



GENDER EQUALITY STRATEGY

2024-2029



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Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSW	Commission on the Status of Women
FGM	Female Genital Mutilation
FLWs	Frontline Workers
GAF	Gender Analysis Framework
GAM	Gender Analysis Markers
GAP	Gender Action Plan
GBV	Gender-based Violence
GCs	Gender Champions
GEDI	Gender, Equity, Diversity and Inclusion
GSC	Gender Steering Committee
GTF	Gender Task Force
IGWG	Inter-agency Gender Working Group
IHAT	India Health Action Trust
M&E	Monitoring and Evaluation
RGA	Rapid Gender Analysis
RMNCAH+N	Reproductive, Maternal, Neonatal, Child Health and Nutrition
SDGs	Sustainable Development Goals
STIs	Sexually Transmitted Infections
ToR	Terms of Reference
UM	University of Manitoba
WHO	World Health Organization

Message from the Managing Trustee

At IHAT, our vision is rooted in the core principles of gender equality, health equity, and high public health standards. We regard gender equality not just as a goal, but as a fundamental human right. Over the years, we have consistently worked to dismantle harmful gender norms, advance gender equity, and champion gender equality as a driver of improved public health outcomes.

Despite progress, gender disparities persist, continuing to impede health outcomes and social development. This Gender Equality Strategy outlines IHAT's approach to gender mainstreaming and integration in our organisational processes and programmes. It particularly places emphasis on gender-sensitive policies, mainstreaming gender considerations, and ensuring gender integration within all programmes.

Specifically, we are committed to several key areas:

- **Building a gender-inclusive workplace:** Continue to nurture a respectful and equitable environment through inclusive policies, capacity building initiatives, and gender-responsive practices that ensure all staff feel valued and supported.
- **Empowering our teams:** Implement innovative ways to equip our staff with the knowledge and tools needed to design and implement gender-transformative programmes, embedding gender considerations at every stage of the project lifecycle.
- **Prioritising gender analysis:** Prioritise the incorporation of gender analysis across all of our programmes, particularly at the community, facility, and health systems strengthening levels, ensuring our interventions address the root causes of inequality.
- **Championing gender equality:** Strengthen our engagement with government, partners, and stakeholders to create an enabling environment that fosters systemic changes to remove barriers (equity) and ensure equal opportunities (equality).

This strategy reflects IHAT's unwavering commitment to addressing gender barriers and achieving health equity. By integrating gender perspectives into all facets of our work, we aim to deliver health programmes that are more effective, inclusive, and just.

We invite you to join us on this transformative journey and in the realisation of UN Sustainable Development Goal (SDG) 5, which is dedicated to the empowerment of all women and girls.

Together, we can build a future where everyone, regardless of gender, enjoys good health and well-being.

Dr Shajy K. Isac
Managing Trustee and Treasurer
India Health Action Trust

Foreword

At IHAT, we stand firm in our commitment to health equity, recognising that true equity is achieved when everyone, regardless of gender identity, has the resources and opportunities to achieve their full health potential. Gender equality is not just an aspiration; it is a fundamental human right and a cornerstone of sustainable development.

Despite significant progress, gender inequality, harmful social norms, and stigma continue to hinder sustainable development and the achievement of the UN Sustainable Development Goal (SDG) 5, which is dedicated to the empowerment of all women and girls.

In alignment with our mission to “meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities,” I am honoured to present the IHAT Gender Equality Strategy (2024–2029). This strategy underscores our unwavering commitment to integrating gender considerations at every level of the organisation—across our workplace culture, internal policies and programmes. It also reinforces our dedication to transparency and accountability in all that we do.

The key components of our approach include:

- > Fostering an inclusive, respectful, and equitable work environment
- > Embedding gender-responsive approaches in programme design, implementation, and evaluation to ensure our interventions effectively address systemic disparities
- > Collaborating with stakeholders to build sustainable and inclusive health systems that promote gender equity at all levels.

We are deeply grateful for the trust and collaboration of our community platforms, stakeholders, partners, and donors. Their support has been instrumental in helping us challenge pervasive gender norms and stigma, particularly in the underserved regions of India.

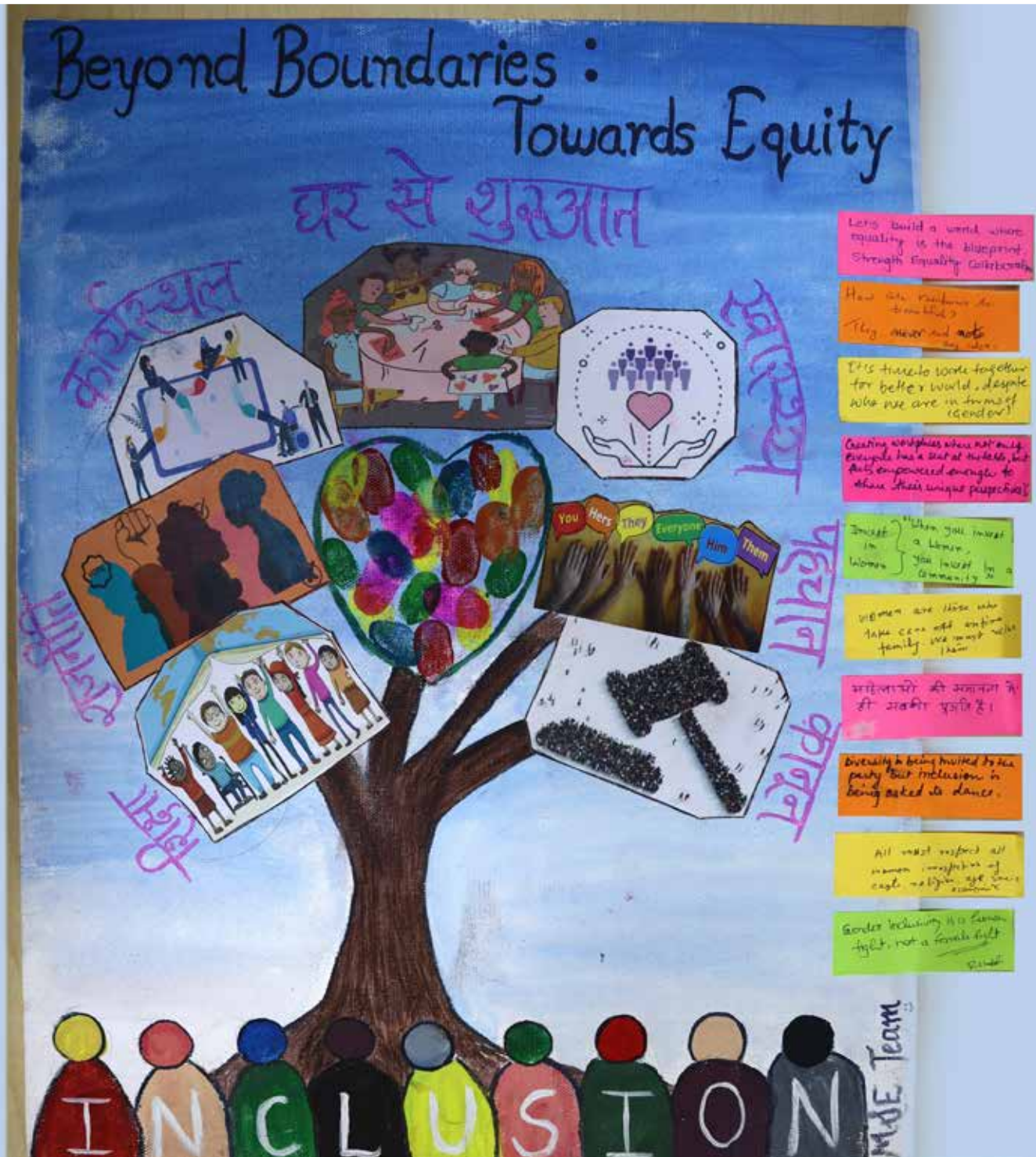
Finally, we extend our heartfelt gratitude to the communities we serve. Their resilience, participation, and leadership have been the driving force behind our initiatives. As we move forward, they remain at the heart of our work, inspiring us to continue striving for the transformative and lasting change. Together, we can build a future where everyone, regardless of gender, enjoys equal rights, good health, and the opportunity to thrive.

Ms Meena Narula
Chief Executive Officer
India Health Action Trust

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About India Health Action Trust

India Health Action Trust (IHAT), a Trust working for public good, is registered under section 12AB of the Income Tax. IHAT's vision is to meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities. IHAT works to reduce inequities by developing comprehensive and sustainable programmes to improve population health. Since its inception, IHAT has been working closely with the Government of India and state governments, including Karnataka, Uttar Pradesh, Madhya Pradesh, Rajasthan, Delhi and Bihar to achieve public health goals. Our work is focused in the areas of prevention and control of HIV and Tuberculosis, in improving Reproductive, Maternal, Neonatal and Child Health, improved Nutrition among mothers and children, and strengthening health systems. We use program science to optimise and scale public health programmes while partnering with the governments and communities.



