

**GENDER**

## Gender positioning paper

Solthis' mission is to improve prevention and access to quality care by strengthening health systems and services in the countries where it operates and to empower people to exercise their right to health.

Solthis considers gender to be one of the most important social determinants of health<sup>1</sup> and that it is therefore necessary to formalise a strategy that will enable it to be integrated in a cross-cutting manner, in all activities, throughout the project cycle and through organisational practices. Gender integration must be carried out in close collaboration with all departments and teams at Solthis and with local, regional and international stakeholders. In this regard, Solthis aims to contribute to the creation of an environment that is fair, free of discrimination of any kind, and which promotes well-being and access to quality care for all people in all their diversity.

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<sup>1</sup>WHO (2018). *Gender and Health*. <https://www.who.int/fr/news-room/fact-sheets/detail/gender>

"Women must be encouraged to take a keener interest in the destiny of their country. Even you, you are grumbling, you preferred your husband, your class and the children to the public arena. If only men are active in parties, why would they think of women? It's a human nature to give yourself a large slice when you share out the cake".

**Mariama Bâ, *So Long a Letter*.**

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## DEFINITION

There are many definitions of gender, that explain **sex** as being different to gender as it is a **biological fact**, which defines a person's genetic and physical characteristics, but **gender** is a **social construct**. Nevertheless, we believe it is important to approach this definition by visualising more clearly the reasons why it is essential to articulate gender in **the fight for the health of all**:

*"Because the feminist, homosexual, trans\* and intersex\* movements have largely engaged in this fight. And simply because **gender is everywhere in society**, [...] It governs how one becomes a normal man or woman, or how one deviates from this model, because it organises the power relations between men and women and assigns them preconceived differentiated qualities and roles, whether it influences sexual, emotional or economic relations, because the norm that it conveys values reproductive heterosexuality and the biological difference between the sexes to the detriment of other sexual practices or other gender identities, and finally because it participates in the conception of "well-being", "good health" and "illness".<sup>2</sup>*

**Gender relations** and associated **stereotypes** create an unequal distribution of power and issues relating to domination and subordination, which are incorporated and reproduced in all social spaces, be it school,

family, work, hospital or through the media, from childhood and throughout life.

Societies and cultures have traditionally valued **masculine** rather than feminine roles and stereotypes in relation to places and roles of individuals. This reinforces or creates **inequalities** and **discrimination** that certain people being able to full exercise their rights to health.

Gender therefore has a direct impact on the **the health rights of all people being respected**, and particularly those of women and girls, LGBT+ people, people living with HIV (PLHIV) or sex workers, in relation to their access to quality care and essential services, including for sexual and reproductive health. As a result, these individuals or groups are often, because of their gender, constrained or deprived of capacity and freedoms of speech, choice, movement and human rights, and are more likely to experience **gender-based violence** (GBV).

Other **determinants**, such as = education levels and health literacy, access to and control over resources, also have an impact by extension on people's health status and well-being and their experience of health services.

Systematic consideration of gender issues, or **gender mainstreaming**, as well as the many other interlinked determinants, such as sex, ethnic origin, sexual orientation, gender identity, social background, disability status, etc., otherwise expressed through the **intersectional approach**<sup>4</sup>, will make it possible to question the processes and relationships of domination between the feminine and masculine based on the assignment of socially constructed roles and thus reduce its impact on

<sup>2</sup> Le Talec J. Y, Authier D., Tomolillo S., *La promotion de la santé au prisme du genre, guide théorique et pratique*, EHESP press, 2019.

<sup>3</sup> Le Monde selon les femmes (2019). [Les essentiels du genre 01 - Approche genre - Concept et enjeux actuels](#). . Systematic integration of conditions, priorities and needs specific to women and men in all policies, with a view to promoting gender equality. Gender mainstreaming aims

to mobilise, in the planning, implementation, monitoring and evaluation of all general policies and measures, consideration of their impact on the specific situation of women and men with a view to achieving equality.

<sup>4</sup> Intersectional approach: This approach provides a comprehensive and cross-cutting understanding of gender inequalities, social class, ethnic origin, age, disability, sexual orientation and sexual identity.

the health of populations, particularly those with little or no power to act.



