



PRACTICAL TOOLS AND APPROACHES FOR PROMOTING GENDER EQUALITY IN HEALTH POLICIES AND PROGRAMS

Brief

Health Policy Project

Photo by Health Policy Project

INTRODUCTION

International health programs and donors throughout the world increasingly recognize the importance of promoting gender equality to improve health and development outcomes. International initiatives such as the Sustainable Development Goals include specific gender equality goals and targets. Many donors, including the United States Agency for International Development (USAID), are committed to addressing gender throughout their programs. Most countries have established gender ministries or focal points to mainstream gender throughout public policies. Yet, translating gender equality goals into action is challenging. Practical tools for integrating gender into health policies and programs are needed.

Purpose and Content

The USAID-funded Health Policy Project (HPP) prepared this brief to provide policymakers, donors, and program managers with real examples of methods for promoting gender equality in family planning, maternal and child health, and gender-based violence policies and programs.

The project worked in more than 20 countries across Asia, Africa, and Latin America, developing and applying practical tools and approaches to enable health policies and systems to better meet the needs of women and men, improve health status, and advance gender equality.

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 decisionmaking power.

World Health Organization

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 Gender Equality and Female Empowerment Policy

These tools and approaches helped HPP partners to

- Examine gender norms and causes of gender inequality
- Assess capacities of policymakers to mainstream gender in policies
- Systematically address gender inequalities throughout policies and programs
- Strengthen evidence-informed policy and advocacy
- Monitor and evaluate how policies and programs influence gender equality and health outcomes

This brief describes a selection of these gender integration tools and approaches. The tools represent the different technical and geographic areas in which HPP worked. Each summary includes a link to the tool or a document with further information about the approach and results.

GENDER ASSESSMENTS

Conducting a gender assessment enables policymakers and programmers to design policies and programs that better meet the needs of women and men, improve health status, and advance gender equality. Gender assessments encompass two forms of analysis: a gender analysis, which is a review of the normative, socioeconomic, and political variables and power dynamics that impede and/or facilitate healthy behaviors and access to and utilization of health services; and a policy and program assessment, which is an appraisal to determine policy and program responsiveness to gender inequality, norms, and barriers and to identify entry points to strengthen gender integration. Gender assessments help policymakers, programmers, and donors identify strengths and gaps in how policies and programs address gender barriers. The data generated by the assessments can be used for policy advocacy and planning.

Tools and Application

HPP, in cooperation with USAID and national partners, developed and applied tools for systematic gender and policy assessments in the Philippines, Malawi, and Mali. The Philippines assessment analyzed health-related policies and programs to understand how they do or do not align with the country’s goal of promoting gender equality. The Malawi assessment focused on the policy environment, institutional arrangements, and capacity for integration of gender into sexual and reproductive health policies and programs.

BOX 1. SAMPLE QUESTIONS FROM THE GENDER-RESPONSIVE CHECKLIST USED IN THE PHILIPPINES

Y/N/
NA*

1. Were consulting bodies specializing in gender matters consulted before or during the formulation of the policies?
2. Are specific objectives proposed to reduce gender inequalities?
3. Are lines of action proposed to meet the differential needs of women and men?
4. Are lines of action proposed to reduce gender inequalities?
5. Do the lines of action proposed exclude one sex in areas that are traditionally thought of as relevant only for the other sex, such as maternal health or occupational health?
6. Is the collection of sex disaggregated data included in the monitoring and evaluation (M&E) plan?

*Not available.

Both assessments followed a similar process, which began with a desk review of health policies and programs in each country, followed by key informant interviews. To guide data analysis, HPP developed a policy assessment checklist that was tailored to each country (see Box 1 for sample questions from the Philippines’ checklist). The checklist included questions to help users analyze how policies address (1) the differential needs of males and females and (2) the gender relations and dynamics that affect access to and use of health services. HPP validated the findings through a series of key informant interviews with stakeholders, including government representatives, donors, civil society, and healthcare providers. The interviews produced important information that could not be captured in the desk review, such as the implementation status of the policies.

