Australian Doctors International

Gender Equality Disability Social Inclusion Strategy 2023 - 2025

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Glossary

Terminology	Definition
Agency	An individual's (or group's) ability to make effective choices and to transform those choices into desired outcomes. Agency can be understood as the process through which women and men use their endowments and take advantage of economic opportunities to achieve desired outcomes. E.g., the family planning choices which women make is often influenced by the decision makers in the family rather than their own choices.
Empowerment	A multidimensional social process that enables people to gain control over their lives. Strategies for empowerment therefore often challenge existing power allocations and relations to give disadvantaged groups more power.
Intersectionality	Refers to the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalised individuals or groups. E.g. A female living with disability experiences double marginalization due to negative stereotypes and discrimination based on her gender and disability. She will have a unique set of challenges, barriers, and vulnerabilities when it comes to accessing health services.
Investment	Investment in this Strategy refers to the donor funded projects and programs implemented by ADI and its partners.
Gender	refers to the social relationship between women, men, girls and boys that vary from one society to another and at different points in history. The socially learnt roles, behaviours, activities, and attributes that any given society considers appropriate for men and women; gender defines masculinity and femininity. Gender expectations vary between cultures and can change over time. This is different to sex.
Gender analysis	Is a critical examination of how differences in gender roles, activities, needs, opportunities, and rights/entitlements affect men, women, girls and boys in certain situation or contexts. it looks at the relationship between females and males and their access to and control of resources and the constraints they face relative to each other.
Gender equality	means that women and men and people with other gender identities enjoy equal status in society, along with girls and boys. It means that they have the same entitlements to all human rights; enjoy equal respect in the community; can take advantage of the same opportunities to make choices and decisions about their lives; and have the same amount of power to shape the outcomes of these choices.
Gender equity	treating people of different genders with fairness, recognising that people are starting from different points, and may need different kinds of assistance if we are to achieve gender equality. For some, equity is a stronger term than equality, because it recognises that removing discriminatory barriers will not by itself create equality of outcomes; this also requires the transformation of the basic rules, hierarchies, and practices of public institutions.
Gender inequality	Gender inequality is discrimination based on sex or gender causing one to be consistently privileged or prioritized over another.
Gender norms	Gender norms are the accepted attributed and characteristics of male and female gendered identity at a particular point in time for a specific society or community. They are the standards and expectations to which gender identity generally conforms, within a range that defines a particular society, culture, and community at that point in time. Gender norms are ideas about how women, men, girls and boys should be and act. Internalised early in life, gender norms can establish a life cycle of gender socialisation and stereotyping.

Gender relations	Gender relations have to do with the ways in which a culture or society defines rights, responsibilities and the identities of women, men, girls and boys in relation to one another. Gender relations refer to the balance of power between women and men or girls and boys.
Gender roles	Gender roles are learned from the time of birth and are reinforced by parents, teachers, peers, and society. These gender roles are based on the way a society is organised and vary by age, class and ethnic group.
Gender responsive	A consideration of gender norms, roles and inequality in policy or programme design/ development with measures taken to actively reduce their harmful effects.
OPD	are defined by the CRPD Committee as Organisations of Persons with Disabilities (OPD) that 'should be rooted, committed to and fully respect the principles and rights recognised in the Convention. They can only be those that are led, directed, and governed by persons with disabilities.
PWD	Persons with disabilities (PWD) include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.
Power dynamics	Power is a person's ability to exert influence and control and can refer to how power affects a relationship between two or more people. Power relations based on gender can act as a barrier to women and men by creating inequitable access to resources, roles and behaviours, norms and beliefs, and decision-making power between and among men and women.
Program areas	Program areas in this strategy refers to the provinces in which ADI implements its programs.
Strategy	Strategy or This Strategy mentioned in this document refers to the Gender Equality Disability Social Inclusion Strategy (2023-2025).
Social inclusion	Social inclusion is a process of improving the ability, opportunity, and dignity of those disadvantaged based on their identity to take part in the society.6 Grounds for exclusion can be hinged on several factors: gender, disability, age, and location, and socio-economic condition, level of education, sexual orientation, cultural status along with other intersecting identities of an individual.
Twin track approach	A twin-track approach is a combination of both targeted activities which foster gender equality; and mainstreaming efforts which ensure all projects consider the impact on women and girls and actively include women in the project cycle.

List of Acronyms

ACFID	Australian Council for International Development
ADI	Australian Doctors International
ADP	Assembly of Disabled People
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CHS	Christian Health Services
CRPD	Convention on the Rights of Persons with Disabilities
DFAT	Department for Foreign Affairs and Trade
EOPO	End of program outcome
GBV	gender based violence
GDA	gender and disability analysis
GEDSI	gender equality disability social inclusion
GESI	gender equality social inclusion
HRH	human resource for health
KRA	key result areas
MELF	Monitoring Evaluation Learning Framework
NHP	national health plan
NI	New Ireland
OPD	Organisation for People with Disability
PHA	provincial health authority
PPM	provincial program manager
PSEAH	prevention of sexual exploitation abuse and harassment
PWD	people with disability
SEAH	sexual exploitation abuse and harassment
SOP	Standard Operating procedures
WNB	West New Britain

Executive Summary

Australian Doctors International (ADI) is committed to strengthening health systems and supporting rural health workers in some of the most complex and challenging environments. ADI is not only committed to improving health outcomes and infrastructure, but also in creating a sustainable long-term change through advocacy and education. Through this commitment, ADI contributes towards its greater goal of a healthier Papua New Guinea.

