Toolkit

Gender Mainstreaming in the Health Sector

National Women's Council of Ireland
Comhairle Náisiúnta na mBan in Éirinn
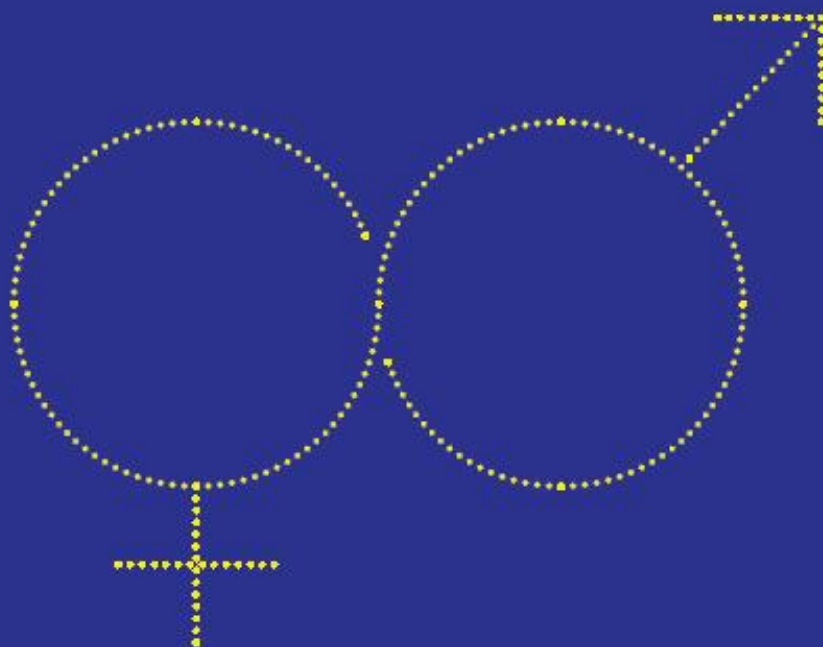
GENDER MATTERS

TOOLKIT

FOR

IMPLEMENTING GENDER

MAINSTREAMING

IN THE

HEALTH SECTOR

Acronyms

CSO	Central Statistics office
DOHC	Department of Health and Children
ESRI	Economic and Social Research Institute
HRB	Health Research Board
HSE	Health Service Executive
KPI	Key Performance Indicator
LGBT	Lesbian, Gay, Bisexual and Transgender
NWCI	National Women's Council of Ireland
WHO	World Health Organisation

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SECTION 1

1.0   Introduction to Toolkit

The stated mission of the Department of Health is "to improve the health and well-being of people in Ireland in a manner that promotes better health for everyone, fair access, responsive and appropriate care delivery, and high performance". Reducing health inequalities and promoting equity and fairness are stated goals of the Irish state and a healthy population is one of the country's most valuable resources. This means that all sectors of society but particularly those directly involved in the health services need to be proactively involved in improving the health and wellbeing of the population.

Gender mainstreaming makes a significant contribution to these health goals.
It takes a gender dimension which is one of the most important social determinants of health[1] and makes it explicit in all policy, plans and services. Gender equality is no longer viewed as a "separate question," but becomes a concern for all policies and programmes. Rigorous, gender-sensitive analysis can reveal different gender needs and priorities, as well as gender inequalities in terms of opportunities and outcomes. Gender mainstreaming seeks to redress these problems.

1.1   What is Gender Mainstreaming?

Gender mainstreaming is a well recognised approach for achieving gender equality in health. It is a method for integrating a gender perspective into policy and service delivery, in order to provide equality of access to services and equality of outcomes in health for women, men and transgender persons. It involves a process of incremental change for the organisation that enables women, men and transgender persons to benefit equally from health care policies and services. In other words, gender comes into the mainstream of health care. It seeks to give visibility to gender inequalities in health and to ensure that there is a commitment to addressing these inequalities.

[1] Social Determinants of Health Key Concepts, WHO
http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

It is implemented through an assessment of gender inequalities and by integrating gender-sensitive checks and balances into health care policy, planning and service outcomes. Gender mainstreaming is incremental and long-term rather than a one-off activity. In the long term it can have a transformative impact on the delivery of health care and health For example, if gender mainstreaming was fully in operation, gender concerns would be raised routinely in everyday operations and resolved in a fair and equitable way. Mainstreaming gender necessitates that gender perspectives become part of the normal perspective of an organisation.

1.2   Background to this Toolkit

This Toolkit developed from a series of resources which have been developed by the National Women's Council of Ireland and supported by the HSE with the involvement of a number of interested stakeholders.

In 2012, *Equal but Different; A Framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery* was published. In early 2014, two further resources were produced; *'Gender Matters' a User Friendly guide to Gender Mainstreaming* and *'Gender Matters' a Training Handbook on Gender Mainstreaming in Health*.

This Toolkit document consolidates the work of these previous documents and provides guidance on the next steps. It provides the HSE and the DOHC with a strategic and operational plan for uncovering and tackling gender inequalities and gender differences in health. This concerns women, men and transgender persons and specific sub-groups of women, men and transgender persons. It connects with and builds on existing policy and work in the HSE on women's and men's health. It is addressed to senior decision-makers in the Irish health service and has relevance for policy, planning and the delivery of front line services. It has implications for how resources are allocated, including human resources with expertise in the strategic and operational implementation of gender mainstreaming across the health service. This Toolkit on Gender Mainstreaming is relevant to all health care policies, including those of the Department of Health and Children (DOHC) and non-HSE provided services

1.3   Aims and Objectives of this Toolkit

The toolkit aims to offer guidance on gender mainstreaming policies and actions, to show how awareness and technical capacity can be enhanced, and models of good practice can be implemented, so that gender mainstreaming becomes part of the core work of the HSE and DOHC.

Objectives

- To enhance the efficiency and effectiveness of health policies, planning and the delivery of health services for women, men and transgender persons.

- To provide a model for gender mainstreaming that can be applied to the health service.

- To improve health care for everyone, by linking a gender perspective to the broader social determinants of health.

- To achieve leadership and senior-level commitment to implementing gender mainstreaming.

1.4   Rationale for Integrating Gender into Health

The core purpose of this Toolkit is to encourage and support actions that better enable the HSE and DOHC to deliver quality and targeted services to women, men and transgender persons. This is so that these services can more effectively uncover and address gender inequalities in access to services and ensure that health outcomes are equitable for women, men and transgender persons. It will help the health service to improve the quality of the services provided in relation to the prevention, diagnosis and treatment of illness by improving both the utilisation of services, and service user satisfaction.

A gender perspective in health requires new ways of thinking and a commitment to take action on gender inequalities in health. The objective is to give visibility to gender inequalities on the basis that to treat people equally sometimes means treating people differently. It also highlights the need for an integrated and comprehensive approach to women's and men's health, rather than a separate focus on women's health and men's health. This is important in ensuring that women's and men's health are not viewed as separate or competing entities, rather that gender inequalities can be explained through complex and interacting inequalities and social and economic roles held by both women and men. This is reflected in the social determinants of health approach.

