GENDER POLICY

Adopted from DAHW/GLRA Gender Policy 2020

CAVEAT: This policy is adapted from the DAHW/GLRA Gender Policy 2020 for institutional use by RedAid Nigeria. The adaptation replaces organisational references and visual identity only; the substantive principles, commitments and guidance of the source policy have been retained.



REDAID NIGERIA

RedAid Nigeria (RAN) is committed to empower leprosy, TB, Buruli Ulcer and other NTD patients in general, but especially women who play an important and equal role in community and RAN achievements. Our organization endeavours in all its practices, to have a gender sensitive approach in line with the Federal Ministry of Women Affairs of Nigeria and its vision to build a Nigerian society devoid of gender discrimination, that guarantees equal access to political, social and economic wealth creating opportunities; and develop a culture that places premium on the protection of the child and focuses attention of both the public and private sector on issues that promote full participation of women and children in the process of national development. RAN is part of the mission to serve as a national vehicle to bring about speedy and healthy development of Nigerian women in the mainstream of the national development process and ensure the survival, protection, development and participation of women and all children in preparation for their meaningful adult life.

Our NGO intends to help eliminate all barriers and put in place the battle against gender discriminations, ensure equality and human dignity to all, men and women. Our gender policy and daily practice helps to eliminate discrimination, certain traditional practices, cultural prejudices, sexual stereotyping of social roles and to act against all obstacles to enjoyment of rights and full participation of women in our national development.

RAN recognizes women as "change agents" within the family and community. They have a vital role in their families' health and children's education.

Goal

RAN aims to promote gender equity and gender equality within the organization. It assures that all its programmes, intervention activities and research, serve the needs and interest of women and men equally, to eliminate all forms of discrimination against women.

Objectives

Providing a gender-sensitive direction to all our staff in policy-making, formation, planning, designing, and implementation of all development projects.

Principles

Gender equality is the key to sustainable development. Gender inequality and poverty are interrelated. Women are the worst affected by poverty due to discrimination in the social system at all levels. This affects the sustainability of the whole family. Therefore, prioritizing gender issues continues to be the central concern of all RAN development activities.

Gender equality involves both men and women

Gender equality reflects the concern that women and men, boys and girls have equal opportunities, resources, rights, access to goods and services that a society values, and the ability to make choices and work in partnership. Gender equality also means equal responsibility in terms of workloads and energy expended within individual capability in caring for families and communities. Gender equality does not mean that men and women, boys and girls become the same, but that their opportunities and life chances are equal and that the differences that do exist in their talents, skills, interests, ideas, etc, will be equally valued. It is absolutely necessary that also men's understanding of gender equality is developed. Men require developing the right mindset to willingly support this goal.

Empowerment of women

This has always been a major focus in all RAN's development and Human Resource activities. While only women and men can empower themselves, RAN aims to support processes that create space for them to develop their skills, self-confidence, and self-reliance.

Gender equity

It is the means by which we achieve equality. Equity leads to equality - the equal valuing of society of both the similarities and differences between females and males and the varying roles that they play.

Gender-based violence

Violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. In our "Code of Conduct" we express that:

1.) we will never abuse our position to either withhold assistance or give preferential treatment in order to solicit sexual favours;

2.) and never engage in sexual exploitation or abuse of any persons; as well, to never engage in any sexual relationship with children (persons under 18) regardless of the age of majority or age of consent locally. Mistaken belief in the age of the child is not a defense. For all matters concerning children, kindly refer to RAN Child Protection Policy.

CONDUCTING A GENDER ANALYSIS

Gender analysis is a tool for systematically collecting data that can be used to examine the differences between the roles that women, men, boys and girls play, the levels of power they hold, their differing needs, constraints and opportunities, and the impact on their lives. The aim is to identify, understand and develop strategies to redress inequities based on gender. Gender analysis also informs us as to how gender roles and relations could impact and be impacted by our programmes. Without it, critical assumptions can be overlooked and either our programmes are undermined or harm is inadvertently caused.

