World Vision

Integrating Gender Equality and Social Inclusion in Health Programming

GESI and Health

A REFERENCE GUIDE

ACKNOWLEDGEMENTS

This reference guide seeks to advance the goals of World Vision's *Gender Equality and Social Inclusion (GESI) Approach and Theory of Change* and the *Toolkit for Integrating Gender Equality and Social Inclusion (GESI) in Design, Monitoring and Evaluation* developed by the GESI Team in collaboration with Evidence and Learning Team at World Vision U.S.. The development of this guide was a collective effort of many people including the following:

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About this Reference Guide

The right to health is a fundamental human right that includes the right to experience the highest attainable standard physical, mental, and social well-being and not merely the absence of disease or infirmity.[1] The right to health must be enjoyed by everyone without discrimination and achieving this requires targeted efforts to ensure equal and inclusive access, decision-making, participation, systems, and well-being for the most vulnerable. Health programs by themselves will not achieve World Vision's development goals if they exclude or treat certain groups unequally. Integrating Gender Equality and Social Inclusion (GESI) approaches in health programming will ensure vulnerable groups (such as women, children, the elderly, persons with disabilities, refugees, and others) can equally access and participate in health decision-making structures and benefit from health-related development interventions.

Article 25 of the Universal Declaration of Human Rights 1948 states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family."

World Vision's GESI approach actively strives to examine, question, and change harmful and discriminating gender and social norms and power imbalances as a means of achieving gender equality and social inclusion objectives in any given context and technical program area. Additionally, GESI is integral to achieving World Vision's "Our Promise Going Further" global strategy and child well-being objectives. GESI approaches typically support change across all five GESI domains — access, decision-making, participation, systems, and well-being (See Figure 2).[2] This reference guide will help health practitioners to better incorporate GESI into their interventions.

LIST OF ACRONYMS

CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CVA	Citizen Voice in Action
DME	Design, Monitoring and Evaluation
FGM	Female Genital Mutilation
GBV	Gender-based Violence
GESI	Gender Equality and Social Inclusion
HIV/AIDS	Human Immunodeficiency Virus/Acquired immunodeficiency syndrome
MCH	Maternal and Child Health
MNCH	Maternal Newborn and Child Health
PDH	Positive Deviance/Hearth
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
WHO	World Health Organization

1 Constitution of the World Health Organization, Basic Documents, 45th Edition, Supplement, October 2006; World Health Organization (WHO) (2020). Basic Documents. Forty-ninth Edition; WHO. 2019. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030).

2 See *World Vision (2020). GESI Approach and Theory of Change*.

The Purpose of this Reference Guide

This guide provides guidance on how to integrate GESI in design, implementation, monitoring, and evaluation of health programs. This will ensure that health programming transforms the lives of all women, men, girls, and boys regardless of age, disability, ethnicity, religion, or any other social characteristic, and that all vulnerable groups are meaningfully engaged in the transformation of their lives. This guide will also provide ways to make informal and formal health systems and interventions more equal and inclusive by design and delivery.

The main purposes of this guide are to:

- Ensure World Vision's GESI Approach and Theory of Change is integrated across World Vision's health programs, and that change is sought across all five GESI domains of access, decision-making, participation, systems, and well-being (see Figure 1 and 2).
- Ensure that health programming transforms harmful and discriminating gender and social norms that reinforce gender inequality and social exclusion. Health programs should involve and include women, girls, persons with disabilities, and other vulnerable groups in access and decision-making and should support their participation in key activities.
- Ensure that all community members get equal access to health services, resources, benefits, and training opportunities that they need to improve their health and well-being — demonstrating the application and use of the principles of 'universal design.'[3]

Who Can Use this Reference Guide

The reference guide is intended for use by World Vision health practitioners such as health program teams, non-health professionals across different sectors and departments who program in health such as water, hygiene, and sanitation; child protection and education; business development; monitoring, evaluation, and research; and GESI; and other partners and stakeholders. All individuals and organizations with an interest in GESI-responsive health programing can use this guide to apply a GESI lens in all stages of health program design, implementation, monitoring, and evaluation.

3 Universal design (UD) is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. More on Universal Design can be found at: *projects.ncsu.edu/ncsu/design/cud/*

Introduction

World Vision's health strategy focuses on mothers, young children, and adolescents through a continuum of care and life cycle approach to promote health and nutrition practices and prevent major causes of diseases. Aligning with the Sustainable Development Goal (SDG) 3 that aims to "ensure healthy lives and promote well-being for all at all ages" and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)[4], World Vision makes a shift toward holistic child well-being by incorporating the promotion of child and adolescent development. The health sector approach promotes an increased emphasis on additional determinants of:

- Newborn and child health through the holistic nurturing care of young children
- Integrated, multisectoral interventions
- Interventions to address the reproductive health of women and girls of reproductive age (15-49 years)

World Vision's health and nutrition core project models have been modified over time and will continue to adapt as needed to address diverse issues, include innovations, and highlight potential for multi-sector integration. Table 1 presents a summary of health and nutrition Core Project Models adapted by World Vision. In their current configuration, these models represent strong platforms for participants, partners, and stakeholder engagement at various levels.

TABLE 1: HEALTH AND NUTRITION CORE PROJECT MODELS ADAPTED BY WORLD VISION

Core Project Model	Short Description
Community Health Committees (COMM)	Involves capacity building and empowerment of local health committees to coordinate activities leading to increased community capacity, improved health policy and service environment, and support of community health workers' programs, which, taken together, lead to strengthened community health systems and positive health outcomes-including those of the most vulnerable and marginalized areas. By strongly linking communities to health facilities and district health management, COMMs promote GESI through community participation and transformation, as they provide an opportunity to shift harmful, discriminating, and disempowering gender and social norms that contribute to the violation of the human right to health.
Positive Deviance Hearth (PDH)	Founded on a strong food security assessment approach, PDH programs typically recommend broad health and nutrition interventions to effectively reduce and prevent child malnutrition. The updated PDH core project model will present the potential for integration with optional evidence-based food security and nutrition interventions such as growth monitoring and promotion (GMP), kitchen gardens, bio-fortification, micronutrient powders, and small-scale fortification in order to ensure children and families' access to safe and nutritious food all year around.
Community Management of Acute Malnutrition (CMAM)	The CMAM includes elements of integrated management of childhood illness (IMCI) and incorporates innovations such as the inclusion of infant and family measurement of upper arm circumference (MUAC).
Nurturing Care Group (NCG)	Addresses issues around poor infant and young child feeding (IYCF); home management and care seeking for sick children; other disease prevention practices (health and nutrition); poor early child development and stimulation practices (education); poor water collection, storage, and treatment; hygiene (including menstrual hygiene) and sanitation practices; and prevention and reporting of violence against children, including child labor and child marriage. It also can be used to address cross-cutting issues such as gender and faith. The approach has been used successfully in fragile and emergency contexts. NCGs create a multiplying effect and equitably reach every participant's household through neighbor-to-neighbor contacts using interpersonal behavior change activities.
Citizen Voice and Action (CVA)	An evidence-based, social accountability model that operationalizes and strengthens relationships of direct accountability among citizens, policymakers, and service providers. It tackles the root causes of poverty, vulnerability, marginalization, exclusion, inequality, and poor governance.

4 WHO(2019). Global Strategy for Women's, Children's and Adolescents' Health, *(2016–2030)*.

Each of these core project models are best taken as a starting point on which to build the diverse and integrated interventions required per context, and on which to cultivate innovation.[5] The integration of GESI in these models will create an enabling environment for everyone to engage in and benefit equally from health interventions at individual, household, community, and societal levels so that all persons can enjoy life in its fullness.

WHAT IS GESI?

GESI stands for gender equality and social inclusion. This is part of Strategic Priority 6 within *World Vision's "Our Promise" strategy* for improved well-being.

Gender equality is the state or condition that affords women and girls and men and boys equal enjoyment of human rights, socially valued goods, opportunities, and resources. It includes expanding freedoms and voice, improving power dynamics and relations, transforming gender roles, and enhancing overall quality of life so that males and females achieve their full potential.

Social inclusion seeks to address inequality and/or exclusion of vulnerable populations by improving terms of participation in society and enhancing opportunities, access to resources, giving voice and respect for human rights. It seeks to promote empowerment and advance peaceful and inclusive societies and institutions. For more definitions of GESI concepts, please refer to Glossary of Terms (Annex 1)

World Vision considers GESI as a *multifaceted process of transformation* that: [6]

- Promotes equal and inclusive access, decision-making, participation, and well-being of the most vulnerable.
- Transforms systems, social norms, and relations to enable the most vulnerable to participate in and benefit equally from development interventions.
- Builds individual and collective agency, resilience, and action.
- Promotes the empowerment and well-being of vulnerable children, adolescent girls and boys, their families, and communities.

In some settings, gender inequality and social exclusion means girls are less likely to access vaccines, reproductive health services, quality care, and good nutrition compared to boys. Children in the poorest households are nearly twice as likely to die before the age of five than those from the richest, with the majority dying in southern Asia and Sub-Saharan Africa.[7]

5 World Vision International (2020). Health and Nutrition Sector Approach 2020 – 2030.

6 See *World Vision's GESI Approach and Theory of Change*.

7 WHO(2020). Women's and Girls' Health Across the Life Course.

WHY IS GESI IMPORTANT IN HEALTH?

