**Gender sensitivity in MSF operations**

Gender sensitivity is important to make sure interventions target and reach those who need it the most. There is an increased need to report on gender awareness in MSF operations.

MSF Sweden has developed the following tool to help report on what MSF already does in this field. Do not hesitate to share your views so that this can be further improved!

First some basics on gender in order to avoid misunderstandings.

What gender is:

* Gender refers to social differences and constructed roles (as opposed to biological sex) that male and female have in any culture, with consequences on resources and power.
* The purpose of gender sensitivity is to ensure gender is integrated into interventions (not an objective as such, unless there is a need to develop gender specific activities to tackle specific vulnerabilities e.g high maternal mortality) through a culture of differentiated understanding at all levels/times while programming.

What gender is not:

* Gender is not about systematically focusing on women.
* Gender is not about being partial

**Gender sensitivity tool**

Gender sensitivity is an important component to make sure interventions are impartial (ie respond to the greatest needs) and do no harm. While programming, one should:

1. Take account of the different needs within the target population
2. Recognize the potential barriers people may face
3. Ensure that women and men (and girls and boys) can access services equally

Below is a grid with examples of gender sensitivity throughout the project cycle. Your input will help mapping how MSF works with gender. This information will be used by MSF Sweden, among others to design the proposal to the Swedish donor Sida for 2015.

Thank you and do not hesitate to contact your IF coordinator at OC level for any remark/guidance.

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| Below are *examples of gender sensitive actions* for the whole project cycle. The list is not exhaustive and only meant as guidance when reporting on gender sensitivity in MSF operations.  You might feel that much of the below is done in your project/mission. Great! ‘Tick’ the box. If you think about something else MSF does in your context/location, use the blank space to share it with us. | **YES**  **/**  **NO** |
| **Analyze** the impact of the crisis on women, girls, boys and men | |
| * - Needs assessments include gender issues and cultural habits/beliefs |  |
| * - Women, girls, boys and men are consulted, together and separately |  |
| * - Needs assessments teams have equal numbers of women and men, incl translators |  |
| * - Age and sex disaggregated baseline data are collected and analyzed (eg mortality and case fatality rates) |  |
| **Design** services to meet the needs of women and men equally | |
| * - Service provision is adapted according to target group |  |
| * - Opening hours, location, staffing etc are adapted to whole public |  |
| * - Composition of teams (health, HP, psychosocial etc) is balanced (sex, age, profession etc) |  |
| Make sure women and men can **access** services equally | |
| * - Women, girls, boys and men access to services (healthcare, latrines, safe water, nutrition etc) is assessed |  |
| * - Discussion groups (balanced women/men) are organized to discuss access barriers * - Socio economic and family structures are taken into consideration to design activities / health promotion |  |
|  |
| Ensure **participation** in design, implementation, monitoring and evaluation | |
| * - Meetings with local committees composed of women and men are organized |  |
| * - Meetings are hold in adequate locations at adequate times, allowing for participation of women and men |  |
| * - Women are in decision marking positions |  |
| **Targeted actions** based on gender analysis | |
| - Activities addressing specific needs are provided (SRH, maternal care, kit composition, SGBV etc) |  |
| - Men and women are involved in hygiene promotion activities and other sensitization sessions |  |
| - Communication strategies highlight specific health risks depending on target population |  |
| - Jerry cans of adequate size / adapted NFI kits are provided for women/children |  |
| Actions to address **Sexual and** **Gender Based Violence (SGBV)** | |
| * - 24/7 access to SGBV services is ensured |  |
| * - Confidentiality and privacy are ensured * - Awareness raising activities about SGBV and rape to reduce stigma within community (incl local staff) |  |
|  |
| * - Staff is trained for management of SGBV and rape |  |
| * - Facilities are designed to mitigate risks (lighting, surveillance etc) |  |
| * - Opening hours / distribution times are adapted to safety concerns (alt mobile clinics/outreach are organized) |  |
| Ensure that women and men benefit equally from **training/capacity building** opportunities | |
| * - Team composition is gender balanced (national and international) |  |
| * - Sex breakdown of people in decision-making / management positions is analyzed and followed up |  |
| * - Proportionate number of men/women are trained for health promotion/community based activities |  |
| Collection, analysis and report of **sex and age disaggregated data** | |
| * - Data by age and sex are collected and analyzed |  |
| * - Sex disaggregated data are included in reports and implications on programming are addressed |  |
| **Coordinate** actions with partners | |
| - Coordinate with actors on gender issues |  |
| - Participate in gender network |  |
| Comments / additional information: | |