We conduct a gender analysis: Throughout the project cycle: design, baseline, implementation, monitoring and evaluation.

1.) As part of a Health/Hygiene assessment.

2.) As part of the Strategic Planning Process Framework

How to plan and conduct it

1.) Prior to planning and conducting a gender analysis, determine if an analysis has already been done for the geographical location targeted. If yes,

2.) compare with the checklist and determine gaps of information or needs for further analysis

3.) Prior to conducting a gender analysis, ensure an understanding and appreciation of gender concepts and analysis among staff and partners involved. This is important in order to recognize and overcome staff's own biases, fears and stereotypes. Explain that it does not have to be complicated.

4.) Offer equal opportunities for males and females to participate.

5.) Make sure that the number and sex of interviewers is proportionate to the number and sex of participants.

6.) Identify and include different sub-groups amongst males and females according to age or other distinctions as appropriate.

7.) Choose appropriate time and location of discussion to allow for active participation by men, women, boys and girls in single-sex and mixed discussion groups.

8.) Ensure that the confidentiality of participants is respected by disassociating the information from the source of the information.

9.) Identify other organizations that are implementing gender-related activities in your target area.

PROJECT PLANNING AND DESIGN

To encourage consultation with and participation of men, women, boys and girls and RAN partners to design interventions that address their immediate practical needs and long-term strategic interests. Doing so will ultimately improve the quality of programme results. GENDER IN IMPLEMENTATION Considering gender in project implementation will lend to ensuring equitable opportunities for men and women to access, participate in, and benefit from project services and activities. It is also important to remember that gender norms can influence how staff, partners and participants engage in the project and has the potential to undermine a project that is gender-responsive in design.

Checklist

Develop detailed implementation plans consistent with the approved project document to ensure capture of gender-responsive components.

Ensure strategies include equitable measures to support gender equality.

Ensure project activities address priority issues for and vulnerabilities of men, women, boys and girls identified in project design in a meaningful and appropriate way.

Conduct community sensitization about the project including the gender- responsive components.

Project staff support equitable participation and equal opportunities for project benefits.

Promote gender balance in community committee membership.

Promote equity in participation, leadership and decision-making.

Establish communication channels for both men and women to have full and accurate information about project activities and intended benefits.

Continue to develop linkages with other organizations to complement project interventions as appropriate, e.g.

NGOs, local government, local medical and legal assistance providers (also Police) in intervention communities.

GENDER IN MONITORING, EVALUATION AND REPORTING ACTIVITIES

Disaggregate data for indicators at input, output, outcome and impact levels by sex and age.

Integrate indicators that are gender-specific for both content and quality.

Conduct a Knowledge, Attitudes and Practices (KAP) survey to collect baseline information. This can help measure behaviour change.

Monitoring and evaluation teams include men and women.

Analyze and report on how programme has impacted women, men, boys and girls; gender roles and relations in baseline, monitoring, and evaluation reports.

Ensure monitoring and evaluation processes adhere to ethical and safety recommendations appropriate to project interventions, e.g. WHO Ethical and Safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

Project information systems and databases should have the capacity to store data disaggregated by sex and age.

