USAID
FROM THE AMERICAN PEOPLE

HEALTH CARE
IMPROVEMENT
PROJECT

IMPLEMENTATION GUIDE

Integrating Gender in Improvement Activities

SEPTEMBER 2012

This implementation guide was prepared University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Taroub Harb Faramand of WI-HER, LLC and Emily Treleaven of URC. The development of this tool to support the integration of gender considerations in health care improvement was carried out under the USAID Health Care Improvement Project, which is managed by URC and made possible by the generous support of the American people through USAID.

IMPLEMENTATION GUIDE

Integrating Gender in Improvement Activities

SEPTEMBER 2012

Taroub Harb Faramand, WI-HER, LLC
Emily Treleaven, University Research Co., LLC

DISCLAIMER

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acknowledgements: The authors thank Lani Marquez, Erica Koegler, M. Rashad Massoud, and Feza Kikaya of University Research Co., LLC (URC) for their support during the development of this manual. The authors also thank the USAID Health Care Improvement Project (HCI) field offices who contributed their time and dedication to supporting gender integration efforts and are grateful to HCI Chiefs of Party Humphrey Megere (Uganda), Davis Rumisha (Tanzania), Donna Jacobs (South Africa), Samson Haumba (Swaziland), Dorcas Amolo (Kenya), and Ivonne Gomez (Nicaragua) for their leadership in these efforts. We also want to thank Esther Karamagi and the other staff of HCI Uganda for their insights about gender integration in Uganda.

This work was supported by the American people through the United States Agency for International Development (USAID) and its Health Care Improvement Project (HCI). HCI is managed by University Research Co., LLC (URC) under the terms of Contract Number GHN-I-03-07-00003-00. URC's subcontractors for HCI include EnCompass LLC, FHI 360, Health Research, Inc., Initiatives Inc., Institute for Healthcare Improvement, and Johns Hopkins University Center for Communication Programs. For more information on HCI's work, please visit www.hciproject.org or write hci-info@urc-chs.com.

Recommended Citation: Faramand TH, Treleaven E. 2012. Integrating Gender in Improvement Activities. *Implementation Guide*. Published by the USAID Health Care Improvement Project. Bethesda, MD: University Research Co., LLC (URC).

TABLE OF CONTENTS

List of Boxes, Figures, and Tables i
Abbreviations ii
PREFACE iii
I. INTRODUCTION 1
A. Why Gender? 1
B. USAID and Gender 3
C. USAID Gender Equality and Female Empowerment Policy 4
D. The Global Health Initiative 4
E. The IGWG Gender Continuum 5
II. INTEGRATING GENDER IN THE USAID HEALTH CARE IMPROVEMENT PROJECT 6
A. Goal and Objectives 6
B. Steps to Incorporate Gender in Improvement Activities 7
C. Designing Changes to Test 7
D. Creating an Enabling Environment 9
III. GENDER ANALYSIS FOR IMPROVEMENT ACTIVITIES 9
A. What Is Gender Analysis? 9
B. What is the Added Value of Gender Analysis? 10
C. Different Contexts in which to Consider the Role of Gender 11
D. How Do You Implement Gender Analysis? 11
E. Questions to Ask 12
F. HCI Tools for Gender Analysis 12
IV. GENDER CONSIDERATIONS IN MONITORING AND EVALUATION 15
A. Sex-disaggregated Data 15
B. Gender-sensitive Indicators 17
V. EXAMPLES FROM THE FIELD 19
VI. REPORTING ON GENDER-RELATED ACTIVITIES 25
VII. HOW TO FACILITATE DISCUSSIONS ON GENDER: A GUIDE FOR PROFESSIONS 27
VIII. THINKING ABOUT GENDER IN QUALITY IMPROVEMENT: A GUIDE FOR FACILITIES 29
IX. APPENDICES 30
Appendix 1: HCI Gender Integration Checklist (English) 31
Appendix 2: HCI Gender Integration Checklist (Español) 32
Appendix 3: HCI Gender Integration Checklist (Français) 33
Appendix 4: HCI Gender Integration Checklist (Russian) 34
Appendix 5: Slides to Facilitate Discussions about Gender in Quality Improvement 35
Appendix 6: Sample Gender Integration Training Agenda 42
Appendix 7: Gender Resources 43

List of Boxes, Figures, and Tables

Box 1: Key Gender-related Terms and Definitions 2
Box 2: USAID Policy Goals 2011-2015 3
Figure 1: The IGWG Gender Continuum 5

Figure 2: The Model for Improvement 6
Figure 3: HCI Gender Driver Diagram 8
Figure 4: Clients Tested for HIV in South Africa, FY2008-FY2011 19
Figure 5: Clients Tested for HIV in South Africa, Disaggregated by Sex, FY08-FY11 20
Figure 6: Tuberculosis treatment success in Swaziland, FY06-FY11 21
Figure 7: Number of Health Workers Trained in AMTSL in 30 Facilities, April-June 2011 21
Figure 8: Multi-drug-resistant TB Patients Enrolled on Second-line Regimen by Sex, Swaziland, April-June 2011 22
Figure 9: Baseline Child Status Index (CSI) Scores by Sex 23
Figure 10: Post-partum Family Planning Counseling of Couples and Acceptance of Contraceptive Methods in Afghanistan, November 2011-February 2012 24
Figure 11: Familiarizing Men with Wife's Emergency Plan during Last Pregnancy, Guatemala 25

Table 1: HCI Gender Analysis Worksheet 13
Table 2: HCI Gender Integration Planning Worksheet 14

Abbreviations

AMTSL Active management of the third stage of labor

COP	Chief of Party
CSI	Child Status Index
GenDev	USAID Office of Gender Equality & Women's Empowerment
GHI	Global Health Initiative
HCI	USAID Health Care Improvement Project
HCT	HIV counseling and testing
IGWG	Inter-agency Gender Working Group
MDR	Multi-drug resistant
PDSA	Plan-Do-Study-Act cycle
QRM	Quarterly review meeting
TB	Tuberculosis
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

PREFACE

How to Use This Manual

This manual is intended to provide an overview of key gender integration concepts and concrete guidance on how to integrate gender considerations into the continuum of improvement activities. Gender integration is everyone's job: if half the population, whether men, women, boys, or girls, are not receiving adequate services or accessing quality care, we are not making improvements. Gender integration is key to ensuring *everyone* receives equitable, quality care.

The manual was written to guide HCI staff, but will be useful to anyone who wishes to address gender considerations in improvement work. The manual includes the following guides and tools, to help implementers as they integrate gender into program activities:

Gender Terms and Definitions: A set of definitions to standardize understanding of key gender concepts across all staff. These definitions, found in Box 1, can also be shared with coaches, facility staff, and other activity participants to achieve a common language for discussing gender integration.

USAID/IGWG Gender Continuum: This graphic developed by the Inter-agency Gender Working Group (IGWG) shows how project activities can affect gender norms in a community, region, or country.

Gender Integration in Quality Improvement: Section II of this manual provides an overview of HCI's goals in gender integration and explains the project's policies on incorporating gender.

Gender Analysis for Improvement Activities: Section III provides guidance on how to conduct a gender analysis at the beginning of a project. This document is most useful when beginning a new activity or expanding an ongoing or demonstration activity to a new region or district. This document also includes further resources such as tools to conduct a gender analysis, questions to ask, and guidance on conducting a gender analysis for a specific technical area.

Gender Analysis Worksheets: These forms, found in Tables 1 and 2, can be used when completing a gender analysis in the field.

Gender Driver Diagram: Figure 3 provides a sample driver diagram that can be completed by staff, coaches or improvement teams to map drivers of gender-related barriers. This is a helpful exercise at learning sessions or when designing an improvement activity to help participants think through the social determinants that affect health outcomes for a specific technical area or region.

Disaggregated Data Use and Monitoring and Evaluation Guidance: HCI encourages all teams to gather and analyze sex-disaggregated data where relevant. Section IV explains how to analyze disaggregated data, what they can explain, and when they are needed. Not all activities require disaggregated data. The document also explains gender-sensitive indicators and how to monitor and evaluate gender-related indicators and activities.

Examples of Data: Several examples taken from HCI-supported country programs, found in section V, help illustrate gender integration and data principles in action.

Reporting on Gender Activities: Sharing lessons learned is a key component of HCI's work; section VI suggests ways you can share gender integration activities and results.

How to Facilitate Discussion on Gender-A Guide for Professionals: Guidance for HCI staff on guiding conversations on sex, gender and gender integration with coaches, health workers, and community members is provided in section VII. Sex and gender can be sensitive topics to discuss, but they are integral to achieving improvements in the quality of care. This document includes tips and tricks for navigating these conversations.

Thinking About Gender In Quality Improvement- A Guide for Facilities: This section of the manual (section VIII) provides a basic summary of key gender integration concepts for facility-based health workers.

Gender Integration Checklist (in English, Spanish, French, and Russian in Appendices 1-4): This checklist is an overview of where gender integration should be considered throughout a project, from design to closeout for sustained integration.

Gender and Quality Improvement Overview Slides: The slides in Appendix 5 provide a brief overview of key gender integration concepts for improvement coaches and providers.

Sample Training Agenda: The agenda in Appendix 6 suggests the key components of a gender integration workshop for an HCI field office. This can be shared with outside consultants who lead this type of training to ensure all key elements are covered.

Gender Resources: Appendix 7 provides a list of further resources on gender.

I. INTRODUCTION

While sex refers to the biological differences between males and females and the anatomy and physiology of being a man or a woman, *gender* refers to economic, social, political, and cultural attributes and opportunities associated with being male or female. Gender includes the roles and responsibilities of men and women created in our families, societies, and cultures. This may vary among cultures and also may change over time (see Box 1 for a list of key gender terms and definitions).

Men and women should have equal opportunities to achieve their full potential health. Gender must be explicitly considered as a social determinant of health in improvement activities. The URSID Health Care Improvement Project (HCI) is committed to achieving improved health outcomes for men, women, boys and girls in communities we work in by promoting best practices through the process of quality improvement. Integrating gender considerations in project activities where appropriate and feasible enhances project results by achieving better health outcomes, as access to and utilization of services increases.

HCI will implement project activities with active consideration as to how each activity fosters gender equality, addresses gender constraints, and, if relevant, contributes to a women- and girl-centered approach to achieve greater quality of care, health outcomes, and possibly lead to social equity. HCI is not a gender project, but seeks to consider these factors as they affect outcomes and will address them to achieve quality improvements in accordance with the project mandate. HCI aims to be culturally sensitive and gender aware in all activities. The project seeks to reflect awareness of the different roles, responsibilities, and expertise of women and men; engage women and men as full and equal partners. In addition, HCI seeks to leverage and enhance the unique expertise and leadership skills of women and girls, and serve women and girls as effectively as men and boys by eliminating gaps between the health status of males and females and promoting the involvement of both men and women in improving health care in their communities.

A. Why Gender?

The 1995 Fourth World Conference on Women (Beijing), the 2000 Millennium Declaration, and the 2010 Global Health Initiative highlighted the special needs of women and girls in health; HCI's experience demonstrates that men also face challenges in health care access. Sex, gender dynamics, and social stigma are important determinants of health. Gender inequalities inhibit improvement in many areas of health: discrimination against women often impedes successful outcomes in family planning, reproductive, and maternal health, and stigma often prevents men from seeking needed HIV and TB services. Further, gender constraints in social and political spheres can impact health outcomes. If half of a population has unequal access to health care or receives lower quality services, improvement efforts will make limited progress. This applies to disparities stemming from age, ethnicity, religion, and socioeconomic and other demographic factors, highlighting the importance collecting and analyzing disaggregated data and considering social factors that inhibit health care access.

Gender is a natural component of and an active factor in the quality improvement process. Men's and women's needs are identified through gender analysis and staff can test and design steps to overcome barriers to care these segments of the population face and/or improve the quality of care they receive. Teams can work together to share knowledge and build the evidence base for ways to effectively address gender constraints for specific health outcomes. Gender norms can promote positive or negative health consequences for men and women; if negative, these factors must be addressed. If positive, the norms can be leveraged to promote good behaviors and gain further improvements in outcomes.

Box 1: Key Gender-related Terms and Definitions

Sex describes the physical and biological differences between men and women, which are universal and determined at birth.

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female. It includes the roles and responsibilities of men and women that are created in our families, our societies and our cultures. Gender roles and expectations are learned; they can change over time and they vary within and between cultures. Gender roles are also varied with age, ethnicity, socioeconomic and political status, and with physical or mental disability. The concept of gender as a social construct is vital because, applied to social analysis, it reveals how women's subordination (or men's domination) is socially constructed. As such, the subordination can be changed or ended. It is not biologically predetermined nor is it fixed.

Gender Division of Labor is the result of how each society divides work among men and among women according to what is considered suitable or appropriate to each gender.

Gender Analysis is the collection and analysis of sex-disaggregated information. Men and women both perform different roles. This leads to women and men having different experience, knowledge, talents and needs. Gender analysis explores these differences so policies, programs and projects can identify and meet the different needs of men and women. Gender analysis also facilitates the strategic use of distinct knowledge and skills possessed by women and men.

Gender Equality means that women and men have equal conditions for realizing their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development. Gender equality is therefore the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in their home, their community and their society.

Gender Equity is the process of being fair to men and women. To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field. *Equity is a means. Equality is the result.*

Gender Blindness is the failure to recognize that gender is an essential determinant of social outcomes impacting on projects and policies. A gender blind approach assumes gender is not an influencing factor in projects, programs or policy.

Gender Awareness is an understanding that there are socially determined differences between women & men based on learned behavior, which affect their ability to access and control resources. This awareness needs to be applied through gender analysis into projects, programs and policies.

Gender Sensitivity encompasses the ability to acknowledge and highlight existing gender differences, issues and inequalities and incorporates these into strategies and actions.

Sex-disaggregated Data are data that are collected and presented separately on men and women.

Gender-sensitive indicators are designed to measure gender-related changes in society, such as changes in the status and roles of women and men in a community over time. These indicators are used to assess progress in achieving gender equality.

Individual Empowerment is about people – both women and men – taking control over their lives: setting their own agendas, gaining skills, building self-confidence, solving problems and developing self-reliance. No one can empower another: only the individual can empower himself or herself to make choices or to speak out. However, institutions can support processes that can nurture self- empowerment of individuals or groups.

Constructive Male Engagement occurs when men actively engage in health; this includes increasing men's support for reproductive health and children's well being.

Gender Integration refers to strategies applied in program assessment, design, implementation, and evaluation to take gender norms into account and to compensate for gender-based inequalities.

Gender Mainstreaming is the process of incorporating a gender perspective into policies, strategies, programs, project activities, and administrative functions, as well as into the institutional culture of an organization.

Women are especially disadvantaged in many areas of the world, and due to biological needs related to childbearing, have an overall greater need for health care services than men. Due to their role as caregivers to children and household managers, women play a critical role in HCI's ability to improve the health of babies, children and other family members. However, because of potential patterns of discrimination in politics, communities, the workplace and the household, women are frequently vulnerable to poor health outcomes. Gender-based inequalities in education, income, and employment can limit the ability of women and girls to protect their own health. When women do not have power to make health decisions for themselves or their families, or do not have access to health information or services, programs cannot succeed if they do not consider these critical access factors. When men suffer from stigma or are otherwise affected by social norms in ways that prevent them from seeking health services, their needs must too be considered in relation to access, comprehensiveness, and responsiveness.