The impacts of gender inequality and social exclusion in health are evidenced by the occurrence of diseases, an increase in morbidity and mortality, reduction in life expectancy, as well as limited or lack of access to services for the most vulnerable. Integrating GESI in health would greatly improve quality of health programming, health behaviors and health outcomes, and increase the sustainability of programs and policies. Without this, vulnerable groups will continue to experience inequality and exclusion and their well-being will be negatively affected. For example, in many developing countries, the health care system is predominantly male dominated, this means vulnerable groups such as women and persons with disabilities may be excluded in leadership and decision-making bodies. As a result, the health system may not serve all their health needs. Additionally, besides the biological differences, men and women face differences in exposure to diseases, access to health services, risk of certain illnesses and consequences of health problems. Integrating GESI and the use of GESI desegregated data will help in systematically diagnosing differentials related to disease or health problems based on sex, age, and other social characteristics.[8]

The growing recognition of the central role of health and well-being for all aspects of human development has been stated at the highest level as follows:

- The **Convention on the Rights of the Child** (CRC) states that "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services; To ensure appropriate pre-natal and post-natal health care for mothers; To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents; States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children."[9]
- The **Convention on the Rights of Persons with Disabilities** (CRPD) recognize that persons with disabilities have the right to enjoy and experience the highest attainable standard of health without discrimination based on disability. "States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation."[10]
- The **Committee on the Elimination of Discrimination against Women** (CEDAW) states that "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."[11]

A lack of informed participation by women and girls, persons with disabilities, and other vulnerable groups often results in health services that are inaccessible, unaffordable, and potentially inappropriate. Omitting GESI-responsive perspectives in health undermines the effectiveness of initiatives, reduces efficiency through missed opportunities, and can limit trust and engagement with the community as a whole.

8 WHO (2001). Gender Mainstreaming in Health Report of the Technical Consultation New Delhi, 6-8 November 2000. *apps.who.int/iris/bitstream/handle/10665/205132/B3708.pdf;sequence=1*

9 UN Commission on Human Rights (1989). Convention on the Right of the Child (CRC).

10 UN General Assembly (2007). The Convention on the Rights of Persons with Disabilities (CRPD).

11 UN Committee on the Elimination of Discrimination Against Women (CEDAW) (1996). *UN Committee on the Elimination of Discrimination Against Women.*

Research indicates that integrating GESI in health programs facilitates many positive health outcomes such as reducing HIV transmission and violence against women and girls; addressing the unmet need for contraception; addressing maternal and neonatal mortality; maximizing access to and the quality of health information and services; improving reproductive health outcomes; and supporting women, girls, and other vulnerable groups to make decisions on their own health and that of their families.[12]

When women and other vulnerable groups fully participate in decision-making on health services, their rights to health care are more likely to be fulfilled through services that are accessible, safe, affordable, appropriate, and differentiated (such as youth friendly services particularly for adolescent mothers). High percentages of women experience verbal or even physical abuse and discrimination (especially adolescent mothers) during labor at a health facility, thus deterring many women from seeking maternal health services at a facility. Integrating GESI in health will improve the quality of care for women and girls which in turn improves their well-being.

Among others, a GESI-responsive approach to health involves:

- Efforts to challenge harmful and discriminatory gender and social norms, especially those around participation, decision-making, and access to health care and differentiated care.
- Ensuring that health messaging can be understood and presented in a culturally appropriate format for all groups including minority language speakers, persons with visual and hearing impairments, minority ethnic or religious groups, different age groups, people who cannot read and write, and others.
- Ensuring that people who are affected by more than one vulnerability factor (elderly, widower, remote, those with limited or no literacy skills, persons with disabilities, etc.) have equal and quality access.

12 Rottach, E. Schuler, S.R., and Hardee, K(2009). *Gender Perspectives Improve Reproductive Health Outcomes New Evidence.* Washington, DC: Population Reference Bureau.

WORLD VISION'S GESI Theory of Change

World Vision's GESI Theory of Change (Figure 1) highlights pathways of change and a conceptual framework to assist staff in designing, implementing, monitoring, and evaluating GESI programs, and achieving GESI and produce transformational and sustainable impact. The Theory of Change also helps to unpack the causes of inequality and exclusion in more detail by identifying five domains of change—access, decision-making, participation, systems, and well-being. Transformative change must be achieved at the four levels of the ecological model, that is individual, household, community, and societal levels. In the long run, effective GESI integration in programming will ensure that everyone experience life in its fullest.

FIGURE 1:
WORLD VISION'S GESI THEORY OF CHANGE

The five GESI domains of change that are required for gender equality and social inclusion are described in Figure 2 below. When you think in terms of the GESI domains, your health programs will be more inclusive and transformational.

FIGURE 2: THE FIVE WORLD VISION GESI DOMAINS[13]

ACCESS

The ability to access, use, and/or own assets, resources, opportunities, services, benefits, and infrastructure.

DECISION-MAKING

The ability to make decisions free of coercion at individual, family, community, and societal levels. This can include control over assets and ability to make decisions in leadership.

PARTICIPATION

The ability to participate in or engage in societal affairs and systems of power that influence and determine development, life activities and outcomes.

SYSTEMS

The availability of equal and inclusive systems that promote equity, account for the different needs of vulnerable populations, and create enabling environments for their engagement.

WELL-BEING

The sense of worth, capability status, confidence, dignity, safety, health, and overall physical, emotional, psychological, and spiritual well-being. This includes living free from gender-based violence, HIV, and all forms of stigma and discrimination.

THE SOCIO-ECOLOGICAL MODEL

Achieving GESI requires an understanding of factors that influence inequality and exclusion. World Vision uses the social-ecological model to better understand gender inequality and social exclusion and strategies to address it. The model considers the complex connection between individual, household, community, and societal factors that affect GESI. For example, when designing a social and behavior change (SBC) health intervention, you will need to consider multiple levels of influence on health behaviors. This includes an awareness of the interconnected influence of family, peers, community, and society on behavior. For example, for a program that promotes the use of contraceptives among unmarried adolescent girls to be successful, you will need to take into account the unmarried adolescent girls' individual attitudes or beliefs, the social and cultural norms of the community, household influence, whether trusted family members or friends support contraceptive use, and the government structure or health system that provides health education and health policies. Despite having scientific information on the benefits of doing so, some might find it hard to challenge household, community and societal influences, practices, and beliefs even if the health policy approves the use of contraceptives among unmarried adolescent girls.

In integrating GESI, sequencing is important and that is what the social-ecological model demonstrates. It does not mean you have to do everything all at once, but that you are mindful of the need to operate at different levels to create space for transformative change. Your program should have an impact across all levels, from individual to societal.[14] To achieve this, you will need to combine GESI domains with the socio-ecological levels to help you think through ways to better incorporate GESI. You will also need to understand what will work best given your country or specific cultural context. Figure 3 is an illustrative example of how you can align GESI domains within the socio-ecological model.

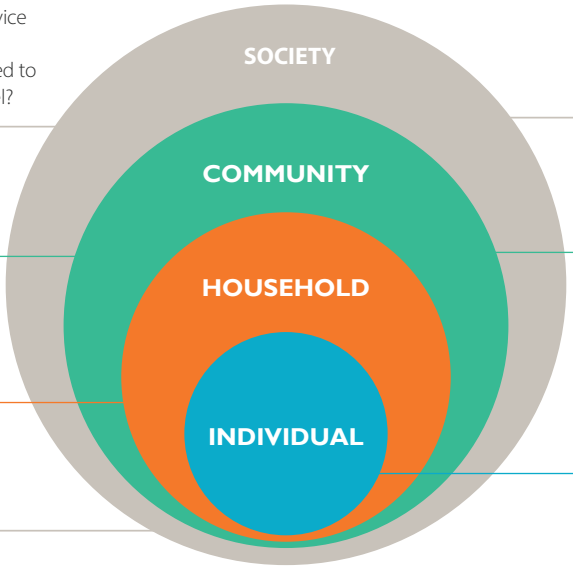
FIGURE 3: APPLYING THE SOCIO-ECOLOGICAL MODEL IN HEALTH

How does the CVA project model ensure inclusiveness in bringing together citizens, service providers, local government, and partners in a collaborative, facilitated group process designed to improve the quality of services at the local level?

To what extent does the PDH program effectively reduce child under-nutrition even in the underserved communities?

What role do CHWs play in fulfilling household goals and ensuring its members are healthy and have equal access to health services?

Are the equal rights of girls and boys, women and men enshrined in health policy across the life cycle?



Whether CHWs addresses issues like child development, even in remote and marginalized sections in the society, and ensure no one is left behind.

How CMAM ensures renewed access to health and nutrition for the most vulnerable in post-conflict contexts.

What is the self-esteem of a boy child versus a girl child? Do they equally feel safe and can they dream of a healthy world with affordable access to health facilities – regardless of where/how they were born? Can a child with a disability reach their potential?

Formal (Policy/Legislation) and Informal (Norms) Institutions

The informal rules of the game determine who will be included and excluded and how those who do not uphold these "rules" will be sanctioned/punished. Policy and legislation affect program implementation at various levels and so do culture mores/social norms. For example, in some cultures women and lower castes are considered dirty or polluted and not allowed the same access as men and upper castes to health facilities. Social norms are difficult to shift.

14 For more details, see *World Vision's GESI Approach and Theory of Change.*

To fully comprehend the social-ecological model, one must understand 'social norms' because social norms affect all levels of the socio-ecological model.

WHAT ARE SOCIAL NORMS?[15]

Social norms are the unwritten rules that underpin a society and govern how people behave. Cristina Bicchieri studied social norms and found out that what *people think*, can be different than what *people do*, what *other people do*, and *how other people expect people in their community to behave* and even from how a society enforces the norms of behavior. She wrote, "one expects people to follow a certain norm in a certain situation because he/she has observed people doing just that over a long period of time."[16] People often do not question why they act one way in society and a different way when they are home.

Social norms have important implications in implementing health programs. Consider an example of a program to prevent female genital mutilation in Kenya (Figure 4 below). Despite substantial recent attention to the issue, female genital mutilation continues to be a challenging problem to solve in many communities where this practice is long standing.

FIGURE 4: EXAMPLE FROM KENYA ON CHALLENGES FACED BY PRACTITIONERS IN THE COMMUNITY

Case study

The community was made aware about the negative impacts of female genital mutilation (FGM) and child marriage. In fact, women who practice FGM were invited to attend group discussions on this topic. After the awareness campaign, participants agreed to stop these harmful practices. However, it was later realized that these became 'hidden' practices as people could not stop practicing due to social norms.

