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Preparedness&Response
ONE HEALTH IN ACTION

One Health Gender Integration Toolkit

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INTRODUCTION

For national public health emergency prevention, detection, and response efforts, it is important to consider the specific risks and vulnerabilities experienced by different populations. Differences in and intersections of age, ethnicity, income, and gender, among others, affect not only disease exposure and risk, but also how each of these populations may benefit from or be harmed by prevention, surveillance, preparedness, and response efforts.

Overlooking or misunderstanding the experiences of different populations can have a profoundly negative impact not only on those populations but also on the overall effectiveness of the response. By documenting and planning for these differences, One Health structures, planning, and systems can (1) position themselves for more focused and effective disease prevention, surveillance, and preparedness and response efforts; and (2) ensure that the response does not exacerbate existing inequalities.

> ### ▶ KEY TERMS
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> **Gender** refers to the roles, behaviors, activities, and attributes that society considers appropriate for women and men. In many societies, gender differences contribute to unequal access to, control over, and benefit from resources, opportunities, and services for women and men. This gender inequality can make it difficult for individuals to influence key decisions that affect their lives, households, communities, and societies.
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> **Gender integration** refers to specific strategies in program and policy design, implementation, monitoring, and evaluation that take gender considerations into account and compensate for gender-based inequalities.
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> *(Source: Interagency Gender Working Group)*

Gender integration a key strategy for ensuring that development activities have a greater impact by striving to understand and meet the needs of all affected populations. Therefore, it is important to:

- Provide gender technical assistance to One Health platforms and, through a gap assessment, assess policies, ministry practices, leadership opportunities and cultural norms that implicitly or explicitly influence gender biases that are relevant to the One Health platform and that may be relevant to disease emergence, amplification, and spread, and

- Work with the One Health platforms and ministries to address gender issues that are found through the gap assessment.

To that end, gender integration is considered part of the enabling environment that supports National One Health Platform (NOHP) objectives and activities. The One Health Technical Guides have been designed—wherever possible—to include specific considerations and guidance for NOHP representatives and workshop facilitators to support One Health platforms and other stakeholders to identify and address gender-related vulnerabilities and to promote gender equity and equality at both technical and operational levels.

The tools (see text box) may be used to complement one another, or other tools, to strengthen platform capacity for gender integration. Additional resources at the end of this document include links to publicly available materials and gender integration guidance relevant to One Health coordination and planning.
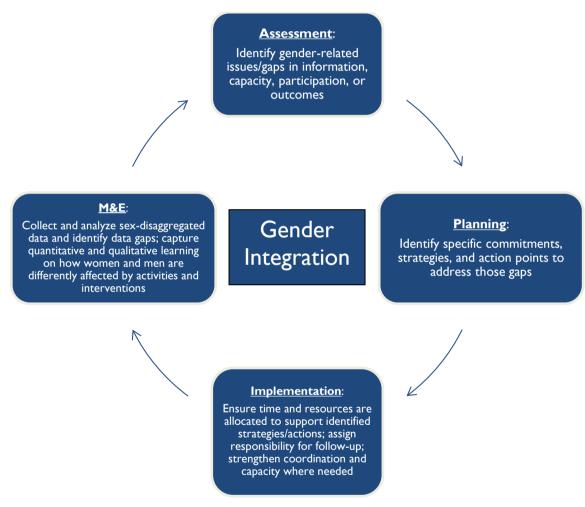
> ### ▶ GENDER TOOLS
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> - **Gender Orientation Package**—Basic yet adaptable PowerPoint orientation module on gender in One Health; gender terminology handout
>
> - **Gender Considerations in Disease Prevention, Detection, and Response**—Four-page brief summarizing global data
>
> - **Conducting Gender Analysis for One Health**—PowerPoint introduction and handouts providing a basic orientation on key concepts; PowerPoint and handouts for practical gender analysis exercise

GENDER INTEGRATION IN ONE HEALTH IMPLEMENTATION

Gender integration is not a one-time activity but rather an **ongoing process throughout the policy/planning cycle**. It should be taken into account at all times at both technical and operational levels. The figure below illustrates the continuous nature of gender integration, breaking the process down into four distinct phases: assessment, planning, implementation, and monitoring and evaluation.