To achieve its vision of reducing health and social disparities—such as unequal access to healthcare, maternal and child health inequities, and gaps in disease prevention—IHAT anchors its work in three core strategies.

Approach 1 **Program Science Approach: Getting Research Out of Programs and into Practice**



Program Science is the “systematic application of theoretical and empirical scientific knowledge to improve the design, implementation, and evaluation of public health programmes”.

- > It brings together programme implementers, academicians, researchers, and community members in a continuous learning cycle of strategic planning, programme implementation, and monitoring and evaluation (M&E).
- > Program Science uses insights from programme implementation to identify key research priorities and questions. These insights are continuously reintegrated into programme design, delivery, and evaluation to improve impact.

This approach aims to identify and implement the most effective strategies for specific populations, ensuring timely, scalable, and resource-efficient interventions that enhance public health outcomes.



Approach 2



Embedded Technical Support: Partnering for Development of Sustainable and Scalable Programmes to Achieve Population-level Impact

We partner with governments to provide techno-managerial support, strengthening health services at the community, facility and system levels.

- > **Strategic Analysis and Planning:** Strengthening data-driven programme planning, implementation, and adaptive programming through robust monitoring and evaluation (M&E).
- > **Capacity Building:** Providing training and mentorship for government staff and community health workers.
- > **Influence:** Influencing policies and mobilising communities for sustainable impact.

Two Models of Embedded Technical Support:



Technical Support

Unit: Providing comprehensive support to the government in both programme planning and large-scale implementation.



Innovation Hub:

Addressing local health challenges by identifying, adapting, and scaling best practices or developing learning-focused interventions.



Approach 3 Continuum of Care: A Comprehensive Community-focused Approach



- > A comprehensive continuum of care, spanning health promotion, prevention, treatment, and ongoing support.
- > An integrated system of care combining biomedical, social and structural interventions to effectively meet community needs.
- > We aim to improve availability, quality and utilisation of health services across the continuum of care.

IHAT's multi-state experience in addressing health inequalities by strengthening the public health system over the past two decades, has highlighted the critical role of gender norms and power dynamics in shaping the health outcomes. This led to the development of the Theory of Change (ToC)¹ in early 2023 to strengthen the integration of gender responsive approaches into the ongoing programmes and design and implement new programmes and operations that are gender transformative in their approach.

To support this, IHAT developed the Gender Analysis Framework (GAF)² in 2023 as a key tool to identify and address how gender impacts access to and utilisation of health services.

A cornerstone of IHAT's approach is its commitment to gender equality, demonstrated through the co-development and application of the IHAT-University of Manitoba (UM)³ GAF. This tool assesses gender-related barriers to healthcare access, allowing IHAT to identify inequities, and design targeted interventions.

¹ <https://www.ihat.in/resources/theory-of-change-gender-integration>

² <https://www.ihat.in/resources/gender-analysis-framework/>

³ University of Manitoba is a longstanding technical and funding partner of IHAT



Building on the GAF, IHAT developed the Gender Integration Approach⁴ to systematically embed gender considerations across all levels of programming. This approach operationalises the framework's findings by categorising interventions into three levels⁵:

- > **Broad Interventions:** Implemented at the state level, these interventions drive systemic change by sensitising service providers and frontline workers (FLWs). Designed for sustainability and scalability, they integrate gender awareness into routine training and capacity-building efforts across all cadres.
- > **Targeted Interventions:** Focused on specific geographies with inequitable programme coverage, these interventions address localised gender-related barriers to healthcare access.
- > **Immersive Interventions:** Piloted in select blocks, these interventions aim to gain an in-depth understanding of gender issues and test innovative solutions for integration.

The Gender Integration Approach not only ensures that insights from the GAF are acted upon but also enables IHAT to adapt and refine interventions and operations across diverse contexts. This dual focus on analysis and integration underscores IHAT's dedication to fostering gender-transformative health systems while advancing equitable health outcomes.

Although the GAF and Gender Integration Approach have effectively tackled gender-related barriers, IHAT recognised the need for a more comprehensive, organisation-wide strategy to fully mainstream gender equality. This led to the creation of this Gender Equality Strategy, a roadmap for embedding gender-transformative practices across all aspects of IHAT's work.

This Strategy builds on the Gender Analysis Framework and Gender Integration Approach, adapting them to reflect the scale, complexity, and learnings from IHAT's multi-state work. It evolved over time, informed by lessons from applying the framework and approach to existing datasets and programmes to identify gaps and conduct root cause analyses.

The strategy reflects IHAT's commitment to addressing gender norms and inequalities that disproportionately affect women, girls, gender-diverse individuals, and other marginalised populations. IHAT remains committed to challenging harmful gender norms, promoting structural changes, and driving systemic shifts to achieve lasting health equity and empowerment for all.

This Strategy follows a systemic approach—not only addressing gender inequality in programme delivery, but also embedding it into IHAT's internal culture, partnerships, and leadership.

This chapter reflected on IHAT's internal evolution informed by what has worked – and what has not – within its programmes and operations; Chapter 2 situates IHAT's work within the global gender equality frameworks. Together, these lessons provide the practical grounding for a more integrated and transformative gender strategy.

⁴ <https://www.ihat.in/resources/gender-integration-pathway/#:~:text=The%20UoM%2DIHAT%20Gender%20Analysis%20Framework%20is%20designed%20to%20systematically,coverage%20based%20on%20individuals'%20gender.>

⁵ <https://www.ihat.in/resources/theory-of-change-gender-integration/>

2 IHAT Gender Equality Strategy: Rationale



Gender equality ensures that all individuals, regardless of gender or societal norms, have equal rights, opportunities, and treatment. It seeks to remove systemic barriers, ensuring equal access to resources and opportunities, as well as autonomy in their use. As a fundamental human right, gender equality fosters an environment where everyone can reach their full potential and actively contribute to a just and equitable society.



Gender inequality limits access to health, education, economic autonomy, and overall development opportunities. Deeply rooted patriarchal structures reinforce these inequalities, disproportionately affecting women, girls, and gender-diverse individuals, particularly those experiencing multiple forms of marginalisation. These disparities restrict their decision-making power, mobility, visibility, and access to essential resources, increasing their vulnerability to gender-based violence (GBV), discrimination, and exclusion.

International frameworks have long played a key role in advancing the principle of gender equality. The **Universal Declaration of Human Rights** (1948)⁶ laid the foundation for recognising gender equality as a fundamental human right. This was followed by the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)**⁷, establishing clear legal standards to address gender-based discrimination. Other pivotal platforms, such as the **Beijing Declaration and Platform for Action**⁸, have further strengthened this commitment by outlining global strategies to advance gender equality. The United Nations Commission on the Status of Women (CSW)⁹ provides a forum for policy development on women's issues, while the Sustainable Development Goals (SDGs), particularly SDG 5¹⁰, underscore the importance of gender equality in achieving broader global goals. The **UNAIDS Action Framework on Women, Girls, Gender Equality, and HIV**¹¹ highlights the intersection of gender and health, with a focus on vulnerable populations.

Collectively, these global initiatives emphasise the need for a coordinated, multi-level approach to dismantling gender inequality and fostering systemic change across sectors.

IHAT's Gender Equality Strategy is grounded not only in these international frameworks but also reflects their call for transformative action across systems and institutions. IHAT adopts a twin-track approach—applying its guiding principles equally to its internal organisational culture and programmatic interventions informed by the insights from its cross-sectional experience. This ensures gender equality as a programmatic objective and a core institutional value.

This strategy takes a proactive stance on addressing gender disparities across the gender continuum, ensuring that the diverse and evolving needs of different genders are recognised and addressed, IHAT integrates gender considerations into its policies, programmes, and activities, using an intersectional lens to address disparities linked to ability, religion, caste, and economic status. This approach helps to identify and tackle the multiple layers of disadvantage faced by marginalised populations.

IHAT policies and programmes continue to challenge these harmful systems and promote gender-transformative approaches. IHAT is committed to ensuring that all individuals, regardless of gender or intersecting inequalities, have the agency, autonomy, and opportunity to thrive.

⁶ Universal Declaration of Human Rights | United Nations.

⁷ Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 | OHCHR.

⁸ Beijing Declaration and Platform for Action, Beijing +5 Political Declaration and Outcome | UN Women – Headquarters.

⁹ Commission on the Status of Women | UN Women – Headquarters.

¹⁰ THE 17 GOALS | Sustainable Development (un.org).

