policy

January 2013

Approach for *Promoting and Measuring Gender Equality* in the *Scale-Up* of Family Planning and Maternal, Neonatal, and Child Health Programs

This publication was prepared by Elisabeth Rottach of the Health Policy Project.

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ACKNOWLEDGMENTS

INTRODUCTION

To achieve the greatest possible improvement in family planning (FP) and maternal, neonatal, and child health (MNCH) outcomes, successful interventions, practices, and approaches must be "scaled up"—that is, implemented on a larger scale and incorporated into the laws, policies, and structures that govern health systems. In recent years, growing recognition of the importance of scale-up has led to intensified efforts to identify and scale up best practices in FP/MNCH and improve scale-up processes. Gender equality is central to successful and sustainable scale-up.

Why gender equality?

Gender equality can significantly influence health outcomes, and many barriers to program scale-up are related to gender norms and gender inequality. Incorporating strategies to address gender equality and empower women and girls can lead to improved health and program outcomes (Barker et al., 2007; Rottach et al., 2009), while failing to take gender equality factors into account—such as women's status in family and community, men and women's roles in decision making, and gender-related discrepancies in education and access to resources—can hinder successful scale-up of FP/MNCH interventions.

> **Gender equality** means equal opportunity for women and men of all ages to access and use resources and services within families, communities, and society, including deriving equal benefit from laws and policies and possessing equal decision-making power (WHO, 2008).

The Gap

Despite the importance of addressing gender inequality, scale-up frameworks and methodologies developed for FP/MNCH programs do not offer systematic guidance on how to integrate gender into scale-up processes. Nor have programs adequately incorporated gender equality and female empowerment into scale-up efforts or measured the impact of doing so, making it difficult to ascertain the true impact of gender integration on scale-up.

Purpose

The Health Policy Project's Gender, Policy, and Measurement program (GPM) designed this programming approach to help countries advance the systematic integration of gender equality into the scale-up of FP/MNCH interventions and best practices by

- Raising awareness of the need for increased attention to gender equality and female empowerment as a related outcome of the scale-up of FP/MNCH programs; and

- Outlining priority global-level actions to support the inclusion of gender equality in FP/MNCH scale-up efforts.

Methodology

The approach is based on literature reviews, key informant interviews, and technical consultation meetings (see Rottach et al., 2012). The approach also draws on experience with existing scale-up frameworks, such as those created by ExpandNet and Improvement Collaboratives and Fostering Change.

GPM has developed a similar approach for addressing policy development and implementation in the scale-up of best practices in FP/MNCH (Hardee, 2012). In addition, a complimentary approach is being developed for measuring the effects of integrating gender equality and policy implementation into the

scale-up of FP/MNCH interventions. The approach will provide guidance, tools, and resources for measuring the impact of gender equality and policy implementation on scale-up efforts.

THE CHALLENGE OF SCALING UP

What Is "Scale-Up?"

The term "scale-up" is used widely in the global health literature and generally means to expand an intervention or activity. A more comprehensive definition has been developed by ExpandNet, a global network of public health professionals that grew out of a World Health Organization (WHO) initiative to strengthen reproductive health programs in developing countries:[1]

> *"deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis."* (Simmons et al., 2007, p. vii–xvii)

This definition refers to several key elements of scale-up:

- A planned and guided scale-up process is necessary because large-scale change in any system rarely happens automatically.

- Prior to scaling up, interventions or new practices have been "successfully tested" (i.e., proved efficient in a controlled trial or a demonstration project). Interventions that have locally generated evidence of effectiveness and feasibility are more likely to be successfully scaled up than those that have not been tested.

- Finally, institutional capacity building and sustainability are essential to yield desired outcomes "on a lasting basis" (Simmons et al., 2007).

Two important prerequisites of scale-up are that the health intervention has been proven effective and that important stakeholders generally agree that it is worthy of scaling up. Such an intervention may be referred to as a "best practice," which the WHO defines as "a technique or methodology that, through experience and research, has proven reliably to lead to a desired result" (WHO, 2008). USAID has placed priority on scaling up high-impact practices in population and reproductive health, defined as those that "demonstrate correlation with improved health behaviors and/or outcomes" (USAID, 2011), and high-impact interventions in maternal health (USAID, nd). Examples of such practices in family planning and maternal health include providing family planning counseling and methods as part of postpartum and postabortion care; screening pregnant women for malaria and providing them with bed nets for malaria prevention; and providing active management of the third stage of labor to prevent postpartum hemorrhage.

