Gender Equality and Social Inclusion Strategy

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The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools and education, their conditions of work and leisure, their homes, communities, towns or cities – and their chance of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries.

(Commission on the Social Determinants of Health, 2008: 1)

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care/Clinics
AusAID	Australian Agency for International Development
AUD	Australian Dollar
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CHW	Community Health Worker
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DoW	Department of Women
DPO	Disable Persons Organisation
EmOC	Emergency Obstetric Care
FHSIP	Fiji Health Sector Improvement Program (2003-2010)
FHSSP	Fiji Health Sector Support Program (2011-2015)
FJD	Fijian Dollar
FSMed	Fiji School of Medicine
FSN	Fiji School of Nursing
GOA	Government of Australia
HIS	Health Information System
IGOF	Interim Government of Fiji
JICA	Japan International Cooperation Agency
M and E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoF	Ministry of Finance
MoH	Ministry of Health
NCD	Non Communicable Diseases
PATIS	Patient Information System
PDD	Program Design Document
PHIS	Public Health Information System
PICT	Pacific Island Countries and Territories
PSC	Public Service Commission
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infection
UNAIDS	United Nations Joint Programme on HIV & AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
VHW	Village Health Worker
WHO	World Health Organisation

Key terms and meanings[1]

Term	Meaning
Gender	Gender refers to roles, attributes, values and opportunities which are socially constructed and associated with being male of female. These may vary between and within cultures and over time because of social, religious, economic and historical factors. The social construction of being a woman or a man, a girls or a boy determines how they are perceived, what is expected of them, what they are allowed to do and how they are valued in a particular context. Inequalities emerge because of the different social expectations and values for women and men, girls and boys, their roles and responsibilities, access and control over resources and participation in decision making. A focus on gender rather than women recognises the different needs and interests of both women and men and the power relations between them.
Gender relations	Gender relations are concerned with economic, social and power relations between males and females. Gender relations create and reproduce systematic differences between women and men and their positions within society.
Gender equality	Equality between women and men is a human right. Gender equality concerns the equal rights, responsibilities, opportunities for women and men, girls and boys. IT does not mean that women and men are the same but their rights, responsibilities and opportunities do not depend on whether they are male of female and that their interests, needs and priorities are treated equally. Gender equality can be measured on a project or activity by the rates of participation of men and women in training opportunities, decision making groups, access to and control over resources and the tangible and intangible benefits they receive.
Women's Empowerment	Women's empowerment means that women and girls are able to gain the skills, confidence and ability to make choices and decisions about their lives as a result of gender relations being transformed.
Gender blind	Gender blind policies assume that women and men will benefit equally. Such policies fail to consider the unequal gender relations that lead to differences in women's and men priorities, participation and benefit.

[1] Adapted from: AusAID 2001; March, Smyth & Mulhopadhyay (1999); UN Women http://www.gender-budgets.org/; and IRIN http://www.irinnews.org/InDepthMain.aspx?InDepthId=20&ReportId=62847; United Nations http://www.un.org/womenwatch/daw/csw/GMS.PDF

Gender responsive	Gender responsive policies, planning, projects and activities acknowledge both women and men as part of development; address the fact that gender relations make women's involvement different and often unequal; and recognize the different needs, interests and priorities of women and men and that these might sometimes conflict.
Gender analysis	Gender analysis explores the relationships and inequalities between women and men, girls and boys in society and the impact that a policy, program, project or activity has on women and men, girls and boys. Gender analysis asks questions such as Who does what? Why? Who has what? Why? Who decides? Why? Who benefits? Why? Who loses? Why? Gender analysis points to ways to improve gender equality in an activity.
Sex-disaggregated data	Sex disaggregated data is data which differentiates between women and men, girls and boys. It may be qualitative or quantitative such as the number of women or men participating in, or benefitting from a project, or the amount of resources, such as the total amount of small grants received by men and by women. Qualitative data includes the perceptions and opinions of women and men about a proposed activity.
Gender sensitive indicators	Gender sensitive indicators are performance measures which differentiate between the experiences of women and men, boys and girls. They rely on the collection of quantitative and qualitative sex disaggregated data. Gender sensitive indicators can point to positive and negative changes in gender relations and gender equality when applied over time.
Gender Responsive Budgeting (GRB)	Gender-responsive budgeting (GRB) is government planning, programming and budgeting that contributes to the advancement of gender equality and the fulfilment of women's rights. It entails identifying and reflecting needed interventions to address gender gaps in sector and local government policies, plans and budgets. GRB also aims to analyse the gender-differentiated impact of revenue-raising policies and the allocation of domestic resources and Official Development Assistance. GRB initiatives seek to create enabling policy frameworks, build capacity and strengthen monitoring mechanisms to support accountability to women.
Gender based violence	Violence against women is defined by the UN Declaration on the Elimination of Violence against Women, adopted by the General Assembly on 20 December 1993, as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". It is a form of gender-based violence and includes sexual violence.
Gender	Mainstreaming a gender perspective is the process of assessing the

mainstreaming	implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.
Social Inclusion	Social inclusion means that all members of a community have equal access to opportunities and services such as employment, education, health care. Social exclusion is results from barriers to participation in all aspects of life and can be the result of discriminatory practices and policies. Discriminatory policies fail to take into consideration the different needs of people based on sex, disability, ethnicity, rurality and geographic isolation, language, poverty and other factors that limit opportunities. Discriminatory practices result from a lack of awareness and understanding about the different needs of different groups, as summarised above. For example, lack of ramps to a health centre denies access and benefit from services by people with mobility difficulties. Exclusion can also be less tangible, for example the cost of a service or benefit may make the service inaccessible to the poor. Inclusive societies respect the identities of all and provide a balance between the rights and duties of all individuals and society as a whole. An Inclusive health service recognises the rights of all citizens to access services without discrimination.

Consolidated recommendations

This report makes a number of recommendations and identifies ways that FHSSP might support the Ministry of Health to meet its obligations under the Roadmap for Sustainable Socio-Economic Development (RSSED, 2009-2014). However, a necessary first step is commitment by the Ministry of Health and a request to FHSSP for assistance. The following recommendations must be read with that caveat in mind.

The following recommendations concern the Ministry of Health

A. Strategic Level

A1: Identify a gender and social inclusion Champion within senior ranks of the Ministry of health who will accept responsibility for over-site of gender equality within the Ministry.

A2: Appoint a Gender Equality and Social Inclusion Officer (at national consultant level) within the Ministry of Health.

A3: Establish a Gender Equality and Social Inclusion Task Force at senior level to support the work of the Gender Officer and Gender Champion within the Ministry, divisions, sub-divisions and facilities.

