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GENDER MAINSTREAMING STRATEGY

PALESTINIAN HEALTH SECTOR REFORM
AND DEVELOPMENT PROJECT

This publication was produced for review by the United States Agency for International Development. It was prepared by the Palestinian Health Sector Reform and Development Project implemented by Chemonics International.

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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ACRONYMS

BCC	Behavior Change Communication
HIS	Health Information System
LDP	Leadership Development Program
MOH	Ministry of Health
MOWA	Ministry of Women's Affairs
NGO	Non-governmental Organization
PCBS	Palestinian Central Bureau of Statistics
NICU	Neonatal Intensive Care Unit

EXECUTIVE SUMMARY

The Palestinian Health Sector Reform and Development Project (the Project) is helping the Palestinian Ministry of Health (MOH) to implement reforms needed to ensure quality, sustainability, and equity in the health sector. Through its interventions, the Project is strategically oriented to influence the status of women in the sector through its planned interventions and activities.

Gender has been explicitly and implicitly considered by the Project since its inception and during the first three years of implementation. The Project has taken gender into consideration and has made an effort to integrate gender and women's issues into its interventions. More specifically, the Project has pushed for promoting and building the capacity of women in the community and at an institutional level by ensuring their inclusion in Project implementation and training programs, and by targeting them at the community level with health education, community mobilization and promoting them in leadership roles, and as change agents in the Champion Community Approach.

The purpose of this document is to outline the Project's gender strategy and to identify specific activities that can be incorporated into the Year 4 work plan and be undertaken by the Project to promote gender equity. The strategy will guide how the Project's results, activities, and indicators of success can be aligned with increasing women's participation in Project activities and mitigating any unintended consequences for women and men.

At the Project level, gender mainstreaming is not an end in itself but a means to the goal of gender equality; it means ensuring that gender perspectives and attention to the goal of gender equality are considered in all activities of the Project. Incorporating a gender perspective in organizations and their programs is a gradual and progressive process, moving from the traditional lens of gender relations towards a model based on principles of equality. This strategy will serve as a starting point for analysis of gender issues as they relate to Project work.

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT

The Palestinian Health Sector Reform and Development Project (the Project) supports the Ministry of Health (MOH), select non-governmental organizations (NGOs), and select educational and professional institutions in strengthening their institutional capacities and performance to promote a functional and democratic Palestinian health sector that is able to meet priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Project is helping the MOH implement reforms needed to ensure quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the MOH will strengthen its dual role as regulator and main health service provider. The Project is also helping improve the health status of Palestinians in areas that are of priority to the MOH and the public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening.

To build a functioning healthcare system that provides regular and reliable health services to its citizens, the MOH and its parallel health service providers must harmonize health practices and regulations, and build effective linkages with the community based on the provision of quality care. Through an integrated multi-sectoral approach, the Project is facilitating the creation of these linkages to enable sustainable reform and development of the health services. These linkages are sustained by a transparent dialogue within the health sector and with the larger national community.

BACKGROUND

Palestinian women are subjected to discrimination in all aspects of life, as indicated in various studies and data published by the Palestinian Central Bureau of Statistics (PCBS). This discrimination is incompatible with the provisions of international conventions and treaties as well as the Palestinian Basic Law on gender equality, equity of the sexes, and equal citizenship of males and females. Failure to consider gender in planning and implementing interventions weakens women's participation in the development process and creates disparity between the contributions of women and men.

Sustainable development requires focus on the active participation of women in political, economic, social, and cultural spheres of life. This in turn requires mainstreaming gender issues in plans and programs to bridge the gender gap in various fields of life and in order to ensure that national development goals respond to the practical and strategic aspirations and needs of both male and female citizens. Successful strategic plans that are based on the principle of equal citizenship should address the root causes of gender gaps in a way that addresses the expectations and needs of male and female citizens in all social groups. This requires the investment of capacities and efforts in all sectors and at all governmental and non-governmental

levels to ensure women's participation in the preparation, drafting, implementation, and evaluation of different sectoral plans and strategies.

The process of gender mainstreaming requires clear leadership commitment and policies aimed at promoting equality among men and women. It also requires the allocation of human and financial resources, ongoing monitoring and evaluation, and the accountability of decision makers.