¹¹ UNAIDS Action Framework (unfpa.org).

IHAT's Gender Equality Strategy is informed by key global frameworks, including the Bill & Melinda Gates Foundation's Gender Integration Toolbox,¹² which emphasises gender-intentional and transformative programming. It also aligns with the World Health Organization's (WHO's) Gender and Health Programming,¹³ which focuses on integrating gender equality across health systems to improve health outcomes for all. Additionally, the strategy integrates evidence-based best practices from the Inter-Agency Gender Working Group (IGWG)¹⁴ to advance gender equity in IHAT's health programmes.

This strategy also supports the Government of India's commitment to gender equality in health, reinforcing national efforts to reduce gender disparities in healthcare access and promote equitable health services. It places particular emphasis on addressing reproductive morbidities and expanding access to healthcare for women beyond reproductive age.

The SDGs underscore the urgent need for a Gender Equality Strategy to address systemic inequalities and advance health and social equity. **SDG 3 (Good Health and Well-Being)** highlights the importance of reducing maternal mortality and preventable deaths of newborns and children, recognising that gender disparities often deepen health inequities. **SDG 5 (Gender Equality)** calls for removing systemic barriers that sustain discrimination and exclusion, reinforcing the value of gender-responsive approaches for lasting change. **SDG 17 (Partnerships for the Goals)** emphasises the role of collaboration in driving innovation, sharing resources, and mobilising collective action to solve complex challenges.

Aligned with these global priorities, IHAT's Gender Equality Strategy embeds equity across policies and programmes, addressing intersecting disadvantages to ensure that no one is left behind on the path to sustainable development. This strategy contributes to the SDGs by advancing specific targets, such as reducing maternal mortality (SDG 3.1) and ending preventable child and newborn deaths (SDG 3.2); promoting gender equality (SDG 5); and strengthening partnerships for gender and health equity (SDG 17).



A central pillar of the strategy is gender mainstreaming: - integrating gender considerations into all aspects of IHAT's policies, programmes, and operations. By applying an intersectional lens—recognising how caste, sexual orientation, disability, religion, and economic status intersect with gender—IHAT works to identify and address multiple layers of exclusion and inequality.



Achieving these long-term goals requires continuous reflection through **monitoring, evaluation, and learning** systems that track progress and inform continuous improvement. Ultimately, this strategy provides a roadmap for **addressing unequal power dynamics**, advancing inclusive policies, and realising sustainable health and social outcomes that ensure no one is left behind.

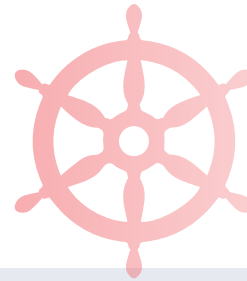


¹² <https://www.gatesgenderequalitytoolbox.org/wp-content/uploads/BMGF-Gender-Integration-SUITE.pdf>

¹³ Gender (who.int)

¹⁴ <https://www.igwg.org/>

3 Guiding Principles



IHAT's Core Principles for Gender Equality Strategy



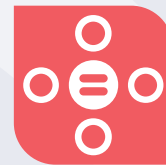
Promote Gender Equality and Inclusion

Adopting a twin-track approach, IHAT focuses on both institutional (workplace) initiatives and programmatic strategies grounded in a Program Science framework. This approach ensures a comprehensive and coherent response to gender issues at all levels of the organisation and its programmes.



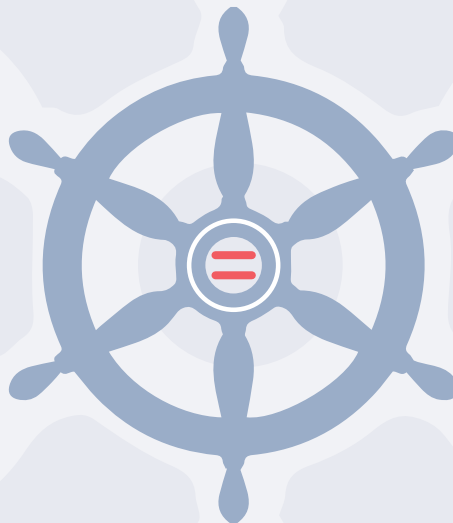
Empowerment

IHAT is committed to strengthening individual agency by raising awareness, building self-confidence, and expanding choices. Empowerment involves not only resources, but also transforming the structures and institutions that perpetuate gender discrimination and inequality.



Equity

Achieving true equality often requires equity—providing differentiated support to counteract existing biases and disadvantages. IHAT's approach focuses on addressing disparities arising from gender roles, norms, and other social determinants, ensuring tailored interventions that enable all individuals to thrive.



Participation in Decision-Making

IHAT believes in enabling all individuals to actively participate in decisions that affect their lives. We work to addressing and rectifying imbalances in power and authority, ensuring that everyone has a meaningful voice in matters concerning their well-being and development.



Non-Discrimination

IHAT is committed to treating all individuals fairly and equitably, regardless of gender, caste, ability, religion, or any other identity or characteristic.



Access to Resources

By promoting equitable distribution of essential resources, IHAT actively works to eliminate disparities in access, utilisation, and opportunity. The goal is to enable holistic growth and development, particularly by addressing inequalities shaped by gender and other intersecting factors.

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IHAT's Approach to Gender Equality: Our Commitment



IHAT is committed to advancing gender equality through programmes and policies that are explicitly gender-responsive. Gender considerations are systematically integrated into the design, implementation, and evaluation of all initiatives to ensure equitable outcomes. IHAT is equally committed to evolving its workplace to be more diverse, inclusive, and equitable by embodying values of dignity, equity, and collective power.

Aligned with UNICEF's definition of gender-responsive programming, IHAT's approach actively addresses the needs of people across the gender continuum in key areas such as project design, staffing, messaging and monitoring. By recognising gender-based differences, empowering women and girls, and safeguarding their rights and well-being, IHAT fosters inclusive and transformative change.



IHAT's Commitment to Gender Inclusivity

IHAT is committed to gender inclusivity by addressing the needs of women, girls, and marginalised gender groups across all aspects of our work - policies, programmes, monitoring and evaluation, communications, human resources and representation. While empowering women and girls remains central to our approach, we also recognise and address the broader spectrum of gender identities and the unique challenges faced by marginalised groups.

By integrating intersectional perspectives, IHAT ensures that all individuals—regardless of gender identity—have equitable access to opportunities, resources, and rights. This approach seeks to dismantle systemic inequities and create inclusive spaces, reinforcing our mission to promote well-being for all.

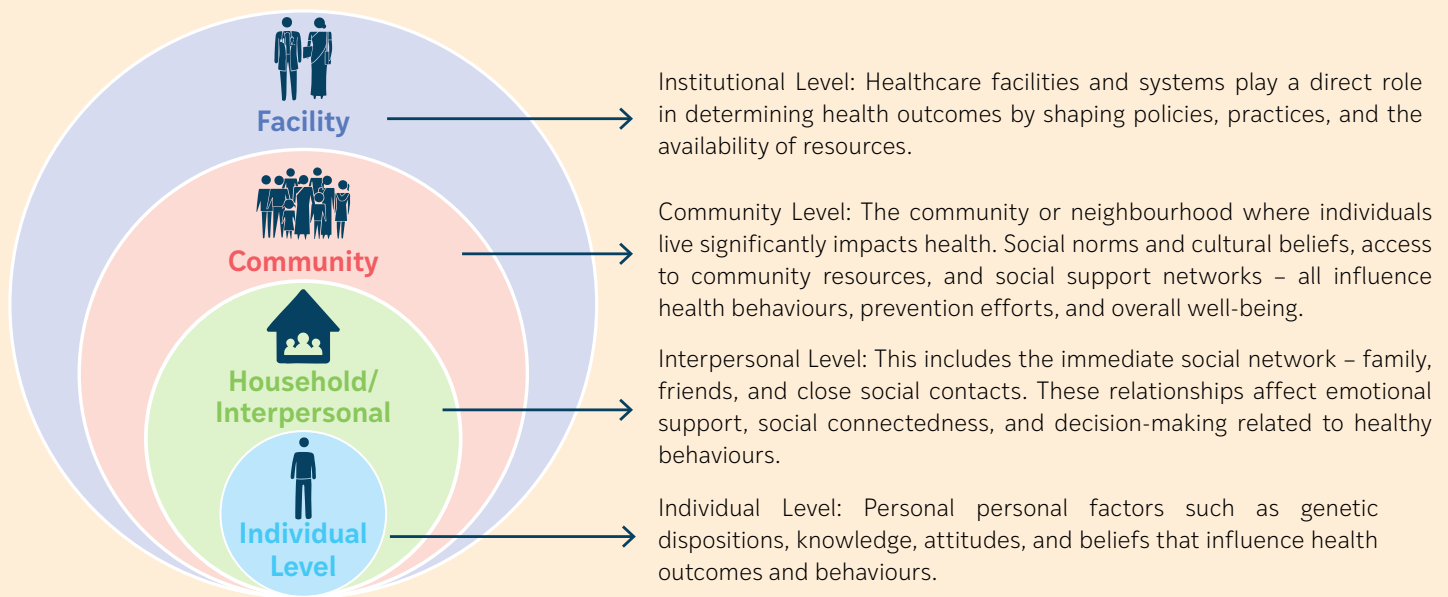
Building on this foundation, IHAT's Gender Equality Strategy aligns with these principles by focusing on health equity. The strategy aims to address gender disparities and intersecting inequalities at three key levels.

