# Policy for gender equality and social justice

Version: 2.0 English Date: 04.11.2020 Autor(s): C. Abegglen Classification: Confidential Status: Final





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# **Change history**

Version	Date	Autor(s)	Remarks
1.0	07.12.2018	C. Abegglen	Draft
	26.07.2019	C. Abegglen	Review
2.0	20.12.2019	C. Abegglen	Final English version for SDC
	06.03.2020	C. Abegglen	Modifications Management
	18.06.2020	Management team	Modifications Mgt, PU, CCs at the 1. Gender training; expert C. Reimann
	04.11.2020	C. Abegglen	Modification of title and orthogra- phy adjustments.

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# 1 Introduction

FAIRMED is an international non-governmental organisation in development cooperation, guided by principles of humanity, independence, neutrality, impartiality, and fairness in its actions and behaviour. On the basis of our mission statement, FAIRMED wants ALL people to have equal access to prevention alongside adequate as well as affordable medical treatment, and for ALL people to be able to live in a healthy environment that is characterised by equity. All of our staff are expected to act in accordance to FAIRMED's Code of Conduct and to be advocates and champions of vulnerable people everywhere, in keeping with the ethical principles, attitudes and behaviours that FAIRMED stands for.

One of the greatest obstacles to sustainable development and poverty reduction is gender inequality. Laws and norms continue to disadvantage many women and girls worldwide, as well as individuals who cannot or do not want to classify themselves as either sex. Numerous studies point to a strong correlation between successful development and gender equality (Global Gender Gap Report 2020). Maternal education is one of the most important determinants of child health, therefore equal rights and access to education is important for health outcomes. In health care, inequalities remain due to challenges and limitations of health systems as long as gender issues are not taken into account. Research on disabilities related to neglected tropical diseases (NTD) is sparse and does not always show strong gender differences (Kuper, 2019). However, a recent qualitative programmatic analysis showed that ensuring a gender equality perspective is crucial to achieving elimination goals (Dean et al., 2019).

Gender equality has been declared and signed by the United Nations not only as a goal in its own right (SDG 5), but also as a key principle for achieving a comprehensive and sustainable development agenda by 2030. However, despite intensive international efforts to implement the SDGs and partial progress, inequality remains or even increases, depending on the region, especially in fragile states. Consequently, the "leave no one behind" agenda focuses on combating the concentration of extreme poverty in fragile contexts and, at the same time, on taking greater account of gender and power issues. FAIRMED's project regions and communities affected by neglected tropical diseases (NTDs) are often among the poorest and most marginalised and are therefore exposed to multiple social inequalities.

FAIRMED therefore advocates for gender equality and the end of gender discrimination within their organisation, in the community and as a transversal issue in the overall programme and all projects, based on the human rights-based approach to poverty reduction and on the Convention on the Elimination of all forms of discrimination against women (CEDAW, 1979). One of FAIRMED's main objectives is to ensure the equal rights and sustainable development of marginalised people. Therefore, FAIRMED programs will be designed to support addressing underlying causes of discrimination and marginalization. Especially women and girls from ethnic, religious minorities, from a lower social class (caste) or from a remote region are economically worse off. Those who live in this unequal social reality are least able to exercise their rights or develop their human potential. This is not only a personal tragedy at the individual level, but also a significant loss to overall social and economic development.

The development of a gender-equitable and women-friendly environment is important for FAIRMED in all areas to end all forms of gender-based violence (GBV) and ensure the empowerment of women. The gender-equitable and socially inclusive approach in FAIRMED's



country programmes includes in particular access to health services. However, it also includes the constant confrontation with the traditional distribution of roles, structural conditions and power relations between men and women. FAIRMED promotes a gender-equitable and social organisational culture and undertakes to integrate this approach in all guidelines, processes, strategies, instruments and projects.

The FAIRMED gender policy intend to enhance existing documents such as codes of conduct or personnel regulations and to further promote awareness, training and integration of the transversal gender issue into project work in accordance with international standards. The consideration and promotion of gender equality must be integrated into the planning, implementation, monitoring, evaluation and reporting of programmes, projects and at organisational level. The gender policy should contribute to integrating the general principles into practice and to ensuring the gender approach at all levels of the organisation. The monitoring of implementation is the responsibility of management.