Gender equality disability social inclusion (GEDSI) is an integral part of achieving healthy outcomes and sustainable long tern change for all by addressing inequalities and exclusion that exist within ADI and its partner systems and structures.

ADI's GEDSI Strategy 2023-2025 aims to generate participatory, inclusive, empowering, and transformative actions that can address existing barriers, gaps and forms of exclusions while taking into consideration the context within which ADI operates and its success to date.

The Strategy is grounded on the seven GEDSI operating principles: building on ADI's success and good practice, Twin-track approach, integrating intersectionality, adaptable model for diverse context, partnerships for embedding GEDSI, nothing about us without us (rights based), and Do No Harm approach.

To address the barriers and challenges perpetuated by existing Institutional barriers; processes, and systems; Existing gendered and exclusionary norms and relations (Attitudinal barriers) and Implication on individual's agency, ADI has identified through the Gender Analysis and Disability analysis, three key areas of intervention:

- Eliminate institutional barriers within ADI structures, processes, and systems.
- Address attitudinal barriers: gendered and exclusionary norms and relations within ADI and its partners systems and practices.
- Empower socially excluded and marginalized groups within ADI and its partner programs and projects

The above interventions inform ADI's three GEDSI commitments for 2023 -2025:

1. We will mainstream GEDSI across all ADI Programs and operations.
2. We will collaborate with relevant rights groups and partners to advocate and promote equitable, accessible, and inclusive opportunities for marginalised groups.
3. We will target equitable, accessible, and inclusive health outcomes for women, girls, and people with disability.

These commitments are informed by a Twin Track approach which integrates both mainstreaming and targeted interventions ensuring that GEDSI is part of the process as well as an outcome.

To ensure that the 3 commitments translate into concrete set of actions, this Strategy also establishes an annual action implementation pathway which is embedded into ADI's organizational planning, implementation, monitoring, evaluation, reflection, and reporting cycle.

The implementation of Gender Equality Disability Social Inclusion Strategy 2023 -2025 aims to support inclusive and gender responsive ADI programs and operations which contributes to more skilled and empowered GEDSI sensitive staff delivering an equitable, accessible, and inclusive health outcome for all.

1 Introduction

1.1 Background

From the first deployment of its first volunteer doctor to Kiunga, Western Province in 2002, ADI and its co-delivery partners continue to strengthen the provincial health systems through outreach patrols and the upskilling of remote healthcare workers. ADI's outreach patrols continue to focus on clinical service delivery and public health education in remote and disadvantaged communities.

Since then, ADI has extended into New Ireland, West New Britain provinces and most recently in 2022 into Manus province, continuing with the system strengthening approach in partnership with provincial health authorities to deliver health outcomes as prioritized in the National Health Plan

ADI's vision is for a *healthier Papua New Guinea* and its mission is: *demonstrating our commitment to upholding the universal right to health care by working with local partners to provide and strengthen health services in rural and remote communities.*

ADI seeks to achieve greater alignment with the National Department of Health's 5 Key Results areas as outlined in its National Health Plan (2021-2030) through its Program Theory of Change with three existing End of Program Outcomes and an inclusion of a GEDSI approach. These EOPOs contribute towards these three Impact areas:

- Strengthened Human resources for health (HRH) capacity.
- Improved accessibility of health services in rural areas.
- Improved health seeking behavior.

In reference to GEDSI, ADI complies with DFAT and ACFID requirements for gender equality and disability inclusive development principles by ensuring our Gender Equality, Disability Inclusion, Child Safeguarding and PSEAH Policies apply the rights-based approach, and a Do No Harm approach is taken to promote and achieve equitable, accessible, and inclusive health outcomes.

ADI also reviewed its MELF to include a GEDSI Specific EOPO, with indicators and targets to ensure increased opportunities for participation of women, girls, and people with disability in these remote disadvantaged communities.

This Strategy is informed by a consultative process of identifying barriers, challenges and opportunities to which ADI should respond. The consultative Gender Analysis and disability analysis included key informant interviews and focus group discussions with representative communities, male and female community leaders, PWDs, key health partners from both government and Christian Health services and civil society organisations including women's groups and OPDs. Additionally, an internal ADI staff survey which included members of ADI Board, Senior Management, Sydney based staff and PNG staff across both the national office and Provincial offices was also conducted to enhance evidence-based actions developed through this Strategy to improve our GEDSI outcomes.

The Gender Analysis, Disability analysis and the staff survey all identified barriers and challenges and opportunities or enablers that ADI will be addressing and capitalizing on through this Strategy.

1.2 Rationale

The objective of the GEDSI Strategy is to provide overall direction for ADI's GEDSI investment and overall implementation pathway for 2023 – 2025.

1.3 GEDSI Operating Principles

The GEDSI Strategy will be underpinned and guided by the following principles:

- **Building on ADI's success and good practices**
  This strategy is based on ADI's successes through its existing strong partnerships and programs implementation approach to date while identifying and expanding the scope for greater gender equality and inclusivity for increased access to health services for all.

- **Twin-Track Approach**
  This Strategy adopts the Twin Track approach to GEDSI integration by mainstreaming as well as simultaneously undertaking targeted sets of GEDSI activities/actions to improve health outcomes for women, girls, people with disabilities and other at-risk groups. This approach leads to increased and equal opportunities for all. In doing so this Strategy ensures that GEDSI is a process and an outcome.