By exploring the following types of normative data, along with establishing one's 'reference group' (the people who you please), harmful and discriminating social norms can be addressed:

- **Personal normative beliefs** *What do you think?*
- **Behaviors** *What do you do?*
- **Empirical expectations** *What do others do?*
- **Normative expectations** *What do you think others think you should do?*
- **Sanctions/Policing** *How are norms enforced?*[17]

INTERSECTIONALITY

Intersectionality represents the various social and political characteristics that apply both to individuals and groups and influence whether a person or group is included or excluded in society. These characteristics include sex, age, disability, race, religion, ethnicity, marital status, and other social characteristics. The complex overlapping and inter-relation of these characteristics determine which people or groups are included or excluded from household, community, and societal services and resources. For example, women with disabilities may face double marginalization because of gender norms as well as stigma toward persons with disabilities. However, a woman with a disability may be less excluded if she is a wife of a wealthy village leader, enabling her to have better access to health services.

Intersectionality can help us understand how to effectively and sustainably address GESI challenges in health programs. For example, a pregnant woman with disability would need a health facility to be designed differently than a woman without disability. To better serve these individuals, we must explore and address the complex, intersecting issues that inhibit access, ability to make decisions, participate fully in health programs and enjoy life to the fullest.

15 Bicchieri (2017). *Norms in the Wild*. New York: Oxford University Press.

16 Bicchieri (2006). *The Grammar of Society*. UK: Cambridge University Press, p. 11.

17 For those who are more advanced in understanding social norms, please take this course by Bicchieri: Social norms for Social Change: *www.coursera.org/learn/norms*

THE GESI CONTINUUM

There are different degrees of GESI programming ranging from GESI-absent to transformative. This is known as the GESI continuum. The GESI continuum is a tool that helps to assess the degree of GESI integration in a program. All World Vision programs should be in the realm of GESI-responsive, with an increasing growth from GESI-accommodating toward being GESI-transformative. The ultimate goal is for our programs to become GESI-transformative. A health program is GESI-transformative when it is structured to challenge the root causes of harmful and discriminating gender and social norms and unequal power relations in order to change the position of vulnerable groups and promote equality and inclusion of women and girls, persons with disabilities, and other vulnerable groups. GESI-transformative programs also recognize and strengthen positive and inclusive social norms that support GESI; create an enabling environment for GESI; and are committed to ensuring protection, building relationships, understanding intersectionality, addressing unintended negative consequences and potential harm, and addressing the root causes of inequality and exclusion to achieve a lasting transformation at individual. household, community, and societal levels.[18]

Classifying current programming along the GESI continuum is important in identifying the gaps, challenges, capacity, and resource, and use this information to design and implement strategies necessary to make programs more GESI-transformative. Figure 5 further defines World Vision's understanding of the GESI continuum.

FIGURE 5: WORLD VISION'S GESI CONTINUUM

18 CARE (2015). Measuring Gender-transformative Change, A Review of Literature and Promising Practices; Water for Women Fund(2021). Gender Equality and Social Inclusion Self-Assessment Tool: Facilitation Guide for WASH Project Managers, Researchers and Self-Assessment Facilitator.

It is important to understand the starting point of your program and the capacity of staff and partners to move further along the continuum. Adopting a GESI-transformative approach requires additional thoughts and efforts. More resources may be required but most programs can be made more transformative with minimal additional cost. For example, instead of conducting a behavior change intervention solely on health practices, integrate an element of social norm transformation as women are disproportionately affected by systematic denial of rights through systems of widowhood, divorce, child marriage, education, land and inheritance rights, and interpersonal violence. Social norms can stigmatize sexuality, restrict sex education, increase women's vulnerability to sexual coercion, stigmatize use of reproductive health services such as testing for sexually transmitted diseases (STDs) and access to family planning, and limit women's ability to decide where to deliver or to access resources for skilled attendance or emergency care. Intra-household dynamics may discourage pregnant women from seeking antenatal care and women may not have power over health-care decision-making for themselves or their children.[19] When a GESI-transformative approach is applied, communities are more cohesive, resilient, and able to thrive, and no individual or group will be excluded.

SCENARIO 1

This hypothetical scenario is about a program to increase the number of births in a health facility and engage trained community health workers (CHW) to pass on this message of institutional delivery to the community. The scenario changes along the GESI continuum.

Not GESI-responsive

The reproductive health intervention targeted the community health workers to reach out to the communities to promote institutional deliveries.

This not-GESI-responsive scenario did not consider the needs and preferences of women. The main intention was to spread the message without considering the fact that just spreading the messaging will not suffice.

GESI-accommodating/sensitive

The reproductive health intervention targeted the community health workers (CHW) to reach out to the communities to promote institutional deliveries. The intervention ensured that CHW have proper communication tools to support them. Media campaigns ensured messages about correct and best practices reached people in the community and provided weightage to what the CHWs are propagating.

Those in this GESI-accommodating/sensitive scenario were aware of the fact that, in order to promote institutional deliveries, a 360-degree approach is required. Hence, apart from mobilizing the CHWs, they used media campaigns and user-friendly communication tools to spread the messages.

GESI-transformative

The reproductive health intervention targeted the community health workers to reach out to the communities to promote institutional deliveries, even in remote localities. The intervention ensured that information cards in local languages and with pictorial images (for women with no literacy skills) explained the benefits of institutional delivery to mother and child health, and information about who to call for prices and to make an appointment was distributed to all women. Media campaigns ensured messages about correct and best practices reached people in the community and supported CHWs messaging. CHWs not only approached pregnant women, but also the husbands and the mothers/mothers-in-law to bring a positive shift in harmful and discriminating attitudes and norms within families.

A GESI-transformative scenario takes a step forward to specifically target husbands and mothers/mothers-in-law to support the campaign and address the root causes of not allowing the daughters/daughters-in-law to engage in institutional deliveries.

19 CARE (n.d.). SRMH Program Overview: CARE's Approach to Sexual, Reproductive, and Maternal Health.

Table 2 below provides illustrative questions to help you move the program in scenario 1 further along the continuum while considering the GESI domains.

TABLE 2: GESI DOMAIN QUESTIONS FOR SCENARIO 1

GESI DOMAINS				
ACCESS	DECISION-MAKING	PARTICIPATION	SYSTEMS	WELL-BEING
Was information about the benefits of institutional deliveries accessible and available to women with limited or no literacy skills, men, and persons with visual and hearing impairments?	Did other household members participate in the process?	Did communities/ groups with limited or no literacy skills decide on the key messages for the national campaign?	Did the program understand and address the root causes behind home deliveries?	Were health staff supported to adopt inclusive and welcoming behavior for all community members, including those with disabilities and in remote areas?

SCENARIO 2

This is a hypothetical scenario from Uganda regarding the use of mosquito nets to prevent malaria. The scenario changes along the GESI continuum.

Not GESI-responsive

The program distributed free mosquito nets to help prevent malaria. However, the program did not see considerable positive impact.

This not-GESI-responsive scenario distributed the mosquito nets according to household head without any follow-ups. Households used the nets for fishing.

GESI-accommodating/sensitive

The program first conducted an inclusive needs assessment and also tried to understand various causes of malaria occurrences for different groups. This led to a focus on the ultra-poor communities who were most at risk.

The scenario in GESI-accommodating/ sensitive conducted a needs assessment. They distributed nets to ultra-poor communities.

GESI-transformative

The program first conducted an inclusive needs assessment and also tried to understand various causes of malaria occurrences for different groups and engaged with members of the communities, staff. and informed community/faith leaders because every life matters. They conducted a number of follow-ups to ensure positive impact and acceptance of the intervention. The program also distributed pictorial explanation/information cards so that even people with no literacy skills would be informed.

A GESI-transformative scenario takes additional steps to ensure no one is left behind or left out. A number of follow-ups were made and the program included community/faith leaders so that the use of mosquito nets is propagated in the community to increase sustainability and social acceptance.