All FAIRMED employees are expected to act in accordance with the Code of Conduct and its complementary documents, such as these gender policy, in accordance with the ethical principles, attitudes and behaviors that FAIRMED stands for, and to engage with vulnerable people everywhere.

FAIRMED has drawn up this gender policy for all employees in Switzerland and in the project countries, which are binding for all. The policy is based on information, manuals, guidelines and websites of Agenda 2030 for sustainable development, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), Human Rights Charter, Res 1325 of the UN Security Council (UNSCR, 2000)<sup>1</sup>.

# 2 Purpose and scope of application

## 2.1 Purpose

The purpose of this policy is to contribute to the better health of women, men and gendernonconforming people by paying particular attention to gender issues and social inequality. The gender perspective is necessary to ensure that the specific needs of all genders are taken into account (in the broader context and with regard to the intersectionality of class, ethnicity, race, religion and gender), recognised and addressed.

<sup>&</sup>lt;sup>1</sup> The five key demands based on National Action Plan (NAP) of Switzerland on United National Security Council Resolution (UNSCR) 1325 on «Women, Peace and Security» are: Effective involvement of women in conflict prevention; Women's participation in and influence on conflict resolution and peace processes; Protection against sexual and gender-based violence in conflict, refugee and migration contexts; Women's participation in peace missions and security policy; Multi- and bilateral commitment by Switzerland to women, peace and security. See reference to NAP (2018), https://www.eda.admin.ch/dam/eda/en/documents/publications/Friedenspolitik/Frauen-Friedenund-Sicherheit\_en.pdf .



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The purpose will be achieved by mainstreaming gender analysis into FAIRMED's work at all levels of the organisation. This analysis examines roles, needs and (power) relationships between women and men and identifies actionable inequalities, discrimination, obstacles and opportunities. The results of the analysis and implementation of recommendations will be documented, evaluated and, if necessary, the existing system optimised.

# 2.2 Scope of application

These regulations define the expanded ethical principles, attitudes and practices of the Code of Conduct that are binding for all FAIRMED employees worldwide as well as persons working under the name and legal status of FAIRMED (interns, volunteers, Members of the Honorary Foundation Board, consultants). Employees are also expected to behave according to these principles even outside working hours and beyond their place of work.

# 2.3 Responsibilities of management

The management in each country is responsible for:

- Increasing the awareness and skills of employees to take into account the social differences between women, men and gender-nonconforming people in planning, implementation, monitoring and evaluation and take appropriate measures to remove inequalities or human rights violations.
- Systematically review processes to ensure that gender analyses are undertaken as part of programmatic planning and that improvements are made to the existing system.
- To achieve gender balance at all levels within FAIRMED, in particular by involving more women in decision-making processes.
- Equitable opportunities for all genders in the areas of recruitment, promotion, social benefits, training and working conditions, and the consideration of care work<sup>2</sup>
- Encourage and support partner organisations to develop their own gender policies according to the general principles documented in this policy.

The management at the headquarters in Bern is responsible for:

- Assess the monitoring and impact of FAIRMED's work on women, men and gendernonconforming people in cooperation with the country coordinators.
- Facilitate implementation of Gender Equality Policy to Country offices and ensure that all FAIRMED regulations, decisions, programs are gender sensitive and that this does not create additional barriers for women.
- Assign a gender focal point.