- **Integrating intersectionality**
  This Strategy while adopting a targeted approach focusing on women, girls, men, boys and people with disabilities, recognizes how identities such as age, sexual identity, class and status, marital status, geographical location, economic status, etc. can intersect to perpetuate specific forms of vulnerabilities, discrimination, and inequalities. These forms of vulnerabilities, discrimination and inequalities will be identified through GEDSI analysis to inform appropriate actions.

- **Adaptable Model for Diverse Context**
  This Strategy is flexible and adaptable to context. Working in diverse communities within PNG, there cannot be a 'one size fit for all' solution and so the flexibility allows and ensures that annual GEDSI actions proposed under the Strategy is adaptable, relevant, and responsive to the diverse context we work with and in.

- **Partnerships for Embedding GEDSI**
  This Strategy aims to explore and strengthen partnerships opportunities with both existing as well as new reform minded champions, partners and organisations which are interested in working collectively towards embedding GEDSI outcomes within health programs.

- **Nothing About Us without Us (Rights based approach)**
  This Strategy recognizes that there are no policies, plans and actions that ought to be decided without the full, direct meaningful participation and representation of the groups affected by this Strategy. This Strategy will therefore promote the inclusion of women, people with disability and other socially excluded members of the society through either the mainstreamed activities or targeted activities to ensure they are part of the process as well as benefit equally from the outcomes.

- **Do no Harm Approach**

  The implementation of this Strategy will ensure that while the inclusion of women, and people with disabilities, and other socially excluded groups is promoted and while they are at the center of these initiatives, our programs and approaches do not reinforce any existing harmful

practices, but ensure we take appropriate measures to mitigate the risks of causing further farm to them while they participate in ADI or ADI partner programs. For example, in our responses to concerns of GBV or SEAH or child exploitation and abuse, we will ensure that the rights and welfare of the survivor comes first and that we uphold the best interest of the child.

2 Context

2.1 Key GEDSI challenges in PNG program areas

Issues of gendered forms of inequalities and social exclusion within the pacific region are deeply entwined with the shifting social, cultural, economic, political, and culturally diverse context within the geographically dispersed communities. This is further complicated by the existing forms of underlying harmful social and cultural exclusionary norms, practices and systems of belief which perpetuates systemic and structural forms of discrimination, inequality and exclusion for many marginalised and vulnerable groups.

It is important to note that GEDSI issues cannot be understood in isolation from the evolving and diverse context of our societies and country and within the region.

Gender equality remains a major challenge with high prevalence rates of violence against women with reported every two out of three women in PNG suffering domestic abuse (The Guardian, 2015).

Findings from the gender analysis also indicated that there is prevalence of GBV in the communities that ADI works in with partner violence being one major barrier that prevents women from participating in community activities and decision-making including decisions to accessing reproductive health services such as family planning.

According to the Pacific Disability Forum (2012), disability in the Pacific Island countries has typically been an invisible issue. There is relatively little accurate official data on the incidence of disability and few services for PWD, especially physical and psychological impairments. Studies also show that women and girls with disabilities are two to three times more likely to be victims of physical and sexual abuse than women with no disabilities.

PNG National Policy on Disability (2015 -2025) is a call for action for all Papua New Guineans to work collaboratively and in removing barriers that prevent PWDs from enjoying equal rights to services and access to services in line with its vision, *remove barriers, make rights real.*

According to WHO reports, 16% of the world's population have some form of disability. ADI recently conducted a disability analysis in three of its project sites in Manus, New Ireland and North Fly District of Western Province which shows prevalence of PWDs in communities in these provinces and district.

The gender and disability analysis identified the barriers faced by these marginalised group of people prevent their equal access to opportunities, including access to health services.

These analyses also identified the need for ADI and its partners to support the relevant organisations to collect relevant GEDSI disaggregated data for evidence-based responses to increase equal participation and access to relevant services by women, PWDs and other socially excluded groups of people.

Apart from women, PWD are also among the most marginalised and excluded and underrepresented people in the communities and PNG communities are no exception. They generally have low economic, health and education outcomes. They are underrepresented at the decision-making level including the lowest level of government (Ward development committee) as identified through the recent gender

analysis. While there has been commitment across the region to prioritise equality and inclusion work, there is very little resource allocation from respective governments to implement these commitments. (PLGED, PFRPD).

A recent assessment of major gender equality and women empowerment programs in the Indo-Pacific region also highlighted the missing voices of women with disability due to their underrepresentation in these programs. (*Missing Voices: The Inclusion of Women with Disabilities within gender programing and women's movement*, CBM Australia, November 2023).

The pre-existing gender equality disability social inclusion challenges evident in these communities also have implications on access to health services.

It is important to address the implications of the broader GEDSI issues which are entrenched within the health systems.

2.2 GEDSI Policy landscape for PNG Health Sector

At the international level, the health-related SDG 3: good health and wellbeing is complemented by Article 24 of the Convention on the rights of persons with disability and Articles 12 and 14 of the CEDAW and other related commitments provides the key pillar for ADI's GEDSI Strategy 2023-2025.

Australia's International Development Policy (August 2023) identifies gender equality and disability inclusion as core issues for actions. To achieve effective development outcomes, DFAT calls for all development and humanitarian investments to be informed by a GEDSI analysis.

The overall theme for NDOH National Health Plan 2021-2030 is '*leaving no one behind is everybody's business'* and states clearly that the PHAs are the vehicle for driving and implementing the five key result areas of the plan. Complemented by the PNG government's commitment to mainstreaming GESI into and across its workplace and service delivery (National Public Service GESI Policy) as the overarching GESI policy.