The World Health Organization (WHO) reports, "both sex and gender have a significant impact on the health of women and must be considered when developing appropriate strategies for health promotion and for the prevention and treatment of ill health…Societies and their health systems need to be better geared to meet women's health needs in terms of access, comprehensiveness and responsiveness. Programs must ensure that gender norms and socioeconomic inequalities do not limit women's ability to access health information and health care services."[1] Of course, where men suffer from stigma or are otherwise affected by social norms in ways that prevent them from seeking health services, their needs must too be considered in relation to access, comprehensiveness, and responsiveness.

B. USAID and Gender

USAID's commitment to the full inclusion of women dates back to 1973, when the United States Congress passed the Percy Amendment, requiring that particular attention be given to integrating women into national economies to improve their status and to assist overall development efforts. The Office of Gender Equality & Women's Empowerment (GenDev) was established to lead USAID efforts to empower women and achieve gender equality through international development policies and programs.

The GenDev office is USAID's central point of leadership and expertise on gender issues in social, economic, and political development policies and programs. The role of the GenDev is to maintain and increase USAID's institutional capacity to address gender-related issues and find new approaches and solutions for gender-related obstacles to development. The GenDev office identifies and analyzes emerging and unaddressed issues of strategic importance to gender equality; raises awareness within USAID and the interagency of critical policy and technical issues related to gender; designs and manages selected innovative pilot projects; advances gender integration throughout USAID programs through programmatic coordination, technical assistance, capacity building, and information dissemination; and coordinates with bilateral and multilateral donors and non-government organizations on gender issues. Box 2 summarizes USAID's gender-related policy goals for 2011-2015.

Box 2: USAID Policy Goals 2011-2015

- *Integrate gender equality and female empowerment into USAID's work*
- *Pursue an inclusive approach to foster equality*
- *Build partnerships across a wide range of stakeholders*
- *Harness science, technology, and innovation to reduce gender gaps and empower women and girls*
- *Address the unique challenges in crisis and conflict-affected environments*
- *Serve as a thought leader and a learning community*
- *Hold ourselves accountable*

[1] World Health Organization. Women and Health. 2009.

C. USAID Gender Equality and Female Empowerment Policy

In March 2012, USAID issued a new policy on Gender Equality and Female Empowerment that builds on the Agency's progress to date in support of gender equality. The goal of this policy is to improve the lives of people around the world by advancing equality between females and males, and empowering women and girls to participate fully in and benefit from the development of their societies. It will be addressed through integration of gender equality and female empowerment throughout the Agency's program cycle and related processes: in strategic planning, project design and implementation, and monitoring and evaluation.

Under this policy, USAID investments are aimed at three overarching outcomes:

1. Reduce gender disparities in access to, control over and benefit from resources, wealth, opportunities and services - economic, social, political, and cultural;
2. Reduce gender based violence and mitigate its harmful effects on individuals and communities; and,
3. Increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision making in households, communities, and societies.

D. The Global Health Initiative

Through the Global Health Initiative (GHI), the United States is investing $63 billion over six years to help partner countries improve health outcomes through strengthened health systems; with a particular focus on improving the health of women, newborns and children by combating infectious diseases and providing quality health services. GHI aims to maximize the sustainable health impact the United States achieves for every dollar invested. The principles underlying the foundation of GHI are as follows:

> *"We will not be successful in our efforts to end deaths from AIDS, malaria, and tuberculosis unless we do more to improve health systems around the world, focus our efforts on child and maternal health, and ensure that best practices drive the funding for these programs."*
>
> – President Barack Obama
> May 5, 2009

- Implement a woman- and girl-centered approach
- Increase impact through strategic coordination and integration
- Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement
- Encourage country ownership and invest in country-led plans
- Build sustainability through health systems strengthening
- Improve metrics, monitoring and evaluation
- Promote research and innovation

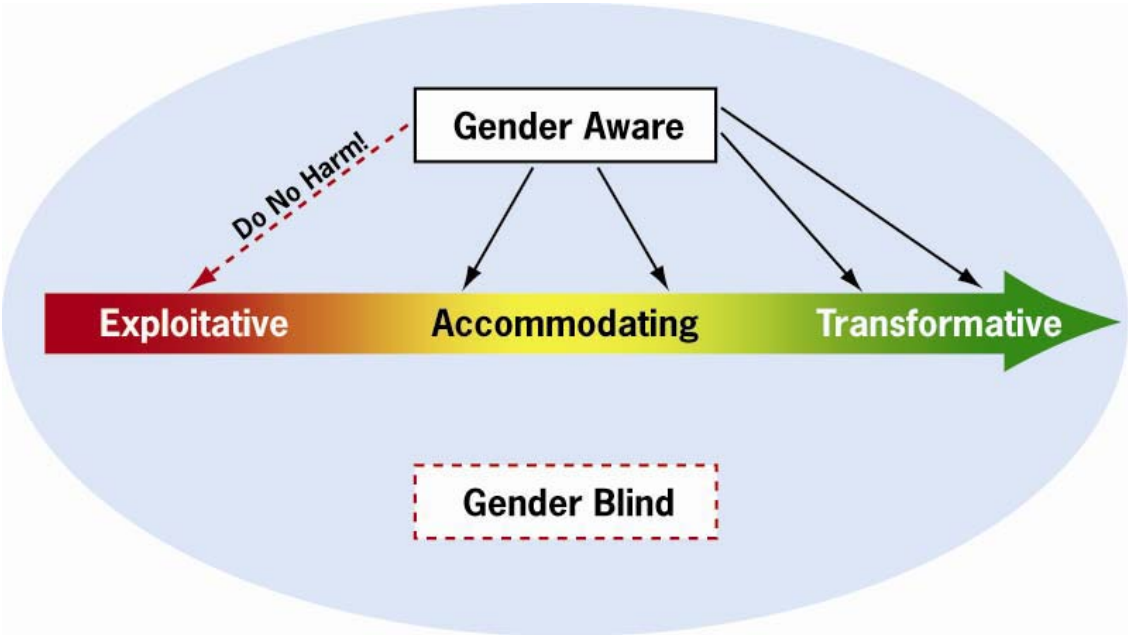
GHI adopted a unique business model with four main tenets. First, the mandate encourages collaboration for impact with country governments and other development partners. Secondly, scale up interventions proven to work that address the health challenges of women, newborns and children, their families and communities. Third, GHI recommends building on and expands existing platforms to foster stronger systems and sustainable results, including U.S. government platforms in HIV/AIDS, malaria, maternal and child health and family planning. Finally, we should innovate for results by introducing and evaluating new interventions and promising new approaches.

Upon launching the GHI in May 2009, eight countries received focused attention. These countries were selected based upon poor indicators including health: Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal and Rwanda. Now, GHI requests that every country receiving USAID funding adopt the GHI principles and business model.

E. The IGWG Gender Continuum

The gender integration continuum[2] is a tool for designers and implementers to use to plan to integrate gender into their programs/policies. Under no circumstances should programs take advantage of existing gender inequalities in pursuit of health outcomes ("Do no harm!").

Figure 1: The IGWG Gender Continuum



Gender Blind refers to the absence of any proactive consideration of the larger gender environment and specific gender roles affecting program/policy beneficiaries. Gender blind programs give no prior consideration for how gender norms and unequal power relations affect objectives, or how objectives impact gender.

Gender Aware is the explicit recognition of local gender differences, norms, and relations and their importance to health outcomes in project design, implementation, and evaluation. This begins with the analysis or assessment of gender differences, norms, and relations to address gender equity in health outcomes.

Gender Exploitative refers to approaches to project design, implementation, and evaluation that take advantage of rigid gender norms and existing imbalances in power to achieve the health program objectives.

Gender Accommodating approaches acknowledge the role of gender norms and inequities and seek to develop actions that adjust to and often compensate for them. While such projects do not actively seek to change the norms and inequities, they strive to limit any harmful impact on gender relations.

Gender Transformative approaches actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives.

[2] Inter-Agency Gender Working Group. Available online: http://www.igwg.org/igwg_media/Training/GendrContinuumCategories.pdf

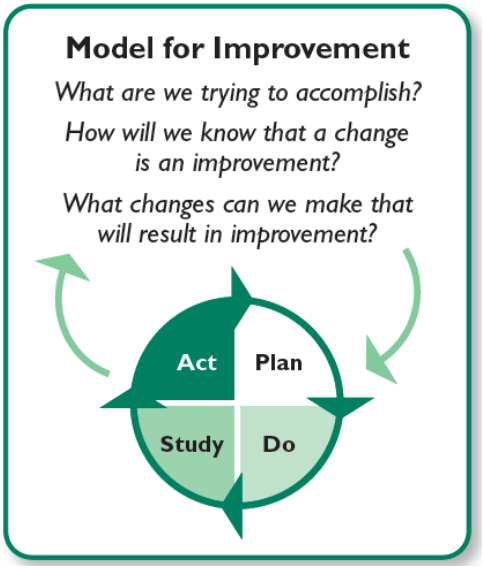
II. INTEGRATING GENDER IN THE USAID HEALTH CARE IMPROVEMENT PROJECT

The USAID Health Care Improvement Project is a six-year task order contract to support countries in improving the quality and impact of health services. Guided by the vision that health care quality can be significantly improved by applying proven quality improvement methods, HCI assists national and local programs to scale up evidence-based interventions and improve outcomes in child health, maternal and newborn care, HIV/AIDS, tuberculosis, malaria, and reproductive health.

The project also seeks to help countries expand coverage of essential services; make services better meet the needs of underserved populations, especially women; improve efficiency and reduce the costs of poor quality health care services; and improve health worker capacity, motivation, and retention. Therefore addressing gender considerations as an integral component of the quality improvement process across all activities presents a remarkable opportunity to improve health outcomes of populations suffering from different, yet related diseases.

HCI works with government and non-governmental providers to improve the quality of care, following the Model for Improvement shown in Figure 2. HCI assists health workers to use the Plan-Do-Study-Act (PDSA) cycle to implement and evaluate changes to improve quality of care. Integrating gender within this effective change model helps professionals evaluate and examine gender-related gaps and issues that affect health outcomes and then act to address these gaps.

Figure 2: The Model for Improvement



Developed by Associates in Process Improvement. See Langley GJ et al. 1999. *The Improvement Guide.*

HCI adopts a very strong knowledge transfer approach to bring international best practices to countries, adapt existing materials, and exchange lessons learned, challenges and possible solutions. Integrating gender presents an opportunity to enhance local professional expertise, contributing to sustainability by working directly with providers, facilities and Ministries of Health. It is also cost effective because the tools and materials developed can be adapted and used in many different countries tailored to their needs.

Through health care improvement efforts, HCI develops close working relationships with professionals at every level of service delivery. Integrating gender in the quality improvement process will result in those professionals adopting gender integration without creating any misunderstandings or resistance to applying a gender-based approach in health programming.

In many cases, HCI works on developing standards of care and clinical guidelines. Integrating gender in standards of care and guidelines helps to increase their national impact and institutionalization.

A. Goal and Objectives

Gender must be explicitly considered as a social determinant of health in improvement activities. This means identifying and responding to gender-related gaps by developing and testing targeted changes in conjunction with other interventions to achieve better quality of care. Specifically the goals of integrating gender in improvement activities are to:

1. Better meet the needs of all clients, including but not limited to, USAID, providers and patients;
2. Enhance gender consideration in the quality improvement process; and

3. Better achieve quality improvement goals while raising gender awareness as set out for HCI globally.

To meet these three goals, HCI will: ensure a gender-equality perspective is incorporated in ongoing and new HCI programs; emphasize training and sensitization of staff for the promotion of gender-specific considerations; enhance knowledge and skills of HCI staff in conducting gender analysis to incorporate findings into the planning, implementation and evaluation of programs; promote, when feasible, the use of sex-disaggregated data and gender analysis; and encourage partnering with local institutions and organizations working on gender to ensure a sustainable and culturally relevant approach.

B. Steps to Incorporate Gender in Improvement Activities

Improved outcomes can be achieved through quality improvement activities that use both technical strategies and consider gender-based biases and inequalities in a society. HCI aims to promote gender equality to achieve improved outcomes with consideration for local needs using effective and evidence-based practices. In designing an improvement activity and depending on the improvement approach that the country will undertake, gender analysis will be included in the situational assessment during the development of the integrated country plan. Conduct a gender analysis at baseline and throughout the project life by examining how the different roles and statuses of men and women, Boys and girls at the household, community, workplace, and political levels affect the work of each project activity and the health outcome(s) it addresses. Conducting a gender analysis at the initial phase of project design will help us identify gaps and think through improvement activities in an integrated manner. To inform and supplement data collection, quality improvement teams should review literature to identify gender-based constraints and also opportunities relevant to project activities. It is important to collect information about and input from women and men in affected communities. Their voices can be heard during gender analysis, and if possible, at intervals during the course of a project activity to ensure that the program is meeting the needs of stigmatized and disenfranchised individuals. Section III provides detailed information about gender analysis.