- > **Community level:** IHAT prioritises empowering vulnerable populations to make informed choices about Reproductive, Maternal, Neonatal, Child Health, and Nutrition (RMNCAH+N) services. Our strategy ensures:
 - Equitable access to health services and information
 - Targeted outreach programmes to reach marginalised communities
 - Capacity-building of frontline workers (FLWs) in gender-responsive approaches
 - Challenging harmful gender norms that limit health-seeking behaviours
 - Engaging families and community stakeholders to foster supportive environments.

- > **Facilities:** IHAT is committed to ensuring gender-inclusive healthcare spaces where all individuals feel respected and valued. Our approach includes:
 - Training healthcare providers to recognise and address gender biases in service delivery.
 - Tailoring sexual and reproductive health services to meet the needs of all genders across the life course.
 - Increasing representation of women and marginalised genders in healthcare leadership roles.
 - Fostering diverse perspectives in decision-making to drive equitable health outcomes.

- > **Systems Strengthening and Policy Influence:** IHAT supports gender-responsive health policies that prioritise equity and inclusion by:
 - Collaborating with governments & policymakers to address gender-specific challenges such as
 - gender-based violence (GBV),
 - restricted reproductive rights,
 - barriers to maternal health services and contraception access.
 - Influencing legal frameworks that protect individuals from gender-based discrimination in healthcare
 - Ensuring universal access to quality health services, particularly for those facing intersecting inequalities.

Figure 1: The Ecological Framework



Facility Level: Building Inclusive Health Systems

- > **Gender-responsive Policies:** Develop and implement health policies that prioritise equity, inclusion, and safeguarding. Ensure policies address gender specific challenges and leverage existing legal frameworks to promote accountability and protect rights.
- > **Training and Development:** Provide continuous capacity building for healthcare providers to recognise and address gender biases, promote respectful, non-discriminatory, equitable care across all life stages.
- > **Gender-inclusive Spaces:** Design and maintain healthcare facilities that are safe, inclusive and non discriminatory. Ensure privacy, respect and dignity for all individuals accessing care.
- > **Leadership Representation:** Increase the representation of women and marginalised genders in leadership within healthcare systems and ensure diverse perspectives are integrated into decision-making.
- > **Tailored Health Services:** Develop and expand inclusive health services that meet the needs of diverse gender groups. This includes broadening the scope of sexual and reproductive health services beyond traditional demographic categories to be more comprehensive and responsive.
- > **Multi-sectoral Collaboration:** Partner with government agencies, NGOs, and multilateral organisations to drive systemic change. Engage stakeholders at the state, district, and block levels to align health systems with gender equity goals and ensure sustained impact.

Community Level: Driving Collective Change

- > **Targeted Outreach and Capacity Building:** Implement community-based programmes that train FLWs to effectively engage with families and individuals, address gender biases, and foster inclusivity.
- > **Engagement with Community Stakeholders:** Partner with local leaders, community groups, and institutions to challenge harmful gender norms; promote health-seeking behaviours for all genders.
- > **Engaging Community Role Models:** Identify influential men, women, and families as gender equity role models; empower them to engage communities that uphold restrictive gender norms; enhance women’s decision-making power and encourage men as allies in advancing equitable health practices.
- > **Empowering Marginalised Populations:** Provide tailored support to vulnerable groups, including women, girls, men, boys, and gender-diverse individuals; equip them to make informed health decisions and serve as agents of change in shifting harmful gender and social norms.

Household/Interpersonal Level: Shaping Equitable Environments

- > **Empowering Family Dynamics:** Support households in fostering gender-equitable decision-making around health and well-being; address power relations within families that influence health-seeking behaviours.
- > **Addressing Gender Roles & Power Dynamics:** Examine and challenge traditional gender roles that reinforce inequalities; promote shared responsibilities in caregiving and household decision-making.
- > **Gender Equality Awareness:** Engage partners and key household influencers to advocate for equitable health practices; ensure both men and women actively participate in healthcare decisions.
- > **Engaging Men as Allies:** Promote male allyship in power-sharing to enhance women's participation in decision-making; encourage greater financial and social support for women's access to healthcare.

Individual Level: Strengthening Agency & Decision-Making

- > **Increasing Access to Health Information:** Ensure health information is accessible, clear, and tailored for women and marginalised groups; promote digital health tools to enhance access to essential health knowledge.
- > **Fostering Negotiation Skills:** Build individuals' confidence to negotiate roles, responsibilities, and resource control; equip frontline workers (FLWs) to support empowerment and negotiation strategies.
- > **Encouraging Participation in Decision-Making:** Create platforms that enable marginalised groups to engage in healthcare decisions; promote informed choices and autonomy in health-related matters.

While the ecological framework highlights the multiple levels of environment, systems and community influences, IHAT recognises that achieving transformative organisational change requires active engagement with its internal ecosystem. This strategy encourages reviewing and initiating change within IHAT's policies, workplace interactions, leadership styles, and decision processes. IHAT aims to model gender transformative change not only through its programmatic interventions but also within its organisation culture.

Advancing Gender Equity: A Continuum-Based Approach

This strategy will operate across the gender integration continuum, incorporating gender-sensitive, gender-responsive, and gender-transformative approaches while actively addressing and moving beyond gender-blind and gender-neutral practices.

Identifying & Correcting Gender-Blind Practices

- > Gender-blind approaches overlook gender differences and often reinforce harmful norms.
- > IHAT will identify and strategically correct these gaps to ensure interventions are consciously gender-inclusive.

Evaluating & Enhancing Neutral Interventions

- > Programmes that currently lack a differential impact on men, women, and gender-diverse individuals will be evaluated, modified, and tailored to address existing gender and intersecting disparities.
- > This ensures that health services and resources meet the specific needs of all individuals, regardless of gender.

Implementing Gender-Responsive Strategies

- > Beyond recognising gender differences, IHAT will actively work to reduce inequalities. Example: Healthcare delivery models will be adapted to be more inclusive and responsive to the diverse health challenges of different populations.

