

Guidance on integrating gender-specific issues into Health Systems Strengthening activities

Information on the German BACKUP Initiative

BACKUP is a health sector programme of GIZ¹. Since 2002, it has been supporting approx. 70 partner countries to access and implement Global Fund resources. The programme's aim is to enable governmental and civil-society partners to use global financing more efficiently in order to implement measures for controlling HIV, tuberculosis and malaria effectively and sustainably. The German BACKUP Initiative's work centres on gender equality, integration of disease control into existing health systems, increased participation of civil society and capacity development. We take an active role in the provision of technical support for strengthening health systems, based on WHO concepts and guidelines.

BACKUP's work is demand-driven, meaning that requests for technical assistance can be supported worldwide, on a wide range of issues and at any time. The BACKUP approach is flexible and transparent. We advise and train government and civil-society partners – such as networks of people living with HIV and other vulnerable population groups – in planning, implementing and monitoring activities, and in managing Global Fund money more efficiently and transparently.

Background

There is evidence that health programmes are more efficient when they are gender- responsive. Thus, they protect human rights better and contribute more to the attainment of Universal Access and to the Millennium Development Goals². BACKUP therefore encourages all partner organisations striving for Health Systems Strengthening (HSS) to mainstream gender into their work. BACKUP follows guidance provided by WHO that six important blocks are required to build a health system. These blocks encompass service delivery, human resources, health information systems, medical products, vaccines and technology, health financing as well as leadership and governance.³

'Gender differences and inequalities are a major cause of inequity in health and health care. There is increasing recognition amongst health care providers and researchers of the importance of considering gender issues in health policy, planning, practice and research both to reduce health inequities, and to increase the efficiency and effectiveness of health care services'.⁴

Gender mainstreaming denotes the systematic and coherent integration of the gender perspective into all development policies and fields of action. It defines the process of assessing the implications of any planned action for women and men in all political and societal spheres, taking into account their different life situations, concerns and potentials to identify gender-specific discrimination and impacts.⁵

Purpose

This guideline is intended to advise and assist organisations that are planning to apply to the German BACKUP Initiative for technical support on how to analyse and integrate gender-related issues into Health Systems Strengthening (HSS) activities. The checklist may help to plan for technical support and develop applications that take into consideration specific gender dimensions in the different components of a health system. Considering and assessing the gender relevance of each separate HSS component improves the quality of the proposal and - at a later stage - the quality of project implementation.

¹ GIZ is commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) to implement the German BACKUP Initiative www.gtz.de/backup.

² Source: What makes HIV programmes gender-responsive?, The German BACKUP Initiative, 2010.

³ World Health Organization 2007: Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action

⁴ Guidelines for the analysis of gender and health. Liverpool School of Tropical Medicine, Gender and Health Group.

⁵ What makes HIV programmes gender-responsive? The German BACKUP Initiative, 2010.

What makes health system components gender-sensitive?

The table below outlines examples of gender-specific issues relevant to the different building blocks of health systems. Please note that these examples are not exhaustive and only serve to provide guidance.

Health system building blocks	Gender-specific issues
1. Service delivery A good health system ensures provision of effective, safe, quality personal and non-personal health interventions to those who require them, when and where needed, with minimum waste of resources.	<ul style="list-style-type: none"> ✓ The activity considers reaching out to vulnerable groups. It should have sustained impact on women and girls, e.g. 'Does health care service delivery recognise and address the barriers different groups of men and women may face to access services?' ✓ Provision of gender-sensitive messages that will not discriminate male or female clients and patients. ✓ Male involvement in services that focus on women e.g. prevention of mother-to-child transmission (PMTCT) services. ✓ Provision of male and female-friendly services and environment, e.g., to have waiting rooms and facilities that will also cater for men in sexual and reproductive health services.
2. Health workforce A good health system ensures that conditions for the workforce are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances (e.g. sufficient staff, that is adequately distributed; staff must be competent, responsive and productive).	<ul style="list-style-type: none"> ✓ Gender integrated in issues of staff management e.g. affirmative action and cultural sensitivity for different gender and key groups irrespective of gender and sexual orientation. ✓ Training of male and female staff to cater for the needs of all patient groups with a positive attitude, and without being judgmental about different needs. ✓ Aim to orient human resources responsible for planning, allocation of resources and monitoring of gender-responsive approaches.
3. Health information systems A good health system ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.	<ul style="list-style-type: none"> ✓ All data and information which will be collected (e.g. for monitoring purposes) should be gender- and age-disaggregated. ✓ Gender analysis is performed as a contribution to decision-making on the formulation of policies and programmes.
4. Medical products, vaccines & technology A good health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.	<ul style="list-style-type: none"> ✓ Equitable provision of essential drugs and vaccines to men, women and most-at-risk populations (MARPs). ✓ Accessibility of medical products like condoms and ARV, e.g. the distance travelled to access such services needs to be considered as this may affect men and women differently. ✓ Acceptability: Ensure that medical products are accepted by women and men so that they are used for the intended purpose, e.g. that mosquito nets are not used by men for fishing. This would imply that mosquito nets are not accepted as a means of preventing malaria, but as a means of economic gain through fishing, leaving women and children more vulnerable to malaria.