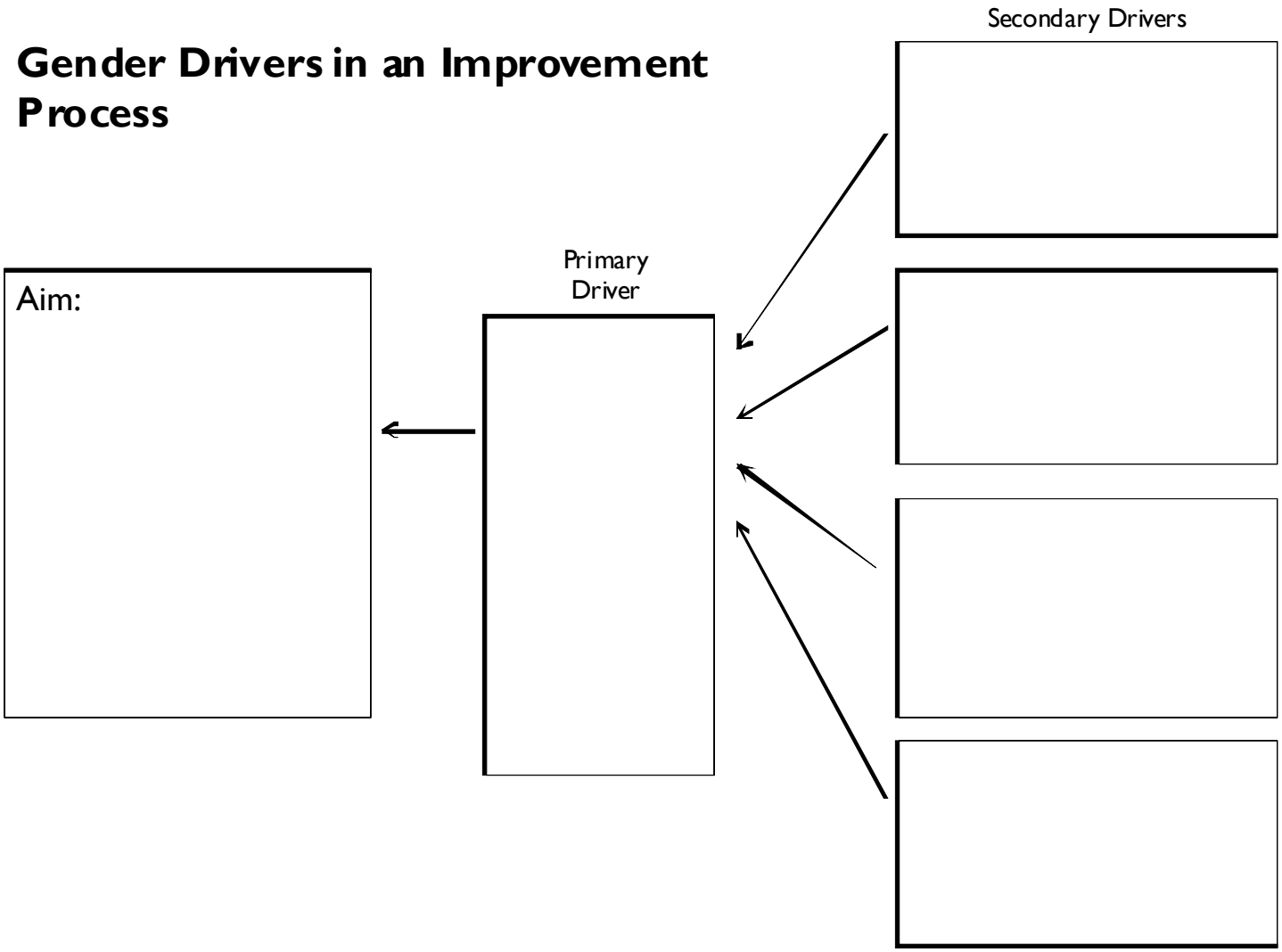
Based on overall assessment and in partnership with local stakeholders, an improvement aim will be identified. At this stage, an objective that addresses gender-based constraints can be developed. Information from the gender analysis will help in identifying gaps that might affect desired outcomes. It is also useful to start thinking about gender considerations when drivers, both primary and secondary, are identified. Gender consideration should be an integral component of the process to make sure that activities are fully integrated to better achieve improved outcomes. HCI has developed a worksheet to help users outline how gender affects a specific health outcome as primary or secondary driver (see Figure 3 on p. 8). By charting gender as a driver, HCI staff can determine what drivers related to gender must be considered to improve health outcomes.

C. Designing Changes to Test

Once an improvement aim is identified and primary and secondary drivers are discussed including gender-related drivers, an improvement activity will be identified to test. At this stage identify changes to test to address a gender-based constraint and also opportunity. Actively incorporate gender into the PDSA cycle. Identifying changes to test must be coupled with developing indicators that measure gender specific outcomes and also collect sex-disaggregated data when feasible and relevant. Monitoring and evaluating gender related change should be an integral component of the overall project monitoring and evaluation of project activities. It is important to document how the project affects gender equality when and if possible and to also modify changes as necessary utilizing the PDSA cycle.

Project activities should aim to leverage positive practices and norms and model equitable practices and behaviors where possible. Staff must emphasize and build on existing approaches, and work with champions to support gender-equitable behaviors. It is important to identify and engage participants who empathize with the challenges men and women face in the community of interest and/or who understand local gender constraints, including clients where possible.

Figure 3: HCI Gender Driver Diagram



When addressing gender inequalities, HCI must ensure that providers and facilities are not contributing to gender discrimination in the provision of services. For example, care for sexually transmitted infections should be provided to all women and men who need this type of care, not only those who are married. Continuity and integration of care are key in providing care that better meets the patients' needs. It is critical to consider the safety of marginalized women and men and any stigma they may face.

D. Creating an Enabling Environment

To help achieve our goal, staff need to be gender sensitive and must be equipped with skills to integrate gender. It is critical to Addressing issues of personal biases, as these might affect programmatic activity negatively if not addressed carefully. Therefore staff training is imperative. Discussing gender issues is not always easy or acceptable. We developed a presentation to help staff facilitate such discussions (see Appendix 5). Enhancing local providers' capacity to address gender constraints by including relevant content in trainings and learning sessions is equally important to create an enabling environment and build coaches' and providers' abilities to address inequalities in their facilities and communities.

Training materials can be used in coaching sessions when bringing gender issues affecting outcomes as integral component of improvement activities. (See Appendices 5 and 6.)

Building alliances is critical when working on improvement activities, but of utmost importance when addressing gender considerations. Staff need to collaborate with local stakeholders where present, such as gender ministries, non-governmental organizations, community-based organizations, and other partners to discuss how HCI project activities and local entities can mutually contribute to gender equality and sensitivity in health and the community. Engaging partners that support equality and change, such as social and community groups, specific religious leaders, or community leaders, and working with locally-based gender-related organizations is also advisable when possible.

III. GENDER ANALYSIS FOR IMPROVEMENT ACTIVITIES

Gender analysis is an important component of the HCI approach to gender integration in ongoing and new activities. It is a methodology to identify and understand the differences in the lives of women and men, and the diversity among women themselves, i.e., in their varied circumstances, responsibilities, social relationships and status within existing economic, social, cultural, environmental, institutional and political structures in any community, or economy. Gender analysis helps us understand and assess how policies, programs or projects may impact differently on women and men, girls and boys; compare how and why women and men are affected differently through the collection and utilization of sex-disaggregated data, both qualitative and quantitative; and integrate gender considerations throughout the planning, design, implementation and evaluation processes.

A. What Is Gender Analysis?

Gender analysis is a process to identify the gender inequalities, constraints, and opportunities that can contribute to or affect health and project outcomes. It helps us understand in what ways the experiences of men and women differ, and how they are similar. It is an important component of gender integration in ongoing and new HCI-support improvement activities as it highlights the distribution of power and resources based on gender norms in different communities.

Gender analysis is a methodology to:

- Identify and understand the differences, and impact of these differences, in the lives and health status of women and men, and boys and girls, such as:
  - Responsibilities, roles and identities
  - Social relationships and status
  - Needs and interests
  - Access to and exercise of power and decision making

- Assess how policies, programs or projects may impact women and men, girls and boys differently;
- Compare how and why women and men are affected differently through the collection and utilization of sex-disaggregated data, both qualitative and quantitative; and
- Integrate gender considerations throughout the planning, design, implementation and evaluation processes.

Within health, men and women may differ in their:

- Health status, determinants, and outcomes
- Access to and utilization of care
- Ability to pay for services and medications
- Participation in health management

The health outcome in question should be examined in terms of access to care, services received and/or quality of care, and, if relevant, retention in care. For example, in HIV, these dimensions would include knowledge of HIV, prevalence, risk, knowledge of status, disclosure of status, stigma, legal status and care-seeking. Differences between men and women, and boys and girls, should be considered at the levels of existing economic, social, cultural, environmental, institutional and political structures in a community.

Gender-based opportunities are gender relations in different domains that facilitate men's and/or women's access to resources and opportunities, including access to and quality of health care. *Gender-based constraints* are gender relations in different domains that reduce of inhibit men's and women's access.

Gender relations influence people's ability to freely decide, influence, control, enforce, and engage in individual and collective actions. For example, gender-based power relations can influence decisions about:

- One's body and health care, including reproductive health and child-bearing
- Children and their health
- Household and community affairs
- Use of individual and family economic resources and income
- Employment and educational opportunities
- Legislation, policies, voting, and the ability to enter legal contracts

Depending on the time and project resources available, a gender analysis may be more or less formal. If a formal analysis is not possible, it is still important to informally ask questions and gather information to better inform the activity.

B. What is the Added Value of Gender Analysis?

Through quantitative and qualitative data collection and analysis, gender analysis identifies and interprets the consequences of gender inequalities for achieving project objectives and interventions for influencing the relation of power between women and men.

Specifically, gender analysis allows for:

- More comprehensive knowledge and awareness of the different realities of the lives of women and men in the community or region in question, and with regards to a specific health outcome;
- Informed decision-making to more easily achieve HCI's goal of improved quality of care, better health outcomes, and gender integration;
- Increased effectiveness and improved design, implementation, monitoring, evaluation and communication about quality improvement projects;
- Recognition that different strategies and measures may be necessary to achieve intended results and equitable outcomes for women and men; and

- More effective improvement processes and mechanisms for coordinating, implementing and monitoring health programs.

For HCI, a gender analysis can drive the changes to be tested for quality improvement, contribute to improved understanding of gender-related drivers in health outcomes, and allow for better design of projects to achieve improved quality of care.

C. Different Contexts in which to Consider the Role of Gender

Gender constructs vary over time and across societies and locations. For example, it is different to be a woman in China now than it was in 1960. Within Uganda, it is different to be a woman in Kampala than to be a woman in the West Nile region. When conducting a gender analysis, examine the following aspects of gender.

- Power in terms of:
  - Practices, roles and participation
  - Knowledge, beliefs and perceptions
  - Access to and control of resources (income, social services, information, social capital, natural resources)
  - Rights and status (legal rights; access to work and educational opportunities)
- Social relationships, including:
  - Partnerships/couples (head of household; domestic roles; decision-making power; control of resources)
  - Households and families (decision-making power for children)
  - Communities (participation in organizations and groups)
  - Civil society and government institutions
- How gender constraints and opportunities vary with ethnicity, class, race, and age

D. How Do You Implement Gender Analysis?

Gender analysis should be applied at the project level. Once a project activity is under development and the location has been identified, a gender analysis should be undertaken to determine what, if any, gender constraints should be addressed within the project. The outcome of project activities that actively consider gender can strengthen equal opportunities for men and women, boys and girls and their utilization of health services, as well as contribute to improved gender equity.

USAID's approach to gender analysis includes two key questions:

1. How will the different roles and status of women and men within the community, political sphere, workplace, and household affect the work to be undertaken?
2. How will the anticipated results of the work affect men and women differently?

HCI encourages the inclusion of different types of people in a gender analysis. For example, a literature review and epidemiological data may tell a story about women or men in a specific area. It is also important to consult with local community members and leaders, health care providers, and of course, both men and women. These parties can provide information about the differences between men and women in the family, social, and political spheres.

Both quantitative and qualitative data should be included in the analysis, if possible:

- Quantitative:
  - Health indicator and surveillance data disaggregated by sex, such as: data on socio-economic determinants of health, health status, outcomes, treatments used, incidence of morbidity and mortality, and decision-makers.
  - When possible, further disaggregate this data by location, age, income, ethnicity, and education

level.

- Qualitative:
  - Information about personal experiences and perspectives.
  - In-depth information about motivations, attitudes, behaviors, and choices.

While quantitative data can show us what is happening, qualitative data gives meaning to gender roles and norms, and helps explain why people act in certain ways within the health system.

E. Questions to Ask

The questions and participants in a gender analysis will vary depending on the aim of the project, whether it is implemented in the facility, community, or both, and the specific context of the project.

The following general questions may be adapted to the needs of the project:

1. What are the different roles and status of women and men in the community? The household? What is the political power of men and women in the community? Who holds decision making power in the household? In the community?
   - What do men do in the community? What do women do in the community?
   - What are men's typical tasks in a household? What resources and decisions does he control?
   - What are women's typical tasks in a household? What resources and decisions does she control?
   - How and where do men and women spend their time?
   - What meetings and community decisions to men participate in? Women?
2. What knowledge, beliefs, and perceptions exist about the roles of males and females in the community?
   - *Knowledge:* What information are men and women privy to? (Who knows what?)
   - *Beliefs:* How should men and women behave? How should they conduct their daily lives?
   - *Perceptions:* How do men and women interpret aspects of their lives differently?
3. How do men and women access health care (differently)? Do boys and girls access health care equally? Why or why not?
   - Who controls health care decisions for children? Are boys are girls treated differently? If so, how?
4. How will gender relations affect the achievement of sustainable results?
5. How will the proposed results affect the relative status of men and women? Will it exacerbate inequalities, accommodate inequalities, or transform gender relations? How? Why?

F. HCI Tools for Gender Analysis

HCI has created two worksheets to assist with gender analysis. The first worksheet, called the *Gender Analysis Worksheet* (see Table 1 on page 13), helps users examine the social, financial, political, and legal power of men and women at the household, community, and facility levels, as well as their knowledge and beliefs. The second worksheet, the *Gender Integration Planning Worksheet* (see Table 2 on page 14), helps users outline the constraints and opportunities in each domain, as well as chart what additional information is needed.

Table 1: HCI Gender Analysis Worksheet

Gender Analysis: What are the key gender relations and power disparities in each domain?	**Household**	**Community**	**Health facility**
Access to resources			
Knowledge, beliefs & perceptions			
Practices & participation			
Legal rights and status			
Power, control & decision-making			

Table 2: HCI Gender Integration Planning Worksheet

Gender Integration Planning: Data synthesis	What additional information is needed about gender relations?	What are the gender-based constraints to achieving project objectives and/or the targeted health outcome?	What are the gender-based opportunities to achieving project objectives and/or the targeted health outcome?
Access to resources			
Knowledge, beliefs & perceptions			
Practices & participation			
Legal rights and status			
Power, control & decision-making			

IV. GENDER CONSIDERATIONS IN MONITORING AND EVALUATION

To support improvement efforts, it is critical that projects disaggregate data by sex when applicable and feasible. It is also important to develop gender-sensitive indicators. *Sex disaggregated data* refers to the collection of data by *physical attributes* of the individual. Gender-sensitive indicators measure changes in the status and *role of men and women over time.* Such indicators have the special function of pointing out **how far** and **in what ways** development programs and projects have **met their gender objectives** and **achieved results** related to gender equity. It can also alert staff to any unintended consequences of an improvement project by showing if the any aspects of the program benefit one gender group more than another or create or increase negative results for one social group.

Measuring "gender" can be challenging because it is a complex social construct. However, it is possible to design gender equality measures that can provide valuable information about the impact of gender-related changes in an improvement activity. These might include:

- Norms for women and men, or boys and girls, in the community, household, or the facility (including health-seeking behaviors)
- Beliefs about roles
- Autonomy and decision-making power
- Access to income and economic resources

A. Sex-disaggregated Data

Sex-disaggregated data means every data that is cross-classified by sex, presenting information separately for women and men, boys and girls. Sex-disaggregated data reflect roles, real situations, general conditions of women and men in every aspects of the society. For instance, the literacy rate, education levels, business ownership, employment, wage differences, dependents, house and land ownership can all be considered in analyzing gender gaps. Without sex-disaggregated data, it will be more difficult for us to identify the real and potential contributions of half of the population in any given country, and could hinder the development of effective policies.

Sex-disaggregated data can be used and analyzed to:

- Find out the different conditions of women and men, including changes over time;
- Consider and track the impacts of national activities on women and men especially in developing standards of care;
- Find out and further define the problems and what are the primary and secondary drivers, thus assist in developing response options and changes to test;
- More thoroughly understand the impacts of events or other factors;
- Allocate resources and work in a more equitable way;
- Evaluate and monitor outcomes and conclusions by sex; and
- Present the progress or lack thereof, through indicators.