A4. Ministry of Health to request assistance for gender and social analysis to ensure that the specific needs of women and men, girls and boys from disadvantaged and vulnerable groups are included (settlement, disabled, poor, remote and rural, HIV status, sexual identity, ethnic minorities).

A5: Gender and social analysis to include a Gender Responsive Budgeting component that examines the contribution of women's voluntary labour to the health sector as Community Health Workers.

A6. Ministry of Health to commit to the development of a Gender Equality and Social Inclusion policy supported by sound gender and social analysis on the specific health needs of women and men, girls and boys focusing on the most socially excluded.

A7. Ministry of Health develop and strengthen relationships with the Department of Women at central and divisional levels and utilise their trainers and experience to implement gender and social inclusion awareness training to ALL Ministry and Departmental staff at all levels in ALL locations.

A8: Improve the capacity of the Ministry to record, report and analyse sex-disaggregated data and utilise this information in policy and program planning.

A9: Ministry of Health to collaborate with other ministries to identify mechanisms to support the delivery of basic health services to communities (for example shared responsibility for Community Health Workers).

A10: Lobby the Interim Government of Fiji to strengthen the development partner coordination forum and associated mechanisms to improve coordination of activities with and between donors to better support the Ministry of Health.

A11: Improve coordination with NGO's and CSO's and establish reporting relationships so that contributions to service delivery can be identified and recorded.

B. Organisational

B1: Ensure all data is recorded, reported and analysed by sex and disability (consistent with the Convention on the Rights of Persons with Disabilities) to support effective policy and program planning.

B2: Gender and social analysis to include an examination of gender and representation in decision making positions.

B3: Equal opportunity and merit based selection policies to be socialised and implemented.

B4. Gender and social analysis to investigate the career structures, remuneration and, allowances for nurses and identify policy options.

B5: Identify strategies to improve retention of trained doctors and nurses and other health workers.

B6: Following agreement from relevant officials within MoH, FHSSP to support MoH and DoW to apply for funds from the Pacific Fund to End Violence Against Women to support the development of protocols for health workers to more effectively provide basic services to survivors of violence.[2]

OR

B7: Following agreement from relevant officials within MoH, FHSSP to support MoH and DoW to apply for funds from the Pacific Fund to End Violence Against Women to support capacity development across the Ministry and at all levels of the health sector.

B8: Awareness raising amongst health workers about the rights of women and men, girls and boys including the disabled, poor, ethnic minorities and other vulnerable groups including sex workers, sexual identity to have access to basic health services without discrimination.

C. Community

C1: Gender and social analysis to describe the work of NGO's and CSO's and identify ways that these can be used to strengthen delivery of basic health services.

C2: Strengthen linkages between MoH and NGO's and CSO's.

C3: Gender and social analysis to systematically identify the different health needs of women and men, girls and boys with particular focus on the most socially

[2] This needs to follow consultation with UNFPA about their plans for SOP for VAW survivors.

excluded members of the community and this information to be used to develop policy and program planning.

C4. Gender and social analysis to identify the costs to individuals of accessing medical services from remote locations.

The following recommendations concern FHSSP

In support of the Ministry of Health to implement the above recommendations, and in terms of its own management and service delivery, FHSSP should:

D. Partnership:

D1: Support the Ministry of Health to increase internal demand at the highest levels for a gender and social analysis study to be conducted.

D2: Support the Ministry of Health to increase internal demand at the highest level for commitment to develop a Gender Equality and Social Inclusion policy for Ministry of Health.

D3: Respond to requests from the Ministry of Health to implement the recommendations outlined in sections A, B & C above.

D4: Facilitate improved relationships between Ministry of Health and CSO's and NGO's consistent with strategic directions and priorities of the Ministry of Health.

D5: Promote participation of women in senior level decision making consistent with Ministry of Health planned workplace reforms

And B6 and B7 from above.

E. Monitoring and Evaluation

E1: Ensure all program and activity data is collected, analysed and reported by sex and disability consistent with strategic directions of the Ministry of Health.

E2: Engender Monitoring and Evaluation Indicators as follows:

- All training materials to include information about the rights to health services focusing on the different needs of women and men, girls and members of vulnerable groups including the disabled, poor, geographically isolated and rural, ethnic groups, peri-urban community members and sexual minorities.
- Membership of decision making groups to be disaggregated by sex.
- Number of women and men trained for all activities.

F. FHSSP staff:

F6: Design and implement a program of staff capacity development in gender, social inclusion and violence against women to be delivered by a local NGO or CSO.

F7: Ensure all training materials include an introductory session about the rights to health services focusing on the different needs of women and men, girls and

members of vulnerable groups including the disabled, poor, geographically isolated and rural, ethnic groups, peri-urban community members and sexual minorities.

F9: Review all program documents, staff training manuals and other relevant documents to ensure they are gender sensitive.

F10: Allocate sufficient resources to implement, monitor and evaluate the FHSSP Gender Equality and Social Inclusion strategy.

G. Civil Society and donor community

G1: Continue to develop relationships and networks with CSO's an NGO's and facilitate these relationships with the Ministry of Health to improve delivery of basic services to communities.

G2: Continue to liaise with other AusAID funded programs in Fiji, especially the Fiji Community Development Program (FCDP).

G3: Continue to network and liaise with international donor community, NGO's, CSO's, the academic community and other AusAID funded projects.

1. Overview of the Fiji Health Sector Support Program

1.1 Program description

1.1.1 Program goal

The Goal of the Fiji Health Sector Support Program is to remain engaged in the Fiji health sector by contributing to the Fiji Ministry of Health's efforts to achieve its higher level strategic objectives in relation to infant mortality (MDG4), maternal mortality (MDG 5) and the prevention and management of diabetes as outlined in the MoH Strategic Plan.

1.1.2 Program objectives

The Program Objectives are:

1. To institutionalise a safe motherhood program at decentralised levels throughout Fiji.
2. To strengthen infant immunisation and care and the management of childhood illnesses and thus institutionalise a "healthy child" program throughout Fiji
3. To improve prevention and management of diabetes and hypertension at decentralised levels.
4. To revitalize an effective network of village/community health workers as the first point of contact with the health system for people at community level.
5. To strengthen key components of the health system to support decentralized service delivery (including Health information, Monitoring & Evaluation, Strategic and Operational Planning, Supervision, Operational Research).

