speak about their fears and concerns. The Centre now has become a focal point for the whole community also hosting activities such as thematic and educational meetings with the community, HIV testing, and debates with young. Men are also encouraged to accompany their wives during the ante-natal visits and participate in discussion groups concerning their responsibilities in the reproductive process and childcare.

The participation of the local community is essential in this type of approach to obtain direct information on priorities, needs and concerns. It has been successfully applied and documented in all the AIDOS' Centres in several countries in Africa, Middle East, Latin America and Asia for the last twenty years. Every year around 12 000 people attend each Centre.

Natalia Lupi, AfGH partner AIDOS in Italy



Gender budgeting is a tool for measuring and managing financial flows in a gender-sensitive manner. Engendered budgets are critical to making gender equality a concrete reality. Gender budgeting ensures that resources are allocated in a way that will address both men's and women's needs.

Gender sensitive budgeting is not about whether an equal amount is spent on women and men, but whether the spending is adequate to address women's and men's needs.

ENGENDERING AID EFFECTIVENESS – IMPLEMENTING COMMITMENTS MADE AND ENACTING GENDER EQUALITY AND THE RIGHT TO HEALTH

Although the OECD tripled its spending on Official Development Assistance (ODA) in the area of equality of women and men from 2002 to 2006, gender-related spending still only accounts for 8 percent of all ODA appending and **progress on gender equality is slow.**

Not only is there a need to increase the level of aid for gender and health, **this aid must also be used more effectively.** In the Paris Declaration of 2005 and the Accra Agenda for Action of 2008, states have committed themselves to increase the effectiveness of the aid that is given. **All efforts in this respect must include a gender perspective.** There is a risk that focusing solely on cost efficiency of financial aid to improve effectiveness will draw attention away from the cross cutting issues: gender equality, ecological sustainability and human rights. Yet, these cross-cutting concerns are decisive for the efficacy of the aid itself.

To achieve the targets of Paris and Accra, progress on gender equality and empowerment of women is absolutely necessary. Gender equality and women's empowerment are crucial to achieve development results, including the health MDGs. **Gender inequality undermines effective development aid and is also expensive.**

GIVING WOMEN, MEN AND THE COMMUNITY THE RIGHT INFORMATION FOR BETTER HEALTH OUTCOMES - INTERACT WORLDWIDE

Interact Worldwide (IWW) worked with the Uganda Protestant Medical Bureau (UPMB) to address the issue of health and gender inequality in Uganda. This was done through a programme aimed at reaching women and girls with quality sexual and reproductive health and HIV/AIDS information and services.

Working in ten mainly rural districts in Uganda, UPMB had identified that many women and other community members were not fully aware of the importance of sexual and reproductive health services. There was a lack of information and knowledge of key women's health issues, including symptoms of complications in pregnancy, birth spacing, ante-natal care and how to prevent mother-to-child transmission of HIV.

With this knowledge, IWW and UPMB developed a project aimed at improving the sexual and reproductive health of poor, marginalised women and girls by increasing their access to high-quality services and enabling them to make informed choices regarding services. The project also included a component to increase men and boys' understanding of women's health, acknowledging that they may serve as gatekeepers to women's health access.

With this goal, the project conducted a communications campaign – using posters, videos and drama shows - to sensitise communities on issues of gender equality and equity. Women and girls participated in community discussion groups while drama shows provided the opportunity for them to openly discuss barriers that prevent them from utilising health services.

One outcome was an increased involvement of community and religious leaders in debates around sexual and reproductive health. In evaluation discussions women reported that they were aware of the participation of community leaders condemnation of gender-based violence and discriminatory practices.

The project aimed to involve men in decision-making by encouraging men to accompany women to antenatal clinics. Communities put in place practices to encourage male involvement with outcomes as highlighted by this health worker: "When a couple comes for the antenatal clinic, they are given first priority and more information is provided to the couple for the benefit of the man, this has motivated the men to come for the subsequent visits" The result of all of this work was that all the facilities involved in the project reported an increase in number of couples attending health services together, including antenatal care.



Monitoring is a tool for assessing whether the initiatives taken have the desired effects and whether programme objectives are met.

Evaluation is the process of assessing an ongoing or completed project, programme or policy, its design, implementation and results.

Key activities for an effective gender monitoring & evaluation of projects, programmes or policies include:

- a gender analysis in form of a baseline study to identify the genderrelated goals
- ensuring that gender is integrated into goals and objectives and clear targets are set
- collecting data based on previously identified gender-sensitive indicators
- assessing progress during a mid-term evaluation making corrections if necessary
- assessing the overall impact on women and men

GENDER MONITORING AND EVALUATION - A TOOL FOR CHANGE

If gender is to be successfully integrated into activities for health and development this requires developing an appropriate framework for assessing progress and the actual impact of these activities. Gender-sensitive monitoring and evaluation provides such a framework. It is used to show **the extent to which a project, programme or policy addresses the different needs of men and women.** It reveals the impact on their lives, their health and their overall social and economic well-being. It can also improve project performance during implementation, through mid-term evaluations, and it can help to develop lessons for future projects.

Recommendations

Make gender equality a reality by:

- Pursuing MDGs and integrating a gender perspective throughout (not only when addressing MDG 3)
- Promoting women's rights, including their right to health
- Promoting women's economic empowerment
- Supporting equal political participation of men and women
- Allocating resources for gender equality and the empowerment of women
- Promoting gender mainstreaming of organisations and agents in international cooperation for development
- Including a gender perspective in the effective provision of aid

A NEED FOR POLITICAL WILL AND COMMITMENT

There are many positive actions that can be taken to empower women. However, this requires political will to take the necessary action. Because gender inequalities are so deeply entrenched in institutions, policies, labour relations and market forces, **strong political commitment is necessary to develop and implement policies which can bring about changes for gender equality and the empowerment of women.**

IMPRINT

Action for Global Health is an advocacy network of NGOs in Brussels, France, Germany, Italy, Spain and the UK, calling for Europe to take urgent action to enable developing countries to meet the health Millennium Development Goals (MDGs) by 2015. It aims to monitor how the actions and policies of European governments affect health in developing countries, and to influence decision-makers to improve their practice.

Visit our website for news and comment about global health: www.actionforglobalhealth.eu

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