## SOLTHIS' VISION

Solthis' positioning is in line with the various advances, in particular the **Fourth World Conference in Beijing** organised in 1995 by the United Nations, which was the result of around fifteen years of feminist advocacy and constituted a real step forward in relation to gender inequalities. It advocates in particular for the principle of women's autonomy and the systematic and universal consideration of gender equality. It has a strong focus on equality of men and women in a heterosexual context to the detriment of other sexualities and/or gender identities, and was followed in 1997 by the **Treat of Amsterdam and then in** <sup>5</sup>December 2008 by the declaration of 66 associated UN member countries reaffirmed that "the principle of non-discrimination, which requires that human rights apply equally to every human being, regardless of sexual orientation or gender identity"<sup>6</sup>.

For several years now, these advances have been under serious threat and we have seen a marked setback around these issues in certain regions. Solthis therefore wants to reaffirm its commitment to gender and health issues. In order to meet the health and well-being needs of populations, Solthis intends to implement interventions that **combat gender inequalities and promotes the respect for health rights and, that ensure access to comprehensive, quality services.**

The organisation is committed to promoting the dissemination of and **access to** prevention and risk reduction **messages** and **quality care**, including an empathetic, caring and respectful care relationship that respects the rights of

<sup>5</sup> UN (2015), [Ending Violence and Discrimination against Lesbian, Gay, Bisexual, Transgender and Intersex Persons](#), Joint Statement by UN Entities.

patients without coercion, exploitation or violence and without any form of discrimination, particularly with regard to age, marital status, sex, sexual orientation or gender identity.

Solthis is committed to promoting, alongside its partners, access to services that **meet the specific needs** of particularly vulnerable and/or marginalised **populations** such as PLHIV, sex workers, or LGBT+ people, and to supporting them to implement essential service packages, particularly in terms of sexual and reproductive health or HIV.

Solthis recognises the need to **work closely with all of our partners and with the population** itself to identify and assess in detail the **socio-cultural, economic and political determinants as well as the** intersecting relationships of subordination, and to be able to provide meaningful responses by supporting an **empowerment process for social transformation**, that is wanted by partners and the population, and in which they participate fully.

Solthis is therefore committed to promoting processes that empower people to **assert their rights to health**, including sexual and reproductive rights, non-discrimination and equality. The organisation affirms its commitment to rebalancing power relations and to ensuring that people such as women, girls, LGBT+ and PLHIV are no longer victims of systems in which male domination and patriarchy contribute to reducing their chances of living in good physical and mental health. People must have the skills to negotiate and make decisions in line with their values and priorities without being judged, to raise awareness, and to condemn any abuse, aggression and gender-based violence experienced in both the private and public spheres, including in school and family settings.

<sup>6</sup> Le Talec J. Y, Authier D., Tomolillo S., *La promotion de la santé au prisme du genre, guide théorique et pratique*, EHESP press, 2019



In its position paper on sexual and reproductive health and rights (SRHR) position paper, the organisation formally affirmed its commitment to the rights of people to **freely define their own sexuality** and to have **their bodily integrity, privacy and autonomy respected**. Personal persons should be able to own their body and enjoy a safe sexual experience. All persons should be able to decide if, when and with whom they wish to be sexually active and to decide freely if, when and with whom to marry, have children, the number of children and the space between them. In this way, Solthis recognises the importance of **access to comprehensive sexuality education programmes**, services providing effective contraceptive methods, GBV management services and comprehensive abortion care services.

In line with gender mainstreaming in projects and in recognition of the fact that organisations are not gender neutral and that they can risk replicating gender roles and social

relationships, Solthis believes it is necessary to integrate an intersectional gender approach into its **organisational practices**, both in terms of human resources and communications.

Solthis is committed to promoting equality internally, to ensuring that its organisational policy **protects the rights of its employees**, and to implementing actions to combat discrimination based on gender, class, ethnic origin, disability status or age.

Because **communications**, both internally and externally, contribute to a culture of equality within organisations, it is important for Solthis to ensure that gender considerations are included in the organisation communicates, in its typography, the way it writes and, above all, in the information content itself<sup>7</sup>. **Solthis promotes the visibility of women in its written and visual content, which promotes equality and avoids stereotypes.**

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<sup>7</sup> Coordination Sud, (2020), *Intégrer l'approche genre dans les politiques RH*, Guide d'appui.