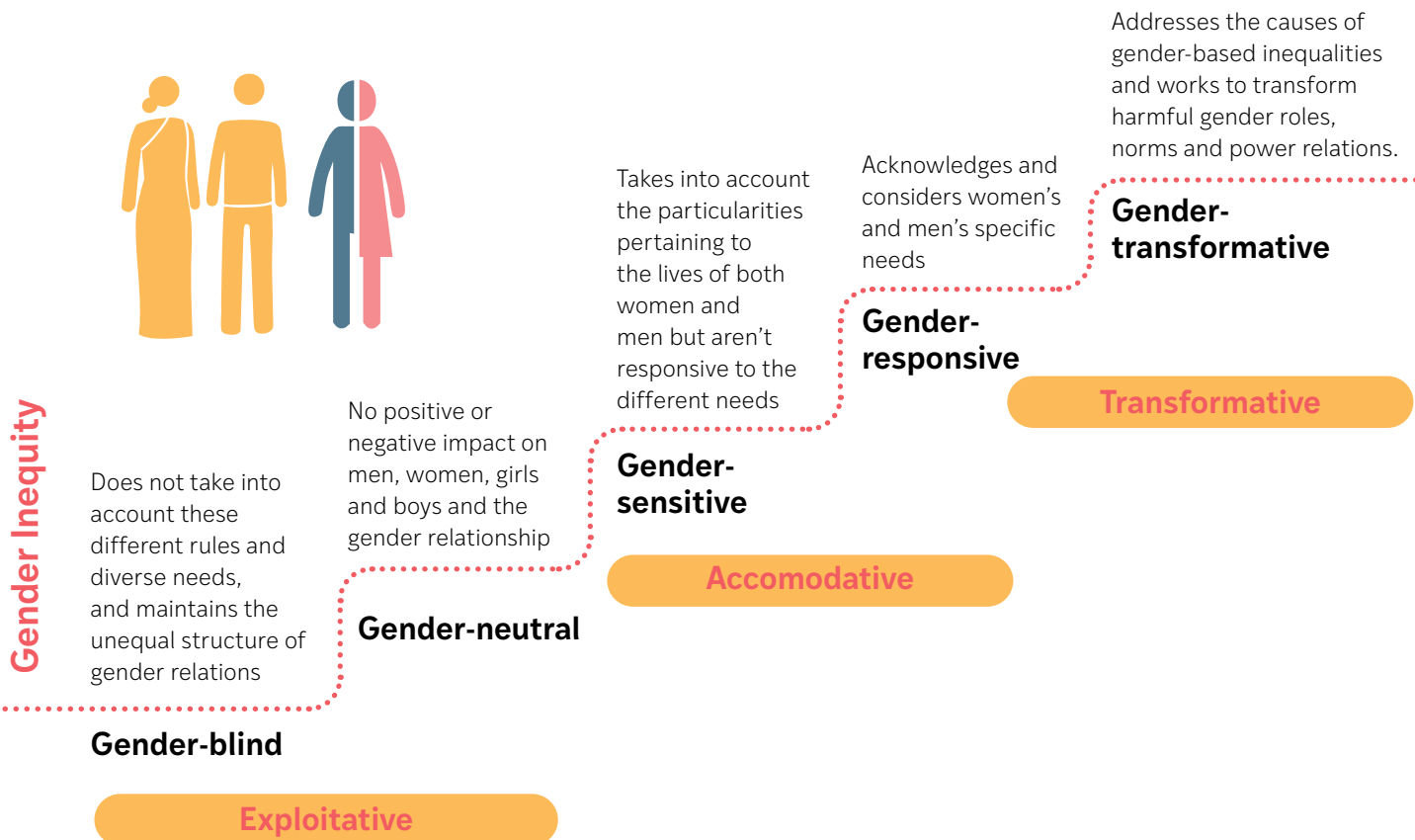
Promoting Gender-Transformative Change

- > Challenge harmful gender norms and power dynamics to ensure a sustainable shift toward gender equity.
- > Embedding gender equity within healthcare systems and policies to move from merely recognising disparities to actively transforming systems and communities for lasting, systemic impact.

The Gender Equity Continuum

The gender integration continuum is a strategic framework guiding the systematic inclusion of gender considerations in programmes and policies.¹⁵ It facilitates the shift from gender-blind approaches—which overlook gender differences—to gender-aware and gender-responsive initiatives that actively address gender-related constraints and opportunities. The ultimate goal is to develop gender-transformative programming that challenges power imbalances and fosters equitable health and development outcomes.¹⁶

IHAT’s organisational journey mirrors this continuum, evolving from gender-neutral policies and practices towards becoming more gender-responsive, both programmatically and culturally. This evolution—from neutral HR policies to fostering diverse representation and an inclusive culture—reflects IHAT’s commitment to challenging entrenched power structures and driving normative change. The current strategy marks a deliberate move towards gender-transformative approaches.

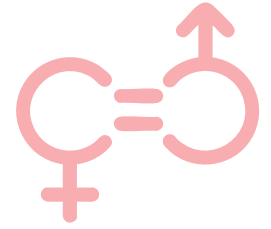


¹⁵ Adapted from: [https://www.unicef.org/media/58196/file/Gender | INEE](https://www.unicef.org/media/58196/file/Gender%20INEE).

¹⁶ IGWG_2017_Gender-Integration-Continuum; PDF (prevention-collaborative.org)



5 IHAT and Gender Equality



IHAT is committed to transforming the lives of vulnerable and marginalised people by addressing health and social inequities. Recognising both the responsibility and the transformative potential of gender equality, IHAT has developed this Gender Equality Strategy to mainstream gender considerations across all aspects of the organisation's work and programmes.



Guided by the principles of community-centricity, sustainability, and interdisciplinary collaboration, IHAT believes that institutionalising gender equality mechanisms is essential to achieving its vision of health equity for all. By actively engaging with governments and communities, IHAT aims to scale and sustain positive outcomes, ensuring a lasting and meaningful impact.

Aligned with its commitment to scientific rigour and innovation, IHAT continuously refines its approach based on emerging evidence. The organisation fosters creative thinking and continuous improvement by encouraging discussion, debate, and cross-disciplinary collaboration to identify and implement the best solutions.

The Gender Equality Strategy equips IHAT to address diverse gender needs across the continuum, with a strong emphasis on tackling inequalities. This intersectional approach is expected to significantly improve the lives of vulnerable and marginalised populations by addressing intersecting inequalities.



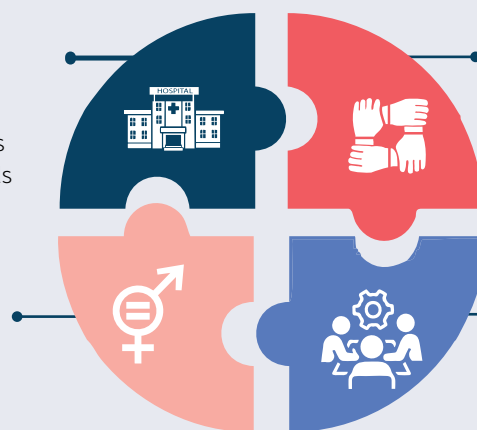
Four Pillars of the Gender Equality Strategy

Equitable Health Agency

IHAT is committed to ensuring that all individuals, in their full diversity, have the agency and opportunity to realise their right to health and well-being. This pillar focuses on empowering individuals to make informed health decisions and access equitable healthcare services.

Implementing the Gender Equality Strategy

A comprehensive set of targeted interventions and actions will be implemented to operationalise each Strategic Objective, ensuring implementation and measurable progress towards achieving gender equality.



Human-Centred Approach

In collaboration with partners and communities, IHAT works to uphold and protect the rights of all individuals, ensuring that gender equality is embedded in policies, programmes, and institutional practices.

Strategic Capacity Building

To drive sustainable change, IHAT has identified four key areas essential for capacity building. Each of these areas is articulated through a Strategic Objective statement.

Gender Equality Strategy: Overview



Vision

Ensure that all individuals, regardless of gender identity, have the opportunity to achieve their right to health and well-being.



Mission

Integrate and promote gender equality across IHAT's health programmes and research by partnering with communities and stakeholders. IHAT is committed to building knowledge, advancing best practices, and generating evidence on the role of gender responsiveness in achieving health equity.

Strategic Objectives

Interventions

Objective #1

Develop and implement gender-transformative organisational policies and processes.

- Conduct a gender review of existing organisational policies.
- Operationalise inclusive and equitable organisational policies and procedures.
- Create awareness and skills among staff to adhere to and implement the policies.
- Institute a system to ensure adherence and regular monitoring of policies and procedures implementation.

Objective #2

IHAT staff understand gender and have the capacity to communicate and integrate gender-transformative approaches into their work.

- Build capacity of staff and stakeholders to understand gender intentional and transformative approaches.
- Develop and provide staff with tools and methods to intentionally and creatively integrate gender into their work and programmes.
- Strengthen capacity of staff to effectively communicate, implement and share lessons learned on gender integration with internal and external audience.

Objective #3

Design and deliver quality gender-transformative programmes and research studies.

- Conduct gender analysis of all IHAT programmes at all stages.
- Design and implement quality and innovative gender-transformative programmes based on gender analysis, with a strong focus on community engagement.
- Monitor the programmes using a gendered framework.

Objective #4

Influence government, partners and other stakeholders to promote and uphold gender-transformative policies.

- Curate and disseminate learnings from implementation in internal and external forums.
- Actively participate in consultations, forums and panels that address health-related gender policies and regulations.
- Support government stakeholders and donors to address gender disparities through policy analysis using program science approach.



5.1 Implementation of Gender Equality Strategy

5.1.1 Strategic Objective 1: IHAT develops, reviews, and implements gender-transformative organisational policies and processes.

IHAT recognises gender inequality as a systemic challenge and is committed to an inclusive, equitable workplace. We ensure equal growth opportunities, promote gender-balanced leadership, and enforce a comprehensive sexual harassment policy supported by a dedicated incident management committee. Our human-centred approach empowers all genders, with plans for an external gender review to evaluate and revise policies. By embedding this framework, we aim to cultivate respect and inclusivity, which will drive employee satisfaction, attract talent, ensure legal compliance, and align with the UN SDGs.

Interventions and Actions

- > **Gender Review:** Assess/introduce policies and procedures for inclusivity and equity.
- > **Inclusive Policies:** Revise or develop policies and procedures to promote a safe, inclusive, fair and respectful workplace.
- > **Awareness and Capacity Building:** Train staff, Gender Task Force (GTF), and Gender Champions (GCs) to support equitable policies.
- > **Monitoring Systems:** Establish systems to track policy and procedures implementation to ensure staff accountability with leadership oversight.