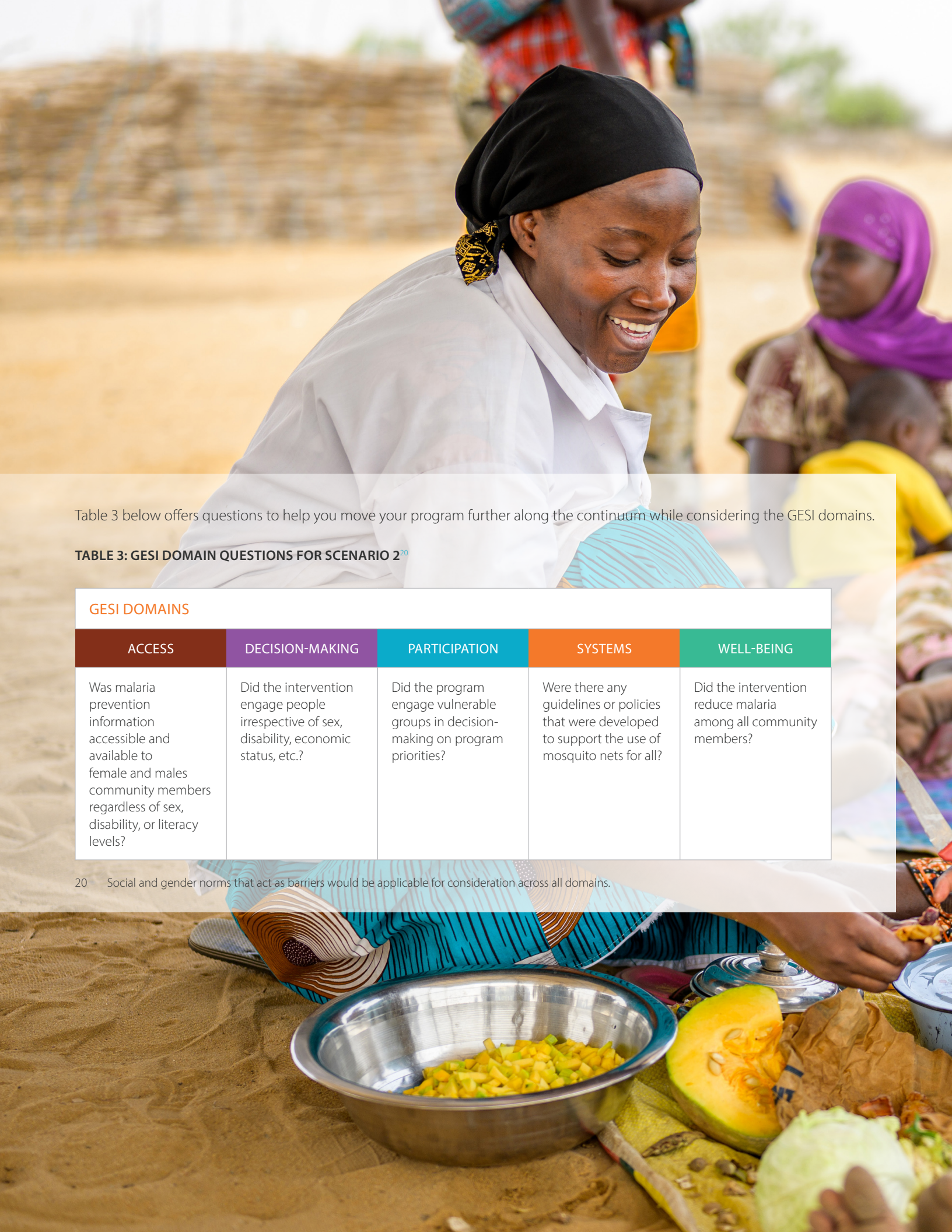


Table 3 below offers questions to help you move your program further along the continuum while considering the GESI domains.

TABLE 3: GESI DOMAIN QUESTIONS FOR SCENARIO 2[20]

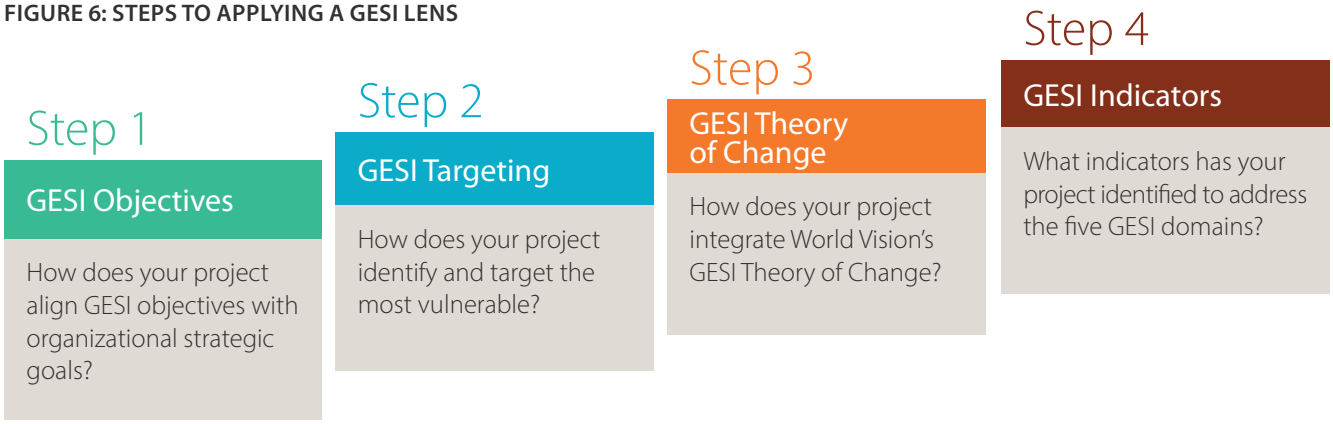
GESI DOMAINS				
ACCESS	DECISION-MAKING	PARTICIPATION	SYSTEMS	WELL-BEING
Was malaria prevention information accessible and available to female and males community members regardless of sex, disability, or literacy levels?	Did the intervention engage people irrespective of sex, disability, economic status, etc.?	Did the program engage vulnerable groups in decision-making on program priorities?	Were there any guidelines or policies that were developed to support the use of mosquito nets for all?	Did the intervention reduce malaria among all community members?

20 Social and gender norms that act as barriers would be applicable for consideration across all domains.

APPLYING A GESI Lens in Health

This section discusses how to apply a GESI lens in health programs and provides four steps and practical ways to incorporate this lens into a health program, as either a targeted or integral component of the program. Figure 6 summarizes the four steps for applying a GESI lens in health programs.

FIGURE 6: STEPS TO APPLYING A GESI LENS



Step 1 | Incorporate GESI-related objectives in the project

In this step, the question to ask is, how does your project align GESI objectives with organizational strategic goals?

Aligning GESI objectives with organizational strategic goals will help to effectively tackle gender inequality and social exclusion in programs. This will require two things. First, is to make sure that World Vision's organizational culture embraces GESI and challenges inequality and exclusion. You will need to ensure that staff 's personal beliefs and attitudes support equality, diversity, and inclusion. The **Reflection Checklist Tool** (Tool 1.3 in the *Toolkit for Integrating GESI in Design, Monitoring and Evaluation)* can help staff reflect on their own biases, sources of power, barriers to achieving GESI, and how to address those barriers. This tool helps to expose hidden or unconscious individual biases that, if not addressed, may prevent health programs from becoming GESI-transformative. It is also important to ensure that staff participate in GESI trainings as these are opportunities for reflection, building awareness, and addressing biases. Once staff understand and address their personal hidden or unconscious biases, they will be better equipped to identify how a program can support GESI-related organizational objectives as indicated in "Our Promise" global strategy and child well-being objectives. [21] They will also be able to integrate GESI approaches into health programs.

Secondly, ensure that the field office environment can support a strong GESI-focused program. Use the **GESI Minimum Standards Tool** (Tool 1.2 in the *Toolkit for Integrating GESI in Design, Monitoring and Evaluation*), which provides a checklist to help assess how well a project is integrating GESI within health programming and the organization as a whole. This tool is designed to help organizations assess nine areas where you should be meeting minimum standards necessary to advance GESI. The checklist covers issues of policy, capacity and culture, participation and partnership, budget, data collection, analysis, indicators, do no harm, and accountability.

21 Refer to World Vision's Global Impact Framework and Strategic Initiative 2.2 on *Utilizing Evidence of Impact.*

Step 2 | Target the most vulnerable

In this step, the question to ask is, how does your project identify and target the most vulnerable and address their overlapping or intersectional vulnerabilities?

World Vision defines the most vulnerable children as those under the age of 18 years whose ability to reach their full potential and enjoy life to the fullest is affected by inequality and exclusion. The most vulnerable children experience two or more vulnerability factors listed below:

- Abusive or exploitative relationships
- Extreme deprivation
- Serious discrimination that prevents them from accessing services/opportunities
- Vulnerability to negative impact from a catastrophe or disaster

It is important to ensure that health programs identify, reach, and serve the most vulnerable children and adults. This may require conducting a GESI analysis that will help to identify who are the most vulnerable; what are the root causes of their vulnerabilities and intersectional vulnerabilities; what are their needs, concerns, expectations, and priorities; and what are the gaps and challenges in terms of GESI and strategies that can best address them.

Health programs also need to address the multiple vulnerabilities through targeted health interventions. Programs may also need to have referral services for various health services, such as mental health services, family planning, and sexual and gender-based violence. You will also need to address any harmful and discriminating gender and social norms that contribute to inequality and exclusion.

Step 3 | Integrate World Vision's GESI Theory of Change

In this step, the question to ask is, how does your project currently integrate World Vision's GESI Theory of Change and its five domains?

World Vision's GESI Theory of Change sees development participants as active agents of change, rather than mere victims of exclusion or inactive beneficiaries of development. Ensure that your health programming integrates each of the five GESI domains at individual, household, community, and societal levels. The following are questions that needs to be addressed:

- What barriers do vulnerable groups face in each domain?
- To what extent do vulnerable groups experience those barriers?
- Who is most affected? and why?
- What strategies will help address those barriers in each domain?

Step 4 | **Identify indicators along the five GESI domains**

In this step, the question to ask is, what indicators has your health project identified to assess progress towards GESI-related goals?

Ensure you select indicators that measure the five GESI domains and capture the health needs, opportunities, and experiences of the most vulnerable in the four ecological levels. The *Toolkit for Integrating GESI in Design, Monitoring and Evaluation* includes illustrative GESI and health indicators adapted from monitoring and evaluation frameworks of World Vision, as well as various other organizations, and are aligned to World Vision's GESI Theory of Change (see Table 4 below).[22] It is important to select a variety of both quantitative and qualitative indicators in order to ensure you capture a holistic and comprehensive understanding of how gender and social norms and practices are changing.[23]

Make sure to disaggregate all core indicators by sex, age, and disability, at a minimum. Additional disaggregation may include any other applicable social characteristics such as socio-economic status, geographic location (such as rural vs urban), race, ethnicity, religion, indigenous people (people who self-identify as indigenous vs those who do not), caste or class, refugee or migrant status, disability type, etc.

TABLE 4: ILLUSTRATIVE GESI INDICATORS FOR HEALTH

GESI Indicator	GESI Domain
% of females, males, and persons with disabilities accessing appropriate sexual and reproductive health services	Access
% of females, males, and persons with disabilities accessing basic health services (primary care)	Access
% of females, males, and persons with disabilities reporting increased awareness of where and how to access health services	Access
Ratio of female to male sexual and reproductive health workers in local health facilities	Access
% of adolescent girls and boys who access age appropriate sexual and reproductive health services information	Access
Proportion of women with access to maternal health services within a one-hour walk	Access
Proportion of pregnant women who received prenatal and postnatal care from trained staff	Access
Percentage of women, men, and persons with disabilities who received information on family planning and reproductive health issues	Access
Proportion of females and males who think that a couple should decide together whether to have children	Decision-making
% of females, males, and persons with disabilities reporting independent decisions and joint decisions on how and when to use the health services	Decision-making

22 See World Vision's *Toolkit for Integrating GESI in Design, Monitoring and Evaluation*.

23 See World Vision's *Toolkit for Integrating GESI in Design, Monitoring and Evaluation*. For technical support on developing GESI-transformative Health Indicators, please reach out to the World Vision Health team or GESI team.