This Toolkit starts from a position that inequalities in women's and men's health, and differences within different sub-groups of women, men and transgender persons, should be **identified, recognised and acted upon**. It seeks to do this by integrating women's and men's health needs within a single framework, so that differences and concerns are addressed in gender sensitive health care policies, plans and service delivery. It takes a position that women, men and transgender persons inhabit the same spheres of life, that gender equality involves women and men and the need to distribute resources equitably between men, women and transgender persons. It focuses on the need for health outcomes to be related to the social processes that influence gender equality, health and well-being, and that the resources deployed by the HSE are proportionate to the need identified.

Gender sensitivity and awareness in the delivery of health care is a way of ensuring that health care is delivered in the most appropriate way, for example, in meeting the health needs of the most vulnerable or disadvantaged women, men and transgender persons. Moreover, equality

benefits everyone and has wider societal benefits. For example, if men's mental health improves or if risk-taking behaviour is reduced, this will benefit the well-being of their families and their participation in community life. If women's poverty is reduced, for example, through participation in good quality employment, this benefits their families and community.

## 1.5　Gender Mainstreaming in an Economic Recession

Gender mainstreaming is of great importance in the current economic and financial climate. Firstly, in the context of over stretched resources, gender mainstreaming can assist in identifying where health needs lie and how disease and illness can be prevented and addressed. Secondly, the burden of ill-health amongst the population and widening inequalities mean that the health service needs to respond to a wider and more complex set of health problems in the community. For example, the reality of high levels of gender-based discrimination and rising levels of reported domestic violence pose challenges that must be addressed

There is a strong rationale and business case for gender mainstreaming and through this the integration of a gender perspective in the policy, planning and service delivery functions of the HSE. Addressing women's and men's health and the differential barriers in access to health services can help health service providers to effectively and equitably respond to the different needs of women, men and transgender persons. Integrating an analysis of gender into the planning and delivery of health care makes good business sense because it enables the HSE to:

- Plan and deliver services that are evidence-based and informed, by allocating and targeting resources in the most effective way and to areas of greatest need, and thereby achieve better 'value for money'.

- Assist the health service in meeting its strategic objectives and targets to reduce inequalities in health .

- Have access to a tool for driving social inclusion and equality and for empowering women, men and transgender persons in the promotion of health and well-being.

1.6   Gender Mainstreaming and Social Determinants of Health

Gender mainstreaming in health is a multi-faceted process. It has to take into account multiple factors and analyses related to women's and men's biological and gender differences and the different ways in which they access health care, and to interweave these into broader social determinants of health. This Toolkit also focuses on the ways in which gender affects health outcomes. At the same time, it recognises that gender is a cross-cutting issue that needs to be considered with other sources of health inequalities, such as poverty, age, disability, race and ethnic diversity and overall socio-economic position. It is important that gender be seen in relation to other social determinants of health. Although it is not mentioned explicitly in all activities, it is important that gender always be understood to be interacting with these other factors.
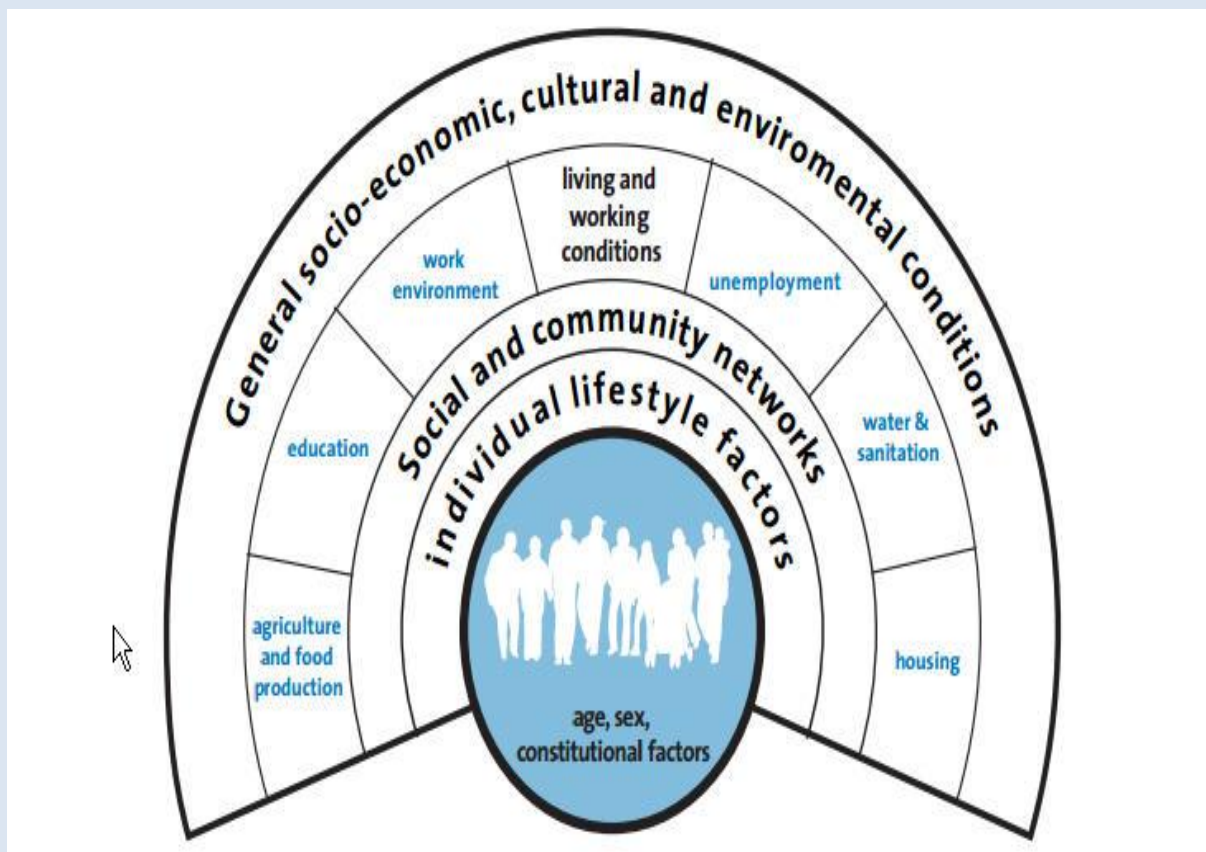
Source: Whitehead and Dahlgren, 1991, World Health Organisation.

1.7   Key Steps to Integrating Gender

This Toolkit presents a strategy for integrating gender into policy, planning and service delivery for endorsement by senior decision-makers and managers in the HSE and DOHC. The background to the work on Gender Mainstreaming with NWCI and HSE and main elements of the overall Framework can be found in *Equal but Different – A Framework* for integrating gender equality in Health Service Executive *Policy, Planning and Service Delivery* (NWCI 2012).