The identification of the Program Goal and Objectives was conducted in close consultation with the Ministry of Health, through a series of participatory meetings at both central and divisional levels. The MoH has confirmed that achievement of these program objectives will directly support the achievement of three of the seven Health Outcomes[3] identified in the MoH's Strategic Plan 2007-2011, namely:

1. Reduced Burden of Non-Communicable Diseases;
2. Improved Maternal Health and Reduced Maternal Morbidity and Mortality;
3. Improved Child Health and Reduced Child Morbidity and Mortality.

Furthermore, the MoH clearly indicated that the program of support proposed under the FHSSP design is closely aligned with their evolving strategic priorities for the coming five years. During the finalization of the FHSSP design, the MoH drafted their new five-year Strategic Plan 2011-2015 which has two Strategic Goals:

[3] The seven outcomes are: Reduced burden of NCDs; Reduced spread of HIV/AIDS and other CDs prevented, controlled or eliminated; Improved maternal health and reduced maternal morbidity and mortality; Improved child health and reduced child morbidity and mortality; Improved adolescent health and reduced adolescent morbidity and mortality.

Strategic Goal 1: *Communities are served by adequate primary and preventive health services thereby protecting, promoting and supporting their well-being; and*

Strategic Goal 2: Communities have access to effective, efficient and quality clinical health care and rehabilitation services.

The key focal areas identified in the MoH's new draft strategic plan are:

- Making the Fiji population healthier;
- Revitalizing primary health care approaches to address the burden of NCDs, maternal and child health and preventing communicable diseases;
- Strengthening key areas of clinical service delivery with continued emphasis on patient safety and risk management;
- Strengthening mental health, rehabilitation services and oral health.

The draft MoH Strategic Plan 2011-2015 indicates that the MoH's approaches with regard to primary health care and MCH services are to:

Revitalize Primary Health Care, and specifically:

- Prevention and early intervention.
- Strengthen health protection and promotion.
- Enhance continuity of care.
- Provide services closer to where people live.

Reform Maternal and Child Health Services, and specifically

- Reduce maternal mortality by 2/3
- Encourage early booking
- Promote safe motherhood concept
- Reduce infant and under 5 mortality by 2/3
- Provide friendly MCH services

This Gender Equality and Social Inclusion Strategy has been developed in support of the above key directions of the Ministry of Health as outlined in the Strategic Plan 2011-2015.

2. Aims of the Gender Equality and Social Inclusion Policy

Consistent with the above, the FHSSP Gender Equality and Social Inclusion Strategy aims to support the Ministry of Health to meet gender and social inclusion goals and indicators as identified in the Roadmap for Sustainable-Socio Economic Development (RSSED 2009-2014).

The aim of the Gender Equality and Social Inclusion Strategy is:

> To support the Ministry of Health to deliver quality basic health services to all citizens of Fiji without discrimination and based on policies informed by sound research and analysis of needs, interests and priorities of women and men, girls and boys, including the most socially excluded.

This Gender Equality and Social Inclusion Strategy proceeds from the understanding that health is not only a medical issue. Health outcomes are also socially determined. Poverty, violence, HIV status, geographical location, disability, ethnicity and sexual identity intersect to produce different health outcomes for individuals. Therefore, social issues must be taken into consideration when planning health systems that are responsive to the needs of all community members.

Unequal gender relations in societies affect women's access to and benefit from health services. This is often a result of women's lack of engagement in decision making at strategic, organisational and community levels. Within the family, women often lack decision making power over family economic resources and this may impact on their ability to seek appropriate medical care for themselves and dependent family members. Planning of basic services often fails to take into account the different constraints, experiences, needs and priorities of women compared to those of men. These differences can limit the benefits from health services that women and men obtain and is dependent not only on gender, but on other social determinants of health and where other forms of disadvantage intersect to produce social exclusion.

Access to and, benefit from health services is dependent on empowerment, knowledge, education and, access--including physical access and, financial resources. When people are not able to access services and benefits, they are socially excluded. Social exclusion results from barriers to participation in all aspects of life and can be the result of discriminatory practices and policies. Discriminatory policies fail to take into consideration the different needs of people based on sex, disability, ethnicity, geographic location, language, poverty, sexual identity and other factors that limit opportunities.

Discriminatory practices result from a lack of awareness and understanding about the different needs of different groups, as summarised above. For example, lack of ramps to a health centre denies access and benefit from services by people with mobility difficulties. Exclusion can also be less tangible, for example the cost of a service or benefit may make the service inaccessible to the poor. Inclusive societies respect the identities of all citizens and provide a balance between the rights and duties of all individuals and, society as a whole. An

Inclusive health service recognises the rights of all citizens to access services without discrimination.

Health service provision that is gender responsive and socially inclusive takes into account the different needs and interests of women and men, girls and boys. Such health systems are characterised by:

- Equal access to employment and promotional opportunities;
- Equal involvement of women and men in strategic and daily decision making;
- Collection, analysis and reporting of data disaggregated by sex at all levels of the system to inform service planning and delivery;
- Service delivery to women and men based on identified gender needs (for example, provision for maternal health for women and prostrate health for men);
- Equal access of women and men to training and other professional development opportunities;
- Adequate remuneration that recognises the skills of workers, particularly front line workers;
- Strategies to ensure that poor people and those in geographically remote locations are not hampered from seeking assistance because of costs in access to appropriate services.
- A focus on health service users and respect of the rights of all citizens to women, men, girls, boys, regardless of disablity, geographical isolation and rurality, sexuality or ethnicity.
- Provision of the highest possible service delivery;
- Efficient use of financial resources to ensure appropriate delivery to service users based on sound gender and social analysis of the health needs of diverse community members.

3. Policies, legislation and international frameworks

This Gender Equality and Social Inclusion Strategy recognises a number of important policies, legislation, reviews and international frameworks and thus, the goal is to support Fiji's efforts and meet its national and international commitments in these areas. The key national policy and legislative documents, international and regional agreements are summarized in Box 1 below.

Box 1: National commitments to gender equality social inclusion in Fiji

Fiji's national, regional and international commitments to gender equality and social inclusion, particularly for people with disabilities are described in the following *key* documents:

National commitments to gender quality

- Constitution, People's Charter for Change, Peace and Progress (2008)
- Roadmap for Democracy and Sustainable Socio-economic Development (RSSED) (2009-2014)
- Women's Plan of Action (2010-2019)
- Domestic Violence Decree (2009) and No Drop Policy (1995)
- Family Law Act (amended 2003)
- National Policy on Sexual Harassment in the Workplace (2008)

National commitments to inclusion

The following national commitments to inclusion of people with disabilities relevant to the health sector are:

- Constitution, People's Charter for Change, Peace and Progress (2008)
- The Fiji National Council for People with Disabilities Act (1994)
- The National Policy on Persons Living with Disabilities 2008-2018

The Roadmap (RSSED) is the key policy document of the IGoF and this provides the basis for all policy development. Pillar 3 of the Roadmap aims to 'ensure effective enlightened and accountable leadership' and gender equality and women's development is identified as a target. Fiji has a number of regional commitments to gender equality and inclusion as stated in the following *key* documents:

Regional commitments to gender equality

Fiji is a member of the Secretariat of the Pacific Community (SPC). The following regional agreements are included here for completeness, even though they do not have any binding status.