Results Indicators

- > Percentage of organisational policies revised or developed with a gender-transformative lens.
- > Percentage of staff trained on gender-equitable policies and procedures.
- > Number of team engagements and gender reviews conducted and relevant recommendations implemented.
- > Staff feedback and satisfaction on workplace being trusting, inclusive, respectful and fair.
- > Number of certifications obtained on organisational effectiveness, for example: Great Place to Work certificate.

- > Periodic review of staff retention and attrition data, and action taken on any grievances due to policies.

5.1.2 Strategic Objective 2: IHAT staff understand gender and have the capacity to integrate gender-transformative approaches into their work

IHAT is committed to equipping staff at all levels to integrate gender-transformative approaches into programmes. Through workshops, continuous skill development, and active engagement of the GTF and GCs, we ensure our initiatives are responsive to the diverse gender needs within our work.

Interventions and Actions

- > **Integration Tools:** Develop tailored resources, guidelines, and practical tools to support gender-intentional and gender-transformative programming across IHAT's initiatives.
- > **Understanding Gender Issues:** Offer participatory, role-specific training to deepen staff awareness of gender dynamics and provide comprehensive capacity-building support for integrating gender into their work.
- > **Strengthening Communication:** Establish platforms for sharing lessons learned on gender integration, fostering collaboration and knowledge exchange internally and externally.

Results Indicators

- > Percentage of staff conducting gender-analysis.
- > Percentage of staff reporting personal transformation post-training.
- > Percentage of staff completing gender capacity building programmes.
- > Number of programmes and projects incorporating gender-transformative approaches.
- > Frequency of internal knowledge-sharing sessions on gender integration.
- > Percentage of staff reporting increased confidence in implementing gender-responsive strategies.
- > Number of GTF members and GCs identified and actively engaged across the organisation.

5.1.3 Strategic Objective 3: IHAT designs and delivers quality gender-transformative programmes and research studies

IHAT integrates gender analysis to address inequalities and guide the development of responsive strategies across initiatives.

Interventions and Actions

- > **Gender Analysis:** Apply Gender Analysis Markers (GAM) and Rapid Gender Analysis (RGA) to assess gender dynamics in all programmes, including interventions designed during and/or to address emergencies.
- > **Innovative Programmes:** Design need-based initiatives addressing systemic inequalities affecting women and gender minorities.

- > **Monitoring Mechanisms:** Establish and implement frameworks to evaluate the effectiveness of gender integration, continuously improving the strategies used to promote gender equity.

Results Indicators

- > Number of programmes incorporating gender analysis during the design phase.
- > Percentage of programmes achieving gender-related outcomes as defined in the Gender Monitoring Framework.
- > Number of research studies published that focus on gender-transformative approaches.
- > Percentage of programme participants reporting positive changes in gender equity outcomes.
- > Number of innovative practices developed based on insights from gender analysis.

5.1.4 Strategic Objective 4: IHAT engages with government, partners, and stakeholders to promote equity-based gender-transformative policies

IHAT collaborates with government bodies and stakeholders to influence policies and integrate gender modules into health training programmes, fostering dialogue on gender issues.

Interventions and Actions

- > **Curate Learnings:** Document and share best practices on gender integration, creating a resource bank on IHAT's website.
- > **Policy Discussions:** Contribute evidence-based inputs in consultations to shape gender-responsive policies.
- > **Policy Review:** Support government stakeholders and donors to address gender disparities through policy analysis using program science approach.

Results Indicators

- > Number of government policies and regulations influenced through IHAT's efforts.
- > Number of best practices and tools on gender transformation disseminated to external partners.
- > Number of collaborative initiatives or partnerships established to advance gender equality.
- > Frequency of participation in forums and consultations influencing gender-related policies.
- > Percentage of stakeholders reporting increased awareness and commitment to gender-transformative policies due to IHAT's support.

IHAT will integrate SDG-aligned indicators, gather qualitative feedback from staff and participants on gender-transformative initiatives, and conduct longitudinal studies to track gender equity outcomes within the organisation and communities. These efforts will involve the GTF and GCs for effective implementation.

6 Risks and Mitigation Strategies



IHAT will continue to develop its risk and mitigation strategies for the implementation of Gender Equality Strategy, in consultation with the GTF and GCs. This will form a part of the Gender Action Plan (GAP) and its monitoring. Emerging risks will be discussed with the Gender Steering Committee (GSC) for advice and guidance.



Resistance to Change

- a. **Risk:** Staff and stakeholders may resist the adoption of gender-transformative policies and practices, perceiving them as unnecessary or threatening.
- b. **Mitigation Strategies**
 - **Education and Training:** Conduct workshops and training sessions to increase awareness of gender issues and the benefits of transformation.
 - **Engagement:** Involve staff in the development of policies to foster ownership and commitment.
 - **Leadership Support:** Ensure strong backing from organisational leadership to support the strategy.

Insufficient Resources

- a. **Risk:** Lack of funding or human resources may hinder the implementation of gender-transformative programmes and policies.
- b. **Mitigation Strategies**
 - **Resource Allocation:** Prioritise budget allocations for gender initiatives in organisational planning.
 - **Partnerships:** Seek partnerships with NGOs, governmental bodies, and international organisations to access additional funding and expertise.
 - **Grant Applications:** Actively pursue grants focused on gender equity initiatives.

Lack of Capacity

- a. **Risk:** Staff may lack the necessary skills and knowledge to effectively integrate gender-transformative approaches into their work.
- b. **Mitigation Strategies**
 - **Capacity Building:** Develop comprehensive training programmes that include hands-on learning and mentorship.
 - **Knowledge Sharing:** Facilitate regular knowledge-sharing sessions and workshops that allow for peer learning and support.
 - **Expert Consultation:** Bring in gender experts for consultation and training sessions to build internal capacity.

Ineffective Monitoring and Evaluation

- a. **Risk:** Poorly defined indicators and insufficient data collection can lead to ineffective M&E of gender-transformative outcomes.
- b. **Mitigation Strategies**
 - **Clear Indicators:** Establish clear, measurable indicators for success that are aligned with organisational goals.
 - **Regular Reviews:** Establish a schedule for regular reviews of progress against the indicators.
 - **Data Systems:** Invest in robust data collection and management systems to facilitate accurate tracking of gender-related outcomes.

Sustainability Challenges

- a. **Risk:** Gender-transformative initiatives may lack long-term sustainability and could be de-prioritised over time.
- b. **Mitigation Strategies**
 - **Integration into Core Functions:** Embed gender considerations into all organisational policies and processes to ensure they are not seen as standalone initiatives.
 - **Ongoing Policy Support:** Develop an action plan to continually promote gender issues within the organisation and to external stakeholders.
 - **Feedback Mechanisms:** Establish mechanisms for ongoing feedback from staff and end users to keep gender issues at the forefront of organisational priorities.

Inadequate Stakeholder Engagement

- a. **Risk:** Failure to engage relevant stakeholders (e.g., government, community partners, end users) may limit the effectiveness of engagement efforts.
- b. **Mitigation Strategies**
 - **Stakeholder Mapping:** Conduct a thorough stakeholder mapping exercise to identify and engage key players in the gender equality agenda.
 - **Collaborative Initiatives:** Foster partnerships and coalitions to amplify collaborative efforts and share resources.
 - **Communications Strategy:** Develop a comprehensive communications strategy to raise awareness and encourage stakeholder participation.

Unintended Consequences

- a. **Risk:** Initiatives aimed at promoting gender equality could inadvertently reinforce stereotypes or create divisions.
- b. **Mitigation Strategies**
 - **Inclusive Language:** Use inclusive language and framing in all communications and materials.
 - **Continuous Assessment:** Regularly assess the impact of initiatives on different genders and demographics to identify and address unintended consequences.
 - **Flexibility:** Be prepared to adapt initiatives based on feedback and evaluation results to ensure they remain effective and relevant.

Legal and Policy Constraints

- a. **Risk:** Existing laws and organisational policies may not support gender-transformative practices.
- b. **Mitigation Strategies**
 - **Policy Dialogue:** Work with legal experts to strengthen the existing policies and regulations that promote gender equality.
 - **Compliance Checks:** Regularly review organisational policies to ensure compliance with national and international gender equality standards.
 - **Engage Legal Counsel:** Consult legal counsel to navigate potential legal challenges and ensure alignment with gender-sensitive legislation.

Glossary of Terms



1. **Discrimination (Gender Discrimination)** refers to any distinction, exclusion, or restriction made on the basis of sex that impairs or nullifies the recognition, enjoyment, or exercise of women's human rights and fundamental freedoms on an equal basis with men, regardless of marital status. This encompasses political, economic, social, cultural, civil, or any other fields, as outlined in the United Nations' 1979 CEDAW, Article 1.