This framework sets out a number of steps, which cover the strategic and operational tasks required for implementation, as follows:

1. **Senior level commitment and leadership towards gender mainstreaming**
2. **Training and awareness raising on gender inequalities in health and the benefits of gender mainstreaming**
3. **Collection and Collation of gender and sex-disaggregated data**
4. **Consultations with women's and men's organisations, service users, health care unions and staff**
5. **Gender proofing: assessing gender relevance and carrying out gender impact assessments**
6. **Planning and Delivery of Services**
7. **Demonstration Projects in specific services**
8. **Monitoring and Evaluation**

It is these steps which inform the structure of this toolkit. Each step is dealt with in detail in Section 2.

1.9   Guiding Factors

The key factors guiding the mainstreaming process in this Toolkit are:

- The importance of a whole-organisation and inter-sectoral approach to removing gender bias and promoting gender visibility in policy, the provision of health care, as well as in medical research and training.

- The value of a strategic approach that addresses underlying structural barriers that result in unequal access to services, unequal outcomes in health and the promotion of good quality patient-centred health care services.

- The application of a lens on the different and complex ways in which women, men and transgender persons are affected by gender roles and the impact that this has on their health.

- The need for evidence and data that addresses both sex (biology) and gender (social roles), and the broader determinants of health that impact on women's, men's and transgender persons health status.

- The value of both top down and bottom up approaches within the organisation to ensure that a gender perspective in health results in the provision of gender sensitive health services at every level.

- The need for a shift in focus from the bio-medical model of health to one that encapsulates women's and men's social roles and the social determinants of health.

- A commitment to ensuring that evidence of inequalities in health is acted upon at all levels of policy making, planning and service delivery.

- The participation and involvement of women, men and transgender persons, particularly those that are most disadvantaged.

Because this Toolkit is designed to impact on a diverse spectrum of people, it is at all times concerned with the needs of all gender identities and sexual orientation, Lesbian, Gay, Bisexual, and Transgender, referred to as LGBT. Gender mainstreaming is about awareness and inclusion, and integrating the needs of and access to health care for all. As a result the Toolkit takes a position that sexual orientation and gender identity are an important element of gender mainstreaming. It is recommended that this also be factored into health service policy and strategic development.

SECTION 2

2.0 INTRODUCTION TO KEY STEPS TO GENDER MAINSTREAMING

Building gender awareness into healthcare requires time, leadership, commitment, resources, investment and technical capacity. It is not an isolated exercise but an integral part of the policy making and programming cycle. Becoming a gender-aware health service means that each member of the organisation has to consider and re-visit all aspects of the work he/ she is involved with and all policies and programmes in order to analyse the ways in which these affect women, men and transgender people. It is hoped this toolkit will take the user through the stages required to properly embed and mainstream gender aware practices.

Life Cycle of Policy within Organisations

All modern public services should be shaped by evidence based policy making. This means using evidence to design a policy, that we know, or at least have strong objective reasons to believe, will work. Without evidence, it can be impossible to tell if good intentions will turn into good outcomes. But evidence needs to be sought out. Useful evidence is provided by robust data and indicators which are disaggregated by sex and gender, for example, and can be used to measure and inform policy. Active consultation with service users, health care trade unions and HSE staff will also yield valuable information as well as increasing participation in decision making. As policies develop it is important to assess gender relevance, apply gender proofing and measure eventual impact using gender impact assessments. Once gender impact assessments are completed, the findings can be acted on and implemented in the form of service plans.

Depending on the findings, priorities will need to be established to redress identified inequalities and a reconfiguration of resources and services may be necessary. Underpinning all of these developments is the need to have awareness, understanding of, and technical capacity for gender mainstreaming. This will require on going training and development opportunities. Using demonstration projects is a further way of increasing awareness, expertise and understanding.

As each work cycle /area of work reaches a logical timeframe, it is essential that a systematic built in monitoring, review and evaluation process is in place so that difficulties can be flagged and learning can be harnessed.

Note that the process of defining and refining a policy intervention often involves some moving back and forth between research, consultation, and assessments before deciding on a final course of action and the planning stage. Moreover, external factors may restrict options or highlight additional challenges that need to be addressed. For example, there may be political considerations, budgetary restrictions, or other conditions placed on resource allocations. While many of these considerations may be beyond the control or scope of influence of an individual, the objective is to propose the best and most gender-equitable policy or project you can. Even if you are unable to control the ways in which it may be amended, restricted, or ignored.

This toolkit is designed to provide guidance on useful interventions at any and every stage in the above work cycle.

The following section begins by outlining the target audience for the toolkit and how best to use it. It then takes each of the eight key steps necessary for the HSE to move towards integrating gender mainstreaming into the organisation and discusses the relevance of each one. For each step there is a checklist of tasks.

2.1   Who is this toolkit for?

The toolkit is designed to be used primarily by:

- HSE and DOHC Directors and Policy Makers
- Section and Department Managers
- HSE Trainers and Educators
- Health Promotion Personnel
- Research Personnel
- Quality Control Personnel

2.2   Ways to use this Toolkit

This Gender Mainstreaming Toolkit is intended to serve as a resource document for assisting health professionals in mainstreaming gender in their policies, programmes and interventions. As such, it is both an information and a practical tool. Overall, the Toolkit comprises of a suite of resources and includes the following:

1. *'EQUAL BUT DIFFERENT' – A framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery, (2012).*
2. *'GENDER MATTERS' – a User Friendly Guide to Gender Mainstreaming (2014).*
3. *'GENDER MATTERS' – A Training Handbook on Gender in Health* (2014) *.*

It is recommended that users would have all of the above resources for reference purposes while using this Toolkit. They can be accessed on National Women's Council website, www.nwci.ie.

In order to break down the process into manageable units and stimulate communication and co-ordination, the toolkit is divided into eight sections which are in line with the key steps identified in the overall framework document *Equal but Different* and are also in line with the typical life cycle of a project or policy. The steps are described and discussed and in order to guide the user through the series of tasks required, a check list system is used. The checklists require users to undertake an analysis their specific work contexts to identify gaps, weaknesses and strengths.

This Toolkit is intended to facilitate a process of internal discussion and ownership for gender mainstreaming within the HSE and other potential partner community and voluntary groups working on health care. In doing so, the Toolkit (along with the associated resources listed above) provides necessary knowledge, tools and methods to discuss and put into action the key concepts of gender and gender mainstreaming. For the most part, practical gender mainstreaming is about running through a **checklist of questions** to ensure you have not overlooked anything. It is about asking the right questions so that you can use resources effectively. From the checklists in each section users can find out whether they are on the right track or whether there are gender concerns that need to be addressed.

The Toolkit is best used at the start of the planning and design stage of any action, but can be used at any stage, during implementation, monitoring or evaluation. The Toolkit can also be used in awareness raising and training on gender equality or organisational change processes in conjunction with the 'Gender Matters' Training Handbook. It is important to note that very few, if any, toolkits are read and applied from cover to cover. Users see this as an ongoing resource and decide when and where to apply certain relevant sections. The resources section available in Appendices 1 is intended to help users seek additional resources and reading material. It is also important to note that mainstreaming gender is essentially a political decision rather than a technical fix. While checklists and guidelines are presented in this document, users should be aware that these have never been sufficient on their own without high level commitment within the organisation.

3.3   STRATEGIC STEPS

The following are <u>eight</u> strategic steps towards adopting a gender mainstreaming approach within the health service.

