



SolidarMed Guidelines

# Gender equality and Social Inclusion

**(GESI)**

## Content

1. Purpose and scope	3
2. Context	3
3. The principles of our work	4
3.1 We target our interventions	4
3.2 We include marginalised groups	4
3.3. We pay attention to local culture	5
3.4. We recognise different needs	5
3.5 We develop and live common values in our partnerships	5
3.6. We shape policy dialogue	6
3.7 We apply these principles internally	6
3.8. We monitor our activities, learn from our experiences and improve	6
4. Definitions	7
5. Scope of application	7
6. Policy management	7
7. Further reading	8

## 1. Purpose and scope

These guidelines were developed in an institutional, **consultative process**. They build on SolidarMed's experience of health care provision in rural Africa and reflect the vision and values of our organisation. As guidance for action, they help SolidarMed to better focus our work and target it towards disadvantaged groups, particularly women and girls. This policy document with open-ended validity defines the framework for SolidarMed's work. It is complemented by a specific **implementation plan**.

## 2. Context

The **discrimination of certain groups** in the countries in which SolidarMed works is a fact. Women, elderly or disabled people, addicts, sex workers, nomads, migrant workers, people with stigmatising diseases or those living in absolute poverty: they are all highly familiar with situations of discrimination and disadvantage. Several factors contribute: The absence of health facilities, medication and medical staff. The lack of access to family planning or the means to prevent sexually transmitted diseases. The risk of being pushed into poverty by out of pocket payments for health costs. Finally, not being able to exercise their right to adequate health care.

Illness often goes hand in hand with the experience of social discrimination, exclusion and powerlessness. The increase in inequality in the countries in which SolidarMed operates is not only an individual tragedy, but also a social and economic obstacle to development.

The **specific discrimination of women and girls** is an important component of social injustice in many societies. Promoting social inclusion means supporting gender equality. Numerous studies have proven that the health of women and children is linked to female emancipation. This is measured, for example, by the length of time a woman has attended school, her level of literacy and by her degree of employment. Although there has been definite progress in recent decades, discrimination against women and girls is still widespread in many of the countries in which SolidarMed works. However, men also face inequalities that require consideration, particularly with regard to reproductive health or addictions.

In the pursuit of gender equality and social inclusion, SolidarMed has opted for a **combined approach** that includes both themes. On the one hand, gender discrimination is an integral part of social life in our host countries. On the other hand, an understanding of gender relations also requires a broader understanding of the social and cultural context and power relations in the countries in which we work. SolidarMed subscribes to the 2030 Agenda for Sustainable Development and the **Sustainable Development Goals**, specifically 3, 4, and 10 (health, gender, social justice) and recognises that these are fundamentally related and conditional on each other.

We therefore recognise the following eight principles for our work, as described in detail below:

1. We target our interventions
2. We include marginalised groups
3. We recognise different needs
4. We pay attention to local culture
5. We develop and live common values in our partnerships
6. We shape policy dialogue
7. We apply these principles internally
8. We monitor our activities, learn from our experiences and improve

## 3. The principles of our work

### 3.1. We target our interventions

We provide targeted and proactive support to disadvantaged and marginalized groups based on various strategic priorities. Individual projects can focus on one or more of these priorities, but the country programmes as a whole will ideally aim to address all of them. Wherever possible and where this makes sense, we complement our activities through cooperation with other organisations.

The following therefore applies to our programmes:

We promote the diagnosis, treatment, healing or care of sick people **regardless of their gender or social status**. These can be acute, chronic, rare or common diseases. Women and girls are the main target groups in RMNCAH<sup>1</sup>. However, the participation of both sexes plays a particularly important role in this area and promises a greater and longer lasting impact. This also decisively promotes the economic development of disadvantaged groups.

We support vulnerable groups in **maintaining health and preventing disease**. We provide access to knowledge and prevention tools such as mosquito nets, condoms, clean water, family planning or caesarean sections. In doing so, we also consider the social determinants of health.

We promote an **understanding of stigmatising diseases** and thereby contribute to reducing the social exclusion of those affected.

We support the **development of human capital**, especially for girls and young women, through better vocational education, training, professional development and job opportunities in the health sector.

We **promote the participation of** people and groups in shaping their health care and strengthening their communities, for example through civil society approaches.

### 3.2. We include marginalised groups

It is easier to work with people and groups who have a certain level of education and prosperity. Working with such people is a legitimate part of our development efforts. But it is not the wealthy who should benefit most from our activities. We are committed to the inclusion of women, the poor and the disadvantaged and are aware that this requires a proactive approach.