Other factors, such as age, religion, or ethnicity may also impede access to and utilization of quality care. Disaggregated data within these categories may also be useful in identifying areas for improvement. More equitable results are likely when gender analysis using sex-disaggregated data is carried out.

Why collect sex-disaggregated data?

In quality improvement, we aim to identify and address barriers to health care. In many contexts, men or women face specific barriers that prevent them from accessing clinics, utilizing or receiving quality care. If one half of the population is not able to access services, you will not see improvement past a certain point until these barriers are addressed and all members of a community have equal access to

services. These barriers are often reflected in run charts as a plateau after a period of improvement. When the data are stratified by sex, or other measures such as age or ethnicity, it may be possible to identify that a gender-related barrier has prevented men or women, boys or girls from accessing and utilizing care. Aggregated data can misrepresent the situation; perhaps 95% of women access services with good clinical outcomes, while only 30% of men are able to access services. In this situation, we might see improvements for many months, but not past 70%. In this particular example addressing the specific needs of men would be necessary to continue to improve outcomes, and disaggregating data by sex can only quantitatively identify this need.

The lack of sex-disaggregated data hides the actual, as well as the potential contributions of half the population that we serve. It may hinder effective program development. It is imperative that HCI staff seriously considers identification of gaps in data collection methodologies and processes and takes steps to address these gaps in the most cost-effective way. Each country office is encouraged to build its own sex-disaggregated database when possible and feasible. Actual gender-related inequalities in accessing and utilizing health care services can be identified. Designing activities that shall lead to desired change will follow.

Sex disaggregated data is an essential input into gender analysis and the understanding of the different contributions, circumstances and realities affecting health services for women and men. Using sex-disaggregated data can help HCI to decide on and carry out activities that are effective, equitable and beneficial for women and men and gain the most benefit from their work. This is especially significant for a quality improvement project such as HCI.

Not all programs require disaggregating data by sex. At times health projects focus attention to activities directed towards women assuming if the service is there, men will benefit from it and will utilize it. The reality is different. Almost all country offices reported that men are not utilizing services as much as women. Therefore when reporting aggregated data, the data is misrepresenting the situation and in time one would notice a platue in desired improvements. This is a clear example for the need to disaggregate data by sex. Only then providers can make decisions based on real and practical information.

In other cases the decision to access a service might be affected by gender roles specific to a community. If the program's goal is to reduce maternal mortality and the project is focusing attention on increasing women's access to care while women have no decision making power to utilize the service, the program will not achieve desired goals. Unless the program considers involving men; the decision maker in this scenario, women will not utilize the service and their health outcomes might be compromised. In this case disaggregating data by sex will not help us make programmatic decisions, however understanding gender relations and gaps helps designing programs to maximize results and achieve desired goals.

Another example is that sex-disaggregated data is needed by planners and policy-makers to provide health and family planning services catered to women and men; In many cases such programs are only targeting women when in fact they should address both men's and women's needs.

When to collect sex-disaggregated data

Sex disaggregated data is an essential input into gender analysis. Using sex-disaggregated data can help HCI recognize opportunities where gender integration and gender-related changes will improve the quality of care. Disaggregated data can also be used throughout the PDSA cycle to monitor changes in access and quality of care for men and women, and to evaluate whether gender-related changes have been effective and should be scaled up. Finally, disaggregated data can be used to provide evidence to local partners such as Ministries of Health and also to the donor such as USAID of gender-related barriers in health care and advocate for the importance of a gender-focused approach.

While sex-disaggregated data are very informative in many cases, not all activities or indicators require

disaggregating data by sex. For example, if you are training all providers in a new skill, disaggregated data do not provide important programmatic information: HCI does not have control over the gender mix of providers in a given area. If 80% of doctors are male and 20% of doctors are female, it is expected that the training participants would be 80% male and 20% female. Focus disaggregated data analysis where it can show disparities in access and quality of care, and inform programmatic decisions.

B. Gender-sensitive Indicators

As with all HCI-supported improvement activities, it is important to construct, measure, and analyze indicators to monitor progress in achieving project aims. Gender-sensitive indicators can be used to assess the impact of changes or interventions that address gender-related barriers in care. These indicators are designed to measure changes in the status and role of men and women over time.

Gender-sensitive indicators can show:

- How far and in what ways projects have met their improvement objectives and achieved results related to gender equality.
- If men's and/or women's participation has increased or decreased.
- If gender equality has been increased (such as through improved access) or decreased.
- Evidence for how specific gender-related changes or interventions can contribute to more equitable and improved health outcomes.

Why are gender-sensitive indicators important?

- To know if we have *increased women's and men's participation in and benefits from interventions,* especially in areas where they have been historically under-represented.
- To know if we have *reduced gender inequality* (e.g., increased access) *or exacerbated* gender inequalities.
- To *generate evidence* on how attention to gender in programs contributes to *more equitable and sustainable outcomes.*

How to develop gender-sensitive indicators

In developing gender-sensitive indicators we formulate measures that demonstrate removal of gender-based constraints, establish realistic separate targets for women and men and check assumptions. We can determine how information can be obtained and clarify areas where more information is needed. Gender-sensitive indicators should capture quality and not just quantity and avoid only counting bodies. For example we measure not just attendance but also true participation and decision-making; the quality of jobs rather than numbers of employed. Since HCI is a quality improvement project, we need to aim to measure changes in levels of inequality.

For example, instead of reporting that 25 men are enrolled in TB treatment, we need to report that the proportion of men enrolled in TB treatment increased from 25% to 50%. Instead of number of men who recognize danger signs of pregnancy and birth complications, we can report that the percentage of men who allocate household resources for emergency transport and care, increased from 10% to 25% in a specific period of time. Instead of "increase farmers' income by 25%" consider "increase income of poor farmers by 25%."

To develop gender-sensitive indicators:

1. Formulate measures that demonstrate the mitigation/removal of gender-based constraints.
2. Establish realistic targets.
    - Separate targets for men and women.
    - Check your assumptions!

- Would an increase in household income benefit all members of the household equally? If not, target indicators to assess individual members' access to income.
- Would an intervention targeted to farmers benefit all farmers equally? Instead of "Increase farmers' income by 25%," consider "Increase income of lowest 2 quintile farmers by 25%."

3. Clarify where more information is needed, and determine how this information can be obtained. Have you conducted a gender analysis? Interviewed both men and women?
4. Indicators should capture *quality*, not just quantity.
   - Avoid counting bodies – capture true participation and decision making power.
   - Gender sensitive indicators aim to assess increases in access and equality.
   - For example, when measuring impact and increases in equality, the quality of jobs newly available to women is more important than the number employed.
5. Aim to measure changes in the levels of inequality.
   - Measure proportions instead of numbers; compare proportions of males and females.
   - Compare proportions over time to the proportions expected (if available).
     - For example, in an area where the HIV prevalence is expected to be 60% men, 40% women, an activity should not aim for 50/50 access, but rather 60/40.
   - To assess the level of inequality, measure actions instead of knowledge.
     - For example, instead of the number of men who recognize the danger signs of pregnancy and birth complications; measure the % of men who allocate household resources for emergency transport.

Sample gender-sensitive indicators

The following are examples of gender-sensitive indicators:

- Percent of men who are participate in joint-decision making around reproductive health issues.
- Number of men who hold gender-equitable beliefs as determined using a Gender-equitable Men Scale (see "Gender Analysis").
- Percent of men who report involvement with community groups that advocate against early marriage.
- Percent of women who report that their partner accompanied them for at least one antenatal care visit during their last pregnancy within the last three years.

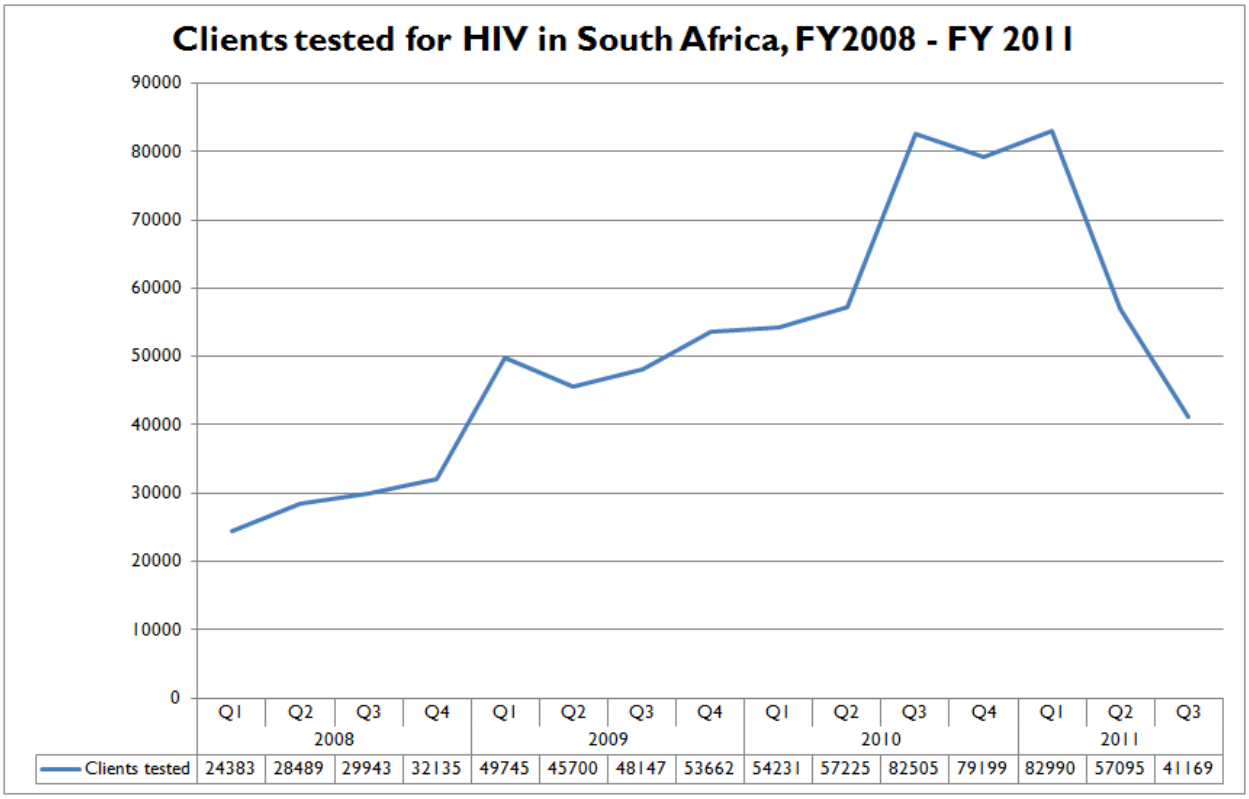
V. EXAMPLES FROM THE FIELD

Several HCI field offices have successfully integrated gender into project activities. The following graphs and case examples highlight the ideas discussed in this guide.

The importance of disaggregating data by sex

In South Africa, HCI worked to increase the number of clients (excluding pregnant women) taking an HIV test at health facilities through September 2011. Figure 4 shows a major increase in HIV testing at clinics in South Africa. Overall testing increased from 24,383 to 82,990 in two years, over a three-fold increase in three years. At the beginning of 2011, the number of facilities HCI supported was greatly reduced, causing the drop in the overall number of clients tested.

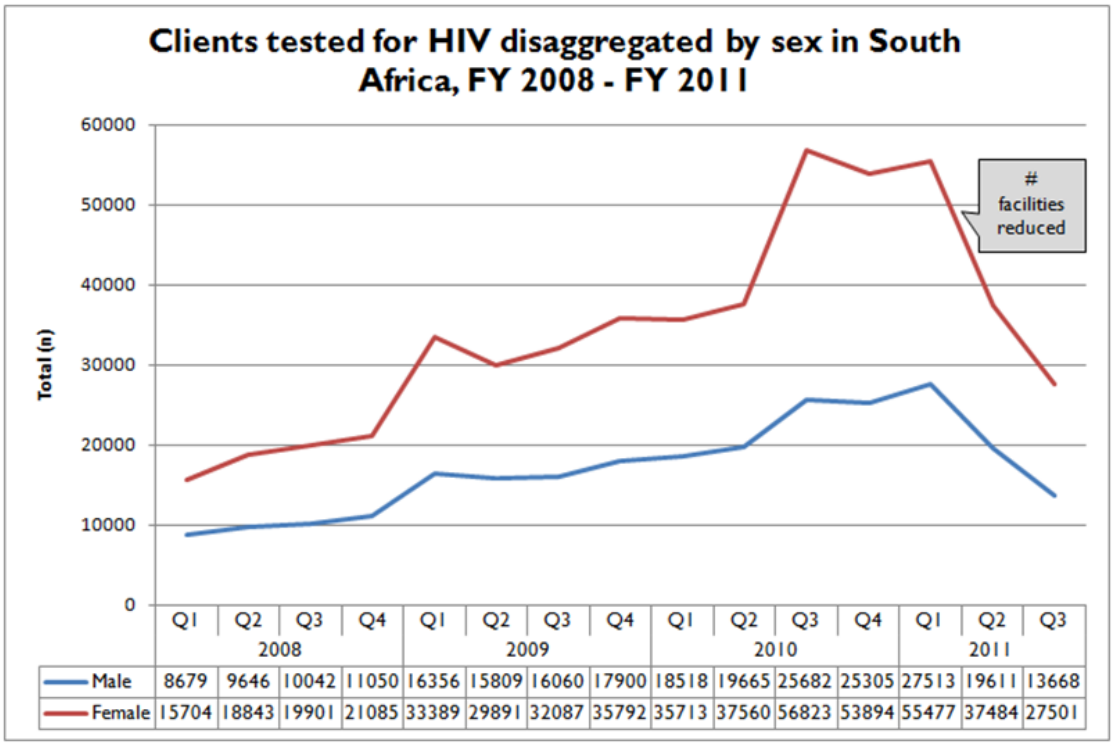
Figure 4: Clients Tested for HIV in South Africa, FY2008-FY2011



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2008				2009				2010				2011		
Clients tested	24383	28489	29943	32135	49745	45700	48147	53662	54231	57225	82505	79199	82990	57095	41169

However, when the data in Figure 4 are disaggregated, we see that the improvement in testing varies significantly between women (red) and men (blue). Moreover, the testing gap between men and women had also increased significantly in that same time period as shown in Figure 5 below.

Figure 5: Clients Tested for HIV in South Africa, Disaggregated by Sex, FY08-FY11



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2008				2009				2010				2011		
Male	8679	9646	10042	11050	16356	15809	16060	17900	18518	19665	25682	25305	27513	19611	13668
Female	15704	18843	19901	21085	33389	29891	32087	35792	35713	37560	56823	53894	55477	37484	27501

In South Africa, the HCI team recognized this gap, which was very significant even when controlling for women who received an HIV test as a part of routine antenatal care. HCI implemented changes to increase testing among men, resulting in a narrowed gap between men and women, as seen from Q1 to Q3 in 2011. As a result of these interventions, the number of men tested for HIV at 120 HCI-supported sites increased from 39,417 in 2008 to 89,170 in 2010, illustrating a 226% increase.