STEP ONE

SENIOR LEVEL COMMITMENT AND LEADERSHIP

> *"A key challenge to mainstreaming gender equality in organisations has proved to be the need for senior management to move beyond policy rhetoric and to actively commit to the concept, to put in place organisation-wide systems and resources necessary to make gender everyone's business". [2]*

Mainstreaming requires change. Organisational culture needs to break with old ways of thinking and acting, and accept and act on new concepts. Senior management needs to demonstrate leadership and commitment over time for a policy or strategy to be mainstreamed, and this commitment must be supported by the necessary resources and accountability systems. The existence of a clearly articulated gender policy with approval and support at the highest level which is effectively communicated and widely disseminated is the key starting point. Effective leadership requires power and authority. It is not effective to delegate leadership on gender mainstreaming to technical staff, who don't have the authority or resources to lead.

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[2] African Development Bank Group, *Mainstreaming Gender Equality; An evaluation Syntheses, (* 2011).

Without authority or resources behind them those who take responsibility for promoting gender issues are often seen as a special interest group who do not understand or appreciate the wider context of the organisation. As a result their suggestions can easily be ignored.

Senior level commitment and leadership is essential to gender mainstreaming if it is to have a transformative effect on the delivery of services to women, men and transgender persons. Gender mainstreaming needs to be built into all corporate goals and actions, including a commitment to re-deploy resources and personnel. The actions that are recommended require agreement at the highest levels in the health service. This can ensure that gender mainstreaming is implemented in a comprehensive way across all policy, planning and service delivery functions.

Gender equality should not be addressed in isolation. It needs to be situated as one of the outcomes of a participatory and open process of planning, management and service delivery which involves all stakeholders including women, men, and transgender people. Getting an issue into the mainstream of an organisation requires cultural change. Technical or bureaucratic solutions on their own will not work. Action is needed on all fronts and some of the changes will take time. Once there is a climate of open debate and discussion with opportunities to air concerns, resistance can often be followed by a willingness to cooperate,

SENIOR LEVEL COMMITMENT AND LEADERSHIP

Checklist

- ✓ Draw up a gender equality policy statement setting out the organisation's commitment to gender equality in employment and service provision, to the prevention of discrimination and to a pro-active approach to promoting equality, including positive action. This should outline the objectives of gender mainstreaming and the process by which endorsement of activities to progress this area of work.

- ✓ A commitment by senior level directors and management be given to implementing the Gender mainstreaming framework. A commitment made to achieve change in service delivery and to achieving equal health outcomes for women, men and transgender persons.

- ✓ Gender proof all future policies and corporate and service plans. This means building a gender perspective into the planning in each unit/ section and across the HSE. This should include policy development, resource allocation, planning, implementation and monitoring of actions.

- ✓ Assess the financial budget – using gender budgeting methods to ensure that spending priorities match the different and proportionate needs of women, men and transgender persons.

- ✓ Plan services to take account of gender considerations, as part of the integrated planning mechanisms recommended under the Health Inequalities Framework (see Resource List in Appendices) so that gender intersects with the actions identified to address inequalities in health. As part of the planning cycle it is recommended that the HSE and DOHC set clear priorities.

- ✓ Assigning responsibility for gender equality and the implementation of the Gender Mainstreaming Framework to a senior manager, with ultimate responsibility resting with the Director General of the HSE.

- ✓ The creation of a network of gender specialists and gender mainstreaming champions be created across the health service who can take responsibility to implement the framework at a local level. This network could provide a vital role in supporting learning, the implementation of the framework, building capacity and exchanging good practices.

- ✓ The redeployment of resources for gender mainstreaming demonstration projects (See Step 7).

- ✓ Give consideration to adopting an all Ireland approach to gender mainstreaming and through this, draw on the experiences of gender mainstreaming implemented in Northern Ireland. Gender mainstreaming could be one area where cooperation could be fostered and where the lessons from the implementation of the statutory equality duty in health in the North of Ireland could be applied in the Republic of Ireland.

STEP TWO

TRAINING AND AWARENESS RAISING

Gender mainstreaming requires that staff are fully aware of gender differences in health, develop gender sensitivity, and apply a 'gender lens' to their core work. Without this awareness the framework will be difficult to implement in practice. For example, avoiding unintentional gender bias in the treatment of women, men and transgender persons requires that practitioners should not assume 'sameness' or 'gender neutrality', but that they make visible differences in biology, social experiences and roles. This applies to clinical work, medical education, health promotion and research programmes, and to health care policies. It is the responsibility of all clinicians, health care staff and managers to promote equality as part of their core business and service. It is recommended that this be promoted at all levels of the organisation, from senior decision-makers to front-line service providers. This is crucial for staff awareness on gender so that they are empowered to act on gender differences and take ownership of this in their work. Raising awareness about gender differences and inequalities can be promoted through a wide range of activities. This requires a commitment to implement gender equality, by building the capacity and awareness of staff, to enable the HSE and DOHC to implement gender mainstreaming commitments in practice. Training on gender equality should be integral to staff development and should include a focus on customer service, implementing equality and managing diversity. The objective should be to create a learning organisation approach to gender awareness, across all HSE services and functions

Gender mainstreaming requires organisations to work on awareness raising, promoting understanding, ownership and the development of technical capacity. There is a need to ensure that expertise and capacity to undertake gender mainstreaming analysis and planning exists at all levels of the organisation. Capacity building activities aim to put these skills into meaningful practice, and constitutes a long term process that goes beyond once-off training workshops, though these are also important events to develop, strengthen and renew skills.

Capacity building on gender in health (or gender learning) empowers health professionals to take action and address health inequities and differences between and among different groups of women and men.

In particular, gender mainstreaming training builds skills to:

- identify and understand health differences and disparities among groups of women and men;
- address gender inequalities in health planning and programming processes;
- conduct gender assessments of plans, strategies and related documents;
- engage with all relevant stakeholders to reduce the burden of gender-based health inequities and, foster institutional change and enhance institutional performance towards the progressive realisation of gender equality.

Without skills in these areas, staff are not equipped to deal with the harmful effects of gender norms, roles and relations on health. The highest impact of training gaps in this area is felt among the diverse groups of women and men whose particular health needs go unaddressed. Without a concerted approach to identify and address training needs of all staff in relation to these issues, goals of health equity will continue to remain out of reach.

The responsibility for building awareness of gender mainstreaming should be first and foremost with the Management, and established through a health service-wide approach to integrating gender into all education and training programmes.

TRAINING AND AWARENESS RAISING

Checklist

- ✓ A gender and Training Officer dedicated to this area of work should be appointed so that gender expertise will begin to permeate all sections in the organisation.

- ✓ Gender should be integrated into all workforce training and development programmes.

- ✓ Service managers should be given the responsibility for progressing gender mainstreaming awareness across all services and all functions.

- ✓ Visibility should be given to gender issues in publications circulated to staff, through regular gender mainstreaming e-bulletins, news features in staff newsletters and on the staff intranet.

- ✓ Specific learning modules on gender equality in health and gender mainstreaming should be drawn up for use in the HSE's staff learning hub, HSELanD.