The Philippines assessment identified four main policy gaps: addressing disrespectful care of women during maternal health services and at delivery; engaging fathers as partners in maternal and child health and in family planning; strengthening the gender sensitivity of health services and providers; and addressing sociocultural barriers and discrimination against adolescent girls in accessing sexual and reproductive health information and services. The Malawi assessment provided recommendations to address gaps between the robust

national policy environment for gender and sexual and reproductive health and the institutional capacity and program guidance needed to implement those policies more effectively. By systematically documenting these gaps, the assessments provided policymakers and programmers with data to develop policies and strengthen institutions to better meet the needs of women and men and improve health and development outcomes.

In Mali, HPP conducted a gender analysis to inform the National Health and Social Development Program. To facilitate the analysis, the project developed a six-step method that uses existing, open-source data to identify key gender-related issues and prioritize health areas of focus. The process is a practical, easy-to-follow method for conducting a low-cost and data-informed gender analysis. The analysis documents the impact of gender norms on health-seeking behaviors and access to services for women and men. The 2012 coup in Mali prevented the data being used for policy planning, but this process could be applied in other countries to inform policy planning. The data can be used to inform decisionmakers and advocate policy and program development and implementation for advancing gender equality and health goals.

More information about HPP’s assessments is available on the project website: Philippines (www.healthpolicyproject.com/?zp=345); Malawi (www.healthpolicyproject.com/?zp=559); Mali (www.healthpolicyproject.com/?zp=560).

CAPACITY ASSESSMENTS

An organizational capacity assessment enables project partners to identify specific operational, programmatic, and monitoring needs and to be more effective policymakers and advocates. HPP uses a facilitated self-assessment tool designed to foster ongoing organizational dialogue and learning, establish a baseline of the organization’s capacity in key areas, build internal consensus and set priorities around standards and goals, and generate a plan of action to reach and maintain those standards and goals.

The capacity self-assessment process can be tailored to understand and strengthen institutional integration of a gender perspective into policies and programs by providing both qualitative and quantitative assessments of institutional capabilities and practices. These include gender analysis and monitoring, resource allocation for gender programs, and the engagement of gender-diverse stakeholders in policy planning and implementation.

Tools and Application

HPP applied a systematic capacity self-assessment process with health ministry gender units in Laos and Afghanistan to assess and strengthen their capacity to support gender programs and gender integration in the health sector. These assessments included qualitative discussion and quantitative scoring of departmental and ministerial institutional arrangements and coordination to develop and implement gender-responsive policies

BOX 2. MOH INSTITUTIONAL GENDER SELF-ASSESSMENT PARTICIPANT SCORE SHEET: SAMPLE INDICATORS	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Gender issues are effectively considered and addressed in the ministry’s policy documents (i.e., formal strategies, plans, and guidelines).	1	2	3	4
2. The ministry routinely conducts systematic gender analysis when designing health programs.	1	2	3	4
3. My department/division has clearly identified the gender inequality issues that create barriers to achieving desired health outcomes.	1	2	3	4
4. All program monitoring data are disaggregated by sex.	1	2	3	4
5. The ministry routinely and meaningfully consults target groups of women, girls, and marginalized groups when designing its policies and programs.	1	2	3	4
6. The ministry adequately earmarks funds and other resources to address gender and inclusion issues and priorities.	1	2	3	4

and programs. The existence and awareness of current gender and gender-based violence (GBV) policies were also evaluated, as well as the institutions' overall technical capacity and understanding of the relationship between gender norms and health and health sector human and financial resources (see Box 2 for illustrative indicators from participant score sheets).