Gender equality social inclusion (GESI) mainstreaming has been stressed in the relevant government policies and aims at promoting equal and equitable participation and access to services by both men and women in the society. (National Policy for Women and Gender Equality, 2011-2015).

Relevant government policies reviewed as part of ADI's gender analysis alluded to the importance of gender equality and how this can address the gender disparity that exist within most areas of society including service delivery.

This strengthens ADI's pursuit to improve its current partnership and service delivery to ensure health services are more equitable, accessible, and inclusive for all.

Further to these policies, there are other relevant key international, regional and national level policies equally important in terms of situating and embedding ADI's GEDSI Strategy 2023-2025.

Snapshot of policy landscape

INTERNATIONAL

Sustainable Development Goals

- Goal 3: good health and well-being
- Goal 5: gender equality
- Goal 10: reduced inequalities
- Goal 17: partnership for the goals

Convention on the Elimination of all forms of Discrimination against women (CEDAW)

- Article 12: health care and family planning

equal access to health care and ensure women and girls are not discriminated against in health care. Women and girls must have access to health care services for family planning.

- Article 14: rural women and girls

Emphasises on considering specific problems faced by and important role that rural women and girls play in the survival of their families.

Convention on the rights of persons with disability (CRPD)

Article 25: on health recognise that PWDs have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis on disability.

Other relevant Articles:5-10, Article 16 & Article 19

Stress on equal opportunities and making reasonable accommodation for all PWDs including women and children and creating awareness on their rights to participation.

REGIONAL

- The Pacific Framework for the Rights of Persons with Disability (2016 - 2025)
- Pacific platform for action on gender equality and women's human rights (2018-2030) and Pacific Leaders Gender Equality Declaration (2012)

These documents reiterate on the roles pf the states to ensure appropriate actions taken to ensure equal participation and opportunities for PWDs and women in the Pacific.

NATIONAL

- National Policy for Women and Gender Equality, 2011-2015).
- National Policy on Disability
- National Public Service GESI Policy
- PNG National Strategy to prevent and respond to gender-based violence ((2016-2025)
- National Health Plan (2021-2030)

DONOR PROGRAMS

- Australia's International Development Policy (August 2023)
- ACFID Gender and Disability related documents

ADI's gender equality disability social inclusion strategy 2023 - 2025 aims to contribute towards and mutually reinforce key international, regional, and national level commitments.

3. GEDSI at Australian Doctors International

3.1. Progress

To date, ADI has promoted GEDSI through its health programs implemented in partnership with respective provincial health authorities, Christian health services and donor partners. This is demonstrated in the approach taken to improve the capacity of the health workers and to ensure accessible health services for all. In aligning its programs with the key result areas as outlined in the NHP 2021-2030, to achieve the overall theme of the NHP, *Leaving Noone behind is everybody's responsibility.* As identified in the Gender Analysis, ADI will strengthen current GEDSI responsive process and approaches as well as improve in areas such as disability inclusion.

3.2. Barriers and challenges

3.2.1. Institutional barriers, processes, and systems

Institutional barriers are structures, processes, systems, and policies that systematically create conditions of inequalities and exclusion that disadvantage certain groups.

One of the most predominant forms of institutional barrier is the misinterpretation of equality and inclusion as ensuring equal and therefore standardized service and delivery approach for all. This does not consider the equity problem of some groups being more marginalised than others and hence they require GEDSI responsive sets of affirmative actions. For instance, health facilities have standard designed equipment, patient treatment processes and staffed according to the required staffing ratio. The overburdened and understaffed health facilities reinforce the gendered and exclusionary norms and relations.

The absence of GEDSI responsive and affirmative actions may not be deliberate but it plays a crucial role in reinforcing the gendered and exclusionary norms and relations. Some of the institutional processes, structures, and systems where GEDSI mainstreaming gaps could be identified and actioned includes amongst others the following: policies, strategies and processes. This covers annual work plans, staff recruitment, capacity development opportunities for staff, organizational financing and resourcing, human resource policies, planning monitoring, evaluation and learning, communications, training, and delivery.

3.2.2. Attitudinal barriers: existing gendered and exclusionary norms and relations

Like other sectors, the health sector is also permeated with gendered and exclusionary perceptions. To begin with there is already a deeply rooted generational stereotypical perception that women make good caretakers and so nursing roles are a female dominated role. This results in more women taking up the nursing profession and end up dominating the workforce especially in the rural health facilities. This reinforces the existing beliefs that prevents male citizens from seeking health care from female health workers.

Those who do attempt to break these gendered patterns of participation often face an uphill battle against the predominant beliefs, stereotypes, structural and systemic forms of discrimination reinforced by parents, families, communities, schools, peers, colleagues, employer, and other key institutions. For instance, women's decisions and choices are affected by gendered norms and relations which affects level of support from family and spouses, burden of unpaid care work, autonomy over decision making, safety and security and limitations in mobility, as well as exposure to high rates of sexual and gender-based violence with family and workplaces.

Similarly, PWDs are faced with exclusion from communities, education, health system and workplaces. The gender and disability analysis identified that negative attitudes, stigma and discrimination, ignorance and apathy of policymakers and implementers are other problems that

women and persons with disability face in the societies and communities in which ADI and its partners work.

3.2.3. Implication on individual's agency

Both the gendered and exclusionary norms affect individual's agency with regards to their ability to make informed choices and decisions. In most cases, these decisions are dependent upon a wide range of factors such as access to information, influence from peers, family and community, access to funding, time and resource allocation, the level of support from caregivers, parents, spouses, and families along with many other social, cultural, political, and geographical factors. Enhancing and amplifying voices, access, opportunities, and resources for marginalised and socially excluded groups within ADI's program implementation approach will require a re-configuration of how ADI can partner with other stakeholders to contribute towards building an inclusive and enabling environment where excluded and marginalised groups including women, girls and PWDs can make their own choices and decisions for full participation in all aspects of life.