PURPOSE AND SCOPE

The purpose of this document is to outline the Project's gender strategy and to identify specific activities that can be incorporated into the Year 4 work plan and be undertaken by the Project to promote gender equality. The strategy will guide how the Project's results, activities, and indicators of success can be aligned with increasing women's participation in the Project's activities and mitigating any unintended consequences for women and men.

The strategy will serve as a starting point for analysis of gender issues as they relate to Project work, including how the different roles of women and men within the community, political sphere, and workplace affect work to be undertaken, and how the anticipated results of the work affect women and men in different ways.

The objectives of this strategy are:

- To have a clear gender strategy for the Project that includes men and women equally.
- To ensure that a gender focus is incorporated into Project activities.
- To provide special support to involve women and to build capacity of relevant women's organizations.

The development of this strategy is based on in-depth discussion with Project staff, stakeholders, and review of international and Palestinian literature addressing gender issues.

THE HEALTH SECTOR: SITUATION ANALYSIS

Palestinian governmental and non-governmental institutions have made great strides in the past few years in bringing gender into the national agenda and raising awareness on gender issues in the public and private spheres, creating an encouraging and supportive environment for the promotion of gender-sensitive interventions and approaches. The Palestinian Authority, through the Ministry of Women's Affairs (MOWA), has been working to promote the status of women and gender equality. Similarly in the health sector, there has been a movement towards more gender-sensitive interventions and approaches. For instance, the MOH has moved away from using the term "reproductive health" to using the term "women's health" in an effort to reflect the broad range of health needs of women. The MOH has also assigned a Gender Unit to oversee gender-related activities within the MOH. This unit ensures that the National Cross-Sectoral Gender Strategy is implemented in the health sector. However, this progress is still faced with challenges in application as it comes face-to-face with deeply held cultural beliefs and practices. More practical applications of gender equality are needed in law, distribution of resources, and opportunities.

Palestinian women continue to be underrepresented in decision-making and leadership roles in the health sector. The percentage of women holding director positions in the MOH central level is only 12% while women's representation increases markedly in lower technical and supervisory posts, reaching 37% and 46% in jobs such as head of department and head of division in hospitals, respectively. The percentage of women employed in decision-making positions such as director of nursing at the directorate level is 65%. According to PCBS 2007 statistics, there are 6,389 general practitioners in the West Bank, including 823 women, while there are 1,033 specialists, among whom only 63 are women. In the West Bank and Gaza Strip combined, there are 28 female gynecologists, 466 midwives, 4,355 female nurses, and 3,590 male nurses (MOWA Cross-Sectoral Gender Strategy 2011-2013).

Women's representation in health policies is lacking. With the exception of provisions related to the care of mothers and children and public health laws reflecting the reproductive role of women, health laws are gender-neutral. Since women's health is often considered only in relation to reproductive health, other health aspects relevant to women go neglected. Health policies in the West Bank and Gaza require enhancement in order to become more gender-sensitive.

Additionally, Israeli checkpoints and barriers have negatively impacted women's access to health centers and hospitals. According to reports by the Palestinian Central Bureau of Statistics, in 2009, 68 women were forced to deliver their babies at Israeli checkpoints, leading to the death of 35 babies and five women. Additionally, according to the national Millennium Development Goals (MDG) report for the Palestinian Territories, 10% of pregnant women spent two to four hours on their way to health centers or hospitals and 6% spent more than four hours.

Health education programs for women are inadequate, particularly in regard to diseases such as breast and cervical cancer. National health survey data showed a decline in women's interest in early screening for breast cancer and cervical cancer, with only 20.4% of women in the West Bank and 27.1% in Gaza reporting to have undergone a pap test at least once during the past three years (PCBS, 2007). PCBS data also shows a low proportion of women who conduct self breast examination, which can be attributed to lack of awareness among women of the risks associated with not conducting these tests. Breast cancer is the main cause of cancer-related deaths among women in the Palestinian Territories. Health education targeted at women should be improved to address sexual and reproductive health, as well as the prevention of diseases affecting women, such as breast cancer and osteoporosis.

There exists a lack of sex-disaggregated data on health issues within the Palestinian health sector, a factor that impedes the development of evidence-based related to women's health. Based on this analysis, the MOWA, in cooperation with the MOH Gender Unit, has set forth the following priorities for the health sector:

1. Taking all legal and legislative measures to ensure comprehensive health rights and medical services for women throughout the different stages of their life cycle.
2. Expanding the provision of specialized services for diseases affecting women (physical and mental health).