- Pacific Islands Gender Equality Declaration (30th August 2012)
- Revised Pacific Platform for Action on Advancement of Women and Gender Equality (2005-2015)
- The Pacific Plan for Regional Cooperation (2007)
- The Commonwealth Plan of Action fir Gender Equality (2005-2015)
- 42nd Pacific Island Forum Commitment to increase the representation of Women in Legislatures and Decision Making
- 40th Pacific Island Forum Commitment to Eradicate Sexual and Gender Based Violence
- Pacific Regional Action Plan on UN Resolution No. 1325 (2012)[1]
- Pacific Islands Regional Action Plan on Women, Peace and Security (2012)

Most recently, the Pacific Island nations joined in the Pacific Leaders Gender Equality Declaration (30th August 2012). This declaration encompasses key areas of gender inequality and is aimed at accelerating the achievement of the Millennium Development Goals (MDG's) and the above national, regional and international commitments. As well, the Pacific Islands Regional Action Plan on Women, Peace and Security was launched in October 2012 and it aims to strengthen the regional peace and security through the practical integration of gender equality and women's rights commitments.

Regional commitments to inclusion of persons with disabilities

Fiji signed the proclamation on the full participation of people with disabilities in the Asian and Pacific Region. The Biwako Millennium Framework for Action 2003-2012. This framework for action aims for an inclusive, barrier free and rights based society for persons with disabilities in the pacific.

The above national and regional commitments are developed from the following *key* international agreements:

International

- Convention for the Elimination of all forms of Discrimination Against Women (CEDAW)
- Beijing Platform for Action (1995)
- Revised Beijing Platform for Action (2005-2015)
- UN Security Council Resolution 1325 (2000) UN Convention of the Rights of the Child (1989)
- UN Convention Rights of Persons with Disabilities (2006)[1]

4. Key principles

The key principles underpinning the FHSSP Gender Equality and Social Inclusion Strategy are to:

- Build on the existing strengths and achievements of the Ministry of Health to achieve gender equality and social inclusion.
- Improve collaboration with NGO and for CSO partners to strengthen basic service delivery in hard to reach areas and for under-served populations.

Based on the above principles, the activities summarized below support:

- The Ministry of Health to build the capacity of staff in gender equality and social inclusion which may involve facilitating relationships with national partners such as the Department of Women and developing a plan of capacity building development activities based on needs analysis.[4]
- The development of a Gender Equality and Social Inclusion Policy that includes measureable indicators based on sound gender and social analysis together with appropriate resource allocations and improved reporting of gender and social inclusion achievements.

In order to achieve the above, FHSSP will develop the capacities of its own staff by the following:

- Development of a comprehensive plan of capacity development to ensure that:
    - Principles of gender equality and social inclusion are mainstreamed in all FHSSP training and capacity development programs and activities.
    - All data is collected, analysed and reported disaggregated by sex and as far as possible other social indicators (such as disability).
- Strengthening collaboration with NGO and CSO partners in the delivery of basic services.
- Utilising the expertise of NGO and CSO partners to plan and deliver capacity development activities to FHSSP and Ministry of Health.

[4] Gender and inclusion have been included in the overall Workplace Planning Training Needs Assessment and results should be known by end of 2012.

5. Achievements of the Ministry of Health

Presently, the Fiji Ministry of Health, Annual Corporate Plan 2012 is derived from the RSSED (2009-2014). Pillar 3 from the RSSED is taken up in the Annual Corporate Plan 2012, and the following Key Performance Indicators are identified:

- Mainstream gender perspectives in all Ministries Strategic Plans Corporate Plans, Business Plan and Training Plans.
- Increase a focus on men's health
- Increase participation of women in key administrative and leadership roles in the MoH. (p. 13).

Responsibility for the above within the MOH is with the Human Resources Department. Strategies identified within the Annual Corporate Plan to achieve the above are:

- Gender mainstreaming training.
- Awareness raising on equal employment opportunities.

The Corporate Plan (2012) is based on a clinical model rather than a social model. The MoH's performance as assessed in gender by the Prime Minister's Office as poor, however it was noted that the Corporate Plan (2012) for MoH included a gender equality component.

Staff changes within the Ministry have meant that the role of Gender Focal Point is presently vacant and whilst a decision was made that the role belongs with the Reproductive Health Unit, there is no officer presently identified. The strategy of using a Gender Focal Point in isolation from other strategies will not result in great changes. International evidence has shown that the Gender Focal Point system has been largely unsuccessful. Mehra and Gupta (2006: 34) argue:

> The role of gender focal points is to act as resource persons, complementing and supplementing the work of gender specialists, thereby extending more widely the outreach of a gender unit within an organization. In many cases, however, gender focal points have not been successful. They often get marginalized. They tend not to be gender experts themselves, they are often young and inexperienced and lack clout and influence. They take on, or are assigned focal point duties in addition to their routine responsibilities, and can experience difficulty managing their competing time demands and responsibilities. Rao Gupta (2004) found this to be the case in the World Health Organization (WHO) but it is an issue that cuts across development organizations (NMFA 2002).

Gender Focal Points can only be successful when supported by Reference or Task Groups together with strong leadership, clear role descriptions and identified reporting responsibilities. A key problem is that many senior staff see gender as 'women's issues' rather than a broader topic that includes men and other socially excluded groups. The ADB conducted a Gender Audit of the Ministry of Health (2003: viii). The assessment reported low capacity and recommended that in order for gender inequality to be addressed, 'that the role and function of the gender focal point be reviewed. The individual taking on this responsibility should be encouraged to participate more fully in inter-ministerial committee meetings more systematically, which may require more consistent capacity

building to ensure that this person has the required information and analytical skills to demonstrate the importance of gender mainstreaming.'

Given the above, the Ministry of Health should request support from FHSSP to advance its work in in Gender Equality and Social Inclusion.

There are a number of achievements in gender equality by the Ministry of Health that need to be noted:

Strategic Plan

- A gender component is included.
- Good sex-disaggregated data collection.

Programs targeting women

- Maternal health program.
- Breastfeeding program (and food vouchers for poor women).
- Nutrition for pregnant women.
- Screening for cervical cancers.
- Ante-natal HIV testing.