Discrimination can occur both in law (de jure) and in practice (de facto):

- **De jure discrimination:** Discrimination embedded in legal frameworks, such as laws preventing women from travelling or working without their husband's consent.
- **De facto discrimination:** Discrimination that arises from practice, such as a man and a woman holding the same job and performing the same duties but receiving unequal benefits.

CEDAW addresses both forms, aiming to eliminate gender discrimination in laws, policies, procedures, and everyday practices (Gender Equality - Glossary of Terms and Concepts (UNICEF)).

2. **Employee:** All individuals engaged with IHAT, irrespective of their gender identity, gender expression, or any other characteristic, including but not limited to:
 - **Full-Time and Part-Time Employees:** Individuals employed directly by IHAT, whether on a regular, daily wage, or contractual basis, including those engaged through an agent or contractor, with or without the knowledge of the principal employer, and regardless of whether remuneration is provided.
 - **Associates and Consultants:** Individuals working under a contract or agreement with IHAT, either on-site or remotely.
 - **Volunteers, Interns, and Trainees:** Individuals contributing to IHAT in any capacity, regardless of the nature or duration of their engagement.
3. **Empowerment** is the process of equipping individuals with the knowledge, skills, authority, and opportunities to take control of their lives, while also holding them accountable for their actions and outcomes. It fosters greater motivation and competence, particularly through **economic empowerment**, which enables individuals—especially those living in poverty—to move beyond mere survival. Economic empowerment allows people to take control of resources, make informed life choices, and invest in critical areas such as health and education. It also enhances participation in decision-making and can elevate social status and authority, as seen in microfinance programmes that increase women's influence in both households and markets.

Additionally, empowerment involves strengthening personal, political, social, and economic power within individuals and communities. For women and girls, this means gaining control over their lives through awareness-raising, building self-confidence, expanding choices, and accessing and managing resources. True empowerment goes beyond equal access to education, health, and opportunities; it encompasses the agency to use these assets for strategic decision-making, including participation in leadership roles and political institutions.

At its core, empowerment enables individuals to control their destinies and challenge structures that perpetuate inequality. **Social empowerment** specifically focuses on building autonomy, self-confidence, and the ability to act both individually and collectively to confront social structures that uphold poverty. This process is influenced by individuals' assets (such as land, housing, and savings) and capabilities, including human (health, education), social (belonging, leadership), and psychological (self-esteem, aspiration) factors. Collective assets, such as voice, organisation, and representation, are also essential. However, gender barriers and social norms often limit women's access to these resources, making social empowerment particularly challenging for vulnerable groups.



‘We define empowerment as the expansion of choice and strengthening of voice through the transformation of power relations so women have more control over their lives and futures. Empowerment requires a shift away from seeing women and girls as end users of health and development programmes to viewing them as agents of change for their own individual and collective empowerment. Empowerment is a process of ongoing change through which women and girls expand their aspirations, strengthen their voice and exercise more choice.’ (A conceptual model of Women and Girls Empowerment (BMGF)).

4. **Gender:** Gender refers to the socially constructed roles, behaviours, attributes, and expectations that society assigns to men, women, boys, and girls. These roles and norms evolve over time and differ across cultural contexts. Gender encompasses societal ideas about what is considered appropriate for masculinity and femininity, playing a crucial role in shaping how individuals interact and are perceived.

As a social construct, gender is not fixed, and it produces hierarchies that often lead to inequalities. These inequalities intersect with other factors like ethnicity, socioeconomic status, disability, age, geographic location, gender identity, and sexual orientation, a concept known as **intersectionality**. Gender-based discrimination compounds with these other factors, making it essential to address gender issues in a broader social context.

While **gender** refers to social roles and norms, **sex** is about biological and physiological characteristics, like reproductive organs and chromosomes. Gender and sex are related but distinct from **gender identity**, which reflects an individual's internal sense of their gender, whether or not it aligns with their sex at birth.

In areas like healthcare, gender influences access to resources and services, shaping how people experience care. Gender analysis is important, especially in humanitarian settings, to ensure interventions promote equality and don't exacerbate gender-based inequalities. (Also refer: Gender and Health (WHO)).

5. The **GAP** is a framework that reinforces IHAT's commitment to promoting gender equality and equity within its projects and strategic plans. The document outlines IHAT's workplan to integrate and advance gender equality across all levels of its work - institutionally and integration within programmes, communications and resource mobilisation functions. The document, that will be periodically reviewed and updated, will serve as a roadmap for supporting the achievement of gender equality goals as defined in the SDGs, especially SDG 3.1 and 3.2 and Government of India priorities.
6. **Gender Analysis:** Gender analysis within health systems research seeks to understand how gender power relations create inequities in access to resources, the distribution of labour and roles, social norms and values, and decision-making (Morgan et al. 2016). Gender power relations need to be considered when designing and implementing programmes within the health system to ensure that health systems serve to address gender inequalities and advance health outcomes equitably. There is ample evidence that health systems policy development does not always pay adequate attention to gender and that even when these policies do include gender, good intentions can 'evaporate' when it comes to measurable indicators and actual implementation (Morgan et al. 2016) (Read more at: Gender Analysis in Research for Health Systems Strengthening).
7. **Gender Review:** A Gender Review is a participatory process and tool used to assess the extent to which gender equality is effectively institutionalised in an organisation's policies, programmes, processes, and structures. It identifies strengths, weaknesses, and areas for improvement, aiming to enhance gender mainstreaming and promote gender equality within the organisation. This assessment fosters learning and capacity building by involving staff in examining gender-related issues, promoting accountability, and creating opportunities to improve gender equity outcomes.
8. **Gender-Based Violence (GBV):** GBV is a critical issue that impacts the physical, mental, and social well-being of individuals, particularly women and girls. GBV refers to

any harmful act that is perpetrated against a person based on socially constructed gender differences. This violence not only reflects but reinforces gender inequalities, and can manifest in various forms, including but not limited to:

- i. **Intimate Partner Violence (IPV):** It refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. This is one of the most common forms of violence experienced by women globally.
- ii. **Domestic Violence:** Physical, emotional, or psychological abuse occurring within the family or intimate relationships. This can have severe health consequences, including injury, mental health disorders, or even death.
- iii. **Sexual Violence:** Any non-consensual sexual act or behaviour, including sexual assault, sexual harassment, rape, exploitation, trafficking for sexual purposes, and coercion. Sexual violence can occur in private or public settings and may be perpetrated by intimate partners, acquaintances, or strangers.
- iv. **Trafficking:** The exploitation of individuals through forced labour or sexual slavery, often involving coercion, abduction, or fraud. Trafficking can lead to long-term trauma and various health risks, including sexually transmitted infections (STIs).
- v. **Harmful Traditional Practices:** These include female genital mutilation (FGM), forced or early marriage, and honour killings which are rooted in cultural or religious norms. Such practices are harmful to physical and psychological health and are a form of human rights violation.
- vi. **Forced/Early Marriage:** Marriages that occur without full consent, often involving girls before they are physically or emotionally ready, leading to serious health risks like pregnancy complications and increased vulnerability to domestic violence.

Addressing GBV holistically not only improves individual well-being but also fosters gender equality. In this context, health programming should embed prevention, care, and support for GBV survivors for sustainable development and improved public health outcomes for all.

9. **Gender Equality:** Gender equality refers to equal opportunity for people of all genders to realise their full rights and potential. It aims to transform structural inequalities, behaviour patterns, and social norms, promoting social change and sustainable development. Gender equality requires targeted strategies to eliminate gender-based inequities and ensures that all genders can contribute to and benefit equally from economic, social, cultural, and political development. This concept values both the similarities and differences between women and men, recognising their distinct roles while ensuring equal treatment. Gender equality is not about making men and women identical but about ensuring that their rights, responsibilities, and opportunities are not determined by gender. It considers the diverse needs and priorities of all genders, allowing individuals to make choices free from stereotypes and prejudices. Ultimately, gender equality is a human rights issue and a fundamental prerequisite for sustainable, people-centred development.
10. **Gender Equity:** Gender equity refers to the process of ensuring fairness and justice in treatment for people of all genders. It recognises that individuals, in all their diversity, have different needs and face historical and social disadvantages that prevent them from operating on a level playing field. Gender equity addresses these disparities

through fair and often differential treatment, which may involve special measures to compensate for systemic bias or discrimination.

By addressing gender-specific barriers, equity ensures that both men and women, as well as boys and girls, have equal opportunities not only at the starting point but also in achieving equal outcomes. Ultimately, gender equity is a process that leads to gender equality, the result where all genders have equal rights, responsibilities, and opportunities.

