



Partnerships for a Healthy Region

Gender equality, disability equity and social inclusion (GEDSI) and engagement of First Nations Australians Guidance note

Overview

Health outcomes are multifaceted and driven not only by technical capacity or the strength of a health system, but also by a range of complex social factors. Evidence demonstrates that the interaction of gender, sex, age, disability, race, ethnicity, indigeneity, sexuality, socio-economic background and geographical location creates differential risk levels, impacting disease burden across a range of communicable and noncommunicable diseases, and affecting health outcomes.ⁱ ⁱⁱ Pre-existing inequalities and structural barriers, including in accessing health information and services, are key determinants of health, contributing to inequitable health outcomes between different individuals and groups.

Australia's [International Development Policy](#) commits to advancing gender equality and the rights of people with disabilities, and fostering cooperation between First Nations Australians and regional partners within Australia's development program. Recognising the importance of gender equality, disability equity and social inclusion (GEDSI) and the engagement of First Nations Australians to progressing development and health objectives, they are embedded as key cross cutting priorities across DFAT's Partnerships for a Healthy Region initiative.

This guidance note outlines programming guidance to support the integration of GEDSI and First Nations perspectives into proposals, designs and workplans under Partnership for a Healthy Region. It aligns with DFAT's policy frameworks and guidance on [gender equality](#) and [disability-inclusive development](#) and is intended to enable implementation against Australia's emerging First Nations approach to foreign policy. It aims to support the right of all to participate in and benefit from international cooperation efforts and enjoy the highest attainable standard of health, as outlined in key human rights instruments.ⁱⁱⁱ

Key considerations for embedding GEDSI into proposals

1. Conduct a GEDSI analysis to identify key GEDSI issues and opportunities and inform design

Undertake analysis which enables an understanding of the barriers and norms specific to the context and in relation to proposed activities, with reference to different groups of women, men, girls and boys; people with disabilities; people with diverse sexual orientation and gender identity; Indigenous Peoples and ethnic minority groups; and other groups experiencing health disparities in the local context.

2. Identify key strategies to address barriers and underlying norms

Utilise the GEDSI analysis to identify strategies and actions that will be implemented to address barriers and norms, through both targeted and mainstreamed approaches.

3. Allocate resources

Ensure adequate funding and human resources have been set aside to enable the program to cover potential costs associated with GEDSI related activities and engagement of First Nations Australians.

4. Identify risks and safeguarding considerations

Identify key risks to progressing GEDSI and First Nations engagement, and potential negative impacts to people in vulnerable situations. Outline key mitigations, an approach to 'do no harm' and measures to ensure cultural safety for programs that intend to engage First Nations Australians.

5. Embed GEDSI and the engagement of First Nations Australians in monitoring, evaluation and reporting

Develop outcomes and embed output and outcome level indicators on GEDSI and First Nations engagement, ensuring collection, analysis and reporting of data is appropriately disaggregated.

Checklist

Key considerations for designing programs which promote and progress gender equality, disability equity and social inclusion, and support engagement of First Nations Australians

CONCEPT

- Has a foundational understanding of GEDSI (including of Indigenous issues) been articulated, including an understanding of the context and how GEDSI relates to your proposed partnership/project? Has the inclusion of Indigenous Peoples taken into account the complexity of different country environments, and that definitions of indigeneity will vary?
- Is there a clear understanding of how the program will align with and support DFAT's frameworks, policies and guidance on gender equality and disability equity? See 'Additional Resources' on page 4.
- Is there intention and commitment to conduct a fulsome analysis to identify key challenges, barriers and social norms which affect gender equality, disability equity and social inclusion in the country/region/sector?
- Is there intention to consult with and engage representative organisations during design/development of work plans (including organisations of people with disabilities; women's rights organisations; and Indigenous Peoples and organisations)?
- Is there evidence provided on organisational commitment and capability on GEDSI and First Nations engagement, including on supporting diversity and cultural competency, and enabling the participation of women, people with disabilities and First Nations Australians, with plans to grow capacity in this area?

Example from DFAT's Health Security Initiative

As a result of a partner attending disability inclusion training to strengthen organisational capacity, they reviewed their project, identified key barriers to access and inclusion and developed an action plan to address barriers and strengthen disability inclusion within their project. Investing in organisational capability and awareness is key to understanding and progressing disability inclusion.