GESI Indicator	GESI Domain
Proportion of females and males who think that a man and a woman should decide together which contraceptive to use	Decision-making
Proportion of women and men (ages 15-49) who make informed decisions regarding sexual relations, contraceptive use, and reproductive healthcare	Decision-making
% of couples who report increased communication about health and reproductive decisions	Decision-making
% of females and males taking care of sick individuals	Participation
# of hours spent taking care of sick individuals by women and men	Participation
Extent to which healthcare providers have the capacity to respond to cases of gender-based violence	Systems
Evidence that legal or regulatory barriers preventing women from accessing reproductive health services have been removed	Systems
Evidence that health policies and plans utilized in local providers are based on gender differences in health risks	Systems
Extent to which females and males and persons with disabilities feel they are treated with respect and dignity by health service providers	Well-being
% of children aged 0-23 months who were born at least 33 months after the previous surviving child, by sex	Well-being

CONDUCTING A GESI Analysis for Health

A GESI analysis for health is an analytical approach that helps to identify, understand, and explain the GESI gaps and disparities in health, their root causes, and how to address them. The results of a GESI analysis will help to develop a GESI-transformative program that intentionally addresses intersectional vulnerabilities and the identified root causes of inequality and exclusion. Although GESI analysis can be conducted at any time during the program cycle (proposal development, program design, implementation, and evaluations), ideally it should be conducted at the beginning of a program or during its conceptual stage. This will ensure that GESI is integrated right from the design stage and GESI activities are integrated and budgeted for, from the very beginning.[24]

Objectives of the GESI analysis for health:

- Identify different health needs, priorities, and vulnerabilities of women, men, girls, boys, persons with disabilities and other vulnerable groups, and accounts for the fact that health issues affect people differently.
- Identify who has access, ability to participate, and make decisions related to health, who is excluded and why.
- Identify gender and social norms and practices that contribute to inequality and exclusion of the most vulnerable in health programs and strategies to address them.
- Identify both intended and unintended consequences of a health program and strategies to address negative unintended consequences.
- Identify existing health programs and promising and best practices that can be incorporated.
- Provide recommendations to address GESI gaps to help achieve gender equality and social inclusion in health.

It is highly recommended to use participatory processes and include a wide range of vulnerable groups, representative from government institutions and civil societies (such as women's groups/organizations, GESI experts, disabled peoples organizations, etc.). Also use mixed methods and collect both quantitative (e.g., through surveys and secondary data) and qualitative data (e.g., through focus group discussions, desk reviews and key informants' interviews). Make sure you collect information on each GESI domain for each vulnerable group (e.g., women, youth, the elderly, refugees, widows, persons with disabilities, etc.) to help understand the situation and how to better address the gaps and challenges.

The *Toolkit for Integrating GESI in Design, Monitoring and Evaluation* describes the full process of conducting a GESI analysis (section 2). This includes guidance on how to conduct GESI-responsive desk reviews and collect GESI-responsive primary and secondary quantitative and qualitative data. Table 5 provides guiding questions for conducting a GESI analysis for health. These questions are not exhaustive; they are provided for illustration only. It is important to develop context specific questions that align with goals and objectives of your program and to collect information by sex, age, disability, or other social characteristics. To collect detailed information on persons with disabilities, identify key informants such as disabled person organizations, departments of health, or similar institution or organizations. The same applies to other groups such as women, where you will need to interview the women themselves to gain a detailed understanding of their needs, challenges, and perspectives.

24 See World Vision's *Toolkit for Integrating GESI in Design, Monitoring and Evaluation*.

TABLE 5: GUIDING QUESTIONS FOR CONDUCTING A GESI ANALYSIS FOR HEALTH

Note: For yes/no questions, make sure you probe or ask a follow-up question to gain a deeper understanding of why it is the case and what can be done to ensure GESI.

Access

How can we ensure access to health for the most vulnerable?

- Who has access to what health services, resources, benefits, and opportunities? Who is excluded from access and why?
- What are the barriers to access? Are there gender and social norms or formal systems that prevent vulnerable groups from access? How can we address these barriers?
- Are pregnant women, the youth, and persons with disabilities given equal and affordable access to health?
- Are health facilities equipped to provide safe, hygienic, and dignified service for all?
- Do operation and maintenance plans include infrastructure specifically for supporting unique needs of women/girls and/or persons with disabilities?
- Are there specialized and trained health practitioners to support specific needs of vulnerable groups? (e.g., maternal and child health, sexual and gender-based violence, mental health, etc.).

Decision-making

How can the most vulnerable be fully engaged in decision-making on health?

- Who has the power to make decisions about health? Who is excluded and why?
- Are women and persons with disabilities able to make decisions regarding their own health (e.g., family planning, child spacing, assistive devices, etc.)?
- What health-related decisions do women make about themselves and members of their household? What kind of decisions do men make in the household? What kinds of health decisions are made jointly? Under what circumstances are joint decisions made?
- What are the barriers to health-related decision-making? Are there any social norms or formal systems that exclude vulnerable groups from making decisions on their own health? How can we address these barriers?
- Are there committees or institutions that are responsible for addressing health challenges and concerns for the community? (i.e., health facilities, government institutions, etc.)? Who makes decisions in these committees or institutions?
- What leadership roles do women, girls, persons with disabilities, and other vulnerable groups have in government bodies, health facility, health management, or any other health related committees? Are they actively involved and feel that their voices and opinions are valued? If not, how can we address this?
- What is the process for deciding how resources are allocated for health systems? Which groups are involved in that process?

Participation

How can we ensure the most vulnerable participate more in health?

- What types of health-related interventions does the program offer? Who participates in these interventions? Who is excluded from which interventions and why?
- What are the barriers for participating in health interventions? Are there gender and social norms or formal systems that prevent vulnerable groups from participating? How can we address these barriers and ensure all groups are actively engaged?
- Who are the key actors involved in health program interventions at the household, community, and societal/government levels?
- How can families, community members, and health care facilities (HCFs) be supportive in ensuring GESI is integrated in the different roles and responsibilities of different groups?

Systems

How can we ensure health systems (formal and informal) are equal and inclusive?

- Does the program ensure that the health system is equal and inclusive? Are there social norms or formal systems that exclude certain groups? How can we address this?
- Are laws and policies in place to support equal and inclusive health services? Do men and women have equal status under all national, regional, and local laws? If not, what needs to be changed or added?
- How does the program challenge inequalities and exclusion in the law, policies, local customs, and practices? How are vulnerable groups engaged in the process?
- Is there a functional referral system for victims and survivors of sexual and gender-based violence (SGBV)?
- How does the program engage faith or traditional leaders on issues related to GESI in health?
- Is the monitoring and evaluation system GESI-responsive?

Well-being

What issues need to be addressed by health programs to enhance the well-being of the most vulnerable?

- Does the program provide safe spaces for women and girls to safely report issues of sexual and gender-based violence (SGBV)?
- Do women, girls, persons with disability, and other vulnerable groups feel confident to participate in health activities?
- Are health services provided in a private and dignified way?
- Does the program have a mechanism and indicators to monitor well-being, and can it identify differences in well-being between different types of people?
- Does the program minimize the risk of people experiencing backlash due to their involvement in program activities?
- Do World Vision staff and community members—especially those from vulnerable groups —know where to seek support?

NOTE: You will need to map each question on the different levels of the socio-ecological model. Ask yourself, based upon the analysis, if you should focus on the individual (build their self-esteem, help them understand governance so they can participate in groups), or on the household head (so they allow their spouse access and give permission to attend). Did the spouse tell you that they would let their spouse attend health related meetings if their mates did not ridicule them, or if the religious leader did not reprimand a man for allowing his wife to move about freely? Or is there a formal law or a customary law preventing women from traveling after a certain time, or to certain events. Ask yourself, what are the barriers/root causes? At what level? And how can these barriers be mitigated?

INTEGRATING GESI IN Health Program Design and Implementation

One of the important aspects of health program design is to frame the program objective — and identify how health interventions will integrate GESI objectives and integrate these in program design. The objectives can be further divided into GESI-inclusive and GESI-targeted interventions. The former is indirect, while the latter is a direct approach to addressing the specific needs of women, girls, persons with disabilities, and other vulnerable groups.

GESI-inclusive interventions: Interventions that aim at benefiting women, children, and other vulnerable groups indirectly by adapting health systems and activities designed to service the broader population, especially most vulnerable. For example, advocating for laws and policies to address inclusive health programs.

GESI-targeted interventions: Interventions that aim at directly addressing GESI-related needs of women, children, and other vulnerable groups. For example, the development and promotion of innovative access solutions for persons with disabilities.

Integrating GESI in health program design and implementation will help improve project-level outcomes, minimize risk of negative unintended consequences, and ensure that the unique needs and challenges of vulnerable groups are identified and addressed. [25] *The Toolkit for Integrating GESI in Design, Monitoring and Evaluation* provides five tools to help in this process. These tools are related to proposal development, program design, indicators, staffing, a GESI Integration Action Plan, and GESI-responsive budgeting. A GESI Integration Action Plan can be particularly useful as part of a workshop with staff during the project start-up phase, particularly if many of the staff were not involved in the design process. By planning together, staff can achieve a common understanding of how they can advance GESI within health program design and implementation.