The following therefore applies to our programmes:

- We carefully analyse the local context, identify disadvantaged marginalised groups and systematically ensure that they are at the centre of our programmes and are their main beneficiaries. This without excluding more affluent or less disadvantaged groups.
- Our programmes help to reduce the structural disadvantage of certain groups, e.g. people with stigmatising illnesses, addicts, migrant workers or people with less common sexual orientations; and especially women and girls.
- In line with the Hippocratic Oath we are committed to the principle of "primum no nocere<sup>2</sup>". We ensure that our interventions have no adverse effects and do not exacerbate existing disadvantages or conflicts. This requires regular and structured reflection on the activities and their effects in the respective local context.

---

<sup>1</sup> Reproductive, maternal, neonatal, child and adolescent health (reproductive cycle approach)

<sup>2</sup> First do no harm

### 3.3. We pay attention to local culture

Norms and stereotypes regarding identity and gender are widespread, deeply rooted and embedded in local culture. Promoting gender equality whilst respecting local culture is sometimes difficult to reconcile and can lead to tensions. But everywhere in the world, culture is dynamic. Culture is always developing and changing, sometimes faster, sometimes slower. Furthermore, societies are not homogeneous. Different members of society have differing points of view and attitudes, determined by their values and world view. This offers the opportunity to engage in discussion and promote reflection.

The following therefore applies to our programmes:

- In our country programmes, we consider and promote gender equality at different levels and in different **local and cultural contexts**: individual, family, household, village community, hospital, etc. This often means specific interventions in favour of women and girls.
- When existing cultural practices or beliefs conflict with our values, we work in a **culturally sensitive and empathetic** manner. We also support local organizations that share our values.
- We pursue culturally **appropriate approaches** and work with traditional (e.g. tribal leaders), religious (e.g. priests) or social (e.g. teachers) authorities to gain access to disadvantaged groups.
- We respect the **dignity of women and men** and firmly distance ourselves from gender-specific violence.
- We promote **exchange on the topic of social discrimination** according to gender or other criteria.

### 3.4. We recognise different needs

Women and girls are often disadvantaged. However, this does not mean that men or other groups cannot also experience disadvantages, as the example of HIV makes clear. To achieve gender equality, it is therefore important to understand and consider men and their perspectives, and to work with men as well. The same applies to other disadvantaged groups e.g. nomads, migrant workers, temporary workers, prostitutes, addicts, prisoners or people in absolute poverty. Social inclusion is only possible if the differing needs and opinions of different groups are heard and addressed.

The following therefore applies to our programmes:

We support both **men and women**, because the importance of men and women for family life, income or participation in civil society is equally important.

We tailor our programmes to the **differing needs of different disadvantaged groups**, because social injustice includes not only discrimination on grounds of gender but also discrimination on grounds of other characteristics

Locally, we work **with opinion leaders** who are open to questioning stereotypes. Individuals and groups who are inspiring and committed to tackling restrictive role patterns receive our support.

### 3.5. We develop and live common values in our partnerships

As a rule, SolidarMed implements its projects with and through cooperating partners. Values therefore play an important role in project implementation and in promoting gender equality. While the way we work with partners varies according to context and task, our experience also shows how important it is to build relationships beyond contractual agreements, guided by trust and based on shared values. Further, when selecting funding partners, SolidarMed ensures that our values are fundamentally compatible.

The following therefore applies to our programmes:

- When selecting our cooperating and funding partners, wherever possible we seek out those with **common values** regarding social inclusion and equality between women and men.
- We support the **learning activities** of our cooperating partners on questions of gender equality or social inclusion.

- We also **evaluate our collaboration** with cooperating and funding partners in the light of these guidelines. If there are too many divergences, we may decide to end a cooperation or decide against entering into a funding partnership.
- We respect the guidelines of funding partners on "gender" and "social justice", but **do not fall short of our own standards**.

### 3.6. We shape policy dialogue

SolidarMed is an international organisation rooted in Switzerland with significant local experience in the South. Gender equality in Switzerland has been enshrined in the Federal Constitution since 1981 and there are still numerous challenges in implementing this principle in practice. When conducting dialogue on health issues in the host countries, we are therefore aware of the relevance, but also the sensitivity, of issues relating to gender equality and social justice.