As scaling up even relatively simple practices can be a complex process, many frameworks and approaches have been developed to guide scale-up efforts. An overview of some of these, including how they address gender equality, is provided in Appendix 1.

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[1] See www.expandnet.net.

PRIORITY GLOBAL ACTIONS FOR PROMOTING GENDER EQUALITY IN SCALE-UP

There is a need for ongoing collaborative efforts to increase attention to gender equality in the scale-up of best practices in FP/MNCH. To facilitate progress and spark discussion, GPM has identified several priority global-level actions to support the systematic integration of gender equality in scale-up efforts:

- *Incorporate concrete guidance on addressing gender equality into existing and new scale-up frameworks and approaches.*
  Despite the importance of addressing gender equality, scale-up frameworks and methodologies developed for FP/MNCH programs do not offer systematic guidance on how to integrate gender into scale-up processes.

- *Mobilize commitment and financial resources for scale-up.*
  Successfully integrating gender equality in FP/MNCH scale-up efforts will require additional resources and commitment, which must be mobilized at global, country, and program levels.

- *Build the evidence base to demonstrate the impact of addressing gender equality in scale-up efforts.*
  To date, there is scant evidence on the effects of addressing gender equality in scale-up efforts. Generating such evidence through additional research, field testing, and improved monitoring and evaluation is crucial to mobilizing resources and support and refining recommendations and approaches.

- *Develop approaches to address gender equality that can be brought to scale.*
  While a number of gender-integrated pilot or small-scale and time-intensive projects have been tested and shown to improve health and gender equality outcomes, there is a need for increased emphasis on determining the cost and feasibility of scaling up such interventions. Scale-up should be planned for from the earliest stages of program design, supporting a shift away from "boutique" projects and toward scalable interventions. Gender-integrated interventions also need to be monitored and evaluated to determine effectiveness, costs, and scalability.

SCALE-UP APPROACH: PROMOTE GENDER EQUALITY

Gender refers to the social definition of what it means to be male or female; specifically the different roles, responsibilities, behavior, and attributes that a particular society considers appropriate for men and women.[2] Gender is an acquired identity, which is learned, changes over time, and varies widely within and across cultures.[3]

Gender integration is the process of identifying and addressing gender norms, gender relations and the differences and inequalities between males and females in program planning, implementation, and monitoring and evaluation (USAID, 2012). When designing programs, many donors and program implementers have begun to address inequitable gender norms—such as men's dominance in decision making, gender norms that limit women's access to services or discourage men from active participation in antenatal care—however, insufficient attention is being paid to gender equality in efforts to identify and scale up best practices in FP/MNCH.
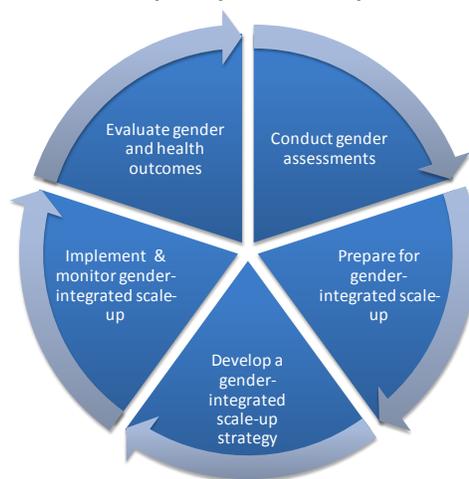
This scale-up approach draws heavily on the process for integrating gender equality into programs and policies—the steps of which are illustrated in Figure 1.

Figure 1: Steps to Integrate Gender Equality in Scale-Up

Step 1: Assess

After an intervention has been tested and shown to be effective in achieving the desired outcomes, and a decision has been made to scale it up, the scale-up team should undertake efforts to enhance the scalability of the intervention. Assessing the intervention and the environment in which the intervention will be scaled up should be an integral part of this process. Three actions are described below to assess the scalability of an intervention through a gender equality lens.