In Afghanistan, HPP worked with the Ministry of Public Health (MoPH) Gender Directorate to conduct an organizational capacity assessment and develop an action plan focused on the institutional mandate, structure, technical capacity, and resources needed to implement the 2012–2016 *National Gender Strategy*. The resulting plan included provision of support to other departments to integrate gender into their policies, programs, and operational plans; development of guidelines on gender-responsive budgeting; and incorporation of gender-sensitive indicators into routine monitoring systems. Consequently, HPP and the Gender Directorate co-facilitated participatory assessments with four MoPH departments (Reproductive Health, Child and Adolescent Health, TB, and Mental Health). Progress and next steps identified during an end-line assessment included a need for improved analysis and use of gender data and ongoing coordination with and support to other MoPH departments. The Gender Directorate is using these findings to refine and continue the assessment and planning process with other departments.

In Laos, HPP facilitated a participatory gender assessment for the Ministry of Health on behalf of the ministry's Sub-commission for the Advancement of the Promotion of Women (Sub-CAW). It aimed to strengthen the unit's mandate and legitimacy within the ministry. The process also captured learning from gender mainstreaming structures and procedures in other line ministries. Participants used the findings to develop a capacity-strengthening road map that the Sub-CAW will use for internal consensus building and donor outreach.

Both countries' assessments and planning processes are also being used to inform institutional planning and priorities and to support donor outreach beyond the life of HPP.

HPP's Organizational Capacity Assessment Suite of Tools is available at www.healthpolicyproject.com/index.cfm?ID=OCAtool and the Gender Capacity Development Resource Guide is available at www.healthpolicyproject.com/pubs/272_GenderResourceGuide.pdf.

GENDER INTEGRATION

Gender integration is a process that involves identifying and addressing gender inequalities, norms and barriers throughout the policy process. By identifying the barriers that women and men face in accessing health services or adopting healthy behaviors, and developing approaches to either change or work around them, HPP helped country partners remove gender inequality as a barrier to health.

Tools and Application

HPP provided curricula, training resources, and operational guidance to USAID, implementing partners, and ministries of health and gender to incorporate gender into policy and service delivery planning, implementation, and monitoring and evaluation.

The project developed the *Gender Guidance Process and Template* for USAID country health offices to operationalize the USAID *Gender Equality and Female Empowerment Policy*. The tool builds on HPP's experience in the Philippines supporting USAID and implementing partners to strategically integrate gender in their health portfolios. It outlines a strategic planning process—to be led by the office of health—of assessment, objective setting, strategy development, and M&E (see

Box 3. Strategic Planning Process for Gender Equality

1. Conduct a gender assessment, which includes a gender analysis and policy and program assessment.
2. Set gender equality objectives that the office of health and implementing partners will pursue to contribute to increased gender equality. The objectives should clearly link gender and health goals.
3. Identify program strategies and activities that implementing partners should adopt to achieve the gender equality objectives.
4. Develop monitoring and evaluation indicators to measure progress toward the gender equality objectives.

Table 1. Template for Mapping Gender Barriers to Scale-up Phases

	SCALE-UP PHASE				
	Pilot test	Partnerships & resource mobilization	Adapt, expand, disseminate	Institutionalize	Sustain
Activities or steps for each phase					
Gender-related constraints					
Strategies to address gender-related constraints					
Indicators					

HPP’s scale-up approach is available at www.healthpolicyproject.com/?zp=86 and the scale-up mapping tool is available at www.healthpolicyproject.com/?zp=274

Box 3). After completing the strategic planning process, the office of health will have the inputs needed to produce a gender guidance document. This document provides a summary of the outcomes of the strategic planning process and guidance for implementing partners on how to integrate gender into their projects (www.healthpolicyproject.com/?zp=431).