3. Raising women’s awareness about their reproductive and health rights.
4. Taking affirmative action measures in support of female health professionals.
(From MOWA Cross-Sectoral Gender Strategy, 2011-2013)

The Project already contributes to supporting and strengthening the MOH in all of the four identified areas, as illustrated in the sections below, and will build on these to integrate gender mainstreaming activities in the Year Four Implementation Plan in a clearly articulated manner.

GENDER MAINSTREAMING

The United Nations Entity for Gender Equality and the Empowerment of Women defines gender mainstreaming in the following way:

“Gender mainstreaming a gender perspective in all types of activities (referred to as gender mainstreaming) is a globally accepted strategy for promoting gender equality. Mainstreaming is not an end in itself but a means to the goal of gender equality. Mainstreaming involves ensuring that gender perspectives and attention to the goal of gender equality are central to all activities - policy development, research, advocacy/dialogue, legislation, resource allocation, and planning, implementation and monitoring of programs and projects. Development of an adequate understanding of mainstreaming requires clarity on the related concepts of gender and equality (1997)”

Within the Project, gender mainstreaming is not an end in itself but a means to the goal of gender equality; it means ensuring that gender perspectives and attention to the goal of gender equality are considered in all activities of the Project, including policy development, advocacy/ dialogue, institutional capacity building, legislation, resource allocation, planning, implementation, and monitoring. Having an adequate understanding of mainstreaming requires clarity on the concepts of gender and equality (see definition of gender and equality in Annex B).

PROJECT GENDER STRATEGIES

The gender strategy adopted by the Project refers to the processes of assessing the implications for both women and men for planned interventions, including policies, capacity building, systems development, procurement, and training in all focus areas and at all levels.

The strategy involves more than merely increasing women’s participation; rather, it places gender equity at the center of decision making, work planning, budgeting, and processes. The following are the cross-cutting Project strategies applied to all five focus areas during the phases of planning, implementation, and monitoring and evaluation, taking gender norms into account and compensating for gender-based inequalities:

- **Presence** of women within groups is required and is monitored quantitatively. Increasing women visibility and requiring their presence during the planning and implementation of activities ensures that the specific needs or situations of women are considered, and avoids the assumption that everyone has the same rights and needs.
- Women's **participation** in activities is required. Through the integration of women in activities, the value of women's contributions is recognized, and their participation ensures greater commitment to initiatives. Women's participation in collective processes widens impact and promotes sustainability. This necessitates the inclusion of measurable gender-related indicators for Project activities.
- Women's **empowerment** is encouraged through the creation of policies and processes that promote gender equity as well as meaningful participation in decision making and leadership. Women are encouraged to be agents of change.
- The **promotion** of women by activities aimed at improving their quality of life and health outcomes by improving health services targeted at improving women's health and increasing the level of awareness among women and in the community of key messages related to women's health.
- **Including men** where appropriate and ensuring that they are equally empowered and informed to have an active role in promoting women, family, community and their own health.
- Adopting a **rights-based approach** to gender equity Project wide, recognizing and valuing diversity and the encouragement of joint responsibility in management and decision making between men and women to change traditional models of gender relations and demanding the full enjoyment of rights by both genders.

Operational Strategies

The following operation strategies should be considered when implementing the gender mainstreaming strategy:

- The responsibility for implementing the mainstreaming strategy is Project wide, and rests at the highest level (Chief of Party, Deputy Chiefs of Party, and directors). Accountability mechanisms for monitoring progress should be established, including meetings addressing progress, reporting, and monitoring and evaluation.
- Gender analysis should always be carried out, separately or as part of existing analyses. Assumptions that issues/problems are neutral from a gender equality perspective should never be made.
- This strategy should be shared with all Project staff, with periodic updates (every six months), and its content should be a part of the orientation for Project employees.
- Explicit language related to gender must be included in Project documents, plans, and communication promoting the concept of gender equity. This also includes publications and behavior change communication materials.