Programs targeting women and men

- Reproductive health programs.
- HIV and AIDS programs.
- Public health promotion campaigns.

The above shows that the Ministry of Health has good capacity to develop programs to respond identified needs of women and men. The key issue is with the way that gender programs are presently described and reported. The use of a clinical model conceals the achievements of the Ministry of Health in gender equality programming. A gender and social analysis together with the development of a Gender Equality and Social Inclusion policy will enable the Ministry of Health to report its achievements more effectively. A changed reporting approach that proceeds from a social model of analysis will highlight and capture programs targeted at women and other socially excluded groups.

5.1 Progress towards achieving the Millennium Development Goals

The 2nd MDG Report for the period 1990-2009, (September 2010) states that Fiji is unlikely to achieve MDG 3. Whilst gender parity has been achieved in primary and secondary school enrolments (MDG No 3, Part a); women are still under represented in legislature and decision making positions; the labour market is still characterized by occupational and leadership gender segregation; there is wage inequality and lower participation of women in paid employment. MDG's 5 and 6 focus on infant mortality and maternal health and Fiji anticipates that it will meet its targets despite low resources to improve infrastructure and shortages of trained staff in specialized areas.

Fiji is unlikely to achieve universal access to reproductive health services and this is due to inadequate sex-disaggregated data that hampers effective and accurate reporting on this, and a number of other indicators. Family size is a key factor in poverty. There are ethnic differences in household size with i-Tukei households averaging 5.25 persons and Fijian of Indian descent households averaging 4.27. The average household size was 4.27 (Fiji Islands Bureau of Statistics, 2007).

The impacts of political instability have been felt in rural and urban households and poverty is a result of Fiji's inability to attract private investment, create sufficient economic opportunities to increase employment and achieve its targeted economic growth rate. As a result, Fiji is unlikely to achieve MDG 1, although there has been progress in reducing hunger through the food voucher program and associated social welfare schemes. Poverty data is not sufficiently sex-disaggregated to identify any particular effects of poverty on gender.

In its 2nd Millennium Development Goal Report (1990-2009: 5) the IGOF lists a number of government development policy priorities. Those listed under Goal 3 that are relevant to this Gender Equality and Social Inclusion Strategy are listed below:

- Implement and monitor the EEO policy in all workplaces and address occupational discrimination and gender segregation in labour markets.
- Ensure women's accessibility and full participation in power structures and decision making bodies.
- Educate the community and law enforcement agencies to prevent and eliminate violence against women.
- Empower women, particularly rural women through training on leadership, awareness of human and indigenous rights issues, health and quality of life through Partnership, Networking and Coordination with women groups and increased collaboration and partnership with NGO's.
- Mainstream gender perspectives in all sectoral development programmes.
- Strengthen women's groups to increase awareness of the role that women play in societies.
- Conduct gender mainstreaming workshops at national and district (including village level).
- Mobilizing and networking with more men and young boys organisations to work as gender advocates.
- Increased partnerships with women's groups at community level, non government and civil society organisations to conduct empowerment programs for women.
- Increased partnerships with research institutions such as academia to provide evidence based research and results to make informed policy decisions.
- Support local and regional organisations in engaging with women's rights CSO's and indigenous women' groups to advocate and advance gender equality initiatives
- Adoption of central data and information management and information system to reflect gender statistics and indicators disaggregated by ethnicity, age, disability, employment status and other relevant data.

The strategies described in this Gender Equality and Social Inclusion Strategy are consistent with the above policy priorities identified by the IGoF and donor partner policies as shown in Box 2.

Box 2: Sex disaggregated data collection in the Ministry of Health

The Ministry of Health has good capacity in the collection and sex disaggregation of data. This data needs to inform policy and program development.

Table 1: HIV new cases 2011

	I-Taukei	Indo-Fijians	Others	Total	
				Female	Male
	42	8	3	21	32

Table 2 Diabetes new cases 2011

	I-Taukei	Indo-Fijians	Others	Total	
				Female	Male
	212	405	28	382	263

Table 3 Cancer rates by sex 2011

	I-Taukei	Indo-Fijians	Others	Sex			Total
				Female	Male	Unknown	
Breast	94	67	11	164	8	0	172
Cervix	157	70	6	233	0	0	233
Prostrate	16	6	7	0	29	1	29

Source: Cancer Registry, Fiji Ministry of Health 2011

As shown above, men are impacted by prostrate cancer and a key problem is the health seeking behaviours of men. However the prevalence of cancers in women is significantly higher and this is a gender issue that needs to be addressed. The relationship between cervical cancer and sexually transmitted diseases has been established and this means that the behaviours of women and men around sex, contraception and reproduction need to be changed.

Table 4 Suicide by poisoning and exposure to pesticides by sex 2011

	I-Taukei		Indo-Fijian		Other		Total	
	Female	Male	Female	Male	Female	Male	Female	Male
	2	3	6	25	0	2	8	30

Source: Mortality database, Fiji Ministry of Health 2011

Available suicide data from some sources reports that suicide is the highest amongst Indo-Fijian young women under the age of 30, one of the highest rates in the world and the highest in the Pacific Islands (ADB, 2006; Forster, Kuruleca & Auxier, 2007). Contributing factors are reported as family disputes over arranged marriages, pre-marital relationships, violence against women, social and cultural roles that expect the principal role of women to produce sons. Amongst men in Fiji, the highest rates are also reported to be amongst Indo-Fijians. The principle reason is said to be economic pressures, loss including interpersonal, identity and financial as well as family instability (Henson, Taylor, Cohen, Waqabaca & Chand 2012). Indo-Fijian males and Fijian males were more likely to identify financial issues as triggers to suicide attempts than females. For Indo-Fijian women, improved empowerment and gender equality would be critical in reducing suicide rates.

6. Partnerships

The sections below provide some information about key partners that could be utilised by the Ministry of Health to improve gender equality and social inclusion in Fiji.