In addition to the country-specific tools, HPP developed a global programming approach to help countries advance the systematic integration of gender equality into the scale-up of health interventions. The *Approach for Promoting and Measuring Gender Equality in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs* draws heavily on the process for integrating gender into programs and policies. A companion tool, also developed by HPP, provides program managers with a methodology to systematically integrate gender into scale-up initiatives. This process begins with a gender-based analysis to identify factors that influence women’s and men’s experiences related to health and the best practices to be scaled up. The findings inform the development of a scale-up road map with a gender lens. At the end of the mapping exercise, the user has a concrete plan outlining gender barriers that may arise during the scale-up process, strategies for addressing them, and indicators to monitor both the process and the gender strategies incorporated into it. This tool features a Gender Analysis Template and the Integrating Gender into Scale-up Mapping Template (See Table 1).

EVIDENCE-INFORMED POLICY AND ADVOCACY

To develop effective policies and programs that meet the different needs of women and men, policymakers and advocates need high-quality data. By working with country partners to apply computer models and other tools that support evidence-informed advocacy and decision making, HPP has helped countries to advance policy and promote gender equality.

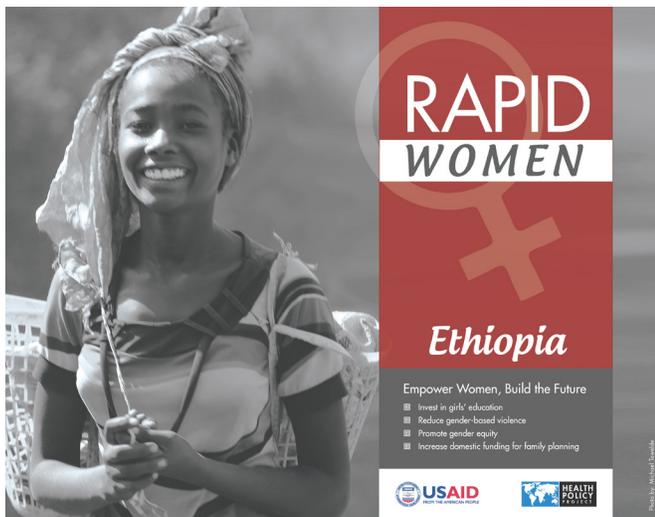
Tools and Application

HPP developed tools to support evidence-informed policies and advocacy that promote gender equality and prevent and respond to gender-based violence.

In Mali, Ethiopia, and Nepal, the project applied the *RAPID Women* model, which is an interactive software tool that links family planning and women-centered strategies. The model demonstrates how investing in these programs can increase the quality of life for women, girls, and families, as well as overall development. The model was used in each country to create an evidence base for women’s rights advocates, government leaders, and women’s organizations to advocate increased investments in family planning, girls’ education, and prevention of gender-based violence in their countries. In Ethiopia, *RAPID Women* showed that, compared with investing in family planning alone, investing in family planning and women’s empowerment strategies could save 100,000 more mothers’ lives and 1.6 million more children’s lives by 2035 (www.healthpolicyproject.com/?zp=722).

The vast majority of gender-transformative health programs in developing countries are designed and implemented by nongovernmental organizations and funded by external donors. They are often small-scale programs, and there is limited evidence of interventions that have been scaled up. Evidence on governments scaling up and sustaining gender programs is even more limited.* Applying the *Approach for Promoting and Measuring Gender Equality in the Scale-Up of Family Planning and Maternal, Neonatal, and Child Health Programs*, GPM conducted a series of case studies on government adoption of NGO- and donor-led gender-transformative programs. By examining three experiences expanding and institutionalizing gender programs through government systems in India, the case studies increase understanding of how governments, NGOs, and donors can move gender programs beyond the pilot phase to scale. The case studies identified facilitating factors for effective scale-up, such as motivation, partnership building, and adaptability of interventions to the local context. See *Promoting Gender Equality in India: Three Approaches to Scale-up* (www.healthpolicyproject.com/?zp=573) for more details about the challenges and successes in scaling up gender-integrated health programs.