- Staff must be provided with the tools that enable them to consistently consider gender issues as they plan, implement, and communicate about Project activities.
- Gender-sensitive indicators should be included in the Project monitoring and evaluation plan to capture progress on implementing the Gender Mainstreaming Strategy.
- The Project must consistently work to raise awareness of the Project's Gender Mainstreaming Strategy among grantees, subcontractors, and other implementing partners of the Project's Gender Mainstreaming Strategy and ensure that their planned activities take gender into consideration and that this is reflected in their monitoring and evaluation plans and reporting.

GENDER AND PROJECT IN YEARS 1-3

Gender has been explicitly and implicitly considered by the Project since its inception and through the first three years of implementation. In discussions with staff and reviewing Project documents, it is clear that the Project has taken gender into consideration and has made an effort to integrate gender and women's issues into its interventions. More specifically, the Project has worked to promote and build the capacity of women in the community and at an institutional level by ensuring their inclusion in Project implementation and training programs. The Project has also targeted women at the community level through health education and outreach, community mobilization, and by promoting them in leading roles in the Champion Community Approach as change agents.

Women play a key role in the Project's Champion Community Approach: more than 50% of each community-clinic board members are women, thus promoting participation of women in decision making and offering more opportunities to improve their health outcomes. The Champion Community Approach also promotes marginalized female health professionals by empowering them as change agents. Through community advocacy and outreach activities, district level female nurses and supervisors are working with communities to address identified health priorities; this promotes the role of women in improving community health.

Women constitute the majority of roles in the nursing profession in the West Bank. In addition, primary care-givers are traditionally women in Palestinian families. Aware of these roles, the Project has sought to promote and build the capacity of women in these roles, while at the same time paving the way for women to perform less traditional roles in the work place and at the community level. The Project has advocated for women decision makers at the MOH by advocating for their participation in policy dialogue workshops, the Leadership Development Program (LDP), technical training programs for female supervisors.

The Project actively and deliberately seeks to include women in its Leadership Development Program (LDP) as participants and facilitators as well as in the LDP's Training of Trainers element. This effort has been successful albeit challenging due to the shortage of women in

leadership roles at the MOH. Women are also promoted as leaders through the Project's supportive supervision approach, where women and men supervisors are trained in providing support to staff, decision making, problem solving, and communication.

Project interventions at the service provision level have mostly targeted services benefiting women, including maternal and child services, breast cancer clinical examination, breast cancer awareness, and nutrition. Female health care providers are trained side by side with male providers in the skills and knowledge necessary for them to provide quality services to beneficiaries; examples of training topics include infection prevention, emergency first aid, newborn care, non-communicable disease, and neonatal resuscitation.

As a part of the Project's behavior change communication (BCC) interventions, messages are produced targeting women's health specifically to complement the integrated multi-sectoral approach including brochures related to breast and uterine cancer. The materials produced adopt gender sensitive language and images highlighting the importance of the roles of both men and women in the community to affect change. In a recent assessment of the BCC component conducted by the Project, it was clear that more women were exposed to Project-produced health messages in the Nablus District, where the Project began implementing its interventions. Women also showed higher rates of recall of messages and higher rates for taking action/ change as a result. The assessment indicated that efforts are needed to develop approaches to reach men in BCC interventions.

At the policy level, the Project has drafted policies and guidelines for the nursing profession and community health workers, and has led the review of the Standards of Care for Nursing, Reproductive Health, Nutrition, and Child Health, as well as producing a job aid for breast cancer clinical examination. These documents were all drafted keeping in mind the importance of gender equity and equality.

The piloted Health Information System (HIS) is designed with gender in mind, providing gender-disaggregated data including indication of service utilization by gender. This allows for better decision making based on evidence and concrete data so that services and resources can be better allocated to improve the health outcomes for both men and women.

Project interventions are aligned with the health sector priorities set out by the Palestinian National Cross-Sectoral Gender Strategy 2011-2013 developed by the MOWA in advocating for legal and policy measures to ensure women's health rights; supporting the expansion of specialized services for diseases affecting women, such as breast cancer; raising women's awareness about their reproductive health rights; and taking concrete steps to promote women in professional, decision-making and leadership positions.

FOCUS AREAS: GENDER and YEAR FOUR ACTIVITIES

The Project's five focus areas provide a sector-wide strategic and integrated approach that supports the MOH's reform and development agenda. These areas are designed to respond to the operating culture and needs of the MOH and select NGOs, as identified in their self-assessments, while promoting sustainability, accountability, transparency, integration, participation, and coordination to achieve a lasting impact on the quality of health service delivery. Project teams and focus area team leaders will be directly responsible for integrating the Project Gender Strategies articulated above during the planning, implementation, and monitoring and evaluation of Project activities.