## KEY EXPECTED RESULTS OF GENDER MAINSTREAMING

By taking gender into account in a cross-cutting and intersectional way, both in its organisational practices and in its projects, Solthis intends to contribute to improving access to quality health services and ensuring full access to the right to health for all, which will contribute to:

### Expected results at the operational level

Creating an **environment conducive to the well-being of all** without discrimination, which respects and promotes the right to health for all without exception

Reducing **gender inequalities in care**, access to care, and access to prevention and harm reduction messaging

Reducing the **impact of gender inequalities** on the well-being and social and economic life of individuals

Reducing **stigma and discrimination** against people in society

**Empowering people in subordinate situations:** women, girls, LGBT+ people, sex workers, PLHIV.

Creating a working **environment free from gender inequalities and discrimination** of any kind, that is safe and protective for all teams in the organisation

Creating an **enabling environment for teams** to be able to integrate gender in their organisational and operational practices

Eradicating **gender-based inequalities** in pay, training and career advancement

Standardising a **gender-sensitive internal and external communication approach** that promotes the dissemination of non-stereotyped messages and images.

## AN INTERSECTIONAL AND CROSS-CUTTING GENDER APPROACH INTEGRATED THROUGHOUT THE ORGANISATION'S INTERVENTIONS

Solthis considers it essential to integrate the **gender and intersectional health approach** in a cross-cutting way throughout its interventions<sup>8</sup>.

### 1. OPERATIONAL RESEARCH AND MONITORING AND EVALUATION



Operational research is one of the three pillars of Solthis' work, and the organisation is aware of the importance of studying the **processes that construct health differences between social groups**. Solthis aims to systematise qualitative and/or quantitative studies in the preliminary phase of projects and within the monitoring and evaluation framework, which is gender-sensitive and transformative to ensure the effects and processes of social change are measured.

In addition to gathering data disaggregated by gender and age and analysing particularities relating to gender, Solthis believes that it is crucial to highlight the sex and gender relations that differ and evolve according to the socio-cultural and economic contexts or the legislative framework in place. Gender analyses enable barriers to access to quality services to be identified and the determinants at play. Understanding this is essential for a response to the needs of the population and the different types of stakeholder.

We see **co-creation** as crucial for an adapted and effective project to foster empowerment,

<sup>8</sup> Health system strengthening, operational research and advocacy

<sup>9</sup> World Health Organisation (2007), *Everybody's business strengthening health systems to improve health outcomes: WHO's framework for action*.




therefore Solthis promotes the involvement of the people concerned, in research and evaluation programmes and in the design of innovative health solutions, particularly through close collaboration with CSOs (women's collectives, LGBT+, NGOs working on SRHR).

### 2. STRENGTHENING HEALTH SERVICES AND SYSTEMS



In contexts where health systems are fragile, due in particular to a lack of resources and organisational issues, Solthis delivers a meaningful and sustainable response that is in line with **the systemic and holistic approach to health systems** and shapes its expertise around the essential components of health systems.<sup>9</sup>

In this respect, Solthis supports gender mainstreaming at the different levels and components of the health systems in relation to:

-  Health services
-  Health system governance
-  Human resources

It is essential that the whole package of essential services and interventions is **strengthened in an integrated way**, especially certain components that often neglected, such as comprehensive sexuality education programmes, GBV management, comprehensive abortion care and addressing the SRH needs of men<sup>10</sup>.

Gender inequalities have a significant impact on access and quality of care for women, girls and LGBT+ persons. Solthis highlights the importance of **meeting the specific needs of vulnerable populations** and of establishing

<sup>10</sup> See Solthis' Position Paper on Sexual and Reproductive Rights and Health.



**local action** to promote access to care for people who are remote to health systems.

Relationships of subordination and power imbalances play a role in the quality of care and influence treatment adherence and compliance. Because health programmes and services replicate these power relations and gender stereotypes, **gender mainstreaming in human resources for health capacity strengthening** is a priority for Solthis.

Solthis highlights the importance of **changing health policies and of supporting health institutions and services to include gender-based change management and to work towards the emergence of social representations** that create asymmetries in the **caregiver/patient relationship** and emphasises the lack of consideration for patients' experiential knowledge.