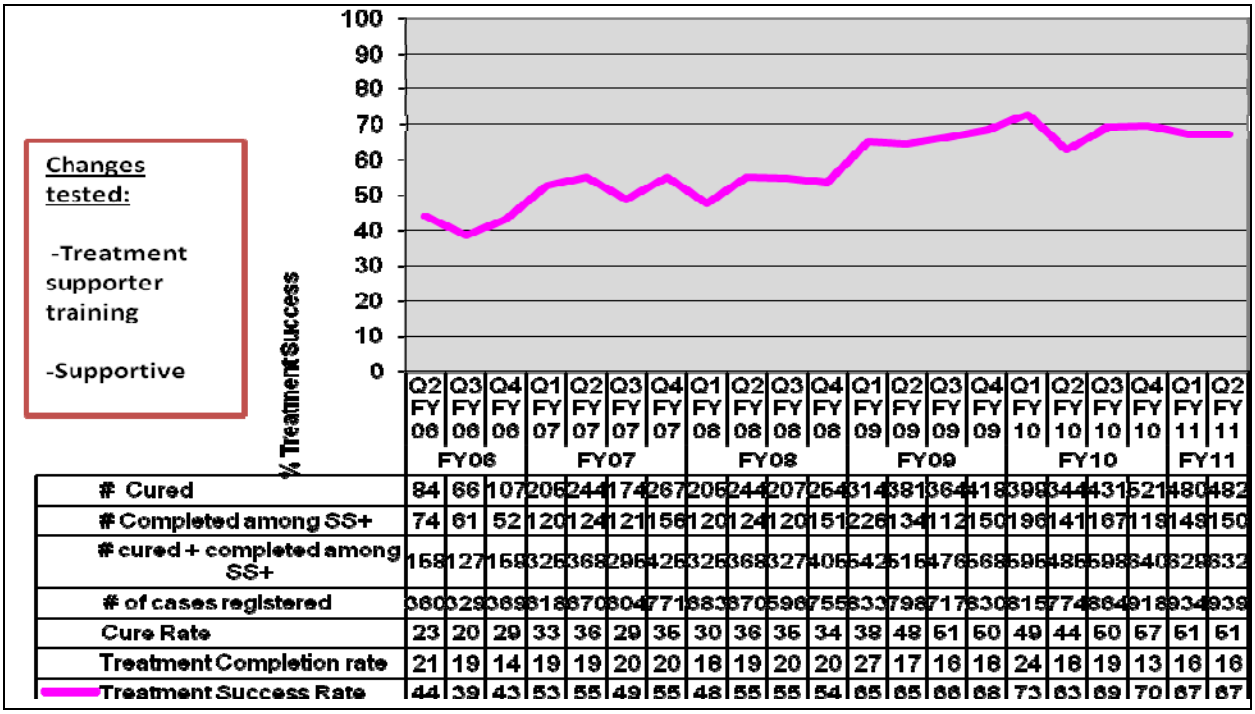
The changes led by HCI included:

- Training health care workers on quality improvement in HIV counseling and testing programs.
- Support for provider-initiated testing and counseling.
- Participating in national HIV Counseling and Testing (HCT) Campaign, which emphasized male HCT.
- Review of HCT data – ensuring completion of data relating to HIV services offered to men.
- Collection and analysis of HCT data to determine the HIV prevalence among men in HCI-supported sites.
- Emphasizing couple HCT, including male partner involvement.
- Targeting men's forums for family planning education and updates.

Plateaus in improvement

When we see a plateau in improvement after an indicator has changed over time, disaggregating the data by sex (or other factors, such as age or socio-economic status) might identify that one segment of the population is unable to access or continue to use services. If we are able to improve the treatment success rate to about 70%, but unable to increase it past 70%, it may be that men or women are not staying in treatment. For example, when disaggregated by sex, the data in Figure 6 could reveal that 95% of women diagnosed with TB have successful treatment, while only 37% of men diagnosed with TB complete treatment. Achieving desired outcomes will be very difficult if the program does not address low treatment rates among men. This type of analysis helps identify possible changes that will lead to more improvements.

Figure 6: Tuberculosis treatment success in Swaziland, FY06-FY11

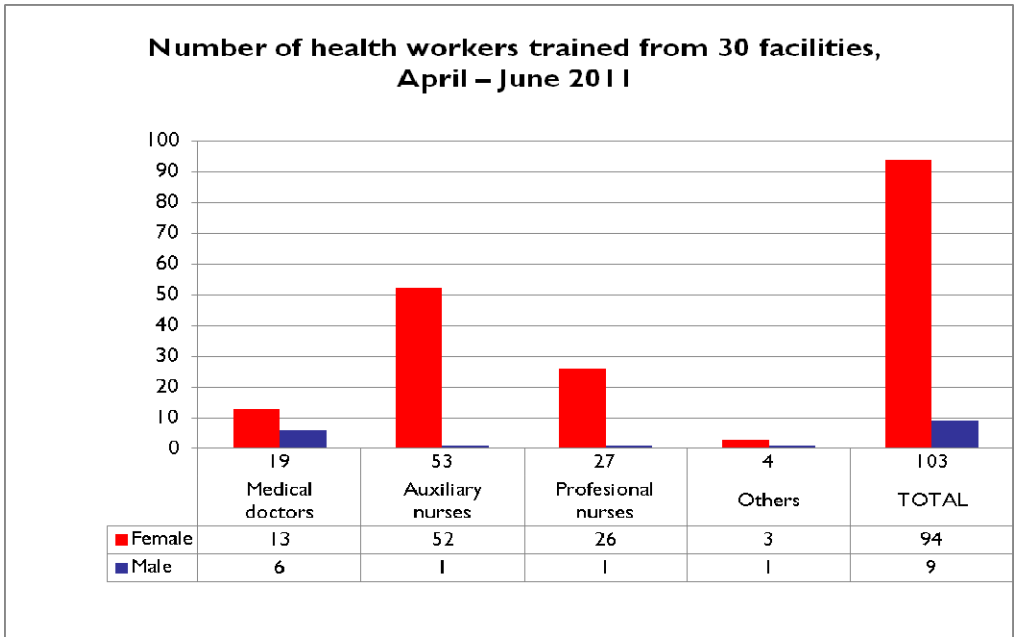


	Q2 FY 06	Q3 FY 06	Q4 FY 06	Q1 FY 07	Q2 FY 07	Q3 FY 07	Q4 FY 07	Q1 FY 08	Q2 FY 08	Q3 FY 08	Q4 FY 08	Q1 FY 09	Q2 FY 09	Q3 FY 09	Q4 FY 09	Q1 FY 10	Q2 FY 10	Q3 FY 10	Q4 FY 10	Q1 FY 11	Q2 FY 11
	FY06			FY07				FY08				FY09				FY10				FY11	
# Cured	84	66	107	206	244	174	267	206	244	207	254	314	381	364	418	399	344	431	521	480	482
# Completed among SS+	74	61	52	120	124	121	156	120	124	120	151	226	134	112	150	196	141	167	118	148	150
# cured + completed among SS+	158	127	159	326	368	295	423	326	368	327	405	542	515	476	568	595	485	598	640	628	632
# of cases registered	360	329	369	818	870	804	771	883	870	596	755	833	798	717	830	815	774	864	918	934	939
Cure Rate	23	20	29	33	36	29	35	30	36	35	34	38	48	51	50	49	44	50	57	51	51
Treatment Completion rate	21	19	14	19	19	20	20	18	19	20	20	27	17	16	18	24	18	19	13	16	16
Treatment Success Rate	44	39	43	53	55	49	55	48	55	55	54	65	65	66	68	73	63	69	70	67	67

Disaggregation does not tell us everything

While disaggregating data by sex is often important, as shown in the previous two examples, it is not always relevant for decision-making and we do not need to disaggregate all data. We need to consider and plan when sex differences may occur and may affect the improvement and quality of care or health outcome of interest. In the example in Figure 7, HCI trained providers from 30 facilities in active management of the third stage of labor (AMTSL).

Figure 7: Number of Health Workers Trained in AMTSL in 30 Facilities, April-June 2011



	19 Medical doctors	53 Auxiliary nurses	27 Profesional nurses	4 Others	103 TOTAL
Female	13	52	26	3	94
Male	6	1	1	1	9

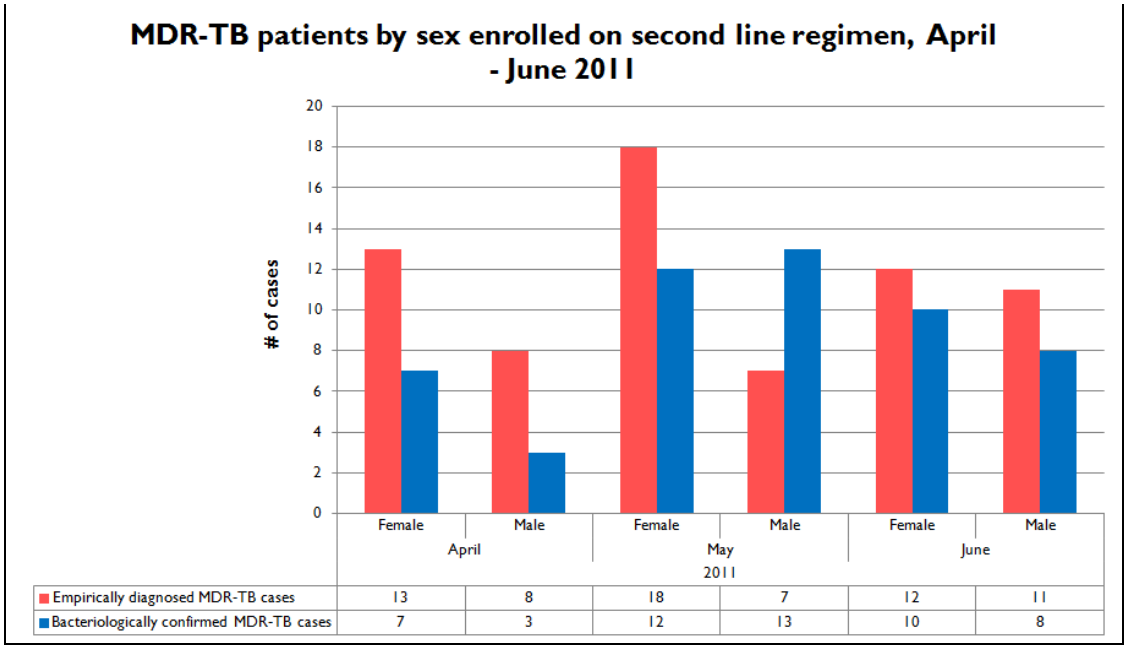
We see that many more women participated in the training than men. However, if this sample represented the ratio of men to women at these facilities, HCI cannot control this gender imbalance. Moreover, whether a provider is a man or a woman will not lead to improved health outcomes; it is his or her ability to provide quality care.

Note that occasionally USAID does request this type of information, in which case it should be collected. However, it is not something that needs to be routinely monitored by HCI.

Considering epidemiological data to close gaps

At first glance, the gap between men and women shown in Figure 8 may not appear significant. However, with tuberculosis, we expect more male patients than females due to the epidemiology of the disease. Therefore, we should expect more male patients than female patients in a TB treatment program. If we see more women, it is likely that some affected males are not able to access treatment.

Figure 8: Multi-drug-resistant TB Patients Enrolled on Second-line Regimen by Sex, Swaziland, April-June 2011



In Hhohho Region of Swaziland, HCI realized that significantly more women than men received treatment for multi-drug-resistant tuberculosis (MDR-TB), which is inconsistent with epidemiological data. If these data were aggregated, we might not realize that men were not receiving sufficient treatment.

HCI encouraged clinics to test specific changes to promote treatment among men and retain them in care, resulting in more men in care after three months. Some of the changes they tested included:

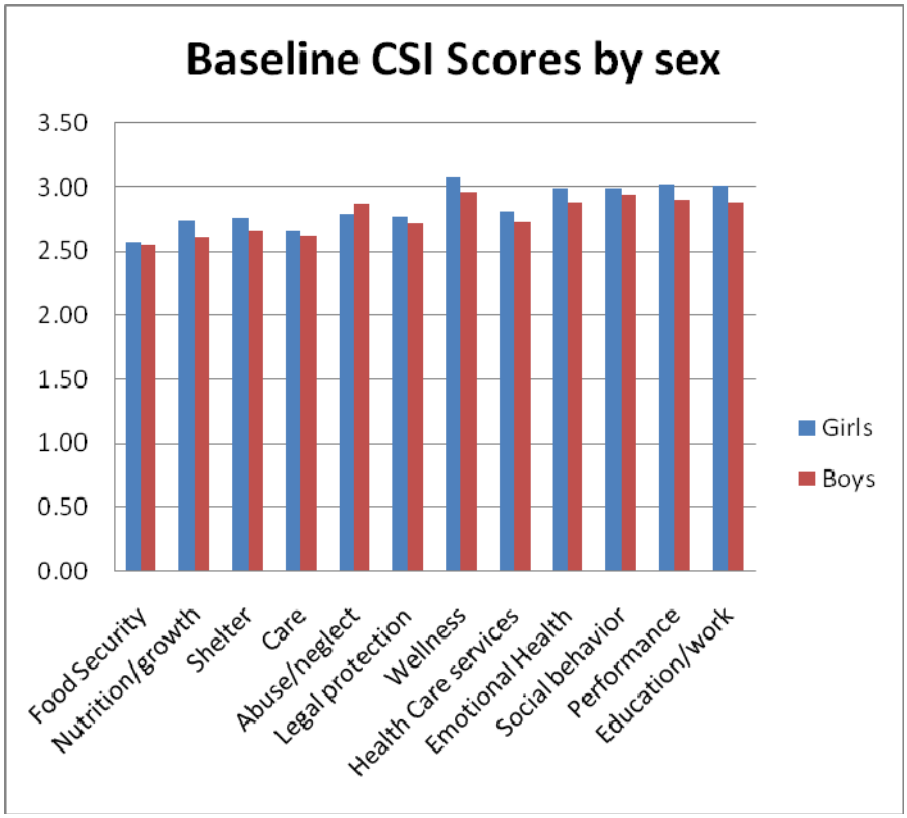
1. Health education about tuberculosis and how it affects family income.
2. During the world TB day, a play that focused on men seeking care when confronted by MDR-TB was presented. This was to demonstrate that real men, seek care when sick and they do not wait until when very sick. Real men test for HIV to protect their families.
3. Wider distribution of MDR-TB educational and social mobilization materials that targeted heads of family. An extra copy of the educational material was given to the family member seeking care so they could give it to the family head to increase knowledge about TB.

Monitoring trends

HCI works to improve social services for orphans and vulnerable children in several countries. The Child Survival Index is a commonly used survey to determine to what degree the psychosocial needs of these children are met.