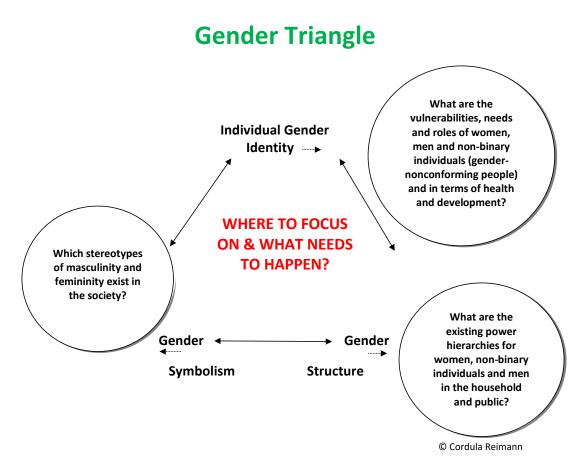
<sup>&</sup>lt;sup>2</sup> Care work refers to unpaid and paid care, assistance and domestic work for children and care-dependent people. Care work is distributed unfairly. It is regarded as women's work, is not recognised and the professions are traditionally poorly paid. Unpaid care work often requires paid parttime work.



# 3 Definitions and terms

# 3.1 Gender

The term "gender" is used to describe the characteristics of men and women that are socially constructed, as opposed to those determined by biological characteristics. People are divided into either female or male at birth and learn to behave as girls or boys throughout their lives, and later as women or men. This learned behaviour generates gender identity and determines gender roles (see Gender Triangle).



Gender also describes a power relationship that intersects with other power relationships such as class, ethnicity, race, religion. Gender is always localized and not universal, which presupposes an attentive consideration of one's own understanding of the significance of gender. The binary categorization (woman/man) is increasingly viewed critically, because both biologically conditioned and socially constructed, the diversity of identities cannot be depicted. In some countries, a third gender, also known as "divers", has recently been legally and formally introduced. Since 2017, the American language uses the generic term Increasingly, we speak of "gender-nonconforming people" for the variety of terms (non-binary gender identity, transgender, gender queer, gender fluid, bigender, trigender, agender, etc.).



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# 3.2 Gender Relations and Gender Roles

Gender relations describe the relationship between the genders in their different gender roles (e.g. women-men in a partnership, daughter-mother, brother-sister, etc.) in a varying social environment such as household, community or society. Depending on the various gender roles, different interests, needs and priorities arise for women, men and gender-nonconforming people. Gender roles vary greatly from culture to culture and from one social group to another within the same culture. In order to identify differences and ine-qualities, it is therefore essential to clarify the allocation and organisation of gender roles, responsibilities, resources and values in each context.

# 3.3 Gender Equity

Gender equity refers to the equitable and fair treatment of people of all genders according to their needs. In order to ensure fairness, strategies and measures must be available to compensate for cultural and social disadvantages that prevent women, men and gender-nonconforming people from living under equal conditions.

# 3.4 Gender Equality

The term gender equality refers to a situation where access to rights and opportunities is not affected by gender. Equality requires that everyone can participate in socially valuable goods, opportunities, resources and rewards. If gender inequalities exist, it is more likely to affect women or gender-nonconforming people who are disadvantaged or excluded. However, the term does not mean that all people should become equal, but only that access to opportunities and ways of life neither depends on nor is restricted by their gender. Gender equality is divided into four areas below:

- 1. Individuals: equal opportunities and self-determination in achieving intellectual, physical and emotional personal goals
- 2. Labour market: equal rights to the same social conditions of security, remuneration, career opportunities and working conditions
- 3. Government: equal economic, political, civil, cultural and social rights
- 4. Family/community: equal distribution of tasks, especially such as a fair distribution of domestic work

# 3.5 Gender Mainstreaming

Gender mainstreaming is a gender equality policy strategy that aims to critically examine all decisions in an organisation with regard to their effects on the reality of women's and men's lives, which are shaped differently by gender inequalities, and to reduce existing differences in this respect. The aim is to integrate the gender perspective comprehensively in all areas in order to achieve real gender equality. UNO, Council of Europe, EU and many Swiss institutions demand the introduction of gender mainstreaming strategies. Gender mainstreaming is now considered professional standard.

## 3.6 Intersectionality

The interaction of different social inequalities is called intersectionality. Different roles and characteristics are assigned to people not only on the basis of their gender, but also on the basis of their caste, class, ethnic origin, religion or age. Since culture is dynamic and socioeconomic conditions change over time, gender roles change with them. According to these



different criteria, people are positioned in society, transforming into determining power relations and interacting strongly with each other.