*Muralidharan, A., J. Fehringer, S. Pappa, E. Rottach, M. Das and M. Mandal. 2014. *Transforming Gender Norms, Roles, and Power Dynamics for Better Health: Evidence from a Systematic Review of Gender-integrated Health Programs in Low- and Middle-Income Countries*. Washington DC: Futures Group, Health Policy Project



USAID and PEPFAR are investing in the development, implementation, evaluation, and scale-up of a wide range of GBV interventions aimed at both improving support for GBV survivors and reducing perpetration of GBV. HPP supported these efforts by developing the GBV Program Cost Calculator, which estimates the costs of GBV programs and services. The tool analyzes service delivery statistics on GBV client encounters; facility resources used to deliver GBV services; and financial data. These data are used to calculate the cost of providing GBV services to one client during a single encounter at the health facility and to break that unit cost into cost components. Using the GBV cost calculator,

HPP conducted a costing study of GBV clinical services in Tanzania. HPP staff collected and analyzed data from 11 health facilities in all three levels of the health system (dispensary, health center, hospital) in four regions. The results of this study will inform the national scale-up of services. The GBV cost calculator's estimates at the health facility level will inform cost estimates for the Ministry of Health and Social Welfare's forthcoming Health Sector GBV and Violence against Children Action Plan. The results will also fill gaps in the global knowledge base regarding the costs of GBV service delivery (www.healthpolicyproject.com/?zp=865).

MEASUREMENT

Monitoring and evaluating gender-integrated policies and programs are important for tracking how interventions influence health outcomes and impact women and men differently. Monitoring and evaluation also help to make the case for how gender integration and the promotion of gender equality can improve overall health and development outcomes. Measurement is also important to assess the impact of a policy or program on gender equality. Collecting sex-disaggregated data and gender indicators enables decisionmakers and program staff to make mid-course adjustments, strengthening aspects of the program or policy that increase health and gender equity and revising components that do not.¹

Ending Violence against Women

www.PolicyPreventsViolence.org

Policy Prevents Violence is an interactive, web-based toolkit developed by HPP. It enables users to learn about policy approaches to preventing violence against women, to undertake a guided situation analysis of their own country context, and to identify strategic entry points for advocacy and policy change.

Tools and Application

In Afghanistan, HPP collaborated with the MoPH to collect and use gender-sensitive data to inform ministry policies and services. HPP conducted a landscape analysis to identify existing gender-sensitive indicators within routine MoPH monitoring tools and noted examples of gender-sensitive data being collected regularly across the ministry (<http://www.healthpolicyproject.com/?zp=852>). However, the project also recommended that the data be better used to inform advocacy and financing for gender-sensitive health programs and services, including at the facility level. Following this recommendation, HPP and the MoPH Gender Directorate developed and piloted a tool to assess the gender-sensitivity of health facilities. Using well-established quality of care standards and evidence from an HPP literature review on the determinants of gender sensitivity with the Afghanistan Health System,² the tool defines characteristics of a gender-sensitive health facility across six categories: gender-sensitive policies and guidelines, facility structural characteristics, distribution of human resources, in-service training of providers, the quality of service provision, and the use of client data. See Box 4 for sample questions included in the tool. The tool provides a score the facility can use to assess how well gender is integrated in its delivery of health services. Facility administrators, providers, provincial health officers, and ministry officials can use the data to improve the delivery of health services and remove barriers to access. The Gender Directorate successfully advocated with the Ministry of Health and Population M&E Department to add new gender indicators from the tool to the national monitoring checklist and health management information system (HMIS) tool, thus strengthening the capacity of the health system to collect

and use gender data for policy and programming. Read more about the tool here: www.healthpolicyproject.com/?zp=843.