In Kenya, HCI disaggregated indicators in the Child Survival Index to assess the situation for boy children and girl children, as shown in Figure 9.

Figure 9: Baseline Child Status Index (CSI) Scores by Sex

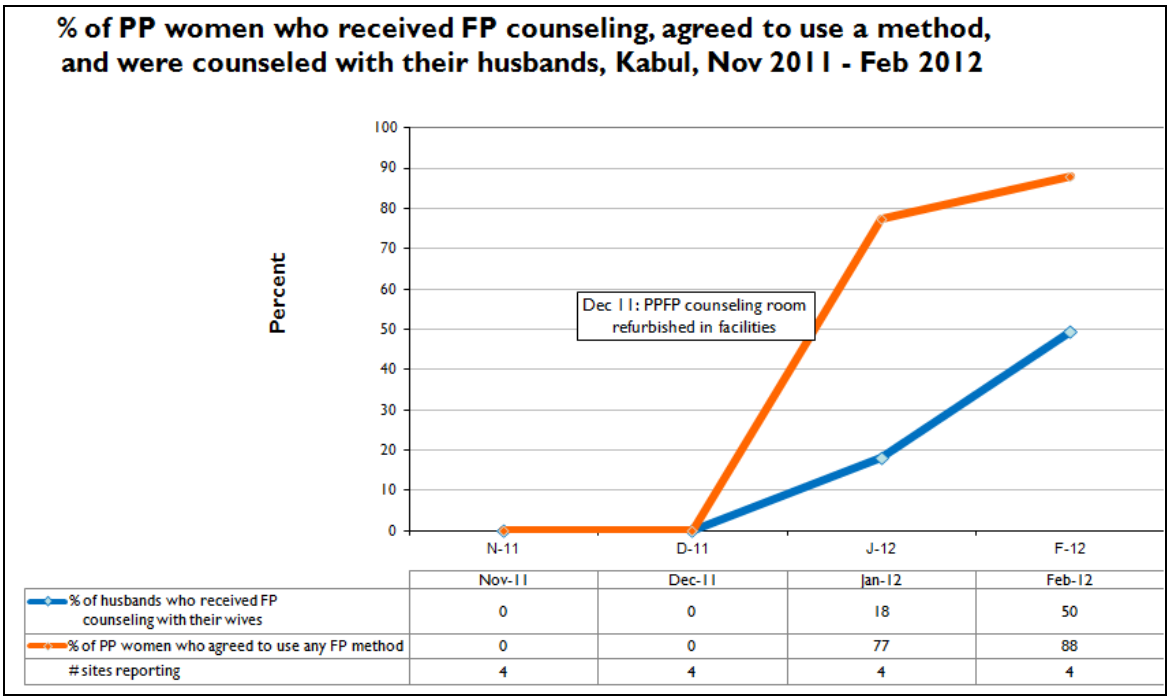


While this analysis revealed that vulnerable girl and boy children faced similar challenges, HCI continues to disaggregate CSI data by sex to assess whether services should specifically target boys or girls in a service area. These baseline scores can be compared to later data to ensure that no gaps have developed between vulnerable boy and girl children. Thus is it important to disaggregate data at baseline to monitor aspects that may be gender sensitive.

Male engagement

In Afghanistan, HCI has supported four maternity hospitals in Kabul to provide post-partum family planning counseling to couples. As shown in Figure 10, in only three months, they were able to achieve 50% participation in counseling among husbands, and 88% of women agreed to use a method.

Figure 10: Post-partum Family Planning Counseling of Couples and Acceptance of Contraceptive Methods in Afghanistan, November 2011-February 2012



To engage men, the hospitals built a private counseling room outside the hospital in line with cultural norms (men cannot enter the women's hospital). When a woman's husband was unable to come to the hospital for counseling, a family planning counselor would call his cell phone and give him information over the phone.

Developing gender-sensitive indicators

In Guatemala, HCI aimed to increase deliveries at health facilities through educating men and women. The project began by educating women on birth planning and to familiarize men about emergency planning. When a midline survey indicated that the percentage of men who were familiar with their wife's plan fell over the course of implementation, facilities tested whether having men participate in health talks would increase their familiarity with their wife's plan. In this project, when men attended health talks, they learned about the importance of delivery in a facility and planning for emergencies around delivery. These health talks with men increased the percentage of births at facilities from 24% to 38% in just five months, a 50% increase, shown in Figure 11.

Another indicator that could be measured for this activity is the % of men who attended health talks for their wife's pregnancy. This would also show their participation in delivery.

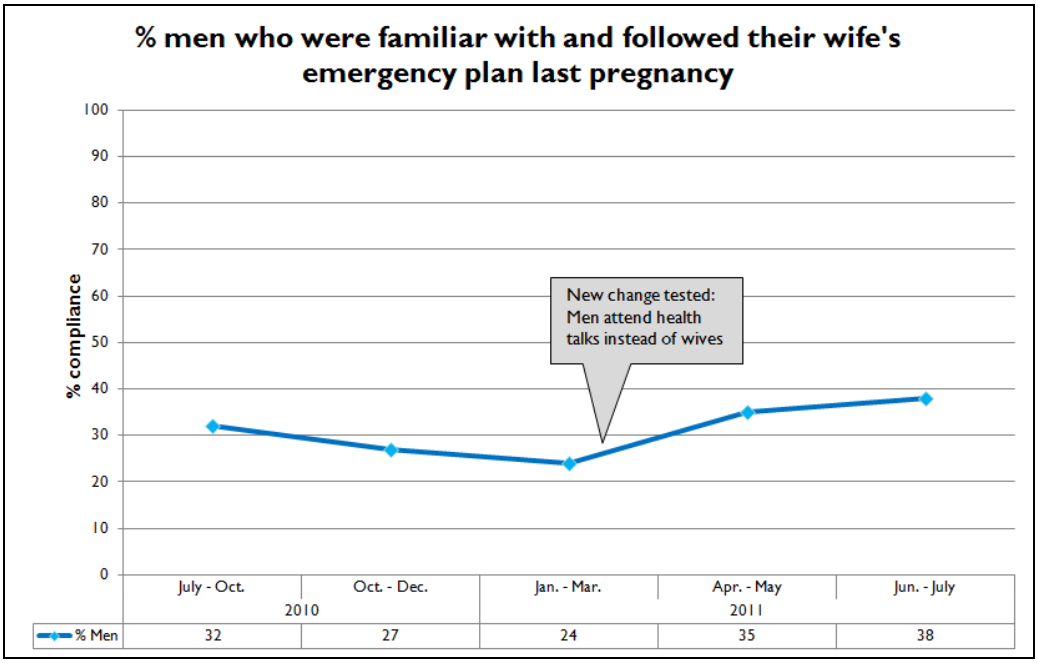
Gender-sensitive indicators can be used to monitor if men (or women, or community members) have gender equitable beliefs, or how project activities impact the equality between males and females in the project area. This could lead them to place more importance on planning for delivery and/or to give their wives more control over household resources at the time of delivery.

In this example, related gender-sensitive indicators to measure how men's attitude changed over time could be:

- % of men who believe it is important to have an emergency plan for delivery
- % of men who dedicated household resources for emergency transport for delivery

The first set of indicators show men's engagement, and the second set show whether their attitudes are gender equitable.

Figure 11: Familiarizing Men with Wife's Emergency Plan during Last Pregnancy, Guatemala



VI. REPORTING ON GENDER-RELATED ACTIVITIES

HCI field teams and technical units have several options for reporting and highlighting gender-related elements of programs. Gender work can be emphasized and reported as a stand-alone activity in success stories, improvement reports, and case studies; it can be included as an element of a project in Quarterly and Annual reports. Sex-disaggregated indicators can also highlight gender issues and HCI's response. If you have a story to share, the HCI Knowledge Management team can help you determine the best venue and format.

Success stories

The success story is an excellent format to showcase a specific element of a project; the gender component(s) of a project can easily be highlighting by telling the story of a single facility or case, or the gender component can be described with results. A success story related to gender work can be one related to the program directly, such as improving women's access to services as a result of training their partners on reproductive health issues. It could also be related to staff coming up with an improved approach, or influencing the national strategy, or partnering with a gender-focused organization and staff becoming more proactive in addressing gender gaps.

Improvement reports and collaborative profiles

The HCI Portal (www.hciproject.org) is an excellent venue to share project successes. Users can now "tag" improvement reports and collaborative profiles under the "cross-cutting themes" with "gender," which lets readers know that the activity or improvement contained a specific gender component.

An improvement report can highlight a specific gender component of a project and showcase the results related to that intervention or change. Authors can write about the causes of the inequality or gender constraint that the change addressed, as well as describe the change.

Gender work can be highlighted within the description of a collaborative in the project profile. As in the improvement report, authors can describe the issues surrounding the gender inequalities in the communities we work in.

Case studies

Case studies offer a longer format to describe gender work, or to describe the gender elements of multiple related projects together, such as those surrounding family planning or HIV counseling and testing; a case study could also focus on gender-related work across a country or region. Contact the HCI Knowledge Management team is if you have a story or activity you would like to report in the case study format.

Reporting in quarterly and annual reports

The HCI Quarterly Review Meetings (QRMs) are an excellent opportunity to highlight gender work, especially as a component contributing to the overall success of an activity or specific indicator or change. Chiefs of Party (COPs) are especially encouraged to display sex-disaggregated results in their presentations to show gender disparities, offering an opportunity to discuss the problem, how they are addressing gaps between men and women or boys and girls, and to show results that narrow those gaps.

The written QRM and Annual Reports are another venue to report and describe gender components of project activities.

In presenting results that are gender related, it is much preferred that countries report on what worked and what did not work. Integrating gender is a challenging process and the expectations should always be realistic. Again, HCI is not a gender project, and USAID does not expect our results to be gender transformative or changing societal norms; however, addressing gender constraints that affect health outcomes is an integral part of quality improvement. It is important in the process to report on changes that were and were not effective. This further demonstrates our commitment while offering lessons learned for other HCI activities.

Further information and guidance on using disaggregated data in QRM reports and other reports can be found in section IV, Gender Considerations in Monitoring and Evaluation.

The following specific observations and recommendations are based on presentations in the April and July 2011 HCI quarterly review meetings:

- Gender training is an event; gender integration is an ongoing process. Mention steps taken at country level to ensure continuity of agreed upon actions to ensure proper integration.
- Presenting gender work on a separate slide at the July QRM was well done. It provided USAID and other HCI staff a general idea about HCI's focused attention on integrating gender in the ongoing and new programs. It is important that countries and activities continue to highlight gender components within projects to show a continued commitment to this issue. Countries should also include details on gender-related project activities in the written report.
- HCI projects from country to country are different, but there is a lot of room to share experiences. Therefore when presenting activities, for example, on male involvement, explain the context of the work, challenges you faced, process and results.
- In preparing for future quarterly review meetings, discuss the primary and secondary drivers related to gender that in your opinion, might affect the result that you are trying to achieve. Once these are identified, you can list them either on the slide or in your talking points. Make sure those are included in the report.
- In reporting on gender-related findings and activities, make sure these are directly relevant to your program. The idea is to enhance the quality improvement process and improve health outcomes, while improving our consideration of gender as a factor that affects the same health outcomes we

are working to improve. For example, reporting on the number of women trained is not helpful unless this training is directly related to closing gender gaps, such as in health workforce development.

VII. HOW TO FACILITATE DISCUSSIONS ON GENDER: A GUIDE FOR PROFESSIONALS

All HCI staff are familiar with the many challenges health providers and patients may face to provide and gain access to quality care. We emphasize that professionals must be proactive in addressing the needs of patients. If you are early in the process of quality improvement, then this document will provide important insights to support your efforts to promote gender integration in improvement activities moving forward. While sex and gender may be difficult topics to address with a group of coaches or facilitators, it is possible to foster a discussion that will engage participants. This section and the set of slides found in the Appendix are intended to help you facilitate discussions on gender.

Why gender?

Addressing gender in quality improvement projects is imperative. It is not because it is a trend or because the donor community is giving it more attention or money nowadays. Integrating gender in quality improvement is the right thing to do and will make your work more successful in the long-term It is an integral component of the quality improvement process because we work with women, men, girls and boys and each has different needs. Without making sure each of these populations has access to and can utilize health services, we cannot guarantee them quality care. Group discussions are critical in allowing participants the opportunity to examine new ideas, challenge widely-held norms and beliefs, and open their mind to outside opinions and perspectives.

How do I start?

Introducing gender is not as easy as it might seem, but it is not complicated. In addition to understanding gender concepts, it is important to know and understand the local culture, religion, social contexts within the country you are working in. Understanding various needs among different age groups, sexes, social and economic status, the political context that you operate within, but also the overall political setup in the country is also critical. And last, you need to personally be in full agreement that gender integration is important and critical to improving health outcomes. Trying to convince someone that gender integration is important when you approach it as yet another activity for the project will not work. People will immediately sense your reluctance and disagreements. You need to be true to yourself and to the people you serve. If you have any doubts, that is not the end of the world. This is a change process and it requires time and effort to reach the desired level—a process that leads you to feeling comfortable and confident about gender integration. Once you are familiar with process, materials and the way to move forward, the process of gender integration will become smooth and part of your everyday activities.

Getting started and moving along

- Review materials and try to relate concepts to your daily life. At the end of the day the work that we do touches us in many ways. We too, might need health services one day. Try and think through concepts and what they mean to you personally.
- Talk to a colleague about issues that you need more clarification on. Holding a discussion helps clarify issues and also open up your eyes to things you might not have thought about before.
- Talk to family and friends about certain issues that you think will help you address a gender related challenge. This will allow productive discussions about real life situations. Even if you disagree, this will help you practice addressing such controversial issues when you are in training sessions.
- Understand training materials very well. Be prepared even if it takes more time. This is very

important to ensuring positive results in terms of conducting trainings.

Facilitating a discussion

- Know your audience very well. To the extent possible, ask and know about their background, where they come from, their religious believes, social settings, cultural practices, political views and other life experiences.
- Always remember that conducting a training to integrate gender will always need to be different for different groups of trainees Your approach should be tailored to different groups differently even if they are from the same country.
- Take into consideration that within a group people react to different life situations differently. This is affected by their personality and how strong their feelings are about certain issues.
- If you are put in a challenging situation addressing a gender-related issue, be patient, professional and don't feel it is your responsibility to resolve an issue that may have been a challenge for many years.
- Your main role is to clarify concepts and address misconceptions. Being respectful of other people's beliefs and understanding of gender is very important. The minute you exhibit any reaction that might be perceived as disrespectful, you loose your audience.
- Changing people's understandings and beliefs takes a long time. Integrating gender in quality improvement helps you make a case much faster and easier provided you capture your audience's attention. Listen, listen and listen.
- Never force a concept on your audience. If someone in not convinced, they might make it look like all is good, but they will never apply gender integration methodologies in their daily work.
- Bring real life examples and ask your audience how they feel about certain situations. At times someone might make fun of this situation or make a comment that might make you and others feel uncomfortable. Try to keep a neutral face and explain your point of view in the most respectful way. Don't feel offended. It is not about you, it is about the issue at hand.
- Bringing examples about gender related issues from different countries at times helps resolve a situation or clarify a concept much faster. People feel much more comfortable discussing other people's issues. However, as they will relate to themselves later and as the training moves forward and participants feel more comfortable, they might start talking about their issues more openly.
- If someone brings a matter that makes you feel uncomfortable and you have no answer to it, just say that you don't have an answer. Ask participants whether they can help address the matter.
- This is all about integrating gender in quality improvement. We all care about the well being of our clients. Always go back to this fact, mention frequently and talk about the fact that addressing gender means better service for women, men, girls and boys. It is all about equality in service provision.