3.3. Opportunities

While there are barriers and challenges that may prevent the implementation of this Strategy, there are also opportunities or enablers that can promote implementation and make GEDSI real.

ADI's existing overarching Gender Equality and Disability Inclusion policies will govern the implementation of this Strategy internally while complemented by existing government policies such as the National Public Service GESI Policy and National Policy on Disability to hold health partners accountable to progress GEDSI.

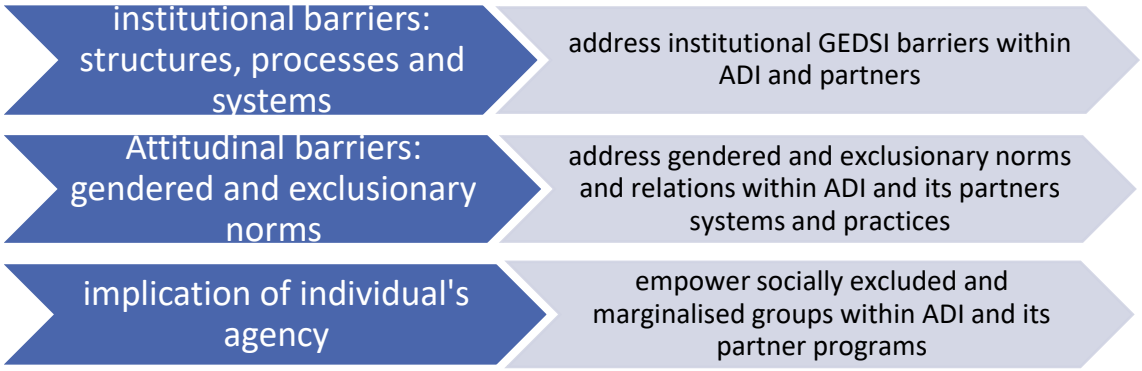
Apart from the policies in place, ADI also has strong working relationships with its key implementing partners and therefore the current partnership and delivery approaches will be utilized to progress the implementation of this Strategy.

ADI and its current partners will explore opportunities for intentional engagement of rights groups including relevant women's groups and organisations for persons with disability (OPDs) to progress GEDSI outcomes.

4 Strategic Intent: intervention, approach, and commitment

4.1 Our areas of intervention

Existing forms of gendered inequalities and exclusionary barriers within the ADI's systems and that of its major health partners impedes progress to increased accessible, equitable and inclusive health services for all members of the community. The main premise of this Strategy is to link and generate participatory, inclusive, empowering, and transformative actions that can tackle the afore-mentioned barriers, gaps and forms of exclusions. Hence the three priority areas of interventions are aligned with and directly respond to the barriers and challenges identified from the gender analysis and disability analysis.

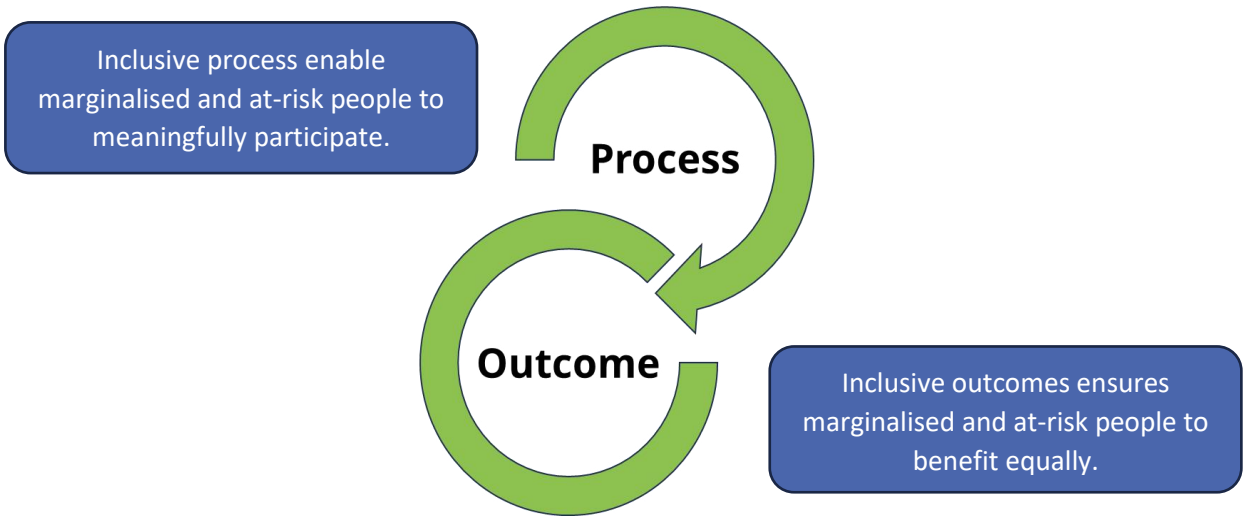


4.2 Our Approach: Twin Track approach to GEDSI

ADI's GEDSI strategy adopts the Twin Track Approach to GEDSI which focuses on both the mainstreaming and targeted interventions. The twin track approach recognizes that mainstreaming alone is not enough and that specific responsive set of targeted interventions are necessary for positioning vulnerable and marginalized groups at the center of GEDSI interventions. By doing so, we ensure that they are part of the process as well as benefit equally from the outcomes.