Conduct a gender assessment. As part of the scale-up process, a gender assessment should be carried out to identify gender-related barriers and opportunities relevant to scale-up. Gender assessments should inform decisions about which interventions are scaled up and how, and should guide development of the scale-up road map (see Step 3). Gender assessments should be repeated throughout the scale-up process to ensure adequate monitoring and evaluation of the program in terms of gender equality outcomes. These assessments explore issues such as access to resources, norms and beliefs, roles and practices, legal rights, and power

Country Example: Timor Leste

To inform development and implementation of scale-up activities in Timor Leste, GPM conducted a gender analysis desk review to identify key gender issues, constraints and opportunities that influence FP/MNCH outcomes. The results were used to inform development of a pilot test to evaluate the effectiveness of a scalable gender-integrated intervention.

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[2] See http://www.who.int/topics/gender.

[3] See http://transition.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Gender_Terminology_2.pdf.

dynamics. The following questions could be used during a gender analysis:

- What gender constraints do women and men and girls and boys face in the area where the intervention will take place?
- How do gender relations affect the proposed program goals and objectives?
- How will the proposed results affect the relative status of men and women?

Various tools are available to help design and conduct gender assessments, including the USAID Interagency Gender Working Group's *Guide for Conducting and Managing Gender Assessments* (Greene, 2012).

Apply gender criteria for assessing the scalability of best practices.

There are various tools for assessing the scalability of an intervention; however, tools that explicitly include addressing gender equality as criteria for scale-up do not yet exist. Nevertheless, if such criteria are not included in assessment questions or plans, program planners will miss an important opportunity to ensure women's and men's specific needs are met, barriers to accessing health services are overcome, and that opportunities for promoting gender equality are taken advantage of. Prior to scale-up, program managers should assess an intervention in terms of its influence on gender equality and gender outcomes.

- Has the intervention's influence on gender relations been documented?
- Do the results show the intervention has a positive impact on gender equality?
- What components of the intervention may need to be adapted to fit the local gender context?
- What gender factors may need to be addressed prior to or during roll-out of the intervention?

Identify crucial gender factors that lead to successful implementation of best practices.

To identify gender-related factors that need to be in place, recreated, or substituted to successfully scale up best practices, program managers should assess the environment in which the pilot project was implemented. These could include contextual factors such as men's support for family planning or women's control of household finances, cultural norms that encourage men's participation in MH programs, or a supportive policy environment that upholds women's rights. They might also include features of the program itself, such as engaging men and religious leaders in support of FP.

Step 2: Prepare for scale-up

Scaling up interventions requires different technical, management, and resource inputs than implementing pilot or small scale interventions. A strong resource team [i.e., individuals and organizations responsible for promoting and guiding scale-up efforts (ExpandNet/WHO, 2010)] is critical to ensuring these inputs are available and in place during scale-up. Likewise, the resource team is the key group responsible for integrating gender equality throughout the scale-up process. The following actions can help ensure that the resource team is capable of addressing gender equality during planning and implementation.

Form a diverse resource team with a broad range of stakeholders.

During scale-up, it is important to form a diverse planning team that includes representatives of women's and men's groups and vulnerable populations. Broad and meaningful stakeholder participation ensures that multiple perspectives and opinions inform program design and implementation. It can also increase cultural sensitivity, awareness of underlying gender related barriers and constraints, and community ownership. Managers should avoid treating women and men as homogeneous groups—instead ensuring

that the team reflects diversity of age, ethnicity, sexual orientation, disability, and other relevant characteristics.

Provide gender integration training, support, and team building.

At the project level, integrating gender equality into the scale-up process is challenging, due to the limited knowledge and experience in gender analysis of program planners, implementers, and resource team members. Training can increase awareness of the benefits of gender integration and improve skills for integrating gender into scale-up. Therefore, it is important for implementers to seek gender sensitization training for themselves and ensure that resource team members are trained on gender topics, such as human rights and national and international conventions that support gender equality. Data from the gender assessment can be used to tailor training content to the specific context. Implementers should help the resource team develop a shared vision of the practice to be scaled up, including its gender dimensions. Implementers should also provide support and follow up on resource team commitments to collaborate, be inclusive, and take action to promote gender equality.