Managing group dynamics

- Definitions are important. Terms such as "transgender," "gender equity," and "empowerment" mean different things to different people. To move forward, and for the sake of dialogue throughout the workshop, there must be an agreement on the generally accepted definition of each term.
- Encourage group participation from the very beginning. Training materials will help you gauge the "mood" of the room, help gauge participants' expectations for the training, set the right climate for the entire day, allow participants to bond with each other to allow for greater sharing of experiences in later sessions.
- Some participants often feel uncomfortable discussing their views about gender related matters openly. This is especially important to consider when addressing gender-based violence. Note people's reactions and body language to issues raised. Make sure you talk to them during break to better understand their thoughts and feelings. Do not single them out in front of their peers and do

not talk try to argue or force beliefs. Be informative and discuss.

- Wrap-up to different training sessions and activities should be handled delicately; you do not want to appear critical of or disappointed in participant results. Rather they should make additional suggestions or pose additional processing questions to help the group get to their anticipated end result.

VIII. THINKING ABOUT GENDER IN QUALITY IMPROVEMENT: A GUIDE FOR FACILITIES

What is *sex*? What is *gender*?

Sex is the biological differences between males and females.

Sex differences are concerned with males' and females' anatomy and physiology.

Gender is the *economic, social, political, and cultural* attributes and opportunities associated with being male or female. In a given community, men and women have different economic and social opportunities.

What does it mean to be a woman or a man? This varies among cultures and changes over time. What it means to be a man in China is different than a man in South Africa, and what it means to be a woman in Russia is different than what it means to be a woman in Mexico.

Why Consider Gender in Health Programs?

- Women, men, girls and boys have different needs.
- Access to services might be affected by the fact that the client is a woman or a man
- Access to resources (such as transportation or the ability to pay for medication) can be affected by being a man or a woman
- The decision to utilize a service is affected by being a man or a woman
- Adherence to treatment can be affected by being a man or a woman
- Retention in care can be affected by being a man or a woman
- Stigma around a certain disease or a service can be different for men and women
- The health facility environment and setting might be uninviting for men or women
- A health provider's attitude towards men or women might affect quality of health services

Achieving Your Goal to Improve Quality of Care

- In thinking about a service, always consider *unique* needs of women and men, girls and boys
- Consider the clinic environment, including clinic hours, and how it can be improved to meet the needs of both women and men as much as possible, and be friendly to both
- Consider health provider's attitude towards women and men, and whether this affects the health services each receives
- Always ask the question whether being a woman or a man affects the health outcome of your clients in terms of access, utilization and retention in care
- When data is collected to monitor and evaluate progress, consider disaggregation by sex. This will give you real information about progress among women and men. Many times such progress is different; this can help identify if one segment is not accessing services
- When a difference in outcomes is observed and identified, think about issues affecting women or men and how those issues might have affected health outcomes. Those issues might be economic, social, cultural and political

- Tailor your program accordingly, as much as possible, to address those issues and continue monitoring: *design and test changes that directly address those barriers*
- Involve the community, especially community leaders, to help address some of the issues that are beyond your control

IX. APPENDICES

Appendix 1: HCI Gender Integration Checklist (English)

Appendix 2: HCI Gender Integration Checklist (Español)

Appendix 3: HCI Gender Integration Checklist (Français)

Appendix 4: HCI Gender Integration Checklist (Russian)

Appendix 5: Slides to Facilitate Discussions about Gender in Quality Improvement

Appendix 6: Sample Gender Integration Training Agenda

Appendix 7: Gender Resources

Appendix 1: HCI Gender Integration Checklist (English)

USAID FROM THE AMERICAN PEOPLE | HEALTH CARE IMPROVEMENT PROJECT

Integrating Gender Throughout HCI Project Phases

Planning

- [ ] Conduct Gender Analysis
  - Evaluate different roles, status, and power of women/girls and men/boys within the community, household, workplace, and legal system
  - Discuss different roles, status, and power of women and men within the community, household, workplace, and legal system with providers, patients, and service users
  - Review relevant literature and epidemiological data
  - Determine how any identified gender issues or gaps may affect project activities or project outcomes
  - Determine how integrating gender into project activities may affect health outcomes
- [ ] Consider gender in the development of the Monitoring & Evaluation plan *(i.e. plan to collect sex disaggregated data, gender specific indicators, etc.)*
- [ ] Discuss opportunities to collaborate with local ministries, NGOs, CBOs, and other partners working on gender to determine how the project can coordinate efforts to address gender disparities affecting relevant health outcome(s)
- [ ] Determine specific aim(s) for the project in integrating gender in the quality improvement process
- [ ] Design changes to address relevant identified gender needs and gaps, with an emphasis on leveraging existing gender equity where possible
- [ ] Document planned gender specific work in the project work plan

Implementation

- [ ] Incorporate gender awareness education and discussion into trainings and learning sessions with project participants
- [ ] Encourage QI teams to test specific changes to address gender needs and gaps
- [ ] Review job aids, performance criteria, and other project materials to ensure gender considerations are included where relevant
- [ ] Collect data disaggregated by sex *(when relevant and feasible)*
- [ ] Regularly monitor and analyze sex disaggregated data and gender indicators to identify discrepancies between males and females in services, access, and outcomes
- [ ] Evaluate sex-disaggregated data and gender specific indicators to determine impact of project on gender equity and health outcomes

Post Project & Reporting

- [ ] Evaluate sex-disaggregated data and gender specific indicators to determine impact of project on gender equity and health outcomes
- [ ] Share impact of project on promoting gender equity as an integral component of the quality improvement process in the community, household, workplace, and at the policy level with project stakeholders
- [ ] Report gender specific results, including sex disaggregated data and indicators, in quarterly and annual reports to USAID, other partners, and elsewhere as relevant
- [ ] Develop success stories related to results of integrating gender in the quality improvement process and how it affected health outcomes
- [ ] Determine if specific aim for integrating gender into project activities was met

Appendix 2: HCI Gender Integration Checklist (Español)

USAID DEL PUEBLO DE LOS ESTADOS UNIDOS DE AMÉRICA | PROYECTO DE MEJORAMIENTO DE LA ATENCIÓN EN SALUD

Consideración de Género a lo Largo de las Fases de las Actividades del Proyeto HCI

Planificación

- [ ] Realizar un Análisis de Género:
  - Evaluar los distintos roles, posiciones sociales y niveles de poder de mujeres/niñas y hombres/niños dentro de la comunidad, el hogar, el lugar de trabajo y el sistema legal
  - Discutir sobre los distintos roles, posiciones sociales y niveles de poder de mujeres y hombres dentro de la comunidad, el hogar, el lugar de trabajo y el sistema legal con los proveedores, pacientes y usuarios de los servicios
  - Revisión de la literatura y datos epidemiológicos relevantes
  - Determinar cómo las cuestiones o brechas de género identificadas pueden afectar las actividades o resultados del proyecto
  - Determinar cómo se puede incorporar al género en las actividades del proyecto puede tener un impacto sobre los resultados de salud
- [ ] Tomar en consideración al género cuando se desarrolla el plan de Monitoreo y Evaluación *(p. ej. planifique recolectar datos desagregados por sexo, indicadores relativos al género, etc.)*
- [ ] Discutir las oportunidades para colaborar con los ministerios, ONGs, y otros socios que trabajan el tema de género a nivel local a fin de determinar cómo el proyecto puede coordinar esfuerzos para abordar las inequidades de género que inciden sobre el/los resultado(s) de salud relevante(s)
- [ ] Establecer la(s) meta(s) específica(s) del proyecto sobre la integración del género en el proceso de mejoramiento de la calidad
- [ ] Diseñar cambios para abordar las necesidades y brechas de género identificadas, poniendo énfasis en promover la equidad de género existente donde sea posible
- [ ] Documentar actividades relacionadas al género en el plan de trabajo del proyecto

Implementación

- [ ] Incorporar la educación y discusión sobre género en las capacitaciones y sesiones de aprendizaje con los participantes del proyecto
- [ ] Fomentar a los equipos de MC para que pongan a prueba cambios específicos destinados a abordar necesidades y brechas de género
- [ ] Revisar las ayudas de memoria, criterios de desempeño y otros materiales del proyecto para asegurar que se incluya la consideración del género donde resulte apropiado
- [ ] Recolectar datos desagregados por sexo *(cuando sea relevante y factible)*
- [ ] Monitorear y analizar regularmente datos desagregados por sexo e indicadores de género a fin de identificar discrepancias entre hombres y mujeres en la prestación de servicios, el acceso a los mismos y los resultados de salud
- [ ] Evaluar datos desagregados por sexo e indicadores de género para determinar el impacto del proyecto sobre la equidad de género y los resultados de salud

Fase Posterior al Proyecto & Elaboración de Reportes

- [ ] Evaluar datos desagregados por sexo e indicadores de género para determinar el impacto del proyecto sobre la equidad de género y los resultados de salud
- [ ] Difundir entre los actores interesados el impacto del proyecto en la promoción de la equidad de género como componente integral del proceso de mejoramiento de la calidad en la comunidad, el hogar, el lugar de trabajo y a nivel de políticas
- [ ] Reportar resultados sobre género, incluyendo datos e indicadores desagregados por sexo, en los informes trimestrales y anuales presentados a USAID, otros socios y en otros medios relevantes
- [ ] Elaborar historias de éxito sobre los resultados de incorporar el género en el proceso de mejoramiento de la calidad y sobre su impacto en los resultados de salud
- [ ] Determinar si se cumplió la meta específica de incorporar al género dentro de las actividades del proyecto

Appendix 3: HCI Gender Integration Checklist (Français)

USAID DU PEUPLE AMERICAIN | PROJET D'AMÉLIORATION DES SOINS DE SANTÉ

Liste de contrôle: L'intégration du genre tout au long des phases du projet HCI

(le projet d'amélioration des soins de santé)

Planification

- ☐ Réaliser l'analyse du genre:
  - Evaluar los distintos roles, posiciones sociales y niveles de poder de mujeres/niñas y hombres/niños dentro de la comunidad, el hogar, el lugar de trabajo y el sistema legal
  - Discuter les différents rôles, le statut et le pouvoir des femmes et des hommes au sein de la communauté, du ménage, le lieu de travail et le système juridique avec les fournisseurs, les patients et les usagers des services
  - Examiner la documentation pertinente et les données épidémiologiques
  - Déterminer comment les questions ou lacunes identifiés du genre peuvent affecter les activités ou les résultats du projet
  - Déterminer comment l'intégration du genre dans les activités du projet peut affecter les résultats de santé
- ☐ Tenir compte du genre dans l'élaboration du plan du suivi & d'évaluation
  (le plan pour recueillir des données ventilées par sexe, des indicateurs spécifiques de genre, etc.)
- ☐ Discuter les possibilités de collaboration avec les ministères locaux, les ONG, les OCB et d'autres partenaires travaillant sur le genre afin de déterminer comment le projet peut coordonner les efforts pour remédier aux disparités de genre affectant le(s) résultat(s) pertinent(s) de santé
- ☐ Déterminer l'objectif (les objectifs) spécifique(s) du projet d'intégration du genre dans le processus d'amélioration de la qualité
- ☐ Concevoir des modifications afin d'adresser les besoins et lacunes identifiés des sexes en s'appuyant sur l'égalité des sexes existant lorsque cela est possible
- ☐ Documenter le travail sur le genre spécifique planifié dans le plan de travail du projet

La mise en œuvre

- ☐ Intégrer la sensibilisation au genre dans l'éducation et la discussion dans les formations et sessions d'apprentissage avec les participants du projet
- ☐ Encourager les équipes de l'AQ de tester des modifications spécifiques pour répondre aux besoins et lacunes des sexes
- ☐ Examiner les outils de travail, les critères de performance et les matériaux d'autres projets afin de s'assurer que les considérations du genre y sont inclus (lorsque pertinent)
- ☐ Recueillir des données ventilées par sexe
  (lorsque pertinent et faisable)
- ☐ Régulièrement surveiller et analyser les données ventilées par sexe et les indicateurs de genre pour identifier les écarts entre hommes et femmes dans les services, l'accès et les résultats
- ☐ Évaluer les données ventilées par sexe et les indicateurs sexospécifiques pour déterminer l'impact du projet sur l'égalité des sexes et les résultats de santé

L'Après Projet & Rapports

- ☐ Évaluer les données ventilées par sexe et les indicateurs sexospécifiques pour déterminer l'impact du projet sur l'égalité des sexes et les résultats de la santé
- ☐ Partager avec les participants du projet, l'impact du projet sur la promotion de l'égalité des sexes comme une composante intégrale du processus d'amélioration de la qualité dans la communauté, le ménage, le lieu de travail et au niveau politique
- ☐ Rapporter les résultats sexospécifiques, y compris les indicateurs et données ventilées par sexe, dans les rapports trimestriels et annuels à l'USAID, aux autres partenaires, et ailleurs si pertinent
- ☐ Développer des histoires de succès liées aux résultats de l'intégration du genre dans le processus d'amélioration de la qualité et comment cela a affecté les résultats de santé
- ☐ Déterminer si l'objectif spécifique pour intégrer le genre dans les activités du projet a été atteint

Appendix 4: HCI Gender Integration Checklist (Russian)

USAID ОТ АМЕРИКАНСКОГО НАРОДА | ПРОЕКТ ПО УЛУЧШЕНИЮ ЗДРАВООХРАНЕНИЯ

Внедрение гендерных аспектов во все этапы деятельност проектов HCI

Планирование

- Провести гендерный анализ
  - Оценить различные роли, статус и возможности женщин/девочек и мужчин/мальчиков в рамках сообщества, семьи, работы и правовой системы
  - Обсудить различные роли, статус и возможности женщин и мужчин в рамках сообщества, семьи, работы и правовой системы с поставщиками услуг, пациентами и клиентами
  - Обзор соответствующей литературы и эпидемиологических данных
  - Определить влияние выявленных гендерных проблем и разрывов на деятельность или результаты проекта
  - Определить влияние гендерных аспектов при включении их в деятельность проекта на результаты здравоохранения
- Учитывать гендерные аспекты при разработке плана по мониторингу и оценке *(т.е. план сбора дезагрегированных данных по полу, гендерных индикаторов и т.п.)*
- Обсудить возможности сотрудничества с местными министерствами, НКО, общественными организациями и другими партнерами, работающими в сфере гендерных проблем, и определить участие проекта в координировании деятельности по устранению гендерного неравенства, влияющего на соответствующие результаты в здравоохранении
- Определить цель(и) проекта при включении гендерных аспектов в процесс улучшения качества
- Разработать изменения для удовлетворения соответствующих выявленных гендерных потребностей и разрывов, уделяя внимание существующему гендерному равенству, где это возможно
- Включить запланированную работу по гендерным проблемам в рабочий план проекта