11. **Gender identity:** Gender Identity refers to an individual's deeply felt internal and personal sense of their own gender, which may or may not align with the sex assigned to them at birth. It encompasses a broad range of identities and expressions, including but not limited to men, women, a blend of both, or neither. This internal experience of gender includes not only how an individual perceives himself but also how they wish to express their gender outwardly. This expression can manifest through behaviour, clothing, speech, and mannerisms, and may also involve, if freely chosen, modifications to their body through medical, surgical, hormonal, or other interventions to align their physical appearance with their gender identity.

Gender identity is an essential aspect of a person's overall well-being and is recognised as a fundamental human right. It is important to note that gender identity is distinct from sexual orientation, which pertains to whom one is attracted to, while gender identity is about who one is. Recognising and respecting an individual's gender identity is crucial for promoting health, dignity, and human rights.

12. **Gender Equity Continuum Tool:** This tool is instrumental in guiding gender analysis and programming. Helps assess the impact of development programmes on gender equity, moving from exploitative, accommodative and transformative programming. Gender-transformative programmes not only address existing gender inequalities but actively work to shift harmful norms and promote gender equity, leading to better health and development outcomes.

The continuum spans various levels of gender integration:

- **Gender-blind:** Programmes or policies that fail to recognise the distinct needs, roles, and impacts on different genders. These approaches do not consider how gender dynamics shape experiences and outcomes, often leading to the perpetuation or exacerbation of existing inequalities. By overlooking gender differences, gender-blind approaches risk reinforcing discriminatory practices or missing opportunities to promote gender equity.
- **Gender-neutral:** Programmes or policies that aim to treat all genders equally, without intentionally addressing or reinforcing gender dynamics. While the intention is to avoid bias, these approaches can inadvertently overlook or sideline the different needs and experiences of men, women, and non-binary individuals. As a result, they may still fail to adequately address existing gender inequalities.
- **Gender-aware:** These programmes or policies recognise and acknowledge gender differences and inequalities and take them into account during design and implementation. They understand that men, women, and non-binary individuals face distinct barriers and challenges. While gender-sensitive approaches aim to address these differences, they may not actively challenge or change the underlying norms and power dynamics that perpetuate inequalities. However, they do seek to eliminate inequalities and promote gender equality by ensuring an equitable

distribution of resources and opportunities, considering the gender dimension in all aspects of programming. This approach strives to improve outcomes for all genders by addressing the specific needs of both men and women without necessarily transforming societal norms.

- **Gender-responsive:** Programmes or policies that not only recognise gender differences and inequalities but also actively take steps to address them. Gender-responsive approaches implement specific actions to reduce gender disparities and ensure that the needs of different genders are met. They often seek to reshape programmes to be more inclusive and equitable for all genders.
 - **Gender-transformative:** Programmes or policies that actively seek to challenge and change harmful gender norms, power relations, and structures that perpetuate inequalities. Gender-transformative approaches aim for long-term changes in social norms and behaviours, promoting gender equity and improving overall development outcomes. These interventions go beyond addressing immediate gender gaps and work to shift the underlying systems that maintain gender equality.
13. **Gender Integration Criteria:** Developed by the Gates Foundation, the Gender Integration Criteria categorises investments based on their level of gender integration at the design phase. Rather than simply predicting gender outcomes, this tool evaluates how strongly an intervention is intentionally designed to address gender gaps, using evidence from the gender analysis to inform programming. The tool can be applied at various stages but is most effective during the design phase, ensuring that gender considerations are embedded throughout the life cycle of the investment (Also refer: Gender Integration Suite)
 14. **Gender-responsive M&E** refers to the systematic process of collecting, analysing, and using data to track progress and assess the effectiveness of programmes in achieving gender equality outcomes. This approach goes beyond traditional M&E by integrating gender-sensitive indicators and methodologies that capture the distinct experiences and impacts of different genders.
 15. **Health Equity:** Health equity is achieved when all individuals have the opportunity to attain their full potential for health and well-being. Health equity is fundamentally concerned with ensuring that everyone, regardless of their social, economic, or demographic circumstances, has fair access to the resources and opportunities necessary for optimal health. Health and health equity are influenced by a range of determinants, including the conditions in which people are born, grow, live, work, play, and age. These social determinants of health encompass various factors such as education, income, employment, social support, and access to healthcare. Additionally, structural determinants—including political, legal, and economic systems—interact with social norms and institutional processes to shape the distribution of power, resources, and opportunities within societies. These determinants significantly impact individuals' health outcomes and can either exacerbate or mitigate health disparities. (Also refer: Health equity (who.int))
 16. **Intersectionality:** Intersectionality is a critical concept that describes the interconnectedness of various oppressive institutions, including ageism, racism, sexism, homophobia, transphobia, ableism, xenophobia, and classism. It acknowledges that individuals navigate the world through multiple, overlapping identities that influence their experiences and access to resources and opportunities.

In the context of the **BMGF Gender Integration Suite**, applying an intersectional lens is crucial for understanding the diverse needs and barriers faced by different groups, particularly marginalised populations. This approach informs gender-sensitive programming and policies that aim to address the unique challenges individuals encounter due to their intersecting identities.

WHO recognises that health equity and well-being are influenced by the interplay of various social determinants, which are shaped by systemic inequalities. By embracing an intersectional framework, health programmes can more effectively identify and address the specific needs of individuals from diverse backgrounds, ensuring that health interventions are inclusive and equitable. Ultimately, adopting an intersectional approach enhances the capacity of programmes and policies to promote gender equality and improve health outcomes for all, particularly those who experience multiple layers of disadvantage.

This perspective emphasises that societal power dynamics and structural inequalities are not experienced in isolation; rather, they intersect in complex ways that shape an individual's reality.

17. **Vulnerability:** WHO defines vulnerability as 'The conditions determined by physical, social, economic, and environmental factors or processes which increase the susceptibility of an individual, a community, assets, or systems to the impacts of hazards'.
18. **Gender Steering Committee:** Senior leadership and governance of IHAT are committed to advancing Gender Equality, including design of Gender Equality Strategy, its implementation and availability of resources. Comprising of 4-5 members (at least 50% women), the committee advises on self-assessment processes, institutional structures, systems, and cultures to facilitate the implementation of Gender Equality Strategy and Workplan. Meetings of the GSC are proposed once in six months and will be convened by the Gender Lead.
19. **Gender Task Force:** The GTF at IHAT comprises of the Leadership Team from all institutional verticals and will contribute to the development, execution, monitoring and required improvements to the gender equality strategy. Specifically, the GTF will enable cross-functional efforts required for the realisation of the Gender Equality Strategy and achievement of outcomes. The Task Force members will collaborate closely with the Gender Focal for required support and report progress to the GSC. Meetings of the GTF are proposed once in every quarter and will be convened by the Chair appointed by the GTF to ensure that Operations, Programmes, Communications and Resource Mobilisation objectives are covered in the Gender Equality Strategy.
20. **Gender Champions:** GCs comprise of technical, managerial and operational team members from staff, associates, technical partners, and stakeholders dedicated to advancing gender equality across policies and programmes in IHAT. They will act as advisors, providing guidance to integrate gender perspectives into project design, implementation, and evaluation. GCs actively challenge gender barriers and promote strategies for achieving gender equality, ensuring transformative change in IHAT's work.

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Contact Details

Registered Office

India Health Action Trust
Bharathi Enclave, 2nd Floor
No. 197, 10th Cross, CBI Road, Ganganagar
Bengaluru – 560032 Karnataka
Email: contactus@ihat.in
Website: <https://www.ihat.in>

Branch Office – Delhi

India Health Action Trust
1st Floor, Indian Buildings Congress
Kama Koti Marg
Sector 6, R. K. Puram
New Delhi - 110022

Programme Offices

Uttar Pradesh Technical Support Unit

India Health Action Trust
404, 4th Floor
Ratan Square No. 20-A
Vidhan Sabha Marg
Lucknow-226001, Uttar Pradesh, India

Madhya Pradesh Innovation Hub

India Health Action Trust
C 6, Mannipuram Colony, Link Road No 3
Char Imli, Bhopal - 462016
Madhya Pradesh, India

Project MANCH

India Health Action Trust
Plot no.708/3/2, House no. 368
3rd Floor, Ward no. 4, Rewa Road
Opp. to Circuit House Sohagpur
Shahdol - 484001
Madhya Pradesh, India

State TB Technical Support Unit – Uttar Pradesh

India Health Action Trust
105 & 105A, 1st Floor,
Ratan Square. No. 20-A
Vidhan Sabha Marg
Lucknow – 226001
Uttar Pradesh, India

Project Unnayan

C-16, Ground Floor, Krishi Nagar,
A.G. Colony, Patna, Bihar – 800025
Phone: 0612-4503065



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