4.3 Our GEDSI Commitments

Based on the Twin-track approach, ADI will pursue 3 GEDSI commitments for 2023 – 2025. ADI is committed to ensuring that GEDSI is a part of the process and outcome.



One of these commitments will be implemented under the mainstreaming track, while the other two will be implemented under the targeted track. For each of the commitments, the annual targets will be developed as part of the ADI's planning process and in line with its Strategic Plan.

4.3.1 Mainstreaming

Commitment 1:We will mainstream GEDSI within all ADI programs and operations.

ADI will embed GEDSI practices of, access, equality, equity, awareness, and inclusivity within ADI's policies, process, and systems.

We will ensure that the Gender equality and disability inclusion policies provide the overarching framework for the implementation of this commitment to improve our current organisational practices.

We will ensure our programs and activities deliver a GEDSI session to increase knowledge and awareness of health workers to improve service delivery to make it more equitable, inclusive, and accessible for all members of society. We will increase and improve our integrated outreach patrols to ensure increased awareness on GEDSI and GBV.

We will ensure we equip our staff and partner staff with the knowledge and skills required to implement this strategy through regular trainings.

We will continue to implement and strengthen ongoing GEDSI responsive approaches which includes implementation of existing policies on gender equality, disability inclusion, PSEAH and Child Safeguarding; working in partnership with organisations for people with disability (OPDs) and providing reasonable accommodation to encourage participation of PWDs and women, collection of sex disaggregated and disability data.

At the end of the first 12 months of the implementation of this Strategy, ADI will undertake a GEDSI audit to identify the gaps in policies and procedures and establish progressive concrete sets of actions to address such gaps. The audit will also be extended to ADI's operations including recruitment, financial processes, strategic communications, partnerships, planning and monitoring, evaluation and learning and identify a credible list of early wins and major areas for improvement.

At the end of this Strategy implementation period, the key outcomes of this commitment will be:

1. ADI to have GEDSI responsive organisational policies, procedures, and approaches
2. Enhanced ADI staff (Board, volunteers, permanent staff, volunteers) capacities to support the implementation of GEDSI actions.
3. Enhance partner staff (PHA, CHS, and others) capacities to engage with and support the implementation of relevant GEDSI actions.

4.3.2 Targeted Interventions

Under targeted interventions, ADI has two major commitments which mutually reinforce each other. Targeted interventions are sets of affirmative actions, strategies and approaches which specifically respond to the needs, vulnerabilities, gaps and opportunities related to specific identified marginalised groups. In recognizing that women and people with disabilities are more at risk than others, ADI will invest in targeted actions of the groups recognized from the gender analysis and disability analysis conducted and here in referred to as our target groups:

- Women
- Girls
- People with disability (PWDs)
- Remote and hard to reach communities.

To date, ADI has invested in number of actions for ensuring accessible and equitable health outcomes. These include conducting disability analysis in three of its provinces to identify the type of disability and its prevalence to inform health partners and service providers on specialist assistance required, supporting district OPD to meet and elect their executives, set up a dedicated workstation in the New Ireland office for the OPD leader to use to assist with his work, continue to target the hard to reach communities as its target population.

As this Strategy is implemented, ADI will pay particular attention to any new groups that are identified to be at risk of being left out of accessing basic health services, we will develop appropriate GEDSI actions in line with this Strategy.

In line with the program Theory of Change and the Monitoring Evaluation Learning Framework, ADI will deliberately target opportunities to engage and collaborate with women's representative groups and organisations for people with disability (OPD) to increase their participation in decision making and empower them to access health services.

Commitment 2:We will collaborate with relevant rights groups and partners to advocate and promote equitable, accessible and inclusive opportunities for marginalised people.

Under this commitment, we will target three main actions:

1. **Strengthen engagement with rights groups.**
   To strengthen ADI's engagement with rights groups especially OPD, we will expand ADI's engagement at the national level with Assembly of Disabled Persons (ADP) and the respective sub-national level with provincial OPDs. ADI will ensure they are a part of the process and equally benefit from the outcomes. This move will also improve, ADI's disability inclusion work. We will also explore opportunities to work with relevant women's groups in the respective project sites.

2. **Advocate and explore shared GEDSI interest within ADI partners.**
   To promote and progress its GEDSI outcomes, it is important for ADI to work with like-minded partners who have shared interest in working together to advance GEDSI actions focused on improving access to health services for all.
   In line with the theme for PNG's National Health Plan (2021-2030), *"leaving no one behind is everybody's business"* ADI will seek to explore opportunities to work with its major health partners (PHAs and CHS), and service providers such as Callan Services to identify and implement common GEDSI actions to improve and increase access of health services for all.

3. **Increase capacity building and advocacy on GEDSI.**
   As identified through the Gender and disability Analysis, there is need to build capacity of both ADI staff and partner staff on GEDSI and improve its efforts in targeted awareness and advocacy on GEDSI. ADI will work with the relevant partners and rights groups to build capacity of its staff and partner staff to improve its efforts in targeted awareness and advocacy on GEDSI. The implementation of this action will contribute to the achievement of the EOPO in ADI's program TOC as well as relevant KRA's in the NHP 2021-2023.