Assessment:
Identify gender-related issues/gaps in information, capacity, participation, or outcomes

Planning:
Identify specific commitments, strategies, and action points to address those gaps

Gender Integration

Implementation:
Ensure time and resources are allocated to support identified strategies/actions; assign responsibility for follow-up; strengthen coordination and capacity where needed

M&E:
Collect and analyze sex-disaggregated data and identify data gaps; capture quantitative and qualitative learning on how women and men are differently affected by activities and interventions

One Health platforms should work to incorporate gender considerations into each phase to uncover and mitigate the specific risks and vulnerabilities experienced by different groups. By taking into account diverse populations and circumstances at each stage of the process, platforms will be better positioned to develop and implement inclusive, focused, and effective disease prevention, surveillance, and preparedness and response efforts. The table below breaks down the gender integration process by stage and offers examples of how to consider the role of gender within each stage, when planning workshops and other events.

GENDER INTEGRATION IN WORKSHOPS AND EVENTS

When	Step/Action Item	Gender Considerations
Assessment	Preparatory research/information gathering	Were specific gender-related barriers, issues, or priorities identified as a part of the OH APP or other previous assessments or M&E activities?
		Do external reports or other documentation collected to support activity planning or discussions capture sex-disaggregated data, where relevant? Are other sector- or disease-specific gender analyses or reports available that may have bearing on the activity/discussion?
		Where possible, solicit inputs from women and members of vulnerable/affected groups (e.g., ethnic or religious minorities, persons with disabilities, etc.) in pre-activity surveys/questionnaires.
Planning	Participant and speaker identification/invitations	What opportunities exist to identify and invite women and members of other vulnerable/affected groups to attend?
		Should gender ministry officials or other gender experts be involved?
		Are women experts or representatives of vulnerable/marginalized populations represented among event panelists or speakers?
	Agenda and materials	Does the activity agenda include specific opportunities to address gender issues or capacity development needs that have been identified in previous assessments or reports?
		Have activity materials, including facilitation guidance, been reviewed for gender-inclusive language and discussion prompts?
Implementation	During the event/facilitation	Promote equitable participation during group discussion, and ensure that women and affected/vulnerable populations present have opportunities to speak up.
		Ensure that facilitation/discussion prompts on gender are included, and take notes on relevant queries, discussions, concerns, or action items.
M&E	Post-activity debrief/evaluations	Include specific questions on gender-related learning as a part of participant evaluations/post-activity surveys.
		Include specific questions on gender-related learning and participation as a part of after-action reviews (AARs).
	Reporting	Capture sex-disaggregated data on activity participation.
		Consider including a brief section on discussions or action points specific to gender-related issues and gaps, or any lessons learned regarding gender inclusion in the activity.
		Identify key lessons, challenges, or promising practices in gender integration to promote learning within the project or for external case studies.
	Apply lessons learned to future planning	If there were challenges in including diverse population groups or gender experts in the activity, what were the barriers? What can be done to identify and better engage them in future activities?
		Did everyone, including women or vulnerable/marginalized populations present, have an opportunity to contribute/participate meaningfully? If not, what factors may have created barriers to their participation? What could be done to reduce those barriers during future workshops/events?
		Did the activity create opportunities to discuss or build capacity around gender and social issues relevant to its content? If so, were participants and facilitators willing and able to engage in such discussions? If not, why not?
		What opportunities exist, and what resources are needed, to better identify and address relevant gender and social issues as a part of future events?

To further reinforce the importance of a gender-responsive approach in prevention, detection, and response efforts, platforms must work to incorporate gender considerations into all One Health activities. The table below provides illustrative examples of how platforms can examine their activities and apply a gender-responsive approach moving forward.

GENDER INTEGRATION IN ONE HEALTH PLATFORM ACTIVITIES

One Health Activity/Product	Gender Considerations
Stakeholder mapping and advocacy/outreach	Identify key gender experts and women experts in One Health
	Identify women and vulnerable population groups, and the organizations that may most effectively represent them
	Consider gender disparities and representation within targeted institutions and governance structures (including at sub-national/community levels). Are all affected individuals adequately represented by those groups? (For example, the head of a community health council that is dominated by men may or may not be able to represent the issues/needs of women in the community.)
	Do advocacy and outreach plans effectively identify appropriate messages and mechanisms that address gender, social, or economic barriers and interests relevant to diverse stakeholders and population groups? Do they utilize messengers, media, and technologies that are most likely to reach target stakeholders and populations?
One Health strategy, institutional guidance/terms of reference, and preparedness and response plans	Are diverse stakeholders, including gender experts, women, and vulnerable populations, consulted in the development of strategy and planning documents?
	Does the strategy, guidance, or terms of reference include gender equity/responsiveness, or reducing gender disparities in disease outbreaks, as a high-level principle or mandate for the platform or plan?
	Are sex-disaggregated data and/or gender situational analyses used to identify key gender issues and other inequities?
	Are specific objectives or lines of action proposed to reduce gender inequalities?
	Are current national and gender mainstreaming guidelines or policies from participating sectors aligned with proposed objectives and lines of action?
	Does the strategy or plan include specific objectives or actions to mitigate against gender-based violence?
	Are individuals or committees assigned specific responsibilities to help ensure that operations/implementation are gender-responsive? Does the platform have a designated gender focal point with clearly defined responsibilities?
	Does routine M&E for the platform or plan include collection and analysis of sex-disaggregated data, where relevant?
	Are explicit budget/resource allocations in place to support gender equity interventions and commitments?

