

Partnerships for a Healthy Region

Gender equality, disability and social inclusion (GEDSI) and First Nations Engagement - Guidance note

Overview

Health outcomes are multifaceted and driven not only by technical capacity or the strength of a health system, but also by a range of complex social factors. Evidence demonstrates that the interaction of gender, sex, age, disability, race, ethnicity, indigeneity, sexuality, socio-economic background and geographical location creates differential risk levels, impacting disease burden across a range of communicable and noncommunicable diseases, and affecting health outcomes.ⁱ The COVID-19 pandemic has reinforced how social inequalities influence vulnerability to the social, economic and long-term health consequences of health emergencies. Pre-existing inequalities and structural barriers, including in accessing health information and services, are key determinants of health, contributing to inequitable health outcomes between different individuals and groups. Recognising this, gender equality, disability and social inclusion (GEDSI) and First Nations engagement are embedded as key cross cutting priorities across DFAT's Partnerships for a Healthy Region initiative.

This guidance note outlines programming guidance to support integrating GEDSI and First Nations engagement into proposals and workplans under Partnership for a Healthy Region. It aligns with DFAT's policy frameworks on [gender equality](#) and [disability-inclusive development](#) and is intended to enable implementation against the current Indigenous Diplomacy Agenda and forthcoming First Nations foreign policy. It aims to support the right of all to participate in and benefit from international cooperation efforts and enjoy the highest attainable standard of health, as outlined in key human rights instrumentsⁱⁱⁱ.

Key considerations for embedding GEDSI into proposals

1. Identify key GEDSI issues and outline plans to conduct a GEDSI analysis to inform design

Communicate a baseline understanding of the barriers and norms specific to the context and in relation to proposed activities with referent to different groups of women, men, girls and boys; people with disabilities; people with diverse sexual orientation and gender identity; and Indigenous Peoples and ethnic minority groups¹. Outline plans to conduct a full GEDSI analysis during design.

2. Identify key strategies to address barriers and underlying norms

Utilise the GEDSI analysis to identify opportunities and actions that will be implemented to address barriers and norms, through both targeted and mainstreamed approaches (noting this can be refined following GEDSI analysis).

3. Allocate resources

Ensure adequate funding and human resources have been set aside to enable the investment to cover potential costs associated with GEDSI and First Nations related activities, including technical assistance, analysis, and training.

4. Identify risks and safeguarding considerations

Identify key risks to progressing GEDSI and First Nations engagement, and potential negative impacts to people in vulnerable situations, including violence, sexual exploitation and abuse, outlining key mitigations and an approach to 'do no harm'.

5. Embed GEDSI in monitoring, evaluation and reporting

Embed output and outcome level indicators on GEDSI, ensuring collection, analysis and reporting of appropriately disaggregated quantitative and qualitative data.

¹ It's important to establish an understanding of Indigenous Peoples in the local context early in design, noting this is not always explicit.

Checklist

Key considerations for designing investments which promote and progress gender equality, disability and social inclusion, and First Nations engagement

CONCEPT

- Has a foundational understanding of GEDSI (including of Indigenous issues) been articulated, including an understanding of the context and how GEDSI relates to your proposed investment?
- Is there a clear understanding of how the investment will support DFAT's frameworks, policies and guidance on gender equality, disability-inclusive development and the Indigenous Diplomacy Agenda (see Additional Resources on page 4)?
- Is there intention and commitment to conduct a fulsome analysis during design to identify key challenges, barriers and social norms which affect gender equality, disability and social inclusion and First Nations engagement in the country/region?
- Is there intention to consult with and engage representative organisations during design/development of work plans (including organisations of people with disabilities, women's groups, and Indigenous Peoples and Indigenous organisations)?
- Is there evidence provided on organisational commitment and capability on GEDSI, including on supporting diversity, cultural inclusivity and participation of women, people with disabilities and Indigenous Peoples, and plans for how you intend to grow your capacity in this area?