- ✓ Gender awareness to be built into performance appraisal systems, which should measure gender awareness and capacity.

- ✓ Specific staff teams, for example, primary care teams, community mental health teams, health promotion teams and hospital-based

teams, should ensure that gender awareness is incorporated into team discussions and activities.

✓ Professional health care bodies should be encouraged to build gender awareness into their own training and development programmes, and to assess professional medical ethics, clinical guidelines and practice standards for their gender relevance.

✓ The HSE to take an active role in producing guidelines to integrate gender into the health care curricula, for example, in the medical and nursing curricula, for dissemination through relevant university departments and training providers. For example, undergraduate nursing and midwifery degree programmes, and examining the efficiency and effectiveness of these programmes in preparing nurses and midwives to practice in the Irish healthcare system.

✓ Women's and men's health officers should have a key role to play in raising awareness, developing and disseminating training tools and in creating an organisational approach to learning about equality across the HSE.

STEP THREE

COLLECTION OF RELEVANT DATA

Disaggregated data is essential if senior managers, service planners and front-line staff are to respond to the different health needs of women, men and transgender persons. Data on sex and gender differences is essential for the evidence base against which gender inequalities can be addressed. Limitations in data currently impede an effective development of gender sensitive health services and where data does exist the implications of the findings from data need to be acted upon.

The application of a gender 'lens' to robust data and indicators will be critical to the systematic evaluation of how gender interacts with the factors that lead to social inequalities in health, for example, socio-economic status, age and race/ethnicity.

Data is needed to identify current service use, gaps in service provision and outcomes from service provision in the HSE. This will build also on the commitment to collect and analyse socio-economic data on service users as part of the implementation of the HSE Health Inequalities Framework 2010-2012, (see Resource List in Appendices).

To begin with it will be important to evaluate what is currently taking place with regards to women's, men's and transgender persons' health status and access to health care. Data should be collected and disaggregated by sex and gender on who uses the service, what services are taken up, what outcomes are recorded, as well as feedback from consultations with services providers, customer satisfaction surveys and complaints.

Data should be disaggregated by gender in relation to the social determinants that impact on gender, such as socio-economic status, low income, poverty levels, labour force participation, education, housing, access to power, resources and decision making etc.; as well the intersection of gender by disability, age, race and ethnicity, membership of the Traveller or Roma community, family status and sexual orientation (including transgender/transsexual status).

Data should reflect both internal data and national data sources:

- Internal HSE data that is currently collected for each service area, including the identification of areas where there are data gaps.
- National statistics and data collected by the DOHC, Central Statistics Office, Economic and Social Research Institute and HRB are of great importance to the assessment of gender relevance and in overall health trends. It will also be important for national statistics and data to be cross tabulated and presented by gender, and other indices such as age or socio-economic status.
- Ideally, disaggregated data should cover access to and utilisation of services, prevalence of all health conditions and illness, treatments, health outcomes and service outcomes, such as referrals to other services, discharge rates or readmission rates.

The following are an indication of the main areas where disaggregated data can be drawn up and published in relation to service delivery:

- Life expectancy and premature mortality
- Mental health
- Cancer
- Coronary heart disease
- Stroke
- Diabetes
- Asthma
- Dental health
- Obesity
- Long standing illness
- Physical and sensory disability
- Intellectual disability
- Carers
- Lifestyle (smoking, alcohol, drugs, physical activity, sexual health)
- Hospital activity and community based services
- Access to and utilisation of services
- Levels of satisfaction and type of complaints

COLLECTION OF RELEVANT DATA

Checklist

✓ Collect disaggregated data on health care services within HSE.

✓ Identify clearly the type of data and information that will need to be gathered, how to monitor data over time, the responsibilities of front line managers, the tools that will be developed and used and how service users, staff and health care unions are to be consulted. It is crucial that the data collected is critically analysed and that findings are used to inform policy developments and/or service delivery.

✓ Integrate a gender analysis into the provision of performance information.

✓ Collate all national health data collected by the HSE, with Central Statistics Office (CSO), Dept of Health and Children (DOHC), the Economic and Social Research Institute (ESRI), and the Health Research Board (HRB), in an annual gender health report in order to raise awareness and provide an evidence base for the health sector.

✓ Develop gender-sensitive indicators for data collection. These indicators should help clarify whether the differences in health, either between women, men and transgender persons and between different sub-groups of women, men and transgender persons, are a result of gender inequality/unequal gender roles or inequitable health care provision.

✓ Guidelines should be developed to ensure that all health research and data collection includes a gender perspective.

✓ All HSE patient/service user satisfaction surveys, complaints, and service evaluations should automatically integrate gender and include a question which identifies the respondents sex/gender. These surveys should be conducted annually to ensure capture of patient experience of healthcare service with a gender breakdown to reflect any statistical significance in relation to the male or female experience to inform policy, practice and service delivery.

✓ A data strategy should be carried out between the HSE and the DOHC to ensure that all relevant health data is disaggregated by gender and that there is an integrated and systematic approach to data gathering.

✓ Ensure that national data, some of which is already disaggregated by gender, is presented by gender in published reports or analysed to inform service developments.

✓ An examination should be conducted on how data on women's and men's health can be expanded through existing data sets and national surveys.

✓ Create gender indicators or a composite of variables, as a measurement of gender needs to be further progressed in national research and health databases. This requires agreement on which measurable variables could form a gender co-efficient to enable a

more routine analyses of the multifaceted social factors that impact on women's and men's health.

- ✓ The HSE has a corporate responsibility for generating internal sex and gender disaggregated data. It is recommended to work closely with the DOHC, the CSO, the ERSI and the HRB to develop indicators for sex and gender based data and for inclusion in national databases and published reports.

STEP FOUR

CONSULTATION WITH STAKEHOLDERS

Consultation and involvement is a core objective of the service user's strategy and the provision of advocacy services in the HSE. The integration of a gender perspective into service user involvement under the Service User's Strategy (DOHC and HSE 2008) should enhance the participation of women, men and transgender persons and of other representative organisations in framing gender equality focused policies and services. This participation can be organised by including women, men and transgender persons who experience inequality and their representative organisations in existing consultative fora, and by developing a specific dialogue with women, men and transgender persons and the organisations that represent them.

It is recommended that the HSE and DOHC consult with staff and health care unions regarding changes in service delivery, in drawing up plans and data collection in order to implement gender mainstreaming.

The findings from consultations should be disaggregated by gender.

If women or men are under-represented in consultation exercises, it is recommended to examine the reasons for this and put in place targeted consultations to redress under-representation. This may particularly be the case for 'hard to reach' groups, for example, minority ethnic women, including Traveller women and men and transgender persons, young women or men, socially isolated women and men and transgender persons, asylum seekers living in direct provision, women experiencing domestic violence and LGBT people etc.

It is recommended that the HSE particularly consult with the groups or organisations that represent vulnerable groups, such as Roma and Traveller groups, women and youth in rural areas, disadvantaged urban communities and men's groups, for example. Gender awareness should be built into all guidelines on consulting with stakeholders, including staff, service users and community groups.