The Project will continue to build on its experience in ensuring gender equity in its interventions. Below is a suggested list of activities and ways in which each focus area could integrate gender activities into its Year 4 work plan.

Focus Area A: Institutional Development

The Project is working to empower the MOH as a service provider and regulator of the health sector by: (a) strengthening its institutional capacity and that of partnering health NGOs and academic institutions, and (b) implementing improved governance, management, administrative, and clinical practices. The Project is also providing a range of professional development opportunities for health professionals to develop a cadre of leaders who can advance the reform process from within. The Project is working directly with the MOH to develop best-practice management policies and procedures as central to the reform process. Moreover, sustainable financial management and costing policies will dramatically improve the MOH's ability to plan and manage its resources. The Project is providing training in financial management as well as assisting in the development and implementation of a costing methodology.

Specific gender mainstreaming activities that can be included in Year Four Work Plan include:

- As the Project offers technical support to grantee NGOs in developing their strategic plans, include explicit gender mainstreaming language and activities in the development of NGO strategies.
- Actively seek out women participants for the LDP from the MOH and NGO sectors. This means specifying women in decision-making positions to be included in the pool of participants as a criteria for the program.
- Actively include women in the LDP Training of Trainers in order to promote women as role models as well as the sustainability of the program.
- Actively seek women participants in all training workshops related to management and technical areas, including university-related fellowships, study tours, and short courses.
- Review and revise policy papers and bylaws prepared by the Project to include clear and explicit language related to gender equity. This includes the MOH Fellowship Policy and bylaws for clinical professions.

- Ensure that gender is considered in the development of the action plan for workforce succession based on the MOH's current human resource planning practices analysis.
- Coordinate with the Gender Unit at the MOH to maximize support for planned activities, capitalize on efforts, and avoid duplication.
- Consider conducting a gender assessment at the MOH focusing on hiring practices, allocation of resources, and human resource management practices in order to identify key barriers to gender equality in the system and propose solutions to mitigate these.

Focus Area B: Health Information System

The Health Information System (HIS) is an integrated and automated health information system that underpins the MOH's reform agenda for Palestinian health care. It is a core element of the Project, and will assist all actors in the health sector to provide more efficient, effective, and better quality health services for all Palestinians.

Specific gender mainstreaming activities that can be included in Year 4 Work Plan include ensuring the inclusion of women decision makers and professionals from the MOH and NGO sectors in the HIS training on the utilization of the HIS system, including the analysis of data. Since HIS implementation began, women health professionals have used data generated by the HIS system to make informed decisions, and to advocate for their ideas and work. This will serve to promote women and empower them in leadership roles.

Focus Area C: Primary Health Care Support

The Project's initiatives at the primary health-care level seek to enhance coordination between different health service providers and to strengthen the level of community involvement in clinics. The Project actively engages communities and creates linkages that facilitate community participation to ensure that clinics respond to the specific needs of the communities they serve. Behavior change communication is an important aspect of community involvement and helps promote healthy lifestyles and disease prevention.

The Project has established a Champion Community Approach to empower citizens in the health reform process, offering opportunities for gender equity in participation. The initiative brings together leaders of the community and civil society to identify health needs and to work with local healthcare providers and the MOH directorates to plan for future community health needs. The approach is focused on preventative health programs that promote healthy living and address prevalent non-communicable diseases such as hypertension, diabetes, and heart disease, as well as education on injury prevention and the health effects of smoking. The Project is also working directly with health professionals to address these issues through training and the development of job aids to help them screen, diagnose, treat, and follow up on patients' progress. Additionally, the project is developing materials for BCC in an effort to improve community health through education.

Specific gender mainstreaming activities that can be included in Year 4 Work Plan include:

- Continue to actively seek women participants in all training workshops related to technical areas, supportive supervision, and management.
- In training workshop curricula and materials, include the concepts of gender equity and promote the concept of teamwork, having men and women working side by side and making decisions together.
- Building on the success of the Champion Community Approach, consider increasing men's participation in implementing community interventions and as target for health promotion sessions. Raising the awareness of men on health issues affecting women and the family as a whole allows them to support women in promoting their own health as well as the health of the family and the community.
- Review BCC materials produced by the Project to ensure that gender-sensitive language is used and that they address men and women equally.