Example from DFAT's Health Security Initiative

As a result of a partner attending disability inclusion training to strengthen organisational capacity, they reviewed their project, identified key barriers to access and inclusion and developed an action plan to address barriers and strengthen disability inclusion within their project. Investing in organisational capability and awareness was key to understanding and progressing disability inclusion.

DESIGN AND WORKPLANS

- Has expertise in gender equality, disability and social inclusion and First Nations engagement been sought to inform the investment? For example, technical specialists and advisors, Indigenous led and focused organisations, women's rights organisations and organisations of people with disabilities².
- Has a full GEDSI analysis been undertaken to inform the design? (see 'Additional Resources' on page 4)
- Is it clear how the investment will meaningfully engage diverse groups³ that face increased disease risks and barriers to accessing and realising their right to health during the implementation of the investment?
- Have you considered an appropriate level of resourcing in the budget set aside to cover potential GEDSI related costs? Costs may include further GEDSI analysis, technical inputs into design, implementation and monitoring and evaluation, staff and partner training, and engaging with representative organisations. The expertise of representative organisations should be valued and remunerated and where there is support (or reasonable adjustments) needed to be provided to enable full participation (e.g. sign language interpretation, accommodation, childcare support or accessible transport) this should be funded through the project.

² It is important to broker engagement that is meaningful and to consider resourcing and remuneration when seeking to engage with local organisations.

³ This should consider engagement of women and girls, people with disabilities, Indigenous Peoples, ethnic minorities and older populations and organisations representing the rights and interests of these groups (for example, women's rights groups and organisations of people with disabilities).

Example from DFAT's Health Security Initiative

A project in PNG worked alongside people with disabilities and a local disability service provider to identify key entry points and co-design approaches to improve disability inclusion. This has supported the strengthening of health information systems to incorporate collection of disability data; the training nurses on disability inclusion; and has supported surveillance systems to include the needs of people with disabilities.

RISK AND SAFEGUARDS ASSESSMENT

- Has the design considered the negative impact (intended and unintended) that the investment could have on groups in vulnerable situations⁴ and integrated the 'do no harm' principle?
- Has the risk assessment screened for risks associated with GEDSI approaches and considered the possible social impacts for groups in vulnerable situations, including Indigenous Peoples and ethnic minorities? Have appropriate risk mitigations and treatments been identified? Risks should consider gender-based violence, child protection risks, sexual exploitation and abuse, and human rights violations, and comply with DFAT's [Prevention of Sexual Exploitation, Abuse and Harassment \(PSEAH\)](#) and [Environmental and Social Safeguard Policy](#).

Example from DFAT's Health Security Initiative

A training program identified that participating women were experiencing unintended negative consequences associated with balancing training participation with their domestic responsibilities. Strategies were integrated including to provide flexible training times and enable the women's children and partners to accompany them to training to support and share caregiving roles and responsibilities.

PERFORMANCE MANAGEMENT - MONITORING, EVALUATION AND REPORTING

- Are GEDSI-related objectives reflected in the proposal's program logic and included as end of investment outcomes? To support strengthened gender equality commitments in DFAT's investments, there is a mandatory requirement for proposals greater than \$3 million to have a gender equality objective either as an End of Program Outcome or Intermediate Outcome.
- Are output and outcome indicators specific to GEDSI and First Nations engagement included in your monitoring, evaluation and learning (MEL) plans?
- Does your MEL plan include the collection, analysis, and reporting of disaggregated data? This should consider disaggregation by sex, age and disability⁵ at a minimum.
- Will qualitative information on GEDSI be collected, analysed and reported to supplement quantitative data?
- Is there an investment evaluation question that relates to GEDSI that could measure progress at mid-term and end of investment?

Example DFAT's Health Security Initiative

By embedding targets, sex disaggregated data and indicators on gender equality within their monitoring and evaluation frameworks, a tertiary education provider was effective in improving participation of women in their training program. They additionally developed training content on sex and gender, prompted by an indicator within their monitoring and evaluation framework.