CONSULTATION WITH STAKEHOLDERS

Checklist

- ✓ All services carry out consultations with service users, unions and the staff involved in delivering services from a gender perspective.

- ✓ Ensure that all service user consultations undertaken by the HSE include a question and a specific focus on gender differences.

- ✓ Disaggregate all findings from consultations, complaints or other feedback by gender, and make these publicly available.

- ✓ Build gender awareness into all consultations, so that those who are being consulted understand the relevance of gender to the consultations. Build gender awareness into all guidelines on consulting with all stakeholders, including staff, service users and community groups.

- ✓ Enable a diverse range of consultations to take place, including women-only and men-only consultations where appropriate.

- ✓ Examine strategies to address the under-representation of specific groups of women, men and transgender persons in consultation exercises, and where necessary put in place targeted consultations to redress this.

- ✓ Consult with the groups or organisations that represent marginalised women, men and transgender persons.

- ✓ Ongoing implementation, monitoring and review of this Gender Mainstreaming Framework should take place in consultation with women's and men's organisations and health care unions.

STEP FIVE

GENDER PROOFING, GENDER RELEVANCE AND GENDER IMPACT ASSESSMENTS

A core part of the Gender Mainstreaming Framework is the gender proofing of policies, planning and service delivery. As a first step it will be important to assess the gender relevance of a particular policy or service, which is informed by data and consultations. This will inform the basis upon which decisions can be made about the targeting, restructuring or reconfiguring of services in order to address gender inequalities. Where gender relevance has been identified, the second step is to carry out a full gender equality impact assessment on all new policies and at the beginning or during the planning cycle for services. The policy or service should aim to equally benefit women, men and transgender persons. These two steps are set out below and are illustrative of an approach that can be taken to assessing gender relevance and in carrying out gender impact assessments.

 Stage 1: Is the policy or service area gender relevant?
As a starting point it is necessary to identify whether there is an unintended adverse impact on one gender of a particular policy or service delivery function. In order to do this it is important to carry out an initial screening exercise to identify if gender is relevant. Identifying if there is gender relevance in relation to gender roles and responsibilities, means considering the impact on:
•   Risks and vulnerability to a health problem
•   Health seeking behaviour
•   Ability to access health services
•   Preventative and treatment options
•   Experiences with health services and health providers
•   Health outcomes
•   Social and economic consequences of illness

Ideally this should be carried out in relation to all current services, future and current policies and future service and business plans. in relation to The following **two** questions are essential as a starting point:

- Does the policy or service concern one or more target groups? Does it/will it affect the daily life of part(s) of the population?
- Are there differences between women, men and transgender persons in this policy field or service area (with regard to rights, resources, participation, values and norms related to gender)?

If the answer to these two questions is yes, then gender is relevant to the issue being examined and a gender impact assessment should be carried out.

Stage 2: Gender Impact Assessment

Gender impact assessment is a tool that should be systematically built into all of the HSE's activities and functions where there is gender relevance. Gender impact assessment is a tool for comparing and assessing, according to gender relevant criteria, the current situation and trend with the expected policy or service. In carrying out a gender impact assessment, account will need to be taken of existing disparities between women, men and transgender persons using the following criteria:

- Participation: sex and gender composition of the target group and representation of women, men and transgender persons in decision-making positions
- Resources: distribution of resources such as time, information, money, political and economic power, education and training, jobs and career positions, health care, housing, transport, leisure, childcare etc.
- Norms and values: how these influence gender roles, division of labour by gender, attitudes and behaviour of women, men and transgender persons, inequalities in the value attached to men and women, sex stereotyping etc.

Key questions to address in relation to service provision are:
- Do biological differences between women, men and transgender persons impact on their health?
- How do women's and men's social roles affect their health?
- Do gender norms/values affect women's and men's health?
- How does access to resources impact on women's and men's health and their ability to take up services?

- Are there certain groups of women, men and transgender persons that are not taking up services?
- Are women, men and transgender persons receiving the same quality of diagnosis of health problems?
- What are the main health risks identified for different groups of women, men and transgender persons and are they being addressed?
- What health outcomes result from the service provided?
  Key questions to address in relation to HSE policies and plans:
- Have the specific or different needs of women, men and transgender persons been taken into account in the planning process?
- Have factors relating to women's and men's health over their lifecourse and in relation to diversity and status been taken into account? In particular, has due consideration been given to the intersection of gender with other social determinants of health, age, race, disability, ethnicity, geographic location, sexual orientation, family status etc.
- Is there a specific commitment in the policy or plan to promote gender equality and address gender differences?
- Are there areas of the policy or plan that perpetuate gender differences or gender stereotypes?
- Are there any areas of the policy or plan that unintentionally disadvantage different groups of women, men and transgender persons or negatively impact on different groups of women, men and transgender persons?
- Are there any areas where specific services need to be developed (positive action) for different groups of women, men and transgender persons?
- Have services users that represent women's and men's organisations, and /or community groups participated in giving feedback on the services that are being planned or on the policy that is being drawn up?

Example: community health needs assessments in primary care: This example illustrates the types of questions that could frame a gender impact assessment of community needs assessments in primary care.

Gender is very relevant to community health needs assessments, which are part of current and ongoing development of primary care services:

- Has the community health needs assessment collected data on women's and men's health?

- Have women, men and transgender persons participated in the consultations and data gathering exercises carried out in the community?
- Have the specific needs and experiences of women, men and transgender persons been taken into account?
- Have factors such as women's, men's and transgender persons' experiences of poverty, social isolation, care responsibilities and access to employment been taken into account?

GENDER PROOFING

CHECKLIST

- ✓ Gender proof all future service plans and corporate plans by integrating a gender perspective into the service and business planning cycle (covering policy, planning, resource allocation, implementation and monitoring).

- ✓ Draw up practical guidelines and a template on how to gender proof policies.

- ✓ Draw up practical guidelines and a template on how to gender proof all service and corporate plans.

- ✓ All services carry out a gender relevance test 'screening' and gender impact assessment (e.g. every three years).

- ✓ Draw up practical guidelines on how to gender proof specific services through gender impact assessment, with practical examples of how this can be put in place.

STEP SIX

PLANNING AND DELIVERY OF SERVICES

Once a gender impact assessment has been completed it is recommended that all findings from the assessment be incorporated into action plans. Depending on the findings, priorities should be established to redress existing inequalities and re-configure resources and services to meet these priorities.

Priorities for service planning and service delivery based on differences that have been identified from the gender impact assessment could be written into all plans, setting out goals, actions and timeframes to meet these priorities. This will systematically build it into local service planning and delivery, the annual service plan and translate it into useful key performance indicators. It is advisable that all services and sections that have carried out a gender impact assessment should report on the outcomes, in terms of the priorities established, to senior management in the organisation.

PLANNING AND DELIVERY OF SERVICES

CHECKLIST

- ✓ Put in place a system for ensuring that the outcomes of a gender impact assessment result in reconfiguration of service delivery and are factored into future service plans.

- ✓ Action plans should be drawn up setting out goals, actions and timeframes to meet priorities identified. Ensure that these are built into local service planning and delivery and translated into key performance indicators (KPI's) where relevant in the annual service plan.