A variety of gender training resources are available, including "Gender and Sexual and Reproductive Health 101," an online course available through the USAID Global Health e-Learning center,[4] which is designed to introduce health policymakers, advocates, and program managers to gender issues and approaches for gender integration.

Step 3: Develop a scale-up strategy

A scale-up strategy refers to the plans and actions necessary to fully establish a health intervention in programs, policies, and systems (see ExpandNet/WHO, 2010). Below are key actions to ensure opportunities to promote gender equality are not overlooked as the team develops the scale-up strategy.

Develop gender equality objectives for scale-up efforts.

Use the results of the gender assessment to develop concrete gender equality objectives to be accomplished during scale-up. This will help sustain focus on gender throughout the scale-up process and hold program managers and staff accountable for gender equality commitments. Examples of gender equality objectives include an increased number of men attending FP services; an increased participation of women in national-level MCH advocacy efforts; and a decreased number of community members condoning violence against women and girls.

Map strategies to address gender-based constraints and opportunities.

To ensure that gender assessment findings are considered during planning and strategy development, conduct a mapping exercise to identify how and when to address gender-based constraints and opportunities and reduce gender inequality during scale-up. The mapping exercise should

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Country Example: Nepal

GPM has partnered with the Suaahara Project in Nepal to design, implement, and evaluate a scalable capacity-strengthening intervention for Health Facility Operation and Management Committees. GPM and Suaahara will provide gender equity and social inclusion (GESI) sensitization training to all staff and partners engaged in the projects' scale-up efforts. The goal of the training is to increase awareness, motivation, and commitment toward improving gender equality and social inclusion.

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[4] See http://www.globalhealthlearning.org/login.cfm.

- Outline the anticipated scale-up phases (e.g., pilot-test, national-level advocacy, training, adaptation, and expansion to other geographic areas);

- Identify gender equality issues relevant to each phase (e.g., women's limited decision-making power, lack of female health providers, community beliefs that a man's role in antenatal care is limited to providing financial support, and laws that limit women's autonomy); and

- develop strategies to address barriers to gender equality at each phase to create an enabling environment for change (e.g., partner with existing microcredit groups in the community, collaborate with universities to support scholarships for women to attend medical training, deliver behavior change communication messages that encourage men to attend antenatal visits, and conduct advocacy efforts supporting gender equality legislation).

The Maternal and Child Health Improvement Program's scale-up framework offers a sample mapping tool that could be adapted for this purpose (Fujikoya and Smith, 2011).

Identify necessary adaptations of a best practice to fit the gender context. When expanding a health intervention to other geographic locations or target populations, apply the results of the gender assessment to determine what adaptations may be needed to ensure the model adequately addresses gender inequality issues relevant to the new locations or target populations. For example, many women worldwide prefer female health providers to insert intrauterine devices (IUDs) and will not adopt the method from a male provider. Therefore, when introducing an intervention to promote IUDs, it would be important to assess the acceptability of male providers and availability of qualified female health providers to insert the method.

> **Country Example: Nepal**
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> GPM and Suaahara are collaborating to strengthen the capacity of local health management committees to address gender equity and social inclusion for high-quality health services. To monitor how the capacity-strengthening intervention is influencing women's and men's participation in local health management committees differently, the project will conduct periodic observations of the meetings and assess the quality of participation by women and men. The monitoring data will be used to further refine and improve the intervention approach.

Mobilize political commitment and financial resources. Securing adequate political commitment and financial resources is essential to ensuring that interventions are sustained. Yet, while many governments have made commitments to promoting gender equality such political commitment has rarely translated into increased resources or funding for gender-responsive programming (Grown et al., 2006). Therefore, the scale-up team will need to use advocacy to engage decisionmakers and mobilize political support and resources for gender-integrated programs. To be successful, the team should engage a broad coalition of organizations, such as religious groups, civil society organizations, and women's and men's associations in the planning and execution of advocacy efforts.