At the end of this Strategy period, the key outcomes of this Commitment will be:

1. Formalized partnership arrangement with the Assembly for Disabled People (ADP) at the national level and the respective OPDs in the four provinces. The partnership will build on and strengthen the support provided to OPDs in Western, New Ireland, WNB and Manus.
2. Improved organisational capacity of four OPDs through organisational capacity building opportunities.
3. Increased involvement of PWDs and women representatives in ADI and partner programs and activities from planning, implementation, through to monitoring and evaluation.
4. Increased awareness and capacity of ADI and partner staff on GEDSI practices and approaches through series of trainings.

Commitment 3:We will target equitable, accessible and inclusive health outcomes for marginalised groups including women, girls and people with disabilities.

Through the gender and disability analysis, ADI recognizes and identifies that women, girls and people with disability including women with disability, face barriers and experience challenges in accessing health services. This Commitment will follow a holistic approach to addressing these challenges and barriers to increase equitable, accessible, and inclusive health services for all.

Over the course of this Strategy period, we will further strengthen current actions and undertake new ones:

1. **Increase scope of Joint outreach patrol teams:**
   The current joint patrol teams include clinical staff from PHA and CHS partners. ADI will provide reasonable accommodation to ensure that the team members include other relevant sections like, family support center, FSVU, OPD representatives, etc. This will provide increased opportunities for survivors of GBV to also have access to services and also increase awareness of services available.
   Other opportunities include health facility assessments with the PHAs which can look into including representatives of women or PWDs to apply a GEDSI lens to these assessments.
2. **Expand the scope of outreach patrols/activities:**
   Apart from the current clinical outreach activities, ADI and partners should expand its scope to do general health awareness with target groups to generate demand for health seeking behaviour amongst, girls, women and PWDs and other socially excluded members of the community. These targeted patrols can also include representatives of OPDs and women and can provide an opportunity for OPDs to collect their relevant data.
3. **Increase advocacy and awareness:**
   Advocacy and awareness on importance and concepts of GEDSI including relevant policies and conventions throughout the community and with targeted institutions like schools. This opportunity should also be led by representatives of the rights groups and supported.
   Through these engagements, ADI will be actively participating in important advocacy days like; 20 days activism on human rights coordinated by its respective provincial GBVAC, including International Day for People with Disability (IDPD), Human Rights Day, EVAW Day, International Children's Day and other days recognized by WHO for health awareness including World TB Day, World Immunisation week, World AIDs Day, etc. Other relevant days such as such as contraceptive day, menstrual hygiene day, sexual health day, etc.

can be observed with schools while disability specific days like, Braille awareness week, White Cane Day, Blind Day, etc., can be other opportunities for increasing awareness on specific impairments. Commemoration of these days are opportunities for advocacy that can increase demand generation for health seeking behaviours amongst target audience.

At the end of this Strategy period, the key outcomes of this Commitment will be:

1. Increase demand in health seeking behaviour amongst women, girls and PWDS through increased awareness and advocacy.
2. Increased participation of women and PWDs in ADI and partner programs.
3. Increase access to GBV services through ADI and partner-led programs.
4. Increased awareness and advocacy on general health awareness
5. Increased understanding on importance of GEDSI amongst ADI staff, partner staff and community members including village health assistants (VHAs).

5 Our GEDSI Implementation Pathway

5.1 Socialisation of GEDSI Strategy (2023 -2025)

The GEDSI Strategy (2023 -2025) is a dynamic, flexible living document which can be interpreted for a contextually relevant set of affirmative actions by ADI's provincial offices with the country program. To enhance its use, the Strategy will be socialized as part of continuous ongoing engagements internally with ADI staff and externally with key partner staff. GEDSI specific recommendations from these engagements will be incorporated as part of the annual GEDSI reflections and planning cycle.

When needed, this Strategy document will be made available in different versions to improve and increase accessibility.

5.2 Action planning and Implementation Pathway

This Strategy sets broad outcomes which will be supported by specific annual targets and actions in the form of an annual GEDSI Action Plan. Development of the annual GEDSI action plan will be aligned with ADI's normal planning process with key priority areas identified in line with the MELF.

The table below outlines the proposed planning and implementation processes.

Platform, processes, and reporting	
Platform	The leadership team meetings will act as a platform for decision-making regarding the planning, implementation, reporting and reflection and learning process for annual GEDSI actions. The annual staff workshop will also be an opportunity to reflect and develop GEDSI annual action plans. There will be quarterly reflection and planning meetings facilitated by National GEDSI coordinator and respective provincial teams and partners. The monthly GEDSI working group meetings will also be the platform for reflection and decision making on GEDSI actions and implementations.
Processes	November – December (previous year) 1. Annual GEDSI reflection session with Leadership Team to reflect on The Strategy and identify annual GEDSI action to be included in the GEDSI annual action plan.

	December - January 2. Provincial Programs Manager meet with their respective teams and partner staff to reflect and develop their annual GEDSI Action plan. February – December 3. Implementation of GEDSI actions by respective provincial teams.
Reporting Pathway	The reporting process aligns with ADI's internal reporting process and any donor reporting requirements: 1. Activity reporting by respective program staff implementing the activity. This will capture most significant stories. 2. Monthly reporting by National GEDSI Coordinator in consultation with respective PPMs and provincial GEDSI leads. 3. Quarterly Report by respective PPMs incorporated into the current template and reporting schedule. Supported by M&E team. 4. Donor Reports (in accordance with reporting schedule in ADI MELF) 5. Annual Report to capture the progress of implementation of GEDSI actions.

5.3 Monitoring and Evaluation

The GEDSI Strategy interventions, approaches and the three priority commitments contribute towards the three impact areas of the Programs Theory of Change. .