6.1 Government departments

6.1.1 National Women's Machinery

The national women's machinery was established in 1987 as the Department for Women and Culture. Following Ratification of CEDAW, that Department was raised to the Ministry of Women in 1998 (JICA 2009). According to JICA (2009: 11) the Department for Women in the Ministry of Women, Social Welfare and Poverty Alleviation has a small staff at both central and provincial level. The budget is FJD$990,000with about FJD$550,000 allocated to programs. The Department of Women has 2 key objectives:

1. Empowering women
2. Promoting gender mainstreaming

Their role is:

1. Providing advice to the ministries on policy making processes for developing gender –inclusive approaches.
2. Providing gender training services and seminars to the ministries and departments for promoting the understanding of gender mainstreaming.
3. Administration of implementing the National Women's Plan of Action

Presently, the key national document is the Women's Platform for Action (WPA) (2010-2019). This follows the previous WPA (1999-2008). Five key areas of concern are identified. They are:

1. Formal sector employment and livelihoods
2. Equal participation in Decision-Making
3. Elimination of Violence against Women and Children
4. Access to Basic Services
   a. Health and HIV and AIDS
   b. Education
   c. Other basic services (Water and Sanitation, Housing and Transport)
5. Women and the Law

The WPA (2010-2019) is based on the Fijian Constitution and commitments made by the IFGO to its citizens through RSSED 2009-2014. The WPA does not include any indicators against which to measure progress, therefore it is a statement of intent. A draft Gender Policy developed by the Ministry of Women and Culture was being circulated at the time of writing however, this document was not available for review. The Department for Women also conducts a Women's Social and Economic Development program (WOSED) that is outside the scope of this FHSSP Gender Equality and Social Inclusion Strategy.

The Department of Women (DoW) has a small training capacity at central and provincial levels. The DoW works with the Public Service Commission (PSC) to provide gender awareness training to civil servants identified by the PSC. One hundred and eighty people had been trained to date, this number includes only about three men and many of those women and men trained are not in any decision making roles. Training sessions takes 1.5 to 2 days and includes sessions on human rights, CEDAW, key terms, case studies, national machinery, sex-disaggregated data, violence against women, sexual harassment policy and the public service Code of Conduct. There was no information about measurement of the impacts of the training.[5] Staff at Provincial level have roles in raising gender awareness through capacity building training; engaging in consultations at local level; and, income generating activities. DOW is a line department no a policy agency and it could be strengthened by improved institutional arrangements, technical capacity, resourcing and linkages to budget expenditures (Costa & Sharp 2011) and the impacts of budget expenditures on women and men are summarized in a question in the 2003 budget circular (Costa & Sharp 2011; ADB 2006).

The WPA aims at improving basic services and there is an opportunity for collaboration between MoH and DoW to work together to develop Standard Operating Procedures for MoH for women survivors of violence.[6] A joint proposal for funds under the Pacific Fund to End Violence Against Women[7]could be developed and would contribute to significantly advancing gender equality in the MoH and more importantly link MoH to existing gender equality resources within government.

6.2 International donors and other actors

Fiji has a number of international donors and national and regional NGO's and CSO's. This section summarises the key organisations providing health and allied health services that could be utilised by the Ministry of Health to further strengthen gender equality and social inclusion in Fiji. Note that only services related to health, gender and social inclusion are included here.

Table 5 International organisations and donors

Organisation	Key services
United Nations Population Fund (UNFPA)	Violence Against Women Reproductive Health support within the MoH Contraceptive supplies
UN Women	Un Women Pacific Fund Gender Responsive Budgeting Violence Against Women Governance
European Union (EU)	Funding for NGO and CSO's
International Committee of the Red Cross and Red Crescent (ICRS & RC)	HIV and AIDs and delivery of gender responsive services to HIV positive people, anti-stiga programs, condom distribution, disaster and humanitarian responses, first aid training, blood collection.

The following organisations are able to provide a range of services to the communities. Note that it was not possible to meet with all organisations providing services.

[5] Meeting notes, J Edwards, 29th October 2012.
[6] Meeting notes, J Edwards, 29th October 2012.
[7] UN Women will advertise the next round of funding in January 2013 with a closing date of February 2013.

Table 6 Non government and civil society organisations

Organisation	Key services and activities
Fiji Women's Crisis Centre	Counseling, advocacy, capacity development and training research focused on women's rights, training of male advocates for gender equality to end violence against women, gender awareness training, strong regional focus and services to communities across Fiji.
Fiji Women's Rights Movement	Human rights and law reform advocacy and research, capacity development and training, gender awareness training, advocacy, young women's programs for leadership, reproductive health, links with grassroots women's organsiaitons.
Medical Services Pacific (MSP)	MoU's with Moh, UNFPA and agreement with police about referrals of sexual assault, contraception support, advice and provision, mobile reproductive health service.
Muslim Women's League	Community focused group that can provide access for information sharing with Muslim women.
Pacific Islands Disability Forum	Advocacy on rights of people with disabilities – all aspects including the rights to reproductive health services.
Development Alternatives with Women for a New era (DAWN)	Feminist scholars, activists and researchers on global issues (economic, social, political) affecting livelihoods, services, rights for women especially poor and marginalised women. Sexual and reproductive health rights for sexual minorities (LGBT).
Partners in Community Development (PCD)	Works in coastal communities on natural resource management and community capacity development. Aims to mainstream gender in all training. Has worked on mental health (but funding stopped for that service). Focus is women and youth.
FemLINK Pacific	Focus on young women, women with disabilities and rural and remote communities and communication technologies. Rural networks and the capacity to reach diverse communities. FemLINK can be utilised as a forum to raise health issues.
Pacific Regional Rights Team (RRRT)	Rights based advocacy group focused on advocating for improved legislation. Can provide capacity development and training.
Empower Pacific	Basic health services including reproductive health, hospital based counseling for suicide, pre-natal and post-natal reproductive health and STI awareness raising, gender awareness training, men and VAW, child abuse, STI information provision and testing to sex workers, HIV and AIDS, alternative income generation, disaster recovery counseling, support to disabled people's organisations.
Fijian Disabled People's Association	Umbrella for all DPO's in Fiji. Advocacy, research, rights based awareness raising. Able to provide training on rights and needs of people with disabilities.
Western Disabled People's Association (WDPA)	Provides sanitary and medical supplies to people with disabilities around Lautoka. Can provide training to families of people with disabilities about meeting the sanitary requirements of people with disabilities. Accepts donations of wheelchairs and basic repairs and provision of mobility aids.

Meetings were held with academics at the University of the South Pacific. Fiji National University already has good partnerships with the health sector and donors, whilst USP has good resoruces and networks for social and policy analysis.

Table 7 Academics

Organisation	Key services
University of the South Pacific (USP)	Gender and Social research, gender awareness training, social policy analysis.

There are two key AusAID funded programs in Fiji and it is important to establish linkages to avoid duplication and replication of services.