Step 4: Implement and monitor

Implementing scale-up means putting into effect the plans and activities outlined in the strategy to scale up a health intervention. Monitoring refers to routine tracking of a program's activities by measuring whether planned activities are being carried out and assessing progress toward program objectives (Adamou et al., forthcoming). Integrating gender equality into scale-up implementation and monitoring can be achieved through the following actions described below.

Make the scale-up process participatory and inclusive. Implementation of scale-up should be a participatory, inclusive, and diverse process. It will be important to establish feedback mechanisms to enable proper monitoring from a broad range of stakeholders—such as women's and men's groups, youth, indigenous organizations, and midwives associations—and to ensure that necessary adjustments can be identified.

Develop a monitoring plan. Programmers should use the results of the gender assessment to inform development of a monitoring plan to better understand how gender factors influence the process and outcomes of scale-up. The monitoring plan should include not only sex disaggregated data in order to monitor how the intervention is influencing women and men differently, but also indicators to monitor progress toward gender equality outcomes. Programs must also institute mechanisms by which they monitor any negative outcomes related to empowering women in decision making. Monitoring data will also help program managers monitor discrimination against women, men, and vulnerable groups to ensure equitable access to services and products and fair treatment by health providers.

The *Guide for Monitoring Scale Up of Health Practices and Interventions* provides practical guidance and a replicable approach to systematically monitor the process of scaling up health interventions (Adamou et al., forthcoming).

Step 5: Evaluate

"Evaluation is a process of determining systematically and objectively the relevance, effectiveness and impact of interventions in relation to their objectives" (Adamou et al., *forthcoming)*. Overall, little evidence exists on how efforts to promote gender equality influence the scale-up process and outcomes. Program planners and implementers have an important role in building the evidence base for gender integration and scale-up so health decisionmakers worldwide can better understand how to design, implement, and monitor scale-up efforts that will lead to equitable and more sustainable health outcomes.

Measure gender equality and female empowerment outcomes. Evaluators should develop an evaluation plan to include gender-specific indicators and benchmarks, as well as to collect sex-disaggregated data. Although global gender indicators exist, it is important to adapt those indicators to the context to ensure they are relevant. Evaluations can explore both the impact of gender equality on the process of scale-up as well as the impact of the intervention on health and gender equality.

MOVING FORWARD

The growing recognition of the importance of scale-up has led to intensified efforts to identify and scale up best practices in FP/MNCH and improve scale-up processes. The approach discussed in this document provides a roadmap for how to address gender equality in scale-up initiatives and measure those efforts. Due to the relatively scant evidence on the effects of operationalizing the gender equality approach to scale-up, the approach warrants further investigation. The GPM program will apply, field test, and evaluate the approach in collaboration with partners scaling up FP/MNCH programs in the Asia and Middle East regions. Using the results from the field applications, GPM will further refine and develop the approach.

PROVIDE FEEDBACK

GPM welcomes comments and feedback on the gender equality approach in this document. If you would like to provide comments, suggestions, or feedback on your experiences applying either approach, please visit the program's website: http://www.healthpolicyproject.com/index.cfm?id=gpm.

APPENDIX 1: HOW GENDER EQUALITY IS ADDRESSED IN SELECTED SCALE-UP FRAMEWORKS

Appendix Table 1: Selected Scale-Up Frameworks and Gender Integration Approaches		
Scale up Framework	**Description**	**How gender equality is addressed**
ExpandNet/WHO framework (Simmons et al., 2007, 2010)	Framework elements include innovation, resource team, scale-up strategy, user organizations, and the environment. Scale-up strategies include vertical, horizontal, diversification, spontaneous.	One of the framework's underlying principles is "respect for human rights, equity, and gender perspectives," which states that "…scaling up should ensure attention to human dignity, the needs and rights of vulnerable groups and gender perspectives, as well as promote equitable access for all to quality services."
Maternal and Child Health Improvement Program (MCHIP) framework (Fujioka and Smith, 2011)	A conceptual map of the pathway to scale-up that includes global actions, national strategic choices, program implementation, and sustainability (institutionalization). Monitoring and evaluation is an integral part of the scale-up process.	NA
Implementing Best Practices Consortium, Guide for Fostering Change (2007)	A phased approach to scaling up, including forming the change coordination team; defining the need for change; planning for demonstration and scale-up; supporting the demonstration; and going to scale.	NA
Improvement Collaborative approach (USAID, Healthcare Improvement Project)	An approach to improving healthcare that focuses on a single technical area and spreads existing knowledge or best practices to multiple settings through teams of professionals.	NA