⁴ This will be dependent on context and project activities but may include women and girls, children, people of diverse genders and sexualities, people with diverse disabilities, Indigenous peoples, ethnic or religious minorities, older people undocumented migrants, those living in institutions and older people.

⁵ The Washington Group's short set of six questions is recommended by the United Nations for use in all national censuses and household surveys to provide internationally comparable disability data, and is increasingly utilised to support collection of disability data: [Washington Group on Disability Statistics, Short Set of Questions on Disability](#).

Additional resources

DFAT good practice guidance

- [Health Security Initiative Gender Guidance Note](#): Provides guidance on how to address gender in the design, implementation and monitoring and evaluation of health security projects.
- [Health Security Initiative Disability Guidance Note](#): Provides guidance on how to address disability inclusion in the design, implementation and monitoring and evaluation of health security projects.
- [Gender Equality in Investment Design Good Practice Note](#): An operational resource to assist DFAT's partners to integrate gender equality into program designs.
- [Gender Equality in Monitoring and Evaluation Good Practice Note](#): An operational resource to assist DFAT's partners to integrate gender equality into monitoring, evaluation and reporting.
- [Disability-Inclusive Development Guidance Note](#): Outlines DFAT's approach to disability-inclusive development and identifies main entry points for disability inclusion.
- [Reaching Indigenous People in the Australian Aid Program Guidance Note](#): Assists in the design and delivery of international development programs that strive to be inclusive of indigenous people's issues and improve outcomes for indigenous peoples.

DFAT policy and strategies

- [Gender equality and women's empowerment strategy](#): Outlines DFAT's strategic approach to gender equality and women's empowerment.
- [Development for All Strategy for strengthening disability-inclusive development in Australia's aid program](#): Outlines key principles and opportunities for strengthening disability-inclusive development in Australia's development program.
- [Australia's Indigenous Diplomacy Agenda](#): Outlines Australia's commitment to elevate and support attention to Indigenous participation issues through international engagement.
- [Preventing sexual exploitation, abuse and harassment policy](#): Sets out expectations and requirements for all DFAT staff and delivery partners to manage SEAH risks and incidents. It applies to all DFAT partners, in Australia and overseas.
- [Child Protection Policy](#): Articulates DFAT's zero tolerance of child exploitation and abuse and includes expectations of DFAT funded partners in the management of child protection risks.
- [Environmental and Social Safeguard Policy](#): Outlines DFAT's approach to managing the environmental and social impacts of its aid investments.

GEDSI analysis tools and additional guidance from the sector

- [CARE International Good Practices Framework](#): Discusses basic concepts of gender and introduces key areas of inquiry to take into consideration when undergoing a gender analysis.
- [UNICEF's Immunization and Gender Practical Guide](#): Aims to support the integration of a gender perspective in health programming by identifying how gender norms, roles and relations affect health related behaviours, outcomes and health sector responses.
- [UN Women's Intersectionality resource guide and toolkit](#): Aims to assist organizations and individual practitioners and experts to address intersectionality in policies and programmes.
- [World Vision's Gender Equality and Social Inclusion DME Toolkit](#): Provides guidance and tools to support integrating GEDSI perspectives in all stages of project design, monitoring and evaluation.
- [DID4All](#): Includes detailed evidence and guidance on mainstreaming disability-inclusive development in a range of sectors.

ⁱ Meinhart et al., S. (2021). Gender-based violence and infectious disease in humanitarian settings: lessons learned from Ebola, Zika, and COVID-19 to inform syndemic policy making. *International Affairs*. Full Text (biomedcentral.com)

ⁱⁱ Bamba, C. (2022). Pandemic inequalities: emerging infectious diseases and health equity | *International Journal for Equity in Health* | Full Text (biomedcentral.com)



ⁱⁱⁱ Important UN treaties and health frameworks critical to the implementation of inclusive and equitable health programs and services that should be referred to for further guidance include: Universal Health Coverage (UHC); The Right to Health; UN Convention on the Rights of Persons with Disabilities (UNCRPD); Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights; the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Racial Discrimination.