GENDER-RESPONSIVE HEALTH, HIV & TB PROGRAMMING

While men, women, boys and girls face health challenges, the risks and vulnerabilities throughout their lifetimes are not the same. Health risks and vulnerabilities vary depending on the sex, age, and gender norms within the society. They also differ between low and high income countries. Gender inequality at all levels contributes to ill-health for both sexes, but ill-health among girls and women impacts not only them, but future generations (WHO, 2009). In low-income countries, over 38% of female deaths can be attributed to communicable diseases (lower respiratory tract infections, diarrheal diseases, and HIV and AIDS) or conditions associated with maternal or perinatal conditions (WHO, 2009). Differences between males and females emerge at a young age in ways that have long- term implications for mental and physical health. For example, girls are exposed to more abuse than boys, may be subjected to female genital mutilation/cutting, early marriage, and are less likely to attend school. Limited education (only 47% of women in Nigeria are literate) reduces a woman's access to health information and employment opportunities, as well as her ability to care for her future children. Women (and girls) not only provide most of the non-formal health care in community settings, but are the backbone of the health care system. Women working in the health sector often hold lower-skilled jobs, face more harassment in the workplace, and have an increased risk of exposure to occupational hazards such as needle sticks and workplace violence. As a result of their lower socio- economic status, women may be unable to access health care due to lack of control over the decision-making process, lack of availability, distance to services, or the cost of care. Poor quality of care, including lack of confidentiality, lack of privacy, and lack of appropriate services may also limit health-seeking behaviors (WHO, 2009). Recently Co-Chair of the Bill and Melinda Gates Foundation, Mr. Bill Gates, had said Nigeria is one of the most dangerous places in the world to give birth and 4th country with the worst maternal mortality rate ahead only of Sierra Leone, Central African Republic and Chad. According to the World Bank estimates, Nigeria's Maternal Mortality Rate, MMR is still as high as 821 per 100,000 live births. Worst still, of the 303,000 women that died globally due to complications of pregnancy and child births in 2015, 58,000 women died in Nigeria. Social norms often condone or encourage multiple concurrent sexual partners for men, increasing the risk for sexually transmitted infections (STIs) and HIV. There are significant gender differences related to HIV. Gender norms for males and females contribute to practices that exacerbate the spread of HIV and determine its impact on each individual. Demographic and Health Surveys in Southern Africa show that women are more infected and affected by HIV than men. This is largely because HIV is both a cause and effect of gender inequality and gender-based violence.

An opportunity for good health and access to health services is a right of men, women, boys and girls. Without developing systems to support the economic, educational, cultural, social and political empowerment of women, power imbalances will remain, thus making good health difficult to achieve.

WHAT ARE THE ESSENTIAL ELEMENTS OF INTEGRATING GENDER CONSIDERATIONS INTO HEALTH PROGRAMMING?

Consider implication for health-related activities - care-seeking, water, sanitation and hygiene (WASH), Maternal and Child Health (MCH), etc. Understand the power imbalances that exist at the multiple levels (e.g., individual, household, community, health system, policies) that impact health status, risks and vulnerabilities. Understand predominant gender norms that may impact health or health-seeking behaviour. Work with communities to identify harmful norms and explore culturally appropriate alternatives to them. Collect sex and age disaggregated data and use it to make programmatic decisions to address gender issues within the project and beyond. Encourage the constructive engagement of men and boys in activities to improve health in traditional and non-traditional areas, e.g., activities for the improvement of maternal and child health. Community behaviour change and communication activities should be culturally appropriate, rooted in traditions and considerate of non-harmful gender roles. Promote and support universal education on gender equality.

Ensure equitable access to prevention, treatment, care and support for men, women, boys and girls. Ensure that standard protocols are in line with international standards for equitable access to services and benefits. Consider changes in the health care system that could improve health seeking behaviour,

e .g ., introduction of mobile services, cost reductions, improved privacy, etc. The changes would need to be at different levels of the health system (national, state, local, and community levels.) Ensure equal access to health information for men, women, boys and girls. Increase education and involvement of men to stop sexual and other forms of violence and coercion in homes, workplaces, and communities. Encourage the integration of gender based violence services into health services.

KEY CONSIDERATIONS

Advocate for equitable access to health resources (human, financial, technical, educational, medical supplies, research agendas) to respond to health needs. Make WASH programming more gender and age-sensitive (e.g., incorporate gender analysis into design and placement of latrines, style and location of boreholes, etc.) Integrate gender elements into all health-related education (e.g., consider education around who sleeps under bed nets, nutrition). Integrate gender education into TB and NTD programmes.