In addition to the toolkit, the following additional information is important in designing and implementing a health program that will integrate GESI:[26]

- Clear criteria and mechanisms for identifying vulnerable groups and intersectional vulnerability.
- Both inclusive and targeted interventions that incorporate the specific needs of women and girls, persons with disabilities and other vulnerable groups.
- A plan to strengthen the capacity of staff and service providers on GESI. This will help address any gender or social norms that may negatively affect their ability to implement the program for all people.
- An inclusive communication plan that will serve all vulnerable groups including the less educated and those with disabilities.
- Strategies to mitigate potentially negative unintended consequences of program activities.
- Accountability and complaints mechanisms and organizational structures that support GESI.

25 World Vision's Toolkit for Integrating GESI in Design, Monitoring and Evaluation.

26 World Health Organization (2007). Everybody's Business: Strengthening Health Systems to Improve Health Outcomes—WHO's Framework for Action. Geneva, page 3.)

- Effective allocation of resources to implement activities that meet the needs of different vulnerable groups.
- Investment in GESI capacity building for staff to ensure a clear understanding of GESI-responsive programming and ongoing training staff to address any unconscious bias that may limit their ability to serve women and other vulnerable groups.
- Engaged communities, target participants, and relevant stakeholders in every implementation stage.
- Management of unexpected challenges that emerge during program implementation.
- A safe space for feedback from participants and stakeholders to be incorporated into future project planning.
- Ensuring the health infrastructure is universal in design — such as accessible health facilities for all.
- Addressing barriers that hinder individuals' ability to have access, make decisions, and participate fully in program. activities. Table 6 provides an illustrative example of some barriers and possible strategies to address them and Table 7 provides an illustrative example for designing a GESI-transformative health program.

TABLE 6: ILLUSTRATIVE EXAMPLES ON HOW TO ADDRESS BARRIERS IN HEALTH PROGRAMS

Barrier	Possible actions
Communication	Provide interpreters in meetings and at the health facility. Ensure health information and products are shared in all relevant languages, including sign language and culturally appropriate language and graphics. For example, the use of graphics or models that depict genital parts, such as a penile model, or use of language that is taboo. It may be important to conduct brainstorming or formative research and testing with communities to ensure communication challenges are addressed properly.
Lack of physical mobility	Provide assistive devices for persons with disabilities (such as wheelchairs). Ensure to have disability accessible infrastructures (such access ramps) and provide transport where necessary.
Religious beliefs	Engage faith leaders in social and behavior change strategies.
Childcare	Provide childcare services to support women's attendance during meetings and other events related to health.
Work, caregiving, household responsibilities	Schedule meetings at times that are most accessible for those who have time restrictions due to caregiving, household, or work responsibilities. This may mean offering multiple meetings to ensure inclusive representation.
Security	Provide health services in safe locations and at times when it is considered safe for all.
Stigma/discrimination	Accompany vulnerable groups, plan, and work with service providers to address any stigma or discrimination, promote positive images of vulnerable groups.
Social norms such as women not allowed to speak out in the presence of men, or male providers not expected by society to physically be in contact with a woman that is not their wife.	Engage faith and community leaders in social and behavior change strategies. Provide safe space for women to share their opinion. For example, conduct separate meetings for men and women. Ensure health facilities have female providers and provide safe, private, and dignified space for women and girls.

TABLE 7: AN ILLUSTRATIVE EXAMPLE OF GESI-TRANSFORMATIVE HEALTH PROGRAM DESIGNING

Access

The health program is designed considering the needs and preferences of the most vulnerable to make it accessible to all by addressing gender and social norms that prevent vulnerable groups from access.

Decision-making

The health program integrates and values the opinion of target participants in project implementation without any discrimination against any group or individual, and addresses gender and social norms that prevent vulnerable groups from making decisions.

Participation

The health program ensures active engagement of participants and provides enabling environment for their participation and addresses gender and social norms that prevent vulnerable groups from participating.

Systems

The health program engages with formal and informal women's associations, organizations of persons with disabilities, etc., and addresses challenges of unmet needs due to prevalent gender and social norms that exclude and discriminate others.

Well-being

The health program addresses health-related stigma against persons living with HIV/AIDS and mental illness and the underlying social and gender norms that affect the well-being of the most vulnerable such as norms that support female genital mutilation or wife beating.

INTEGRATING GESI IN Health Program Budgeting

Integrating GESI perspectives in budgeting helps to ensure that the budget, revenues, and expenditures consider the different needs of everyone (women and men, girls, boys, persons with disabilities, and other vulnerable groups). This involves analyzing how the budget will affect different social groups at all stages of the budget process. It also involves transforming these budgets to ensure that gender equality and social inclusion commitments are implemented and realized.

Key questions to address:

- Are there resources allocated to meet any additional costs for program participants who require childcare, transport assistance, caregiver support, sign language interpretation or other expenses necessary for their participation?
- Is there a budget item for conducting a GESI analysis/assessment?
- Are GESI-focused activities such as GESI behavior change messaging given a specific budget allocation?
- Does the project plan to recruit a person from a vulnerable social group such as persons with disabilities? and are there resources allocated to meet any needs they may have?

APPLYING A DO NO HARM LENS

The well-being of people we serve must be the focus of our efforts to serve them. GESI-responsive institutional practices, policies, operations, and accountability mechanisms should be guided by do-no-harm and protection principles. "Do no harm" refers to ongoing conscious efforts to ensure that no negative consequences or harm caused by the project occurs to anyone — including consequences which are unintended — because of actions taken. It is important for a health program to assess all possible risks for vulnerable groups to participate in program activities and develop mitigation strategies to proactively manage those risks. To do no harm and overcome our unconscious biases, we all must be allies of each other, without discrimination. For example, men must be allies for women and privileged women allies for less privileged women, older women ally for younger women, able bodied persons for persons with disabilities, etc.

The risk of harm is heightened when health programming seeks to influence discriminatory norms and practices (such as addressing female genital mutilation) that may be deeply entrenched. These actions can result in resistance, backlash, and violence directed at the very people the program intends to support. For example:

- In South Africa, stigma stopped many young women involved in a trial on HIV prevention from using vaginal gels and pills that would help them stay HIV free. Many reported being afraid that using these products would lead them to being mistakenly identified as having HIV, and so the fear of the isolation and discrimination that being identified as living with HIV would lead them to adopt behaviors that put them more at risk of acquiring the virus.
- Persons with disabilities or the elderly may face additional discrimination in healthcare settings. Also, discriminatory attitudes held by healthcare providers may lead them to make judgements about a person's health status, behavior, sexual orientation, or gender identity, leading individuals to be treated without respect or dignity.
- Publicly discussing the health status of some individual or groups in a community can increase the risk of marginalization, stigmatization, and violence.

It is important that the multiple principles detailed in this guide are used to apply a do-no-harm lens. For instance, understanding perceptions, and attitudes about gender, social norms, and power dynamics in the local context. Accounting for aspects of intersectionality and considering the layers of complexity within the socio-ecological model will help to ensure that health programs do no harm.

APPLYING A UNIVERSAL DESIGN

Universal Design is "a process that enables and empowers a diverse population by improving human performance, health and wellness, and social participation" and involves designing products and services that are useful for everyone to the greatest extent possible regardless of their sex, age, disability, or any other social characteristics. In short, universal design makes life easier, healthier, and friendlier for all. Universal design helps with intersectionality and social inclusion because it consults and encourages the participation of diverse social groups from design to the end of project. Universal design increases the potential for developing a better quality of life for a wide range of individuals. It also reduces stigma by putting persons with disabilities and other vulnerable groups on an equal playing field. The following are examples of how a universal design was applied:

- The Ingobyi Activity in Rwanda is a five-year cooperative agreement to improve the quality of reproductive, maternal, newborn and child health (RMNCH) and malaria services in a sustainable manner with the goal of reducing infant and maternal mortality rate. One of the components is to conduct Citizen Voice and Action (CVA) trainings to improve the quality of reproductive, maternal, newborn and child health and malaria services in 80 Ingobyi supported health centers. CVA committees sensitizes citizens on their rights and policies regarding RNMCH and malaria services and consults service users about their experiences and recommendations for application of CVA from design to end.
- The Nyange health center is located in a volcanic region and the climate is very cold. When CVA committees held community gatherings in Nyange with diverse citizens, one of the reported challenges was that newborns suffered from cold weather. The extreme understaffing was hindering the provision of quality health services especially maternity, antenatal care (ANC) and newborn services. Parents and newborns had to wait in the cold weather for services. This deterred parents from seeking health services for newborns. The list of recommendations raised by the community gathering was noted, and relevant actions such as ensuring adequate staff and services were implemented by the Nyange health center leadership. The diverse citizens who were consulted are able to remind the leaders and hold them accountable for implementing the recommendations.

MALE ENGAGEMENT

In patriarchal communities such as those in most African and Asian countries, the influence of men is profound. Men tend to control household resources and often make most critical decisions that affect the choice of health treatment and services. The program of action endorsed at the International Conference on Population and Development (ICPD) emphasized the need for equality in gender relations with a special focus on men's shared responsibility and active involvement to promote reproductive and sexual health. The following are ways to engage men as allies for gender equality and social inclusion in health programming:

- **Define the value proposition for ally development**. Men who are allies come alongside women, and do not exert undue influence, steal credit, or give a pass to the disrespectful behaviors of other men.
- **Clarify your personal motivations.** Are you a woman or a man, how would you benefit or lose from women being respected and included? Would you really lose out?
- **Imagine and explore the self-interest of male allies.** There are career advantages in being known as a collaborative colleague. Male leaders who are allies and advocates for women often have a wider support base. The benefits from inclusive leadership are powerful. Did you know that diversity increases sustainability?
- **Select prospective allies wisely.** Trust between women and men cannot be manufactured, only earned — and it is part of the solution to creating work cultures that welcome, support, and retain women.
- **Approach ally development with respect and candor.** Focus on building high-performing relationships with women in your sphere of influence. For example, make sure you allocate females to important tasks and new assignments. Try to find something positive to say about the women you work with and start and end all critical feedback with complimentary feedback.