# 3.7 Social Justice

In development cooperation, social justice means, above all, respecting human rights and combating social injustice. To enable disadvantaged people and communities to play an active role in their personal and social development, unequal living conditions must be reduced or eliminated. Inequalities can manifest themselves at the level of the individual, for example in access to health or education. Social practices that discriminate against certain ethnic groups, castes or religions, women, persons of different sexual orientation or gender-nonconforming people can also perpetuate inequality. Forms of community organisation or political systems dominated by elites leave little or no room for the excluded. These power relations prevent mutual respect and genuine inclusion. Newer concepts based on human rights, such as responsibility, inclusion and non-discrimination offer a number of starting points for reorienting the commitment to social justice. The discourse should not be about favouring one gender over another, but about building alliances together to achieve "global justice".

Social justice can also be fostered in organisations through awareness, political will and diversity and inclusion management. The diversity of gender, ethnicity, nationality, age, culture etc. supports mutual appreciation and respect, human rights can be better anchored and intercultural communication is promoted.

# 3.8 Care Work

Care work includes paid or unpaid interpersonal services. They are generally activities with low productivity, low job security and little scope for organising work (childcare, care of the elderly, domestic work, etc.). These jobs are mainly carried out by women. Consequently, women's productivity and income are lower. Consideration of the proportion of care work performed must be recognised as a key factor in social and economic development. The responsibility for care work should be shared equally between women and men. Increased co-responsibility of men for care work depends not only on individual changes in behaviour, but also on investments and political decisions in favour of an equal and efficient care system.

# 3.9 Domestic violence

Domestic violence occurs when a person uses or threatens to use physical, psychological or sexual violence in an existing or dissolved family, marriage or partnership relationship. Domestic violence is a form of gender-based violence (GBV), as well as blackmailing, controlling, gaslighting or the sheer threat of violence, which are also forms of domestic violence. Domestic violence against women is a clear expression of gender inequality within a household and must be stopped, victims must be protected and those who use violence must be held accountable. Domestic violence violates fundamental human rights. In this context, co-responsibility means that men actively work to prevent violence against women and children. Even in the micro-system of the family, men and women should have equal opportunities, choices, access and rights, enjoy physical and psychological integration and be able to play an active role as subjects in the development of their country in economic, political, social, personal, spiritual and organisational areas.



# 4 FAIRMEDs principles

The following principles guide FAIRMED's efforts towards gender equality and social justice and serve as a framework for measures and strategic goals.

- 1. Promoting gender equity at all levels, organisation, community and individual and as a transversal theme in all projects
- 2. Ensuring that all people (women, men and gender-nonconforming people) have equal rights to develop their potential, self-determination and use of resources
- 3. Promote that projects take into account and contribute to structural change towards greater gender equality and global justice
- 4. Increasing the scope, effectiveness and efficiency of measures with systematic analyses, awareness raising, capacity building, alliance building
- 5. Ensure that no harm is caused in the implementation of measures and that no measures promote inequitable gender roles and there is no open backlash against women's rights and gender equality (Do No Harm approach)
- 6. Working in partnership with the affected population to ensure mutual learning and respect and cultural sensitivity on gender issues, taking into account human rights
- 7. Ensuring throughout local ownership for the best strategies and ways forward
- 8. Providing qualitative and quantitative information on the influence of gender on health and health services as well as developing skills

# 5 FAIRMEDs measures

The principles and their impact on the development process for gender equality of FAIRMED are described in detail below. The latest findings from research and practice are continuously included and the measures are adapted accordingly. Results in health care increasingly show that inequalities can be avoided if gender, power and equality issues are taken into account (Hay et al., 2019). In practice, it has also been shown that gender inequalities in programme implementation repeatedly lead to insufficient health care of prevention and treatment in vulnerable and marginalised groups.

# 5.1 Promoting gender equality at all levels

Based on SDG 5 and the human rights-based approach, FAIRMED is continuously committed to gender equality and the end of gender discrimination within the organisation, in the community and as a transversal theme a in its overall programme and all projects. The perception of gender is based on personal values and attitudes that are often unconsciously adopted unchanged over generations. Gender sensitivity within FAIRMED's organisational culture and the implementation of the gender policy therefore requires the commitment of every individual, at all levels of the organisation and especially of FAIRMED management in all countries.