Focus Area D: Hospital Support

The Project works closely with the MOH to improve secondary health care services at selected MOH hospitals. The Project is emphasizing the enhancement of emergency medicine and pediatrics in these institutions, and is working to empower nurses in Palestinian hospitals to serve as leaders and managers of health sector reform.

Specific gender mainstreaming activities that can be included in Year 4 Work Plan include:

- Continue to actively seek women participants in all training workshops related to technical areas, leadership (Neonatal Intensive Care Unit (NICU) nursing staff and women hospital supervisors), and in management training.
- Ensure that gender is considered and clearly reflected in drafted policies, procedures, and standards of care for the emergency room and the NICU.
- Review nursing bylaws to ensure that they include gender-sensitive language and promote gender equality.
- Promote teamwork in the emergency room and NICU between men and women professionals working side by side.

Focus Area E: Procurement Support

Adequate and planned provision of medical equipment, supplies, and pharmaceuticals is at the heart of a functioning health system. For that reason, procurement is a significant component of the Project's activities.

Specific gender mainstreaming activities that can be included in Year 4 Work Plan include:

- Continue to support the procurement of goods and services to promote the provision of quality health services that are equitable to both men and women.
- Actively seek out the participation of women in training workshops related to maintenance, operation, and interpretation of information generated by medical equipment.

MONITORING AND EVALUATION

Integrating gender mainstreaming and implementing the Project gender strategy will be tracked by the Project. Gender-sensitive indicators used currently will be expanded to better reflect gender mainstreaming activities. The Project will track the participation of women in all activities and report on progress and address gender concerns in quarterly and annual reports. The methods for implementing this will be discussed among staff during work planning and included as part of the Performance Monitoring Plan (PMP).

The Project communication strategy will include deliberate language and activities for sharing how Project activities will promote gender equality.

The following are sample PMP indicators:

- Number of participants recorded according to sex.
- Presence of women in groups, boards, committees.
- Number of women in leadership positions, or women groomed to be in leadership positions.

In the quarterly and progress reports, the Project will communicate specifically on activities reflecting Project gender mainstreaming strategies including the following:

- Women's participation in policy dialogue, workshops, and in decision making.
- Women supervisors participation in implementing Project activities and participating and supportive supervision training.
- Women promoted professionally with Project support.
- Media placements (print, broadcast) portraying women's meaningful role in the health sector.
- Policies drafted by the Project promoting equality between men and women.
- Policies drafted by the Project promoting women's access to resources (education, training, and positions).
- Project activities directly targeting women's health and well-being.

SUGGESTED TOOLS AND NEXT STEPS

To effectively implement this strategy, the Project will share it widely with staff and partners and ensure that gender is considered at all stages of Project planning and implementation. Annex C illustrates the guiding principles for mainstreaming gender into Project activities. These principles can be used by staff as a reference as they plan activities.

Another simple tool is the checklist suggested in Annex D, which can be used by staff to ensure they consider gender in their planned activities. The checklist can be used as a way to start discussion of gender mainstreaming at the work-planning stage and to monitor progress during implementation.

Lastly, the Project will conduct a short orientation session for all staff to share the Gender Mainstreaming Strategy and begin an internal discussion on related issues. This session will help to ensure that a gender perspective continues to be included in all activities.

RECOMMENDATIONS FOR ADDITIONAL TECHNICAL ASSISTANCE AND RESEARCH

The following are suggested areas for further investigations to further support the Project in strengthening its gender mainstreaming activities and approaches:

- Conducting a gender study in collaboration with the MOH to investigate the status of women within the MOH workforce, to identify needed reforms to promote gender equality within the MOH departments, and to develop policies and guidelines to improve the gender equality within the MOH.
- Build the capacity of Project staff to perform gender analysis and planning.
- Engage the Gender Unit at the MOH to begin cultivating a collaborative and mutually-supportive relationship.
- Work closely with partners, grantees, and subcontractors to promote gender mainstreaming and to capture success stories of women in leadership roles to be used to in communications promoting women as role models.
- Conduct consultations with successful women leaders in the health sector to identify success factors and mechanisms for replicating models of success.