- ✓ All gender mainstreaming demonstration projects and services that have carried out a gender impact assessment should report on the outcomes and priorities established to the management teams at the highest levels.

STEP SEVEN

DEMONSTRATION PROJECTS and ADVOCACY

Demonstration Projects

Gender mainstreaming demonstration projects are the best way to develop the expertise, awareness and application of this framework and approach. The outcomes of the demonstration projects should be widely disseminated and result in the drawing up of new KPI's for future service delivery.

Specific gender mainstreaming demonstration projects could be developed in all or some of the following areas:

- Primary care
- Mental health
- Cancer care
- Cardiovascular care
- Emergency services
- Older people's services
- Health promotion
- Social inclusion

Each demonstration project should undertake awareness raising and training of staff on gender and health, gender sensitive approaches, how to collect gender and sex disaggregated data and how to carry out a gender impact assessment. It is recommended that managers, clinicians and nursing staff be involved in the projects. Managers for each of the services should be responsible for identifying specific projects and putting in place a reporting system so that the outcomes and the methods used can be disseminated across the HSE's learning networks.

The HSE's women's and men's health officers will have a key role to play in supporting the learning and awareness raising of staff involved in projects and in assisting projects to draw up schemes for gender impact assessment, data collection and the drafting of health indicators.

The HSE funded health workers in organisations like NWCI and the Men's Development Network should play a key role in supporting this work. Also the HSE should continue to work with these organisations in drawing up gender mainstreaming tools, including gender mainstreaming information and education resources, as well as training guidelines, for use with demonstration projects.

Advocacy Strategies

One crucial aspect of gender mainstreaming involves developing advocacy strategies that will help you gain support for your gender mainstreaming initiatives. Because experience has shown that decision-makers are sometimes reluctant to devote scarce resources to gender equality activities, decision-makers (especially those who control budgets) need to be convinced that their investment in gender equality will pay off. Decision-makers need to be presented with information that highlights, concretely and precisely, why gender matters. In other words, you must illustrate what problems gender equality contributes to solving, and what specific benefits a gender-aware perspective will bring to the organisation. Well-defined justifications and arguments will increase your chances of receiving financial and political support for any proposed interventions.

The "Added Value" of Gender Mainstreaming[3]

Advocacy strategies for adapting a gendered approach and for promoting gender equality generally fall into one of the following:

• Justice and Equality
• Credibility and Accountability
• Efficiency and Sustainability
• Quality of Life

    a) **Justice and Equality**: These strategies stress the value of democratic principles and basic human rights, which demand gender equality. Justice strategies can be used to argue for equal representation and participation of both genders in various contexts, premised on the basic notion of their shared human rights. While the justice approach alone is often insufficient to attract resources, these justifications are nonetheless useful

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[3] Taken from Penang Women's Development Corporation, Malaysia website
http://www.pwdc.org.my/content/display/article/site:pwdc-param:resources-link:5594

for providing reference to specific mandates and requirements for gender equality. They remind health providers that they are part of a community that has proclaimed equality to be one of their shared values.[4]

b) **Credibility and Accountability**: Credibility strategies remind decision-makers that men and women each make up half of the population. Therefore, any data, policy, or recommendation that does not recognise and address both sexes equally is not credible. If a policy does not account for the entire population, it can only ever be a partial solution. Accountability strategies remind everyone of their responsibility to ensure sustainable work practices. Gender mainstreaming can offer concrete mechanisms for introducing a greater degree of accountability into managing services.

c) **Efficiency and Sustainability:** Equal inclusion of men and women in all aspects of health service delivery benefits the organisation as a whole. These justifications are particularly important because they address the bottom line: money. Financial considerations are often placed top of the agenda. Therefore, it is important to prove that an investment in gender equality is a wise economic investment. Furthermore, because gender mainstreaming demands a holistic approach to policy-making where coordination and cooperation are key, interventions are more likely to be effective.

d) **Quality of Life:** Increased attention to gender equality issues will improve the lives of individual men and women. In a democratic society based on principles of social inclusion, each individual member has the right to the best quality of life and health care possible. Gender mainstreaming initiatives seek to further this objective. Moreover, while it is commonly understood that women stand to benefit from increased attention to gender equality, quality of life arguments also point out the benefits to be gained by men, families, communities and societies as a whole.

[4] Ottawa Charter for Health Promotion 1986 / World Health Organisation
http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

Ways to Manage Resistance to Gender Mainstreaming?[5]

You should be aware that you may encounter resistance to your gender mainstreaming activities. Reasons for resistance vary, from misinformation or lack of information about gender issues, to lack of willingness to embrace change, to lack of resources, to cultural or traditional perceptions about gender roles. Therefore, it is useful to be equipped with potential strategies for addressing this resistance.

Tips for dealing with resistance include:

- When seeking programme or policy approval, approach decision makers with concrete proposals, preferably in writing. In cases where you have a programme and budget proposal, it may be useful to present the programme first, and once general approval is attained, a budget can be presented.
- Use concrete data and research to back up your arguments.
- It is particularly difficult to respond to questions such as, "Why should gender equality be a priority in a time of economic constraints?" The focus of argument here should remind decision-makers that gender mainstreaming and gender equality can enhance efficiency.
- Stress that gender mainstreaming is not only about women; it is about men and society in general.
- Men too have a responsibility and a role to play in and much to gain from ensuring gender equality.
- When presenting your case, you should tap into political momentum. Timing is key, and opportunities should be sought where support internal or external to the organisation or department can be used as a 'springboard' your request or proposal.
- Try to offer a number of options, allowing decision makers to choose for themselves the most appropriate one. Being creative, flexible and open to compromise will work in your favour.
- "Pilot programmes or demonstration projects" are good, cost-effective ways of demonstrating added value that can be replicated in the future.

[5] Taken from Penang Women's Development Corporation, Malaysia website
http://www.pwdc.org.my/content/display/article/site:pwdc-param:resources-link:5594

DEMONSTRATION PROJECTS AND ADVOCACY

CHECKLIST

- ✓ Establish specific gender mainstreaming demonstration projects on a phased basis in primary care, mental health, cancer care, cardiovascular care, emergency services, older people's services, health promotion and social inclusion. Commence with two demonstration projects in for example (a) primary care or (b) mental health.

- ✓ Each demonstration project should undertake specific activities which lead to the development of draft KPIs for dissemination across all service areas.

- ✓ Draw up well informed and specific practical guidelines and training on gender mainstreaming for the demonstration projects.

- ✓ On the basis of the demonstration projects draw up a gender mainstreaming good practice manual.

- ✓ Convene a group of interested colleagues and design an advocacy strategy. Using this toolkit devise proposals based on specific areas of work.

STEP EIGHT

MONITORING AND EVALUATION

Monitoring and evaluation, if carried out regularly and efficiently, contributes to the assessment of whether previous assumptions with regard to different parts of the project, including the gender aspects might have been correct. Therefore, monitoring and evaluation present the opportunity for corrective measures or changes in direction, if necessary, towards ensuring the projects expected benefits are realised

- Gender mainstreaming is not a one-off event or activity. It should be systematically built into the monitoring and review of all policies, procedures and service delivery.