Gender-specific measures should respect the involvement and co-responsibility of men at all levels. Experience shows that a change in behaviour towards women or gender-non-conforming people is improved as soon as men reflect on their role as men (e.g. their own assumptions about masculinity) and male victims of sexual and gender-based violence and corresponding vulnerabilities are taken into account.



FAIRMED is also strengthening efforts to achieve gender equality at all hierarchical levels of the organisation itself.

# 5.2 Equal rights to develop potential, self-determination, use of resources

Equal rights to develop potential, self-determination and use of resources should generally be aimed at all levels. Our guiding principles are based on human rights, with FAIRMED focusing on the right to fair access to good quality basic health for all. FAIRMED's project regions and communities, especially those affected by neglected tropical diseases (NTD), are often among the poorest and most marginalized and are therefore exposed to multiple social inequities. Equal rights for all genders are an essential factor especially for the reduction of health inequalities. FAIRMED therefore wants to provide the poorest people in Africa (Congo Basin) and on the Indian subcontinent (Nepal to Sri Lanka) with fair health opportunities in order to break the vicious circle of poverty and disease. The interventions focus on patients who are confronted with diseases of poverty and weak health structures. Access to health is more difficult for women or gender-nonconforming people than for men. In particular, women and girls or gender-nonconforming people from ethnic or religious minorities, from a lower social class (caste), from a remote region or from a conflict-ridden country are economically, socially and politically worse off. Therefore, intersection-ality and the resulting obstacles to access to health must be given special attention.

Recently published results show how gender influences the development of NTD (Dean et al., 2019). For example, women and girls are at risk of contracting schistosomiasis through household roles such as fetching water, washing and cleaning, while men and boys are more likely to contract the disease through fishing or swimming. This gender-specific data can help to address the valuable care work and thus improve the acceptance of and access to treatment for women in health care.

# 5.3 Support for structural change projects

It should be supported that projects include structural change towards greater gender equality and social justice. FAIRMED's projects are mainly located in areas where multiple inequalities are omnipresent in the context of extreme poverty. The creation of healthy living environments and equitable health opportunities goes beyond the health sector. This requires interaction between different sectors, interest groups and, above all, the inclusion of the affected population in relevant decision-making processes. Special attention must be paid to obstacles preventing access to health in order to identify and change structural conditions in the environment of those affected. FAIRMED supports the affected population in communities, with partner organisations and other interest groups to strengthen their social, economic and political influence. In addition, FAIRMED tries to promote self-organised health groups, such as women's groups, in order to improve its influence.

In addition to strategies and policies to promote equality, quotas can also be used to increase the participation of women. However, numerical representation in social, economic and political life alone is not enough. Genuine participation means being able to express oneself and influence others. Capacity building and empowerment measures are particularly effective in helping women to learn in participatory processes to use their potential and to apply it in the further development of the community.



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# 5.4 Increasing the scope, effectiveness and efficiency of measures

Systematic gender analysis aims to assess gender relations and gender inequalities by taking into account specific social, economic and political aspects such as gender roles and division of labour, access to services and resources, participation at different levels, needs and interests. Gender analysis can be carried out as part of other project evaluations or as a separate analysis. Findings from the gender analysis will continuously optimise FAIRMED strategies to overcome gender discrimination and improve measures. Overall, in monitoring, evaluating and analysing all activities in the projects as well as in the organisation, we try to learn from this and to improve continuously. Furthermore, new findings from research and practice are to be taken into account on a regular basis.

However, previous measurements with statistical data show that quantitative data do not provide the necessary results to meet the different gender needs of all those concerned. It is increasingly recognised that qualitative and highly participatory methods (e.g. informal interviews, direct observation, questioning of key informants) must be given greater consideration in order to capture heterogeneity and intersectionality and support local ownership. Due to the proximity of FAIRMED staff to the affected population, the documentation of directly affected people is of particular importance in order to understand their living environments and thus improve the effectiveness of the interventions.