Health system building blocks	Gender-specific issues
5. Financing system A good health system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for services. It provides incentives for providers and users to be efficient.	<ul style="list-style-type: none"> ✓ Responsive budget to different gender needs (gender budgeting). The budget should address the needs and interests of individuals that belong to different social groups (men, women, MARP). This does not only consider biases that can arise in the budgeting because a person is male or female, but at the same time considers disadvantages possibly suffered as a result of ethnic group, class or poverty status, age, sexual orientation, or belonging to marginalised groups such as sex workers or drug users. ✓ Address financial barriers to access health care, e.g. user fees, out-of-pocket costs.
6. Leadership and governance A good health system ensures that strategic policy frameworks exist and that they are combined with effective oversight, coalition building, regulation, attention to system design and accountability.	<ul style="list-style-type: none"> ✓ Ensure that gender is mainstreamed into policies, strategies and programmes e.g. National Strategic Plans, National Strategy Applications, etc. ✓ Strengthen national structures like CCM capacity to address gender or orientation on gender mainstreaming in programmes (planning, oversight and implementation) for CCM members. ✓ Gender-responsive management, e.g. CCM works towards having gender-balanced membership. ✓ Institutional mechanisms are in place allowing participation of all groups at decision-making levels including MARP, e.g. networks of female sex workers or men having sex with men participate in the CCM.

Selected background documents

1. What makes HIV programmes gender-responsive? The German BACKUP Initiative, 2010.
<http://www.gtz.de/de/dokumente/giz2011-en-backup-gender-guidelines.pdf> (0.22 MB pdf)
2. GTZ Steps for Action to promote gender equality, GTZ 2009.
3. Gender Pays Off. GTZ Gender Strategy, 2010-2014.
4. Development Policy Action Plan on Gender 2009-2012. German Federal Ministry for Economic Cooperation and Development (BMZ), 2009.
5. Gender and Health Toolkit, Inter-agency gender working group (IGWG)
<http://www.k4health.org/toolkits/igwg-gender/health-workforce>, 2010.
6. Reference guides for health care organizations seeking accreditation for high quality, gender sensitive reproductive health services. Riveros P; 2009.
7. Global Fund Adopts New Gender Equality Strategy. Article 4 from Global Fund Observer (GFO) issue 100- 3, December 2008.
8. Human rights guidelines for pharmaceutical companies in relation to access to medicine - the sexual and reproductive health context. Khosla R & Hunt P; 2009.
http://www.essex.ac.uk/human_rights-centre/research/rth/projects.aspx
9. IPPF/WHO Manual to Evaluate Quality of Care from a Gender Perspective. International Planned Parenthood Federation, Western Hemisphere Region, 2000.
10. Gender Responsive Budgeting in Practice: A Training Manual. United Nations Population Fund (UNFPA) and United Nations Development Fund for Women (UNIFEM) 2006.
<http://www.k4health.org/toolkits/igwg-gender/health-financing>
11. Guidelines for the analysis of gender and health. Liverpool School of Tropical Medicine, Gender and Health Group.

Contact

German BACKUP Initiative

T +49 6196 79-1599

E backup@giz.de

Published by:

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Dag-Hammarskjöld-Weg 1-5

65760 Eschborn

T +49 61 96 79-0

F +49 61 96 79-11 15

E info@giz.de

I www.giz.de

March 2011