DESIGN AND WORKPLANS

- Has expertise in gender equality, disability and social inclusion been sought to inform design? For example, technical specialists and advisors, Indigenous led and focused organisations, women's rights organisations and organisations of people with disabilities.¹
- Where the engagement of First Nations Australians is planned, have these communities, organisations and/or individual/s been meaningfully engaged in the design process?
- Has a fulsome GEDSI analysis² been undertaken to inform the design? Where analysis is not undertaken during design phase, the design must still clearly articulate the gender and social inequities to be addressed by the program and provide detail on when and how an in-depth analysis will be conducted. See 'Additional Resources' on page 4' for guidance on conducting a GEDSI analysis.
- Is it clear how the program will meaningfully engage diverse groups³ that face increased disease risks and barriers to accessing and realising their right to health?
- Have you considered an appropriate level of resourcing in the budget to cover costs associated with GEDSI and the engagement of First Nations Australians? Costs may include further GEDSI analysis, technical inputs into design, implementation and monitoring and evaluation, staff and partner training, and engaging with representative organisations. The expertise of representative organisations and of First Nations Australians should be valued and remunerated and where there is support (or reasonable adjustments) needed to be provided to enable full participation (e.g. sign language interpretation, accommodation, childcare support or accessible transport) this should be funded through the program.

¹ It is important to broker engagement that is meaningful and respectful and to consider resourcing and remuneration when seeking to engage with local organisations.

² Note, the scope of a GEDSI analysis depends on the availability, currency, quality and relevance of existing gender analyses.

³ This should consider engagement of women and girls, people with disabilities, Indigenous Peoples, ethnic minorities and older populations and organisations representing the rights and interests of these groups.

Example from DFAT's Health Security Initiative

A project in PNG worked alongside people with disabilities and a local disability service provider to identify key entry points and co-design approaches to improve disability inclusion. This has supported the strengthening of health information systems to incorporate collection of disability data; the training of nurses on disability inclusion; and has supported surveillance systems to include the needs of people with disabilities.

RISK AND SAFEGUARDS ASSESSMENT

- Has the design considered the negative impact (intended and unintended) that the program activities could have on groups in vulnerable situations⁴ and integrated the 'do no harm' principle?
- For programs that aim to engage First Nations communities, organisations or individuals, has the design incorporated measures to ensure cultural safety?
- Has the risk assessment screened for risks associated with GEDSI approaches and considered the possible social impacts for groups in vulnerable situations, including Indigenous Peoples and ethnic minorities? Have appropriate risk mitigations and treatments been identified? Risks should consider gender-based violence, child protection risks, sexual exploitation and abuse, and human rights violations, and comply with DFAT's [Prevention of Sexual Exploitation, Abuse and Harassment \(PSEAH\)](#) and [Environmental and Social Safeguard Policy](#).

Example from DFAT's Health Security Initiative

A training program identified that participating women were experiencing unintended negative consequences associated with balancing training participation with their domestic responsibilities. Strategies were integrated to support participation, including providing flexible training times and enabling the women's children and partners to accompany them to support and share caregiving responsibilities.

PERFORMANCE MANAGEMENT - MONITORING, EVALUATION AND REPORTING

- Are GEDSI-related objectives reflected in the proposal's program logic and included as end of program outcomes? To support strengthened gender equality commitments in DFAT's investments, there is a mandatory requirement for proposals greater than \$3 million to have a gender equality objective either as an End of Program Outcome or Intermediate Outcome.
- Are output and outcome indicators specific to GEDSI and embedding the perspectives of First Nations Australians included in your monitoring, evaluation and learning (MEL) plans?
- Does your MEL plan include the collection, analysis, and reporting of disaggregated data? This should consider disaggregation by sex, disability status⁵ and other relevant aspects of social inclusion.
- Will qualitative information on GEDSI and the engagement of First Nations perspectives be collected, analysed and reported?
- Is there an evaluation question that relates to GEDSI and the engagement of First Nations Australians that could measure progress at mid-term and at the end of program?

Example DFAT's Health Security Initiative

By embedding targets, sex disaggregated data and indicators on gender equality within their monitoring and evaluation frameworks, a tertiary education provider was effective in improving participation of women in their training program. They additionally developed training content on sex and gender, prompted by an indicator within their monitoring and evaluation framework.