Применение

- Включить гендерные аспекты в тренинги и обучающие сессии для участников проекта
- Поддерживать команды по улучшению качества в тестировании определенных изменений для удовлетворения гендерных потребностей и разрывов
- Обзор средств, критериев эффективности и других материалов проекта для использования гендерного анализа, где это необходимо
- Сбор дезагрегированных данных по полу *(при необходимости и возможности)*
- Регулярный мониторинг и анализ дезагрегированных данных по полу и гендерных индикаторов для выявления различий между мужчинами и женщинами в услугах, доступе и результатах
- Оценка дезагрегированных данных по полу и гендерных индикаторов для определения влияния проекта на гендерное равенство и результаты здравоохранения

Завершение проекта и отчеты

- Оценить дезагрегированные данные по полу и гендерные индикаторы для определения влияния проекта на гендерное равенство и результаты здравоохранения
- Использовать влияние проекта на продвижение гендерного равенства как неотъемлемой части процесса улучшения качества в сообществе, семье, рабочем месте и политике с ключевыми участникам проекта
- Отчет о гендерных результатах, включая дезагрегированные данные по полу и индикаторы, квартальных и годовых отчетах для АМР США, друг партнеров или при иной необходимости
- Разработка историй успеха, связанных с результата внедрения гендерных аспектов в процесс улучшени качества и его влияния на результаты здравоохранения
- Определить была ли достигнута цель внедрения гендерных аспектов в деятельность проекта

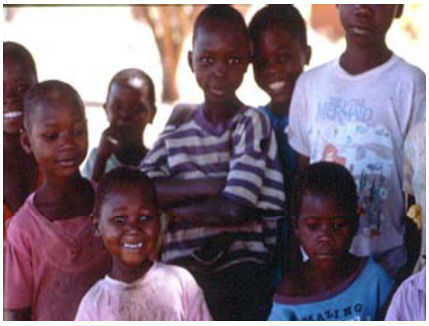
Appendix 5: Slides to Facilitate Discussions about Gender in Quality Improvement

USAID FROM THE AMERICAN PEOPLE | HEALTH CARE IMPROVEMENT PROJECT

Thinking about Gender in Quality Improvement

Sex vs. Gender

What is sex?



What is gender?

USAID HEALTH CARE IMPROVEMENT PROJECT

Sex…

Refers to the biological differences between males and females

Sex differences are concerned with males' and females' anatomy and physiology

USAID HEALTH CARE IMPROVEMENT PROJECT

Gender

Refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female.

The social definitions of what it means to be a woman or a man vary among cultures and change over time

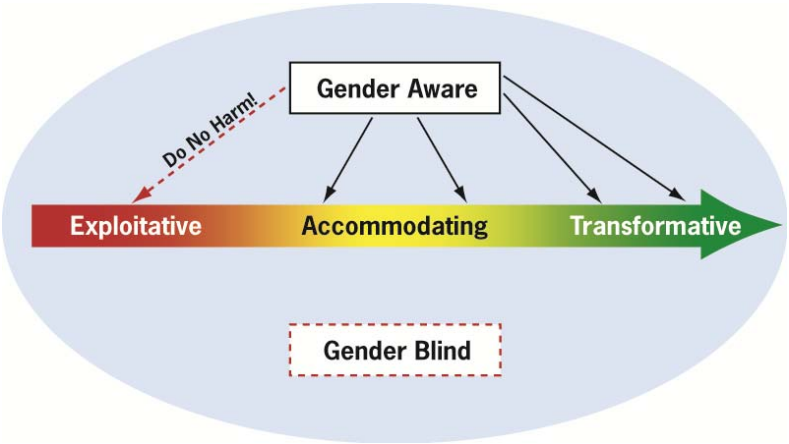
USAID HEALTH CARE IMPROVEMENT PROJECT

What does gender integration mean?

Refers to strategies applied in program assessment, design, implementation, and evaluation to take gender norms into account and to compensate for gender-based inequalities.

USAID HEALTH CARE IMPROVEMENT PROJECT

Gender integration continuum



USAID HEALTH CARE IMPROVEMENT PROJECT

How does gender affect health outcomes?

- **Access to services**
  - Access to transportation and economic resources
  - Decision-making power in the household and community
  - Ability to attend the clinic during opening hours
- **Utilization of services**
  - Stigma
  - Social norms
  - Bias and discrimination among health care workers

USAID HEALTH CARE IMPROVEMENT PROJECT

What can we do?

- When men's and women's specific needs are identified, changes to address those needs can be designed and tested using a **PDSA cycle**
- Identify gender-related barriers
- Design changes to address those barriers
- Analyze whether those changes worked
- Share successes and lesson learned

USAID HEALTH CARE IMPROVEMENT PROJECT

Identifying gender-related barriers

Gender analysis:

- How do men and women differ? How are they similar?
- What barriers do men and women face in accessing health services?
- What positive gender norms exist in the community?

The **health outcome** in question should be examined in terms of *access to care, services received* and/or *quality of care,* and, if relevant, *retention in care.*

USAID HEALTH CARE IMPROVEMENT PROJECT

Gender Analysis

Gender Analysis: What are the key gender relations and power disparities in each domain?	**Household**	**Community**	**Health facility**
Access to resources			
Knowledge, beliefs & perceptions			
Practices & participation			
Legal rights and status			
Power, control & decision-making			

USAID HEALTH CARE IMPROVEMENT PROJECT

Designing changes

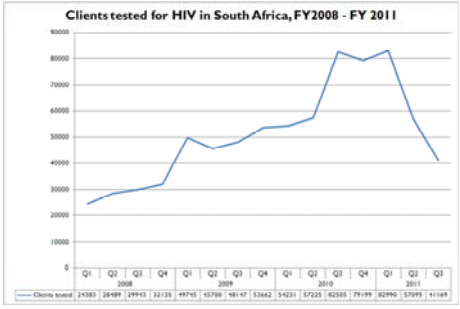
Consider the barriers you've identify and think through direct changes that alleviate those barriers

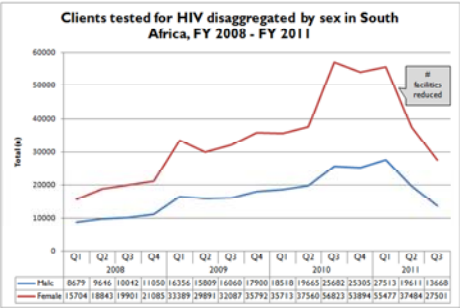
- Engage gender champions in designing and testing changes
- Involve both men and women in designing changes to ensure everyone's needs are met
- Build on positive gender norms
- If and where possible, work with community partners

USAID HEALTH CARE IMPROVEMENT PROJECT

What to look for in our data

If you are able to collect disaggregated data, see how males and females are affected differently and/or the health outcomes for each over time





USAID HEALTH CARE IMPROVEMENT PROJECT

How do we know a gender-related change works?

When we test changes to respond to gender related barriers, we must measure and analyze to see if they were successful:

- **Sex-disaggregated data:** Has the gap between men and women decreased? Is the reality at our facility different than what we expect from epidemiological data?
- **Gender-sensitive indicators:** These indicators can used to measure the impact of gender-related changes to see how the status and role of men and women change over time

USAID HEALTH CARE IMPROVEMENT PROJECT

Coaching teams to implement changes

- Help teams identify the gender-related barriers in the community they serve
- Build a positive, gender-equal environment among staff
- Coach teams to test changes and monitor the results of those changes
- Share successes among teams

USAID HEALTH CARE IMPROVEMENT PROJECT

Appendix 6: Sample Gender Integration Training Agenda

Session 1 – Introduction

1. Welcome by COP and/or Regional Director
2. Expectations, objectives, agenda: Trainer

Session 2 – Definitions and gender integration continuum

1. Present common terms, definitions, and the gender integration continuum
2. Activity – Real life examples from [country]: Design interactive activity for participants to think about gender in their country

Session 3 – Gender analysis

1. Principles of gender analysis; how to conduct an analysis
2. Activity – Pair participants by their work area (to remain in the same pair throughout the workshop) and select an aim from their work plan. Then have them outline questions they would want to know prior to starting an activity, and who they would interview

Session 4 – Drivers

1. What drives gender-related barriers? Present on social determinants of health
2. Driver diagrams: How to apply these in gender integration
3. Activity – Pairs complete a driver diagram for the aim they have selected

Session 5 – Designing a Plan-Do-Study-Act cycle

1. Present strategies for change at the facility and community levels
2. Ask for examples of activities: group discussion
3. Activity – Pairs design 2-3 changes to test based on their aim and gender analysis

Session 6 – Disaggregated data and monitoring and evaluation

1. How to use disaggregated data to inform gender integration efforts (including group discussion about data examples)
2. Designing gender-sensitive indicators
3. Activity – Pairs design indicators for the changes they have proposed

Session 7 – Success stories and sharing learning about gender integration

1. Strategies for sharing successes
2. Fostering discussions about gender and gender integration

Written evaluation (led by COP)

Note to the trainer: This agenda is designed to be as applied and interactive as possible. The goal of the workshop is to help staff understand how gender integration directly applies to their work, and enhance their ability to lead this work with the MOH, health facilities, and communities. While it is important that participants share a common understanding of terms and principles, we aim to limit the time spent on theory and history. We suggest that trainers review the country's work plan and information on quality improvement prior to the training. After each activity, have each pair report out and receive feedback from the group.

Appendix 7: Gender Resources

The following resources can provide more information and guidance on gender and gender integration as it relates to specific areas of health. Some resources may be cross-listed if they apply to more than one area of interest.

General Interest

Interagency Gender Working Group: http://www.igwg.org/Publications.aspx, http://www.igwg.org/training.aspx

EngenderHealth: http://www.engenderhealth.org/pubs/gender/

Center for Development and Population Activities (CEDPA): http://www.cedpa.org/section/publications

International Center for Research on Women (ICRW): http://www.icrw.org/publications

"Gender, Empowerment, and Health: What is it, and how does it work?" [article] http://www.devtechsys.com/gender_training/sar/training/39_gender_empowerment_and_health.pdf

Gender Analysis

For more detailed information on conducting a gender analysis, please see the *USAID Guide to Gender Integration and Analysis: Additional Help for ADS Chapters 201 and 203*.

Gender scales can be used to assess knowledge, attitudes, and beliefs in a community. Specifically, the GEM (Gender Equity Measures) Scale can be used to measure attitudes towards gender norms in intimate relationship among men. Compendium of Gender Scales: http://c-changeprogram.org/content/gender-scales-compendium/index.html.

From the K4Health IGWG Gender and Health Toolkit:

- A Manual For Gender Audit Facilitators: The ILO Participatory Gender Audit Methodology: http://www.k4health.org/toolkits/igwg-gender/manual-gender-audit-facilitators-ilo-participatory-gender-audit-methodology
- Liverpool School of Tropical Medicine Guidelines for the Analysis of Gender and Health Group: http://www.k4health.org/toolkits/igwg-gender/liverpool-school-tropical-medicine-guidelines-analysis-gender-and-health-group

Gender-based Violence

Violence against Women and Girls: A Compendium of Monitoring & Evaluation Indicators: http://www.cpc.unc.edu/measure/publications/pdf/ms-08-30.pdf

Gender Integration for USAID Programs (regionally focused)

South Africa training: http://www.devtechsys.com/gender_training/sar/training_materials.html

LAC training: http://www.devtechsys.com/gender_training/panama/training_materials.html

Andean training: http://www.devtechsys.com/gender_training/peru/training_materials.html

Tanzania: http://www.devtechsys.com/gender_training/tz/training/index.html

HIV

Caro, C. A Manual for Integrating Gender into Reproductive Health and HIV Programs: *From Commitment to Action.* 2nd Addition. Cultural Practice, LLC for the Interagency Gender Working Group; August 2009.

Male Involvement

Male Engagement in Reproductive Health Programs (MEASURE Evaluation): http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/me

Monitoring and Evaluation

- To determine the expected distribution between men and women for a given condition, the

Ministry of Health or Office of Statistics in a country should be the first source for population-level data. Measure DHS occasionally carries out population surveys that may also provide useful statistics: http://www.measuredhs.com.

- MEASURE Evaluation has compiled a guide to monitoring and evaluation for gender programs in health, and has suggested indicators for several technical areas:
- http://www.cpc.unc.edu/measure/training/materials/m-e-of-gender-and-health-programs.html
- Male engagement in reproductive health: http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/me
- Women and girls' status and empowerment: http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/wgse
- Gender equity in service delivery: http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/service-delivery-ii.h.4
- Sexual and Gender-Based Violence: http://www.cpc.unc.edu/measure/prh/rh_indicators/specific/sgbv

The K4Health IGWG Gender and Health Toolkit has generalized guides to developing gender sensitive indicators, with examples:

- A User's Guide to Measuring Gender Sensitive Service Delivery: http://www.k4health.org/system/files/users_guide_measuring_gender_service_delivery.pdf
- A Framework to Identify Gender Indicators for Reproductive Health and Nutrition Programming (see pages 15-29 for sample indicators): http://www.k4health.org/system/files/FramewkIdentGendrIndic.pdf
- The Why and How of Gender Sensitive Indicators (see pages 15- 22 for participation and empowerment indicators): http://www.k4health.org/system/files/WID-HAND-E%20CIDA.pdf
- System of Gender Equity Indicators for Rural Development Initiatives (see Chapter IV, page 41): http://www.k4health.org/toolkits/igwg-gender/module-6-eyes-see%C3%A2%E2%82%AC%C2%A6hearts-feel-equity-indicators
- Gender and Qualitative Interpretation of Data (see pages 47 – 60 for health care): http://www.k4health.org/system/files/resource_en_64496-Swiss%20AID%20data.pdf

Orphans and Vulnerable Children

Integrating Gender in Care and Support of Vulnerable Children:

http://www.fhi360.org/NR/rdonlyres/eiwkiqjhkmijufmtd5kboj676vmmpghfv7ufiezdl4iudslsaockevsihlqfqzfmlroy3uippa6xda/GenderIntegrationGuide1.pdf

Reproductive Health

Caro, C. A Manual for Integrating Gender into Reproductive Health and HIV Programs: *From Commitment to Action.* 2nd Addition. Cultural Practice, LLC for the Interagency Gender Working Group; August 2009.

Gender Equity and Sensitivity in Reproductive Health Service Delivery (MEASURE Evaluation):

http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/service-delivery-ii.h.4

For reproductive health service providers and managers:
http://www.intrahealth.org/~intrahea/files/media/gender-equality-1/gendersensitivity_curr2.pdf

Women- and Girl-centered Approaches

Women and Girls' Status and Empowerment Indicators (MEASURE Evaluation):
http://www.cpc.unc.edu/measure/prh/rh_indicators/crosscutting/wgse

USAID HEALTH CARE IMPROVEMENT PROJECT
University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338
Fax: (301) 941-8427
www.hciproject.org