Sharing knowledge and power and respecting people's rights can be altered, by gender relations in particular, which play out between types of stakeholders. But Solthis also believes it is crucial to integrate an intersectional gender viewpoint in its work on the **care relationship and organising participatory diagnostics and consultation frameworks between caregivers and patients, organisations and facility managers.**

### 3. COMMUNITY HEALTH<sup>11</sup> AND EMPOWERMENT BASED ON HEALTH RIGHTS



The gender and health approach, which is meant to be comprehensive, involves both taking action around health systems, by working with users and their families and health professionals, and working directly in and with communities.

Solthis believes it is crucial to support individual and collective transformative processes within communities and more

broadly within society. Support for these processes is deployed in all interventions in line with a **community health and empowerment approach**. This aims, through a participatory and co-creation process with all the relevant stakeholders involved, to identify needs by integrating gender considerations and supporting **the creation of collective and supportive solutions** so that individuals can have greater control over the determinants of health and their multiple interrelationships, improve their health and participate in the reduction of gender inequalities<sup>12</sup>.

Because gender inequalities are perpetuated in all social spaces, Solthis focuses on the importance of **involving all stakeholders involved in projects and actions who can have a direct or indirect impact on the environment**: families (spouses/partners and relatives), teachers, caregivers, including traditional practitioners, religious representatives who in addition to empowerment, promote collegial adherence and **respect for the pace at which stakeholders and groups of stakeholders are able to initiate a process of social change.**

Solthis believes that a social transformation redefining gender norms and relations and overcoming existing inequalities will only be possible if the stakeholders concerned want it to happen. Solthis therefore believes it is crucial to have a progressive strategy while also supporting CSO partners and the people involved to **raise awareness of gender issues and then to mobilise by taking action, the impetus for a transformation of the oppressive systems that women, young girls and LGBT+ people in particular experience.**

This is an essential approach to promote an **environment that respects the human rights** of all without exception, and to support capacity strengthening of people to assert their right to health, to have control over their

<sup>11</sup> [Ottawa Charter \(1986\)](#).

<sup>12</sup> Le Talec J. Y, Authier D., Tomolillo S., *La promotion de la santé au prisme du genre, guide théorique et pratique*, EHESP press, 2019

bodies and to make choices that relate to them.

Solthis recognises the need for individuals, collective groups and civil society organisations to carry out **local and/or national advocacy actions** relevant to the respect of fundamental rights, gender equality and combatting discrimination against women and girls and LGBT+ people, sex workers, PLHIV etc.

Comprehensive access to rights to health for all without exception or discrimination by individuals and access to holistic services often requires that laws and public policies to evolve. In this regard, Solthis develops partnerships with other organisations and works to complement the work of national, regional and international networks in order to promote the implementation of coherent advocacy strategies. **Solthis bases its advocacy work on documented facts and** evidence-based information.

#### 4. PROMOTING AND STRENGTHENING THE SKILLS OF NATIONAL CIVIL SOCIETY STAKEHOLDERS



In order to work towards removing all barriers to access and quality of care for all people, particularly women, girls and LGBT+ people, it is crucial to be able to support the development of attitudes and representations around social norms and structures. **These changes cannot be made without national civil society participation** as the experience of health service users is part of the work carried out by organisations. Solthis wants to work with and not on behalf of local facilities and stakeholders, and therefore works to strengthen their skills and operations in order to promote their empowerment and the sustainability of interventions.

**Civil society stakeholders are indispensable allies in assessing and taking into account socio-cultural determining factors, in designing proposed interventions coherently in relation to local contexts, and in ensuring that the activities developed by the communities are well received and accepted.**

# OUR COMMITMENTS



## THE ORGANISATION'S COMMITMENTS

### 1. ORGANISATIONAL COMMITMENTS

#### Commitment to human resources

Establish gender-sensitive, fair recruitment processes that promote diversity within the organisation, ensuring that the skills sought do not discriminate against minority groups and encouraging applications from all candidates.

- » Ensuring that the skills sought are not discriminatory, particularly against women, LGBT+ people, etc.
- » Encouraging applications from women and people from all backgrounds (job profile and content of roles, arrangements offered, tailored media)
- » Identify the level of gender sensitivity of the person recruited at the time of recruitment.
- » Train people in charge of recruitment on gender issues

Establish and communicate to project staff and participants the preventive measures and complaint mechanisms in case of harassment and/or discrimination, for example through the implementation of the Protection from Sexual Exploitation and Abuse Policy (PSEA).