REFERENCES AND ADDITIONAL RESOURCES

Adamou, B., R. Kiesel, L. Wilson, and K. Hardee. Forthcoming. *Guide for Monitoring the Scale-Up of Health Practices and Interventions*. MEASURE Evaluation PRH.

Barker, G., C. Ricardo, and M. Nascimento. 2007. *Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions.* Geneva: World Health Organization (WHO).

Battistella Nemes, M., J. Beaudoin, S. Conway, G. Kibumbi, A. Skjelmerud, and U. Vogel. 2006. *Evaluation of WHO's Contribution to "3 by 5."* Geneva: WHO.

ExpandNet/WHO. 2010. *Nine Steps for Developing a Scaling-up Strategy*. Geneva: WHO.

Fujikoya, A., and J. Smith. 2011. *Prevention and Management of Postpartum Hemorrhage and Pre-Eclampsia/Eclampsia: National Programs in Selected USAID Program-Supported Countries.* Status Report [white paper]. Washington, DC: MCHIP.

Greene, M. A Practical Guide for Conducting and Managing Gender Assessments in the Health Sector. Washington, DC: Population Reference Bureau, IDEA Project.

Grown, C., C. Bahadur, J. Handbury, and D. Elson. 2006. *The Financial Requirements of Achieving Gender Equality and Women's Empowerment.* Washington, DC: World Bank.

Hardee, K. 2012. *Approach for Addressing and Measuring Policy Development and Implementation in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs*. Washington, DC: Futures Group, Health Policy Project.

Hardee, K., E. Rottach, and R. Kiesel. 2012. *Expert Meeting on Policy Implementation and Gender Integration in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Best Practices. Meeting Report.* Washington, DC: Futures Group, Health Policy Project. Available at: http://www.healthpolicyproject.com/pubs/84_ScaleupExpertMeetingReportJuly.pdf.

Rottach, E., K. Hardee, R. Jolivet, and R. Kiesel. 2012. *Integrating Gender into the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs.* Washington, DC: Futures Group, Health Policy Project. Available at: http://www.healthpolicyproject.com/pubs/51_ScaleupofGenderintoFPMCHprogramsJuly.pdf.

Rottach, E., S. Schuler, and K. Hardee. 2009. *Gender Perspectives Improve Reproductive Health Outcomes: New Evidence.* Washington, DC: Population Reference Bureau.

Simmons, R., and J. Shiffman. 2007. "Scaling Up Reproductive Health Service Innovations: A Framework for Action." In Ruther Simmons, Peter Fajans, and Laura Ghiron (eds). *Scaling Up Health Service Delivery: From Pilot Innovations to Policies and Programmes.* Geneva: WHO.

United States Agency for International Development (USAID). 2012. *Gender Equality and Female Empowerment Policy*. Washington, DC: USAID. Available at: http://transition.usaid.gov/our_work/policy_planning_and_learning/documents/GenderEqualityPolicy.pdf

USAID, Health Care Improvement Project. "Improvement Collaboratives." Accessed October 7, 2011, at http://www.hciproject.org/node/419.

USAID. No Date. *Interventions and Measuring Impact. Working Toward the Goal of Reducing Maternal and Child Mortality.*Washington, DC: USAID.

World Health Organization (WHO). 2007. *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action.* Geneva: WHO/ExpandNet.

WHO. 2008. *Guide for Sharing "Best Practices" in Health Programmes.* Brazzaville: WHO Regional Office for Africa: 2.

For more information, contact:

Health Policy Project
Futures Group
One Thomas Circle NW, Suite 200
Washington, DC 20005
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com