- A plan should be drawn up for monitoring and evaluating future service plans, policies or service delivery from a gender perspective.

- The implementation of gender mainstreaming should also be built into the HSE's performance monitoring system in order to monitor progress against the gender mainstreaming goals.

- Monitoring should be tied into the systems developed under the Health Inequalities Framework 2010-2012 (available with HSE) and reporting on KPIs. These indicators will be very important to measuring the impact of gender mainstreaming and whether a gender perspective has been taken into account.

- An annual report on gender mainstreaming should be presented to the HSE Management Team and the HSE Board.

MONITORING AND EVALUATION

CHECKLIST

- ✓ Draw up a plan for monitoring and evaluating future service plans, policies and service delivery from a gender perspective, including demonstration projects outlined above.

- ✓ Draw up an annual report on gender mainstreaming and measure progress against the goals set out in this framework and under the Health Inequalities Framework 2010 including reporting against KPIs. Present to the HSE Management Team and the HSE Board for approval annually.

3.0   APPENDICES

Appendix 3.1:

- o **Websites**
- o **Training Materials**
- o **Reading Material**

Web sites for further information

- National Women's Council of Ireland www.nwci.ie
- Y-Factor Project (NWCI) www.yfactor.ie
- Health Service Executive www.hse.ie
- Men's Development Network www.mensdevelopmentnetwork.ie
- Men's Health Forum in Ireland www.mhfi.org
- 'Manup' campaign www.manup.ie
- Equality Authority www.equality.ie
- Institute for Public Health www.publichealth.ie
- Cairde www.cairde.ie
- Pavee Point Travellers Centre www.pavee.ie
- Department of Health www.dohc.ie
- Irish Cancer Society www.cancer.ie
- Irish Heart Foundation www.irishheart.ie
- Gay and Lesbian Equality Network www.glen.ie
- Transgender Equality Network Ireland www.teni.ie
- Safe Ireland www.safeireland.ie
- Dublin Rape Crisis Centre www.drcc.ie
- Rape Crisis Centre Ireland www.rcni.ie
- Women's Aid Domestic Violence Service Ireland www.womensaid.ie
- National Advocacy Unit, HSE www.hse.ie

Training materials

The National Women's Council's Training and Information Resources associated with this toolkit are:

A. **GENDER MATTERS –** *a User Friendly Guide to Gender Mainstreaming (2014)*

B. **GENDER MATTERS –** *A Training Handbook on Gender in Health* **(2014)**

Available from http://www.nwci.ie./index.php/learn/publications/

For further information about the HSE's programme of training in health inequalities for health promotion officers, contact Eddie Ward, HSE, email: eddie.ward@hse.ie
Training material and a training programme for health staff have also been drawn up by the Men's Development Network on men's health: 'Engage: national men's health training'. For further information contact the Men's Development Network.
http://www.mensdevelopmentnetwork.ie/

Core Documents

Equal but Different: A framework for integrating gender equality in health service policy, planning and service delivery. NWCI/HSE (2012). Available from NWCI website at:

www.nwci.ie/download/pdf/equal_but_different_final_report.pdf

I. *Health Inequalities Framework 2010-2012*, HSE (2009) Available from Health Service Executive website at: www.hse.ie

II. *National men's health policy 2008–2013,* Department of Health and Children/DOHC Dublin (2008) Available from DOHC website at: www.dohc.ie/publications/national_mens_health_policy.html

III. *National Women's Strategy 2008–2016*, Department of Justice, Dublin (2007). Available Dept of Justice website at: http://www.justice.ie/en/JELR/National%20Womens%20Strategy%20PDF.pdf/Files/National%20Womens%20Strategy%20PDF.pdf

IV. *HI Healthy Ireland – a framework for improved health and well being 2013 -2025, (2013), DOHC.* Available DOHC website at: http://www.hse.ie/eng/services/Publications/corporate/hieng.pdf

Appendix 3.2:

Glossary of Terms

Gender: Socially constructed characteristics of women and men, which are affected by norms, roles and relationships between different groups of women and men. Gender varies across different societies and cultures and can change over time. Although most people are born either male or female, they are taught appropriate norms and behaviours. If individuals or groups do not 'fit' established gender norms they may face stigma, discrimination and social exclusion. Gender is influenced by gender norms and relations, which include stereotypes, values, attitudes, assumptions and activities that society deems appropriate for women and men. These are not fixed roles and change over time, and from one society or culture to another.

Gender-blindness: Gender blindness is the failure to recognise that gender is an essential determinant of social outcomes impacting on policies and projects.

Gender dysphoria: Gender dysphoria is diagnosed when there is a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her.

Gender equality: Equal chances or opportunities for women and men to access and control social, economic and political resources, including protection under the law.

Gender equity: The different needs, preferences and interests of women and men. This may mean that different treatment is needed to ensure equality of opportunity. This is often referred to as substantive equality. In a health context this refers to a process of being fair to women and men with the objective of reducing unjust and avoidable inequality between women and men in health status, access to health services and their contributions to the health workforce.

Gender identity: A person's deeply felt identification as male, female or some other gender. This may or may not correspond to the person's physical characteristics or the sex they were assigned at birth.

Gender impact assessment: Gender impact assessment is a tool to analyse, identify and inform policy makers, planners and service providers about gender inequalities.

Gender mainstreaming: The process for assessing the implications for women and men of any planned action, including legislation, policies, plans or service delivery. It takes account of women's and men's concerns and experiences in the design, implementation, monitoring and evaluation of policies, plans and services.

Gender norms: Attitudes and beliefs about women and men that result from socialisation – they change over time and vary in different societal or cultural contexts. Gender norms result in inequality when they reinforce and perpetuate power differences.

Gender Proofing: is the means by which it is ensured that all policies and practices within organisations have equally beneficial effects on men and women.

Gender relations: Social relations between and among women and men (based on gender norms and roles). Gender relations may create unequal power between women and men in the family, in the community, in the workplace and in political representation.

Gender roles: The roles that are expected of men and women in the family, community or workplace.

Gender-sensitive health services: Services that take account and address gender inequalities are gender sensitive – sometimes we refer to this as providing services with a gender 'lens'.

Gender stereotypes: Images, beliefs, attitudes or assumptions about women and men – they are often reductive/limiting/negative and based on learned or assumed gender norms, roles and relations.

Sex: Different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, genetic conditions etc. Sex defines whether a person is biologically male or female.

Sex Disaggregated Statistics: are statistics and data gathered and analysed on the basis of sex. While the term 'sex disaggregated statistics' is more accurate, the term 'gender disaggregated statistics' is also used in this publication.

Social determinants of health: The social determinants of health are the conditions under which people are born and live. Health inequalities are usually explained by the social determinants of health, which relate to avoidable differences in health status.

Transgender: A person whose gender identity and/or gender expression differs from the sex assigned to them at birth. This term can include diverse gender identities such as: transsexual, cross dresser, androgynous, gender queer, gender variant or differently gendered people.