NOTE: It is important to watch out for cynicism (among the women) and arrogance (among the men). Women can engage men in ways that grow advanced reciprocity, for two-way relationships of mutual opportunity and promise keeping. It is not that women can only achieve because men support them. You should also drop the 'champion' title. Ally development breathes integrity into inclusion, because the cultures that women and their male allies grow also create opportunity for gender savvy men.

INTEGRATING GESI IN

Health Program Monitoring and Evaluation

Integrating GESI in monitoring and evaluation (M&E) of health programs is helpful in collecting information on the effectiveness of health programming in shifting harmful and discriminating social and gender norms and achieving GESI transformation. The more the domains a program addresses, monitors, and evaluates, the more GESI-transformative it will be. Section 4 of the Toolkit for Integrating GESI in Design, Monitoring and Evaluation provides various tools to help integrate GESI in the monitoring and evaluation process. At a minimum, make sure you do the following:

- Conduct a GESI analysis for health and collect GESI disaggregated data at the beginning of the program to establish a baseline. This will help to determine the impact of the program towards achieving GESI goals.
- Use GESI-responsive health indicators and make sure to include indicators in each GESI domain (see an example in Table 1). This will help you determine progress towards achieving GESI.
- Develop a GESI monitoring plan that includes specific information on how and when you will collect, analyze, and report health related data, and how data will be reported. Make sure to use both qualitative and quantitative methods and to collect GESI disaggregated data.
- Develop a plan for monitoring visits to track progress towards GESI-transformative goals and objectives and find ways to address any gaps and challenges.

Question to address:

- Does the health program adequately address GESI?
- Does the health program make a difference in GESI-related health outcomes, behaviors, norms and/or inequalities?
- What did or did not work and why?
- Are there any negative unintended consequences of program activities? If yes, how can we mitigate them?

When conducting an evaluation for health program consider the following:

- Carefully select your evaluation team to include at least one health expert and one GESI expert, or an expert in both health and GESI who is able to design or lead a GESI-responsive health program evaluation.
- Make sure the scope of work or terms of reference for evaluation contracts includes a GESI analysis for health.
- Ensure evaluations collect information in each GESI domain, capture GESI-related disaggregation, and use both qualitative and quantitative methods.

Core Strategies for Achieving GESI Transformation in Health Programs

Below are examples of core strategies that can contribute to a successful GESI-transformative health program. These strategies were identified during focus group discussions conducted to staff with the reflection on World Vision's home-grown approaches that have been developed over time, from years of development, experience, and learnings:

INVOLVEMENT OF FAITH LEADERS

Channels of Hope for Maternal, Newborn, and Child Health (MNCH) equips faith leaders to respond to challenges that women and young children face. Faith leaders (custodians of all cultural norms) undergo trainings on how to promote sustainable, community-based health interventions, advocate for changed behaviors, and strengthen health systems in communities. Faith leaders play a crucial role in changing harmful attitudes and behaviors. Some of the key outcomes of the approach are that community members practice healthy birth spacing and access improved prenatal care, antenatal care, and care for children under five. Through this process, participants contribute to positive changes that lead to healthier mothers, pregnancies, and young children.

PEER TO PEER EDUCATION/INVOLVEMENT APPROACH

This approach has been helpful in addressing child marriage and teen pregnancy in the community. Involving boys in teen pregnancy interventions have yielded positive results. Children joined together to talk openly about adolescent pregnancy and what they see as one of the greatest threats to their peers' futures. The project (example from World Vision Lesotho) targets adolescent male athletes aged 9 to 14 years. The main reason is that these athletes are influential leaders among their peers and as a result they are able to spread messages that can change the mindset of other boys within communities to respect women and girls.

MEN'S INVOLVEMENT IN FAMILY PLANNING INTERVENTIONS

Experience from some of the most successful family planning programs indicated that these programs ensured men are engaged in family planning interventions. To increase men's participation, men are targeted and sensitized with health messages in male friendly, safe spaces equipped with games and leisurely magazines for antenatal and postnatal visits.

GRANDMOTHER APPROACH

This is a behavior change approach targeting grandmothers as household-level influencers related to maternal and child well-being. In many countries around the world, grandmothers play a critical role in family and community life especially in providing childcare and advising and educating younger generation on various social issues. "Empowering grandmothers, enhancing communication between grandmothers, younger women and men, and strengthening the role of grandmother groups can also contribute to increased understanding and social cohesion within families and communities, as well as improved family and community health and well-being."[27]

UNIFORMED COMMUNITIES

Uniformed communities (police, wildlife authorities, security guards, hotel industry, etc.) often experience challenges related to accessing health services and making decisions related to their own health. One community-based family planning program to hotels helped to increase their participation in decision-making. Also, the increased access to family planning services expanded to GBV care and HIV services to this community. Another example provided was on police community's lack of access to services due to social norms and financial barriers. The 'Stepping Stones Methodology' and the use of peer influence on behavioral changes contributed to service uptake, an increase in decision-making, and more men participating in antenatal care and community GBV committees.

27 For more details see World Vision (2015). The *Grandmother Guide*. Available at: *www.wvi.org/health/publication/grandmother-guide*

COMMUNITY UNITS

World Vision empowers communities to implement household behavior change through CHWs, monitoring and advocating for quality health services in the community, and linking households and community structures with the health system. World Vision has a catalytic role to play in linking communities with the health system.

CLINICAL TRIALS

Clinicals trial were conducted among adolescent girls in primary schools after they reported that they were excluded from sexual and reproductive health (SRH) services and how this contributed to unintended pregnancies. Improving SRH service delivery led to safe sexual practices and a reduction in rate of adolescent pregnancies.

TIME AND TARGETED COUNSELING (TTC)

CHWs conducts TTC home visits to communicate and track health practices for maternal newborn and child health at the household level.

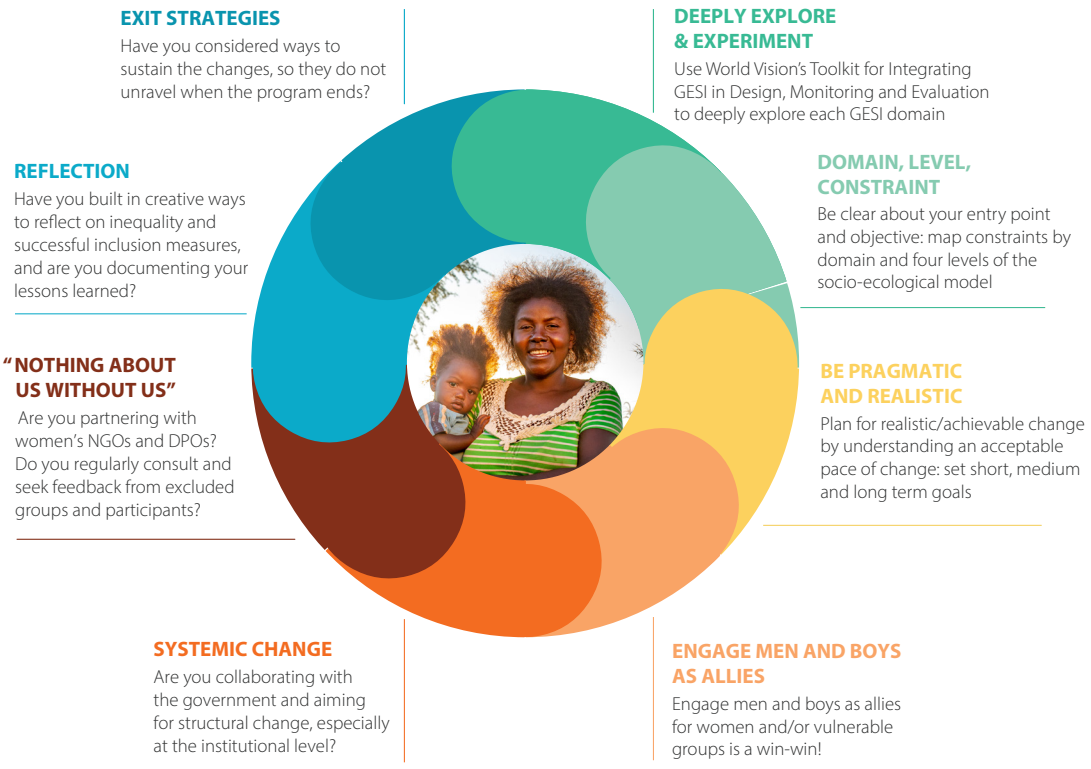
CITIZEN VOICE AND ACTION (CVA) MODEL

CVA is an evidence-based, social accountability model that operationalizes and strengthens relationships of direct accountability among citizens, policymakers, and service providers. It tackles the root causes of poverty, vulnerability, marginalization, exclusion, inequality, and poor governance.

OTHER STRATEGIES INCLUDE:

- Household sensitization to ensure involvement of household members in the programs.
- Monitor women's control over income, how women/men spend time in paid and unpaid work including unpaid care work, etc.
- Involving the community to ensure sustainability of the program and the intervention do not backfire.

THE GESI TRANSFORMATION CYCLE



Promising Practices

Prioritizing GESI Across Health Interventions in Western Equatoria, South Sudan

The overall goal of this project is to address gender equality and social inclusion issues within the health service delivery in Western Equatoria. The objectives were to:

- Create a conducive environment for integration GESI in the health sector.
- Build the capacity of health providers and ensure equal access to and use of health services by the poor, vulnerable, and marginalized groups.
- Improve the health seeking behavior of the poor, vulnerable, and marginalized groups so they can obtain health services based on their rights.

Working closely with the Government of South Sudan's Ministry of Health and other partners, the project increased access to health services for women, children, and other vulnerable groups including persons with disabilities and survivors of sexual and gender-based violence. It strengthened the health system and supported the establishment of essential infrastructure in health facilities including building ramps for persons with disabilities and private rooms for delivery or the examination of survivors of sexual and gender-based violence. It helped increase the number of persons with disabilities accessing health services. It also enhanced access to services for survivors of sexual and gender-based violence and persons with mental and neurological disorders. A detailed explanation of this project as a documented GESI promising practice can be found *here*.