ANNEX A: Document Review

- Cross-Sectoral National Gender Strategy: Promoting Gender Equality and Equity (2011-2013). Palestinian National Authority, Ministry of Women's Affairs.
- Gender Mainstreaming: Strategy for Promoting Gender Equality. United Nations Entity for Gender Equality and the Empowerment of Women. August 2001.
- World Health Organization. Gender Mainstreaming Strategy, 2009.
- Manual for monitoring the incorporation of a gender perspective in Diakonia and partner organizations, Diakonia. 2004.

ANNEX B: DEFINITIONS

Equality between women and men (gender equality): refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration – recognizing the diversity of different groups of women and men. Gender equality is not a 'women's issue' but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centered development.

Gender: refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader socio-cultural context. Other important criteria for socio-cultural analysis include class, race, poverty level, ethnic group and age.

Gender analysis: Identifies, analyses and informs action to address health inequalities that arise from the different roles of women and men, or the unequal power relationships between them, and the consequences of these inequalities on their health. People are born female or male but learn to be girls and boys who grow into women and men. This learned behavior makes up gender identity and determines gender roles.

Source: Gender mainstreaming: Strategy for Promoting Gender Equality. United Nations Entity for Gender Equality and the Empowerment of Women (2001)

ANNEX C: GUIDING PRINCIPLES FOR MAINSTREAMING GENDER INTO THE PROJECT WORK PLAN

The aim of this Gender Mainstreaming Strategy is to integrate gender issues into all of the Project activities and objectives with the ultimate goal of promoting gender equity and participation. The following principles reflect a gender-sensitive approach that should ultimately inform all activities and initiatives of the Project work plan.

I. Stakeholders and Counterparts

- When engaging stakeholders and counterparts, promote inclusion of women's voices through female government officials with decision-making authority, women community leaders, and women led organizations.
- As women are newcomers to positions of authority in government, capacity building may be effective in optimizing their participation.
- As women's ability to travel can limit equity for women in the West Bank, the Project will conscientiously consider and address this issue when planning and inviting women to participate in events or training. Such issues may include advantageous transportation routes, crossings, means and cost of conveyance, time away from home, etc.

II. Data Gathering

- When requesting/reviewing data, conduct gender-disaggregated analysis.
- Promote collection and publication of gender-disaggregated data about the Palestinian health sector by district and health service area.
- Ensure that Project performance monitoring indicators are gender disaggregated to the fullest extent possible.

III. Grants

- To ensure activities conducted by grantees and subcontractors of the Project are gender sensitive, the grants program should consider gender sensitivity, women's participation, and anticipated effect on women's economic participation.

IV. Communications/Public Awareness

- To ensure gender sensitivity and effectiveness in public communications conducted by the Project, women should be consulted in creating effective messaging and determining communications mechanisms that may be specifically designed to effectively reach women.
- A significant limitation to women's advancement is the lack of role models of women working in the public and private sectors and of women who work in non-traditional

occupations. Print and broadcast communications messages should be developed to positively portray women in a wide variety of occupations.

V. Training

- As women's ability to travel can limit access and equity for women in the West Bank, the Project will conscientiously consider and address this issue when inviting women to participate in events or training. Such issues may include checkpoint crossings, means and cost of conveyance, time away from home, etc.
- The Project should actively seek out women who can benefit from training activities. The lack of women in managerial and leadership positions may exclude them from training unless their inclusion is specified. Inclusion of such women can serve to build their capacity, assist their transition into leadership roles, and elevate their professional status.
- The Project should attempt to ensure gender balance among trainers in order to promote female role models.

VI. Reform Initiatives

- Evaluation and prioritization of reform initiatives should consider the potential impact on increasing women's participation and increasing gender equity.
- Proposed process and procedural reforms should be discussed with potential female beneficiaries and organizations focused on women's empowerment to ensure accessibility for women.

ANNEX D: GENDER MAINSTREAMING CHECKLIST

Inquiry	Yes	No	Additional Information is needed/What?
Is women's participation ensured in the planned action?			
Does the planned action promote equality between men and women?			
Does the planned action promote the well-being of women in society?			
Does the planned action have potential negative impacts on women?			
Do women have an equal opportunity to benefit from this action?			