The following therefore applies to our programmes:

- We conduct **policy dialogue with our host countries** in a technically competent manner. Our approach to questions of social inclusion is reserved, respectful and context sensitive. We take advantage of opportunities for dialogue when they present themselves.
- We also conduct policy dialogue **through cooperation partners or in consortia**.
- In Switzerland, we advocate for our values in cooperation with others, for example in **networks, platforms or partnerships** such as Medicus Mundi.

### 3.7. We apply these principles internally

In addition to outwardly representing these principles in our collaboration with partners, SolidarMed strives to implement these principles internally as well.

The following therefore applies to our programmes:

- We monitor the diversity of our employees and are committed to making the team as balanced as possible. Our aim is to for **women** to make up at least **40%** of senior and middle management and the Executive Board.
- Gender equality and social justice are fundamental principles in the structuring of our **personnel and wage guidelines**.
- We expect all employees to **comply with** and implement the **GESI guidelines**. Compliance and implementation are assessed as part of the annual performance reviews.
- We encourage employees to participate in gender and social inclusion **training** where appropriate.

### 3.8. We monitor our activities and learn from our experiences

SolidarMed strives to monitor, document, process and report on our progress on matters of gender equality and social inclusion, and to learn from our experiences.

The following therefore applies to our programmes:

- To measure the results and impact of our programmes to promote equality and social inclusion, we collect specific and appropriate **baseline and progress indicators** in our programmes and projects<sup>3</sup>.
- In order to better monitor gender equality outcomes, all our programme indicators are **broken down by gender**<sup>4</sup> wherever possible.

<sup>3</sup> Illustrative examples are, for example, the number of women who attend four prenatal clinic visits, the number of girls > 17y who have begun HIV treatment; or the number of women who have access to emergency obstetric care

<sup>4</sup> Sex - Dis - Aggregation

- We **allocate our resources** in accordance with these principles. At the same time, we periodically **evaluate** our programmes and systematically **document and report** on our experiences.

## 4. Definitions

By **equality** SolidarMed does not mean distributional equality in an economic, political and social sense, but the equal treatment of people in health matters, e.g. equal treatment quality for all patients, regardless of gender, age or income, or equal access to prevention measures.

**Social inclusion or social justice** ("equity") SolidarMed understands as an active process to balance the unequal opportunities of social groups. This is a process aimed at making opportunities to freely realize one's own potential fairer. The synonym equal rights is also used in this context.

However, equality is not SolidarMed's main concern, nor is equality between men and women. Rather, it is **reducing the disadvantages** specific groups face<sup>5</sup> and promoting equal access to basic medical services<sup>6</sup>. Accordingly, gender equality for SolidarMed does not mean including the same number of women and men in project activities or targeting all projects towards one group of beneficiaries.

SolidarMed understands "**gender**" as a socially constructed definition of roles, behaviour and power relations between women and men, not to be confused with biological gender. Our position is based on the recognition that women and men have equal rights to e.g. accessing diagnosis, the treatment of disease, the maintenance of health or adequate education.

## 5. Scope of application

These regulations apply to all employees worldwide<sup>7</sup> in any contractual relationship with SM, including interns, volunteers, board members, advisory board members as well as service providers, at all times during their assignment with SM. The regulations are an integral part of any employment contract with SM.

All organizations with whom SolidarMed collaborates and has financial transactions are made aware of our relevant policies and regulations during partnership negotiations.

## 6. Policy management

- Policy approval date: 13.12.2018
- Policy approved by: SolidarMed board
- Policy version: 1.0
- Policy language: English only
- Policy review: Every 4 years
- Policy owner (in charge of conducting review, dissemination, training and learning): SolidarMed focal point gender

<sup>5</sup> Examples: LGTB (lesbian, gay, transsexual, bisexual), IDU (intra-venous drug users), etc.

<sup>6</sup> Universal health coverage

<sup>7</sup> In Switzerland, the program countries or any other country

## 7. Further reading

**OECD network** on gender equality: Definition and minimal recommended criteria for gender equality policy marker

**The World Bank Group:** Gender equality, poverty reduction, and inclusive growth

**Swiss Development Cooperation:** Gender in Practice - a toolkit

**UN Women:** Turning promises into action: Gender equality in the 2030 agenda for sustainable development

**United Nations:** International convention on the elimination of all forms of discrimination against women

**WHO & LSHTM:** Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

**UNAIDS:** Prevention Gap Report

**Public health notes:** Equity vs equality (<http://www.publichealthnotes.com/equity-vs-equality>)

**Martha Nussbaum:** Creating capabilities - the human development approach