- » Provide and raise awareness of internal and external appeals processes for staff and participants
- » Train and support all managers and staff representatives on the procedure.
- » Carry out awareness-raising work to foster a sense of legitimacy to speak

out if an employee experiences sexual harassment.

- » Train managers to manage sexist environments and provide a framework to take gender into account in recruitment, management and group work.

Promote a common understanding and ownership of the gender approach through awareness raising, training and tools for all Solthis employees.

- » Promote awareness and adherence to employee values around Solthis' vision, principles and commitments to gender issues.
- » Promote training and awareness-raising of employees on gender issues and provide tools to enable employees to integrate gender considerations in their professional practices.

Promote the work-life balance of employees by facilitating flexible working hours.

- » Facilitating flexible working (e.g. when scheduling meetings)
- » Provider compensated time off work for sick children
- » Provide remote working options when necessary (sick child, breastfeeding mothers, etc.).

Promote equal pay and career advancement without gender discrimination

- » Create pay scales by role so that do not vary according to gender.

- » Provide a wage increase for women returning from maternity leave that is equivalent to the average increase for the rest of the staff.
- » Promote the professional development of women (e.g. consider promoting part-time workers).
- » Conduct annual statistical monitoring of the context for women and men with indicators on hiring, training, promotion, qualifications, remuneration, etc. and disseminate the results.

but also to promote the advances in the status of women generated by the work of the organisation and its partners.

- » Use gender-neutral procedures when drafting internal working documents and external publications.

#### Promote training and equip teams with gender-sensitive communication tools.

- » Train teams in gender-sensitive communication and provide them with the necessary tools.

### Communications commitments

**Implement a gender-sensitive approach in a systematic way in the production of internal and external documents (texts and visual aids), with non-stereotyped content and which takes into account the diverse realities of both genders**

- » Integrate gender issues into the communications strategy
- » Take into account the diverse realities (social, cultural, political, etc.) of both genders when developing documents
- » Pay particular attention to the fair and non-stereotyped representation of men and women in visual aids and in speeches.
- » Ensure that materials reflect the diversity of society in terms of gender identity, sexual orientation, ethnicity, disability status, age, etc.
- » Use inclusive language<sup>13</sup> in a systematic way, in all internal and external documents.
- » Use gender-specific statistics in order to give visibility to gender inequalities

<sup>13</sup> Inclusive writing or so-called "non-sexist" or "degenerate" language is a set of rules and practices that seek to avoid

sexist discrimination through language or writing, particularly through the use of the midpoint: patients.

## 2. OPERATIONAL COMMITMENTS

**Promote the integration of the gender and health approach at all stages of the project cycle in the work of Solthis and partner CSOs, taking a non-substitution approach. To this end, Solthis will provide teams with the necessary tools and will promote capacity strengthening for all in the form of long-term support.**

- » Taking gender into account throughout the project cycle
- » Providing teams with the necessary tools for each phase of the project cycle: assessment, planning, implementation, monitoring and evaluation (gender analysis grid, gender mapping by country of intervention, gender-sensitive indicators, fact sheets, etc.)
- » Integrate gender issues into the assessment and M&E phases, providing adequate resources in project budgets as much as possible.

**Take into account the socio-cultural, political, economic and religious contexts and the determinants of health in order to adapt and adjust interventions. In particular by analysing and taking into account gender-specific needs and the different types of dominating relationships involved in accessing the right to health. This work must be carried out collaboratively with partners and promote their empowerment.**

- » Analysing and taking into account gender-specific needs related to

health (adapting project activities in order to respond to people's gender-specific needs and gender issues and therefore reduce inequalities in access to health).

- » Analysing and taking into account the dominating gender relations involved in access to health rights.
- » Co-creating projects and actions with partners in order to take into account the socio-cultural, political, economic and religious contexts.

### **Promote empowerment, inclusive and participatory actions**

- » Promote the involvement of and co-creation with the people involved by the projects and actions throughout the project cycle.
- » Develop or support actions that promote a non-discriminatory environment that is favourable to the empowerment process, such as health education, self-help groups, health literacy workshops, training courses, meetings with health care providers to rebalance power, combatting social and health inequalities, and preventing gender-based violence (including gynaecological and obstetric violence).
- » Supporting civil society stakeholders to carry out advocacy actions with a view to: i. combatting social and health inequalities and all forms of discrimination, ii. promoting the right to health for all.





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