In Nepal, HPP, MEASURE Evaluation, and Suaahara, a USAID-funded nutrition project, collaborated to create a strategy for monitoring and evaluating scale-up of a gender-integrated health governance project. The strategy provides program implementers, evaluators, and other stakeholders with a real example of a methodology to monitor and evaluate progress toward the achievement of scale-up goals. The M&E of Scale-up Strategy defines key domains of scale-up and provides methods and tools to monitor and evaluate each domain. It incorporates gender in three important ways. First, gender equality and social inclusion (GESI) are incorporated into the project impact pathway, a framework to show how the GESI-integrated intervention will impact key health and GESI outcomes. Second, “GESI values” are included as a key domain of scale-up. Although these are interwoven throughout the other six domains—coverage, sustainability, process, quality, health outcomes, cost—including GESI as a domain is necessary to explicitly monitor these values as the intervention is taken to scale. Third, the data collection tools include GESI indicators. For example, the monthly monitoring tool tracks participation levels of women and disadvantaged groups in decision-making processes. The same monitoring tool

Box 4: A Tool to Assess the Gender-sensitivity of a Health Facility: Sample Questions

1. Is there a separate waiting space for men and women?
2. At the outpatient level, are all patients, whatever age or sex, seen in a private room away from the view of other patients and out of hearing range of others?
3. Does the facility have services for GBV clients?
4. Does a client need consent to receive long-acting permanent FP methods, such as IUDs, female or male sterilization, etc.?
5. Is the facility aware of any barriers women specifically face that prevent them from accessing the facility?

also collects data on women's perceived ability to voice their opinions at committee meetings. The strategy can be adapted by other scale-up initiatives and is available at <http://www.healthpolicyproject.com/?zp=570>.

CONCLUSION

The tools and approaches presented in this document provide concrete examples of how to assess and address gender equality in policies and programs and measure those efforts. By developing or co-creating tools with country partners, and training partners on their use, HPP helped policymakers, donors, and program managers to improve policy development and implementation processes and better meet the needs of women and men. Among the lessons learned were

- Gender assessments generate important data for policymakers and programmers. They uncover how gender inequalities influence health behaviors and access to services and identify gaps in the way policies address those inequalities and barriers. It is important to produce high-quality gender data and for decisionmakers to have the ability to use those data to inform policy decisions and action. Therefore, the assessment team should plan for dissemination activities and foster decisionmakers' skills and organizational processes to use the data.
- When developed and implemented in direct collaboration with project stakeholders, organizational capacity assessments and planning offer unique opportunities to promote internal learning and dialogue around key gender concepts. They also help cultivate internal ownership of institutional priorities and plans for strengthening technical and operational capacity in gender. An effective assessment and planning process balances the engagement of high-level decisionmakers in the stakeholder institution with opportunities for candid and confidential response and discussion among all participants. Part of the planning and priority-setting process must also include specific discussion on how stakeholders will mobilize the necessary resources

to carry out each planned capacity-strengthening activity within a realistic timeline.

- Short-term training events can increase participants' knowledge, skills, and confidence in applying gender-integration tools to the design, implementation, and monitoring of policies and programs. However, capacity strengthening is a process, not an event. Continuous technical support and follow-up are needed as partners apply new tools and begin advocating or making changes to organizational processes and policies.
- Numerous methods and indicators exist to measure changes in gender equality, norms, and attitudes. Nonetheless, gender norms and relations vary widely within and across cultures and change over time. It is necessary to adapt those indicators to the contexts in which they will be used to ensure they are relevant.

Notes

1. Caro, Deborah. 2009. *A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action* (2nd Edition). Washington, DC: Interagency Gender Working Group, U.S. Agency for International Development, Population Reference Bureau
2. Irani, L., S. Pappa, R. Juya, M. Bishop, and K. Hardee. 2013. *A Literature Review on the Determinants of Gender Sensitivity within the Afghanistan Health System*. Washington, DC: Futures Group, Health Policy Project. Available at www.healthpolicyproject.com/?zp=219

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004

www.healthpolicyproject.com
policyinfo@futuresgroup.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.