The following are other ways in which platforms can integrate a gender-responsive approach into One Health operations and interventions.

- **Policy Scan**: Identify existing, country-level gender policy guidance and commitments relevant to One Health planning, including strategies for integrating gender into disease prevention, preparedness, detection, and response.
- **Participation and Outreach**: Support national One Health teams to proactively include women and women's groups in planning, coordination, sensitization, and advocacy.
- **Women's Leadership and Role Models**: Identify and collaborate with women in One Health leadership roles to engage in public outreach and serve as mentors to other women in the field.
- **Technical Training and Capacity**: In coordination with EPT-2 partners such as One Health Workforce, equip key One Health actors with the information and tools they need to identify, plan for, and monitor gender-related risks and program impacts. Conduct gender-related trainings and planning modules as a part of national One Health stakeholder workshops.
- **Practical Applications**: Incorporate gender issues and response into desktop exercises/simulations and after-action reviews.
- **Gender Analysis**: Compile existing, country-specific data and analyses of gender-related norms, health and economic disparities, and power dynamics that may influence disease risk, access to health services, and the impact of different policy responses.

ADDITIONAL RESOURCES

REFERENCES

1. African Development Bank (AfDB). 2016. *Women's Resilience: Integrating Gender in the Response to Ebola*. This study examines how the Ebola outbreak in Guinea, Liberia, and Sierra Leone affected men and women differently, with an emphasis on how the outbreak exacerbated the socioeconomic vulnerabilities of women.

2. Greene, M.E. 2013. *A Practical Guide for Managing and Conducting Gender Assessments in the Health Sector.* Population Reference Bureau.

3. International Livestock Research Institute (ILRI). 2013. *Guidelines on integrating gender in livestock projects and programs*. While this manual was developed for use in the livestock development realm, the second part delves into how to integrate a gender-responsive approach into the policy cycle. This section contains a review of various theoretical frameworks as well as practical guidance on how to integrate gender considerations.

4. MEASURE Evaluation. 2017. *The Importance of Gender in Emerging Infectious Diseases Data.* This four-page brief examines the importance of gender in monitoring and evaluation efforts.

5. Morgan, Rosemary, Asha George, Sarah Ssali, Kate Hawkins, Sassy Molyneux, and Sally Theobald. Health Policy and Planning 31, no. 8 (2016): 1069-078. *How to do (or not to do)… gender analysis in health systems research.* This article explores the role of gender in health systems research, including the use of sex-disaggregated and the incorporation of gender analysis frameworks and analyses.

6. USAID ADS Chapter 205, *Integrating Gender Equality and Female Empowerment in USAID's Program Cycle*. This guide provides details on gender integration in the program cycle.

7. USAID/Feed the Future. 2016. *Intervention Guide for the Women's Empowerment in Agriculture Index (WEAI).* While this guide focuses primarily on women in agriculture, the authors have included a section on social and behavior change communication, which may be useful in implementing gender-responsive activities. This guide also contains a list of gender analysis resources.

8. World Health Organization (WHO). 2007. *Addressing Sex and Gender in Epidemic-Prone Infectious Diseases*. This paper explores how accounting for gender differences can lead to a better understanding of an outbreak's epidemiology, as well as how it can improve outbreak prevention, detection, control, and treatment efforts.

9. WHO. 2010. *Sex, Gender and Influenza*. This study comprehensively examines the role of gender and the attendant risk factors in acute infections, with an emphasis on influenza.

10. WHO. 2011. *Taking Sex and Gender into Account in Emerging Infectious Disease Programmes: An Analytical Framework.* Aimed at national disease programs, this guide provides an analytical framework for understanding how gender affects and interacts with emerging infectious diseases.