FAIRMED contributes to awareness raising and capacity building in order to increase the scope, effectiveness and efficiency of gender equality measures. Leaders should attach great importance to gender issues and ensure that all employees are aware of the gender policy. FAIRMED promotes the further training of its employees and provides information on the risks and effects of gender discrimination in the form of documentation, training and meetings.

# 5.5 Do No Harm (DnH) approach

Our project work can intentionally or unintentionally influence the immediate environment and contribute to instability or violence. Projects must ensure that no harm is done in the implementation of measures and that no measures promote unjust gender roles (Do No Harm approach). Particular care must be taken in monitoring and evaluation to ensure that the participation of the affected population is guaranteed and that their perception of gender is culturally sensitive. In the assessment and documentation process, it is important to record progress in gender behaviour, norms and relationships or in the change of power relations as best practices, so that cross-learning can take place.

In the projects, the role of FAIRMED employees is to support and facilitate gender equality. Their own convictions or attitudes should not overrule those concerned in what they want to achieve or implement. Especially when formulating the project, specific limitations or opportunities based on the exchange with the affected population and partner organisations must be taken into account.

## 5.6 Cultural sensitivity and consideration of human rights

While applying a DnH approach in fragile and conflictual contexts in which FAIRMED operates, gender- and culture-sensitive behaviour is particularly important. Different contexts require different approaches and strategies to the issue of gender. Working in partnership with the affected local population enables the necessary cultural sensitivity in gender issues. In a climate of mutual learning and respect, we work with the affected communities,



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local staff, governments and partner organisations in order to introduce gender issues with a broad acceptance, taking human rights into account. On the basis of these gender regulations as standard, the country offices implement the gender policy, which may only be adapted in exceptional cases, for example in the case of legally binding circumstances, after consultation with the HQ.

However, depending on the society, promoting equality can be challenging. In societies with patriarchal power structures, employees may be exposed to risk of danger. For guidance, the following principles apply and must be respected as long as there is no danger:

- 1) Gender equality as a political goal and gender equity as a principle are universal and non-negotiable
- 2) Legally anchored in national and international obligations
- 3) Gender equality and gender equity are considered key to sustainable development
- 4) Involvement of local communities and interest groups for the joint definition and implementation of gender equity
- 5) Strategies and content must be culturally and conflict-sensitive and yet not violate the principle of universality and non-negotiability of gender equity
- 6) Gender-specific needs such as women's access to health services, education etc. often offer entry points to identify common values
- 7) No value compulsion, but a clear position against all forms of discrimination based on gender
- 8) Promotion of dialogue on the basis of common commitments (Agenda 2030, CEDAW, Human Rights Charter, Res 1325 etc.)

## 5.7 Provision of information and expertise

FAIRMED provides qualitative and quantitative information on the influence of gender on health and health care at all levels. It also raises awareness, both internationally and in Switzerland, that health inequalities are avoidable. Gender awareness also requires specific competencies, which FAIRMED promotes by training its employees.

# 6 FAIRMEDs Gender Strategy

## 6.1 Gender mainstreaming

For FAIRMED, gender mainstreaming as a strategy means striving for equal and just participation of the sexes at all levels and in all interventions. The tripartite approach consists of:

- 1. Gender as a transversal theme
- 2. Gender in the organisation
- 3. Gender-specific measures such as anti-sexual harassment policies and equal gender pay

Within our organisation this means that the gender approach is integrated into all relevant documents, work processes and behaviours. In the country programmes it means that the gender approach is integrated as a transversal theme in the methodology and in all steps and processes of Project Cycle Management (PCM). Gender-specific analyses, specific



objectives and gender-specific indicators are required to improve gender equality in the country projects.