Monitoring and evaluation of this Strategy will fall under ADI's monitoring, evaluation and Learning framework (MELF) guided by the GEDSI Specific indicators and targets.

The evidence and learning will be used and disseminated against the following metrics:

- The extent to which the GEDSI analysis identifies gaps and opportunities that substantially inform ADI approaches.
- The extent to which risks of GEDSI inequalities and exclusion are identified and appropriately managed across the ADI programs and operations.
- Effectiveness of the ADI programs and operations with regards to implementing strategies to promote equity, accessibility and inclusion and empowerment of women and people with disability.
- GEDSI disaggregated data on GEDSI specific outcome, indicators, and targets.
- Sufficiency of expertise and budget allocation to achieve GEDSI related outcomes.
- The extent to which ADI partners increasingly treat GEDSI as a priority through their own policies and processes.
- Extent to which women and PWDs and their representative organisations are engaged in planning, implementation and monitoring and evaluation of the investment.
- The extent to which ADI's investment identifies and addresses barriers to inclusion and opportunities for equal participation of PWDs to enable them to equally benefit.

5.4 Roles and Responsibilities

Making GEDSI real is a shared responsibility and so implementing this Strategy requires collaborative efforts from all staff and stakeholders. Below table outlines the key ADI personnel and stakeholders, and their roles and responsibilities.

Stakeholder/Personnel	Roles and Responsibilities
National GEDSI Coordinator	- Facilitate and provide direction for implementation of GEDSI Strategy including the annual planning and review cycle. - Provide technical and mentoring support to provincial teams on GEDSI action implementation and approaches - Support GEDSI evidence data collection, reporting, and analysis - Support capacity building of ADI staff and key partner staff and stakeholders on GEDSI responsive approaches and practices. - Lead and support engagement with respective OPDs.
GEDSI Working Group	- Review and approve GEDSI strategy. - Review Annual GEDSI action implementation plans.
Monitoring, Evaluation and Learning Team	- Ensure GEDSI action implementation is captured and reported in the internal reporting templates. - Build staff capacity on MELF in relation to GEDSI. - Support evaluation and analysis of GEDSI data - Review and integrate GEDSI indicators and targets into the MELF
Provincial Teams	- Participate in developing, reviewing and reflection of GEDSI action planning. - Lead the implementation and reporting of the annual GEDSI actions. - Participate in GEDSI related staff capacity building activities
ADI Leadership Team	- Provide leadership support to programs team to implement GEDSI action plan and implement this Strategy. - Review GEDSI related reports and ensure ADI Programs are GEDSI responsive
ADI Executive Team	- Provide internal approval for GEDSI action implementation. - Endorse resource allocation for enhanced GEDSI action implementation - Champion GEDSI integration across ADI
ADI Board of Directors	- Approval for ADI's GEDSI Strategy (2023 -2025) - Approval of GEDSI related policies and related procedures. - Support GEDSI integration across ADI
ADI Partners	- Participate in learning and reflection of GEDSI Strategy where feasible. - Identify and implement opportunities for GEDSI actions based on shared interest. - Input into GEDSI Strategy review, planning and implementation. - Participate in capacity building trainings to enhance GEDSI capacity. - Adopt and replicate GEDSI approaches into their respective programs.

Appendix 1: Sample GEDSI annual Action Plan (2023)

Proposed Action	Targets/Performance Indicators	Responsibility
Commitment 1: We will mainstream GEDSI within all ADI programs and operations.		
1.1 GEDSI responsive policies, procedures, and approaches in place	# of organisational processes are gender responsive % of budget allocated for GEDSI actions	EMT
1.2 Conduct staff and partner trainings	% of ADI staff trained on GEDSI annually #of partner staff trained on GEDSI % of in-service trainings with GEDSI awareness session # of GEDSI trainings conducted # of training materials developed	National GEDSI Coordinator
1.3 Conduct Gender audit	# of GEDSI responsive policies, SOPs, strategies, processes, budget, templates in place	National GEDSI Coordinator SMT, HRM
Commitment 2: We will collaborate with relevant rights groups and partners to advocate and promote equitable, accessible, and inclusive access for marginalised people.		
2.1 Strengthen engagement with rights groups	# of partnership /arrangements with OPDs # partner capacity assessment conducted to inform action plan # of working agreements established with women's groups	National GEDSI Coordinator/PPMs
2.2 Advocate and explore shared GEDSI interest within ADI partners.	# of shared interest identified # of shared interest activities implemented	National GEDSI Coordinator/PPMs/ key Partner staff
2.3 Increase capacity building and advocacy on GEDSI	# of capacity building sessions conducted for ADI staff # of capacity building sessions conducted for partner staff # of ADI staff trained # of partner staff trained Most significant stories/ case studies	Rights groups reps National GEDSI Coordinator
Commitment 3: We will target equitable, accessible, and inclusive health outcomes for marginalised groups including women, girls and people with disabilities.		
3.1 Increase scope of joint patrol team	# of rights groups reps, GBV service providers on patrol teams #of patrols involving rights groups and GBV service providers	Provincial Teams/Partners

3.2 Expand scope of outreach patrols/activities	% of outreach patrols/activities with general health awareness conducted #of awareness sessions led by rights groups % of targeted awareness sessions conducted for women and girls, men, PWDs # of women, girls and PWD attending reached # of GBV survivors supported and referred for further support	Provincial Teams/Partners
3.3 Increase advocacy and awareness	# of advocacy sessions conducted # of human rights days led by rights groups # of activities supported/funded # of IEC materials developed # of IEC materials distributed	Provincial Teams Partners National GEDSI Coordinator