Table 8 Other AuAID funded programs

Organisation	Key services
Fiji Community Development Program (FCDP)	Funding support to NGO and CSO's within Fiji by grants Capacity development for selected NGO and CSO's to support improved management and service delivery
Access to Quality Education (AQEP)	Inclusive education Addressing financial barriers to school attendance Improve school infrastructure including disability access

7. Sequencing and timing of activities

The key recommendation is that FHSSP should support further discussion within the Ministry of Health until the end of first quarter 2013. During this time it is proposed that a Gender Equality and Social Inclusion Specialist be employed to support the Ministry of Health to increase internal demand for gender and social analysis for the development of a Gender Equality and Social Inclusion Policy. A Draft Terms of Reference and indicative work plan is attached here as Annex 2. At the end of the first quarter and based on momentum generated, a decision should be made to either proceed or withdraw and focus attention on key aspects of support to the Ministry such as mainstreaming gender within the program aspects and activities that FHSSP does control.

The key stages that for the gender and social analysis and policy development for the Ministry of Health are attached here as Annex 3.

Box 3: Partner government commitments to gender equality

The Interim Government of Fiji (IGOF) and Government of Australia (GoA) are both signatories to the United Nations Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) and other international agreements identified above. Both governments have policies and strategies requiring that gender discrimination and inequalities are addressed. Key AusAID policies around gender and other cross-cutting issues include the following:

AusAID's Fiji Country Strategy

The Fiji Country Strategy (2012-2014) targets poverty and vulnerability. AusAID's strategy in Fiji is aimed at the following development outcomes:

1. Improving access to quality education by reducing financial barriers to schooling and improving learning facilities in the most disadvantaged communities, including disaster affected areas.
2. Strengthening primary health services by improving maternal and child health and diabetes prevention.
3. Building resilience and economic opportunities in disadvantaged communities by supporting market development, access to financial services and skills development (p. 11).

About 20% of Fijians are reported to live in settlement or peri-urban communities. Along with rural Fijians, poverty limits their access to basic services (AusAID 2012).

AusAID gender thematic strategy

The GoA aid program supports gender equality through its key policy document, *An Effective Aid Program for Australia* where three of the ten objectives relate to gender equality. AusAID's Gender Thematic Strategy identifies four pillars to guide the work of programs to advance gender equality:

Pillar 1: Advancing access to gender-responsive health and education services.

Pillar 2: Increasing women's voice in decision-making, leadership and peace building.

Pillar 3: Empowering women economically and improving their livelihood security.

Pillar 4: Ending violence against women and girls at home, in their communities and conflict situations.

AusAID's priorities in the health sector are:

- Improving maternal and reproductive health services including through programs in countries and regions where women are at risk, and where appropriate, through targeted support in fragile states, conflict affected countries, and in disaster situations.
- Ensuring that health programs maximize opportunities to promote gender equality by including women in management, collecting sex-disaggregated data, undertaking gender analysis of service delivery, and identifying and addressing issues that disproportionately affect women and girls (pg. 10)

AusAID Gender Strategy proposes using a range of approaches including gender mainstreaming and specific activities targeted at women and men together and as individual groups.

Other relevant policies include:

- UN Security Council Resolution No. 1325
- AusAID Humanitarian Action Policy (2011)
- HIV and AIDS (2009)
- Disability Inclusive development (2009-2014)
- Child Protection

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Annex 1: Stakeholder consultations

Name	Role and Organisation
Dr Priya Chattier	University of the South Pacific
Dr Koroivueta	Permanent Secretary, Ministry of Health
Ms Tara Chetty	Fiji Women's Rights Movement
Ms Rosalba Tueso	European Union
Various members	Women's Action for Change (WAC Theatre)
Ms Kaniz Raza	Muslim Women's League
Dr Claire Slatter	University of the South Pacific
Ms Keiko Nagai	JICA
Dr Jessie Nzenza Kanhutu	International Federation of the Red Cross and Red Crescent
Ms Toakase Ratu	International Federation of the Red Cross and Red Crescent
Ms Jennifer Poole	Medical Services Pacific (MSP)
Sr Silina Wawu Ledua	Ministry of Health (MoH)
Mr Eroni Cevamaca	Ministry of Health (MoH)
Dr Frances Bingwor	Ministry of Health (MoH)
Ms Sarah Gwonyoma	AusAID
Mr Nilesh Gounder	AusAID
Mr Marika Mlueniyalie	Ministry of Health (MoH)
Ms Anu Pillay	UN Women
Ms Anareta	Ministry of Women and Culture
Mr Ratish	Ministry of Health (MoH)
Mr Shivnay Naidu	Ministry of Health (MoH)
Mr Eroni	Ministry of Health (MoH)
Dr Priscilla Puamau	Australian Quality Education Program
Ms Jemima Reeves	Australian Quality Education Program
Ms Mereoni Daveta	Australian Quality Education Program
Mr Michael Brownjohn	Fiji Community Development Program
Ms Sheila Town	Fiji Community Development Program
Sr Selina Wagu Ledua	Australian Quality Education Program
Ms Melinia Nawadra	AusAID
Ms Alisi Qaiqaica	UN Women
Ms Christina Parasyn	AusAID
Ms Elenoa Kaisau and others	Fiji Disabled Persons Association (FDPA)
Ms Maha Muna	UNFPA
Dr Jane Koziol-Mclain	Auckland University of Technology
Ms Llisapethi Rokotunidau (Beth)	Fiji Community Development Program
Mr Govind Singh	Ministry of Social Welfare, Women and Poverty Alleviation
Ms Sharon Bhagwan Rolls	femLINK Pacific
Ms Gina Houng Lee	Pacific Regional Rights Resource Team (RRRT)
Ms Tupou Vere	UN Women
Ms Noelene Nabulivou	DAWN
Ms Annette Roberston	UNFPA

Ms Tirisiyani	CDF
Naomi	Pacific Islands Disability Forum (PIDF)
Dr Wendy Snowden	C-POND
Ms Luisa Vodonaivalu	UNFPA/Ministry of Health
Dr Tuekana	Ministry of Health