# 6.2 Empowerment of women

In view of the global inequality between the genders, specific efforts are needed to put an end to existing forms of discrimination against women, but also against persons who are gender nonconformists. FAIRMED wants to support women, gender-nonconforming people and marginalized communities to improve their personal, social, economic and political conditions and positions in order to stop the reproduction of gender inequalities over generations. For the empowerment of women, the expansion of their economic scope of action is of great importance. On the one hand, this can be achieved by facilitating the integration of women in the work process and their participation in decision-making processes, including at a high level. On the other hand, this is achieved by taking into account unpaid care and support work. It is therefore relevant that FAIRMED pays attention to the workload of women who are used for care or support. In the country programmes, the share of care work performed must be recognised as a key factor for social and economic development. Accordingly, strategies for reducing the workload of women and promoting men's co-responsibility for care work are crucial for further development. Increased co-responsibility of men for care work depends not only on individual changes in behaviour, but also on investments and political decisions in favour of an equal and efficient care system.

# 6.3 Fragile regions and conflict sensitivity

In FAIRMED's project work in fragile regions, measures should not only be gender-specific but also conflict-sensitive. This requires a context-specific analysis of how the different genders are affected differently by conflicts and how they can attempt to resolve conflicts differently. Gender-specific inequalities can exacerbate tensions and accumulate with intersectionality. A gender-sensitive conflict analysis is advantageous to include the different needs and experiences of women, men and other minorities in conflict-affected areas in order to understand the power asymmetries between the different groups. Gender- and conflict-sensitive programming can contribute to the prevention of violence and the promotion of peace by encouraging conflict resolution mechanisms, supporting new attitudes in the areas of gender and social relations and empowering female actors. However, FAIRMED employees must be aware that the empowerment of a certain group can lead to conflicts with other groups. The Do No Harm approach must therefore be included, also in non-violent conflict situations.

# 6.4 Sensitisation and Capacity Building

FAIRMED supports gender sensitisation and strengthens the specific competencies of employees. This policy is considered the minimal standard to which local gender policies should align. If local rights or context-specific conditions and needs of the affected population have to be placed above the HQ gender policy, the approval of the HQ is required. As human beings, we all contribute to shaping gender relations. The knowledge and awareness of the potential for change that we bring as individuals is therefore the key to the further development of all genders.

# 6.5 Inclusion, non-discrimination and accountability

Political, economic and social conditions influence the power relationships between the genders and thus limit or promote gender justice. FAIRMED supports the affected population to participate in decision-making processes and to make themselves heard in order to



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further promote the elimination of all kinds of injustice. FAIRMED promotes the dialogue between all interest groups for the effective implementation of global justice, in particular to address power relations. FAIRMED aims to contribute to global justice through its work in influencing normative developments and intergovernmental political processes, integrating gender equality in bilateral and multilateral dialogues, and by using synergies and alliance-building. Accountability, inclusion and non-discrimination aim to ensure that all people are treated with dignity and respect and that those who discriminate against others are held accountable.

### References

Cedaw, U. (1979). Convention on the elimination of all forms of discrimination against women. *Retrieved April, 20*, 2006.

Crotti, R., Geiger, T., Ratcheva, V., & Zahidi, S. (2019). The global gender gap report 2020. In World Economic Forum. <u>http://www3.weforum.org/docs/WEF GGGR 2020.pdf</u> (accessed 01 September 2020).

UNSC. (2000). Resolution 1325 (2000): adopted by the Security Council at its 4213th meeting, on 31 October 2000', SRES document S/RES/1325 (2000), 31 October 2000.

Dean, L., Ozano, K., Adekeye, O., Dixon, R., Fung, E. G., Gyapong, M., ... & MacPherson, E. (2019). Neglected Tropical Diseases as a 'litmus test' for Universal Health Coverage? Understanding who is left behind and why in Mass Drug Administration: Lessons from four country contexts. *PLoS Neglected Tropical Diseases, 13*(11), e0007847.

Hannah Kuper, (2019). Neglected tropical diseases and disability—what is the link? *Transactions of The Royal Society of Tropical Medicine and Hygiene, Volume 113, Issue 12,* Pages 839–844.

Hay, K., McDougal, L., Percival, V., Henry, S., Klugman, J., Wurie, H., ... & Dehingia, N. (2019). Disrupting gender norms in health systems: making the case for change. *The Lancet, 393*(10190), 2535-2549.