⁴ This will be dependent on context and project activities but may include women and girls, children, people of diverse genders and sexualities, people with diverse disabilities, Indigenous peoples, ethnic or religious minorities, older people undocumented migrants, those living in institutions and older people.

⁵ The Washington Group's short set of six questions is recommended by the United Nations for use in all national censuses and household surveys to provide internationally comparable disability data, and is increasingly utilised to support collection of disability data: [Washington Group on Disability Statistics, Short Set of Questions on Disability](#).



Additional resources

DFAT good practice guidance

- [Gender Equality in Investment Design Good Practice Note](#): A resource to assist DFAT's partners to integrate gender equality into program designs.
- [Gender Equality in Monitoring and Evaluation Good Practice Note](#): A resource to assist DFAT's partners to integrate gender equality into monitoring, evaluation and reporting.
- [Disability-Inclusive Development Guidance Note](#): Outlines DFAT's approach to disability-inclusive development and identifies main entry points for disability inclusion.
- [Gender Equality, Disability and Social Inclusion Analysis Good Practice Note](#): Provides guidance on how to undertake high quality, evidence based GEDSI analysis to inform design.
- [Gender Equality Program-Level Strategy Development Good Practice Note](#): Outlines key features of a good practice gender strategy for a development program.
- [Reaching Indigenous People in the Australian Aid Program Guidance Note](#): Assists in the design and delivery of international development programs that strive to be inclusive of indigenous people's issues and improve outcomes for indigenous peoples.

DFAT policy and strategies

- [Australia's International Development Policy](#): This policy document will guide Australia's development program to support a peaceful, stable and prosperous future for Australia and our region.
- [Gender equality and women's empowerment strategy](#): Outlines DFAT's strategic approach to gender equality and women's empowerment.
- [Development for All Strategy for strengthening disability-inclusive development in Australia's aid program](#): Outlines key principles and opportunities for strengthening disability-inclusive development in Australia's development program.
- [Australia's Indigenous Diplomacy Agenda](#): Outlines Australia's commitment to elevate and support attention to Indigenous participation issues through international engagement.⁶
- [Preventing sexual exploitation, abuse and harassment policy](#): Sets out expectations and requirements for all DFAT staff and delivery partners to manage SEAH risks and incidents.
- [Child Protection Policy](#): Articulates DFAT's zero tolerance of child exploitation and abuse and includes expectations of DFAT funded partners in the management of child protection risks.
- [Environmental and Social Safeguard Policy](#): Outlines DFAT's approach to managing the environmental and social impacts of its aid investments.

GEDSI analysis and strategy tools and additional guidance from the sector

- [CARE International Good Practices Framework](#): Discusses basic concepts of gender and introduces key areas of inquiry to take into consideration when undergoing a gender analysis.
- [UNICEF's Immunization and Gender Practical Guide](#): Aims to support the integration of a gender perspective in health programming by identifying how gender norms, roles and relations affect health related behaviours, outcomes and health sector responses.
- [UN Women's Intersectionality resource guide and toolkit](#): Aims to assist organizations and individual practitioners and experts to address intersectionality in policies and programmes.
- [DID4All](#): Includes detailed evidence and guidance on mainstreaming disability-inclusive development in a range of sectors.

⁶ Australia's First Nations approach to foreign policy will be developed in due course. Until this point in time, the Indigenous Diplomacy Agenda provides guidance on elevating the rights of Indigenous Peoples in the work of Australia's foreign affairs and trade portfolio, including Australia's development program.



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- ⁱ Meinhart et al., S. (2021). Gender-based violence and infectious disease in humanitarian settings: lessons learned from Ebola, Zika, and COVID-19 to inform syndemic policy making. *International Affairs*. Full Text ([biomedcentral.com](#))
- ⁱⁱ Bamba, C. (2022). Pandemic inequalities: emerging infectious diseases and health equity | *International Journal for Equity in Health* | Full Text ([biomedcentral.com](#))
- ⁱⁱⁱ Important UN treaties and health frameworks critical to the implementation of inclusive and equitable health programs and services that should be referred to for further guidance include: Universal Health Coverage (UHC); The Right to Health; UN Convention on the Rights of Persons with Disabilities (UNCRPD); Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW); United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights; the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Racial Discrimination.