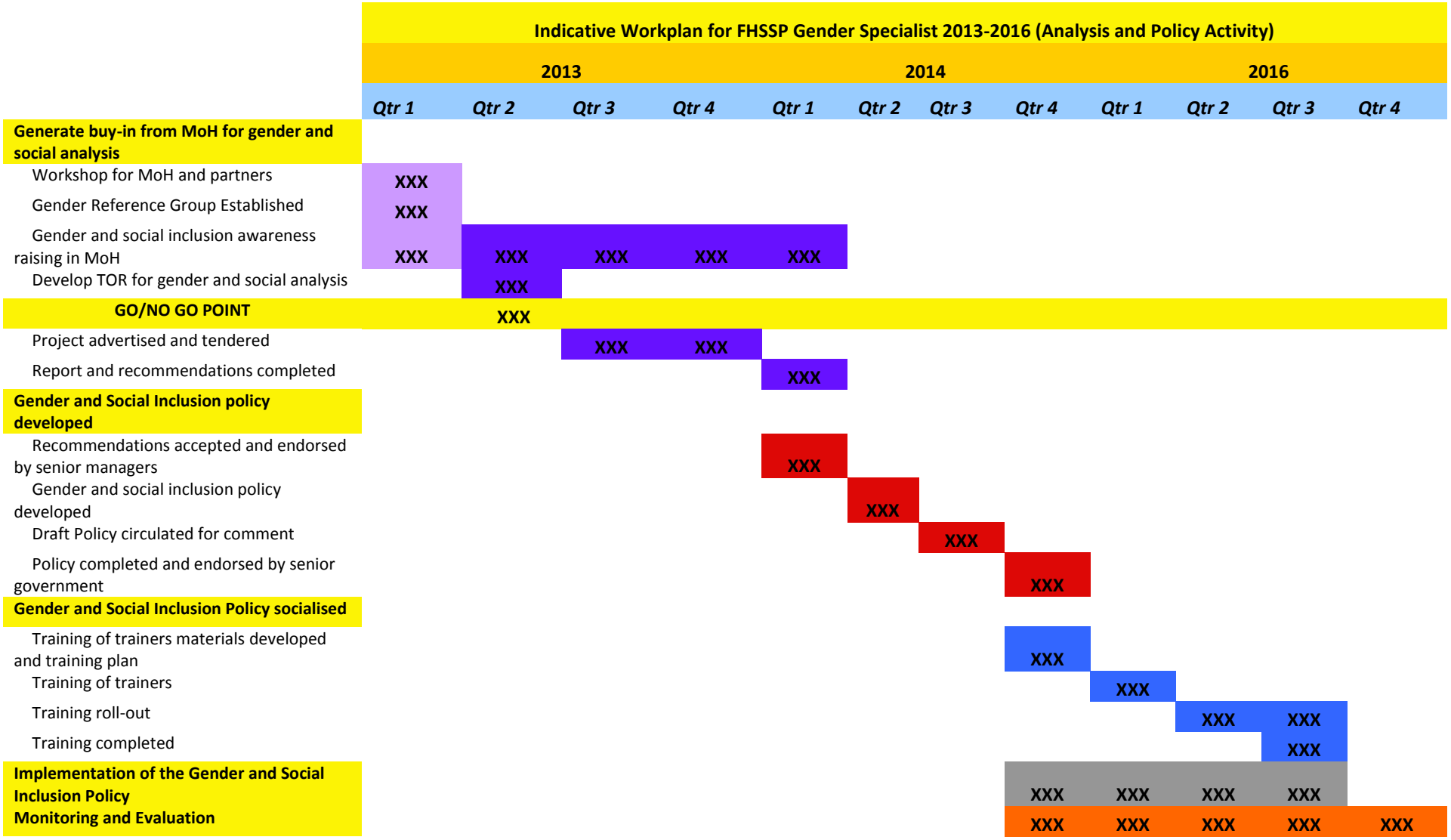
Annex 2: Draft Terms of Reference, Gender Equality and Social Inclusion Specialist

Background

A gender and social inclusion assessment was conducted between September and November 2012. The assessment identified key issues and directions for FHSSP to advance gender equality and social inclusion in Fiji through the health sector. The assessment made a number of recommendations including the appointment of a Gender and Social Inclusion Specialist for 91 days to advance gender equality and social inclusion within the Ministry of Health and FHSSP.

Specific Duties

1. Collate and analyse the findings from the Gender and Social Inclusion Training Needs Assessment and identify directions for the a systematic training plan together with the Workplace …..
2. Develop and implement a workshop for counterparts within the Ministry of Health to get buy in for gender equality and social inclusion mainstreaming within the Ministry of Health.
3. Work with senior level Ministry of Health Officials to identify a gender champion to take ownership of advancing gender equality and social inclusion within the Ministry of Health.
4. Work with senior level Ministry of Health Officials to establish a Gender and Social Inclusion Reference Group within the Ministry of Health.
5. Work with Ministry of Health and Department of Women to develop a proposal for unding from the UN Women pacific Development Fund.
6. Continue to develop relationships with NGO's and CSO's, international donors, other AusAID programs and other potential partners identified through the Gender and Social Inclusion assessment and strategy.
7. Work with Technical Advisers in FHSSP to identify ways that gender and social inclusion issues can be integrated into existing training materials and workshops.
8. Develop a gender and social inclusion training plan for FHSSP staff to be implemented by a NGO/CSO partner.
9. Review FHSSP program manuals and other documents to ensure they are gender responsive.
10. Recommend Go/No Go for further implementation of the FHSSP Gender and Social Inclusion Strategy based on progress on points 1,2,3, 4 & 5 above (and as per attached workplan).
11. Develop a research design for Gender and Social Analysis dependent on point 10, above (as per attached workplan).


Indicative Workplan for FHSSP Gender Specialist 2013-2016 (Analysis and Policy Activity)
2013
2014
2016
Qtr 1
Qtr 2
Qtr 3
Qtr 4
Qtr 1
Qtr 2
Qtr 3
Qtr 4
Qtr 1
Qtr 2
Qtr 3
Qtr 4
Generate buy-in from MoH for gender and social analysis
Workshop for MoH and partners
Gender Reference Group Established
Gender and social inclusion awareness raising in MoH
Develop TOR for gender and social analysis
GO/NO GO POINT
Project advertised and tendered
Report and recommendations completed
Gender and Social Inclusion policy developed
Recommendations accepted and endorsed by senior managers
Gender and social inclusion policy developed
Draft Policy circulated for comment
Policy completed and endorsed by senior government
Gender and Social Inclusion Policy socialised
Training of trainers materials developed and training plan
Training of trainers
Training roll-out
Training completed
Implementation of the Gender and Social Inclusion Policy
Monitoring and Evaluation
XXX

Draft Flowchart and timeline for Gender Policy development for Fiji Ministry of Health 2013-2015

Phases	Main tasks	Estimated time allocation	Timeline
Political will and high level commitment	• High level Reference Group established • National Program Officer appointed (3 years)	• 3 years	• February 2013-December 2015
Gender Analysis	• Terms of Reference developed • Successful tender appointed • Research plan finalised and implemented • Report and policy recommendations • Findings accepted by senior levels of MoH	• 1 year	• February 2013 to December 2013
Policy development	• Policy developed based on recommendations from Gender Analysis • Policy endorsed by MoH and government • Workplan developed	• 6 months	• January 2014 to March 2014
Policy	• Monitoring and Evaluation • Policy review (mid-term)	• 18 months	• March 2014 to December 2015