Conclusion

This guide is a useful resource that aims at achieving GESI-transformative health programs. The guide offers practical tools for health programs using GESI -responsive steps and indicators. Investment in GESI-transformative health programming has an enormous potential to contribute to greater equality and address discrimination on the basis of sex, age, disability and other social characteristics. Decisions around (investment) priorities, design features, and processes, all influence outcomes for people. These go far beyond the household level. With this guide, World Vision contributes to the strengthening of gender equality and social inclusion in health programming, resource management, and governance and reinforces the importance of social inclusion and sustainable development.

Annexes

ANNEX 1

Glossary of Terms

Agency	The capacity of individuals (and groups) to act independently and to have control over their lives, resources, beliefs, values, and attitudes, and to have the right to freely choose, act and influence their lives, households, communities, and societies. Agency is attained when vulnerable individuals (and groups) who previously exercised little power develop their own capacities for self-understanding and expression, and gain control over their lives, resources, beliefs, values, and attitudes. Agency facilitates self-empowerment—power to and power within—through individual consciousness and the transformation of personal attitudes, self-perceptions and power relations.[28]
Disability	Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).
Disaggregated data	Data broken down by detailed sub-categories. Disaggregated data can reveal deprivations, exclusions, and inequalities that may not be fully reflected in aggregated data. Data collected about people can be classified by sex, age, disability status, ethnic group, level of education, and rural–urban differences, among others.
Equality	The state or condition that affords all people equal enjoyment of human rights, socially valued goods, opportunities, and resources. It means equal valuing of the different roles, perspectives, capabilities, abilities, and outcomes for women and girls, men and boys. Achieving equality involves addressing systemic and structural inequality, discrimination or differential treatment based on social characteristics such as sex, age, disability status, and other social characteristics so that vulnerable populations can freely make choices and reach their full potential. More than parity or laws, genuine social equality is expanded freedom and improved quality of life for all.
Equity	The process of being fair and just to all people, based on their respective needs. This involves addressing cumulative and historical economic, social, and political disadvantages, inequalities and ongoing marginalization that prevent vulnerable and marginalized groups from operating on a level playing field. To achieve equity, marginalized groups need to be raised up the same level or "starting position" as others where they can access the benefits that society provides to everyone else. This may mean providing different treatment, such as giving more to those who need more in order to achieve equality.
Empowerment	Empowerment is context specific. It includes awareness-raising, building of self-confidence, expansion of choices, gaining control over resources, and ideology and is connected to agency. It challenges deep structures of inequality and exclusion, and enhances human rights, power, and agency of vulnerable populations (GESI Theory of Change). It is relational and inherently political because the process is about shifts in power relations. Supportive relationships are crucial to promoting positive social change by transforming structures and institutions that reinforce and perpetuate discrimination and inequality. [29]

28 World Vision's GESI Approach and Theory of Change.

29 Jost et. al. (2014). Gender and Inclusion Toolbox.

Gender Equality	The state or condition that affords women and girls, men and boys, equal enjoyment of human rights, socially valued goods, opportunities, and resources. It includes expanding freedoms and voice, improving power dynamics and relations, transforming gender roles, and enhancing overall quality of life.
Intersectionality	The interplay of multiple social characteristics (such as gender, race, class, disability, marital status, immigration status, level of education, ethnicity, etc.) that increases vulnerability and inequality in privilege and power, and further entrenches inequalities and injustice. These characteristics overlap, or intersect, and cannot be examined separately from one another.
Persons with Disabilities	All persons with disabilities including those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with attitudinal and environmental barriers hinders the full and effective participation in society on equal terms. [30]
Social Inclusion	Seeks to address inequality and/or exclusion of vulnerable populations by improving terms of participation in society and enhancing opportunities, access to resources, and validates dignity and human rights. It seeks to promote empowerment and advance peaceful and inclusive societies and institutions.
Vulnerable groups	Anyone who might experience deprivation, marginalization, exclusion, or harm due to GESI-related aspects of their identity. These groups vary according to context and social norms, but generally include categories like gender, disability status, class, religion, ideology, geographic origin, ethnicity, or marital status.

30 UN (2008). Convention on the Rights of Persons with Disabilities.

ANNEX 2

Sources for Further Guidance

Engaging Men and Boys In Gender Equality and Health: A Global Toolkit for Action (United Nations Population Fund 2018).

This toolkit presents conceptual and practical information on engaging men and boys in promoting gender equality and health. Specific topics include sexual and reproductive health; maternal, newborn and child health; fatherhood; HIV and AIDS prevention, care, and support; and prevention of gender-based violence. In addition to providing examples of programs that have effectively addressed these challenges, the toolkit offers guidance on advocacy, needs assessment, monitoring and evaluation related to efforts to engage men and boys.

Breaking Barriers Towards More Gender-Responsive and Equitable Health Systems (WHO 2019).

This report draws attention to gender as a powerful determinant of healthcare access and outcomes. By analyzing universal health coverage (UHC) indicators from a gender perspective, including indicators disaggregated by sex, the report exposes how people's gender intersects with their socioeconomic backgrounds and other aspects of their identities and circumstances to produce health inequities. It shows how health systems and UHC policies, by increasing gender responsiveness, can improve equity. The report recommends ways to incorporate gender in the UHC framework for monitoring country progress.

Assessment of Barriers to Accessing Health Services for Disadvantaged Adolescents in Tanzania (WHO 2020).

This report was developed with support from the World Health Organization (WHO) to respond to the strategic programming needs for adolescent health as defined by the Ministry of Health, Community Development, Gender, Elderly and Children, in the United Republic of Tanzania. Additionally, the assignment was conducted to pilot the draft WHO handbook for conducting an adolescent health services barriers assessment (AHSBA), with a focus on disadvantaged adolescents, developed in 2018. The handbook is one manifestation of WHO's Thirteenth General Program of Work 2019–2023 on reducing barriers to health services on the path to universal health coverage. The pilot is intended to inform broader assessments of barriers to health services and work done on integration of equity, gender and human rights into policies and programming in the United Republic of Tanzania and beyond.

Assessment of Barriers to Accessing Health Services for Disadvantaged Adolescents in Nigeria (WHO 2020).

This report is from an assessment that constitutes part of the support provided by the World Health Organization (WHO) to the Federal Ministry of Health of Nigeria, in accordance with the Nigeria country cooperation strategy 2018–2022. The work is the first national pilot of the draft handbook for conducting an adolescent health services barriers assessment, developed by WHO in 2018. This guidance places an emphasis in WHO's Thirteenth General Program of Work 2019–2023 on reducing barriers to health services on the path to universal health coverage.

Handbook for Conducting an Adolescent Health Services Barriers Assessment (AHSBA) with a Focus on Disadvantaged Adolescents (WHO 2019).

A first step towards achieving universal health coverage for adolescents is for each country to assess which adolescent sub-populations do not have effective health service coverage and what are the most important barriers that prevent them from having it. This handbook focuses on disadvantaged adolescents and outlines how governments can assess health service equity and barriers at national and sub-national levels in order to identify which adolescents are being left behind, and why.

Resource Handbook - Leaving No One Behind in the Context of Subnational Health System Strengthening in Mongolia (WHO, nd).

This handbook describes the importance of considering the heterogeneity of sub-populations and shares approaches for identifying sub-populations that are most at risk of being left behind, drawing from health inequality monitoring and data disaggregation as well as from gender analysis and other sources. The handbook shows how the Tanahashi framework for effective coverage can be used to explore the barriers that disadvantaged sub-populations may face in accessing and benefiting from services and financial protection and provides a framework and orientations for considering how health system strengthening can be further undertaken to leave no one behind, including through key measures across the health system building blocks and by ensuring a synergistic system-wide approach. It also identifies ways to build aimag/province and district cross-sectoral governance for health for all and encourage sustained social participation (including of more marginalized/disadvantaged subpopulations); identify entry points for enhancing the focus on leaving no one behind in the monitoring, evaluation, and review of aimag/province and district 4-year health plans.

Beyond the Barriers: Framing Evidence on Health System Strengthening to Improve the Health of Migrants Experiencing Poverty and Social Exclusion (WHO 2017).

"Leaving no one behind" is a critical principle in the Sustainable Development Agenda. Those "left behind" are a vastly heterogeneous group. They face a wide range of barriers to health services that differ across countries, communities, and individuals. As such, approaches to health system strengthening to leave no one behind need to account for this heterogeneity and the complexity of barriers. Some migrants, in particular those experiencing poverty and social exclusion, face intersecting and compounding barriers.

The Global Strategy and Action Plan on Ageing and Health (WHO 2017).

This strategy is a significant step forward in establishing a framework for Member States, the World Health Organization (WHO) Secretariat and partners to contribute to achieving the vision that all people can live long and healthy lives. The strategy is grounded in WHO's conceptualization of healthy aging as being more than the absence of disease and provides a comprehensive guidance on how to foster the functional ability of older people to be and to do what they value. Countries are asked to: commit to action, develop age-friendly environments, align health systems to the needs of the older populations they serve, and develop sustainable and equitable systems of long-term care.

Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities (United Nations Population Fund 2018).

This resource, developed by the United Nations Population Fund and Women Enabled International, provides practical and concrete guidance on the provision of inclusive and accessible services related to gender-based violence (GBV) and sexual and reproductive health and rights (SRHR) for women and young persons with disabilities. While the primary audience is GBV - and SRHR-related service providers, the guidelines are a valuable resource for all stakeholders — including those in government, international organizations, and non-governmental organizations — involved in designing, developing, implementing or advocating for GBV or SRHR services for women and young persons with disabilities. The recommendations are aimed at all settings, including low-, middle- and high-resource settings, as well as humanitarian emergency settings.

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