

# THE ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

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## GENDER STRATEGY



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## Acronyms

ADFHS	Adolescent Friendly Health Services
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Therapy
CCT	Clinical Care Team
CDC	Centers for Disease Control and Prevention
CHN	Child Health and Nutrition
CME	Constructive Male Engagement
CP	Cooperating Partner
DHB	District Health Board
DOTS	Directly Observed Treatment Short Course
EmONC	Emergency Obstetrics and Newborn Care
FP	Family Planning
GBV	Gender Based Violence
GFP	Gender Focal Point
GHI	Global Health Initiative
GIDD	Gender In Development Division
GRZ	Government of the Republic of Zambia
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resource for Health
ICT	Information Communication Technology
IEC	Information, Education and Communication
IGWG	Inter-agency Gender Working Group
IMCI	Integrated Management of Childhood Illnesses
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
IPTp	Intermittent Preventive Therapy in Pregnant Women
LA FP	Long Acting Family Planning
MCH	Maternal Health and Nutrition
M & E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NHSP	National Health Strategic Plan
NMCC	National Malaria Control Centre
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
QA	Quality Assurance
QI	Quality Improvement
QI-TWG	Quality Improvement Technical Working Group
RH	Reproductive Health

SMAGs	Safe Motherhood Action Groups
SOW	Scope of Work
STI	Sexually Transmitted Infection
TA	Technical Assistance
TOT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFC	Youth Friendly Corner
ZDHS	Zambia Demographic and Health Survey
ZISSP	Zambia Integrated Systems Strengthening Program

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## Executive Summary

Since the mid 1990s, USAID policy requires that gender be mainstreamed into “the design, implementation, and monitoring and evaluation of USAID program and policy support activities,” and that gender indicators and sex disaggregated data be integrated into all program monitoring and evaluation plans. The Agency’s commitment to gender integration was reiterated in the 2008 PEPFAR re-authorization which also sought to encourage programming that addressed gender based constraints to health and challenged traditional gender norms that lead to negative health outcomes. In August, 2010, USAID’s increasing recognition of the importance of addressing gender considerations was reflected in the Global Health Initiative’s *Supplemental Guidance on Women, Girls, and Gender Equality* which recommends specific activities to improve the health of women and girls and to promote gender equality. These combined directives place responsibility on USAID implementing partners to: mainstream gender into their programming; undertake initiatives that reflect an emerging body of best practices to respond to gender based constraints to health; transform gender norms and promote gender equality. This strategy outlines how the Zambia Integrated Systems Strengthening Program (ZISSP) will fulfill these gender directives.

The goal of the Zambia Integrated Systems Strengthening Program (ZISSP) is to increase the utilization of public high-impact health services. ZISSP advances this goal by providing health systems strengthening technical assistance and support to the Zambian Ministry of Health (MOH) at the national, provincial and district levels, and by conducting community-based activities designed to increase the demand for health services by increasing community participation in health production and health planning.

In Zambia, as in countries throughout the world, gender and gender considerations limit the use of public health services. Many of these constraints occur in or are reinforced by the health system or the clinic itself. Gender and gender considerations can negatively influence where a person goes for treatment, how long they have to wait in line, and what they tell their doctors. Zambians may be deterred from using public health services because they fear the way they will be treated, are apprehensive about seeing health provider of the opposite sex, or because they dread the thought of infringing on women’s space. These are supply-side gender based constraints that can be addressed within the health system.

There are also demand side gender based constraints that inhibit Zambians from seeking out health services. For example, traditional male gender norms may make it such that seeking out health services is considered a sign of weakness and thus “unmanly”. One’s gender can restrict one’s access to health information such that men or women may not know the symptoms of ill health. Gender norms can also influence women’s willingness to seek out health services on their own without male consent. All of these dynamics influence how Zambians feel about the health care system, and if and how they will use public health interventions in the future.

The health system’s failure to be sensitive to these gender considerations deters Zambians from using health services, while traditional gender norms and cultural expectations about appropriate gender roles often inhibit Zambians from seeking out these services in the first place. If the ZISSP project is to successful in meeting its goal of improving the utilization of public health interventions, it must find ways to successfully address the gender based constraints that both inhibit and deter Zambians from using health services. This Gender Strategy outlines ways ZISSP can constructively identify and address these gender based constraints in order to improve the utilization of public health interventions.

USAID directives and solid development programming also require that gender be mainstreamed into the project design, implementation and monitoring and evaluation. By reframing the project’s goal to include supporting MOH efforts to addressing gender based constraints that inhibit the utilization of health services, this Gender Strategy seeks to retroactively embed gender in the project design. In addition to encouraging the MOH to address gender based constraints that deter service uptake that occur at the health system or facility level, the strategy also reorients ZISSP assistance and support to the MOH to ensure that it optimizes opportunities to advance gender mainstreaming within the MOH. This means ensuring that ZISSP technical assistance and activities within the MOH promote the use of state-of-the-art best practice approaches in gender and health.

Because ZISSP also works at the community level to improve the use of health services through promoting greater community input into health planning, the Gender Strategy also calls for ZISSP to address gender based constraints that inhibit the uptake of health services that occur on community level. Ensuring that these activities are gender sensitive and advance the meaningful input of women into health planning on the community level are also priorities set forth in this strategy.

## **Goals of Gender Strategy:**

The goal of the ZISSP Gender Strategy is to constructively address gender based constraints that inhibit the uptake of public health interventions. The expectation is that there will be improved utilization of services once these gender based constraints that inhibit the uptake of health services are removed.

## **Objectives of Gender Strategy:**

To advance this goal, this Gender Strategy has three objectives that correspond to the points of intervention at which ZISSP conducts its activities. The objectives are to:

- Ensure ZISSP technical assistance and support to the MOH optimizes opportunities to encourage the MOH to address gender based constraints that inhibit the uptake of public health services and mainstream gender;
- Constructively challenge gender based constraints that occur on the community level; and
- Ensure that ZISSP activities on the community level are gender sensitive and improve women's input into health planning and promotion.

## **Implementation of the Gender Strategy:**

ZISSP takes a health system approach to improving the utilization of health care services. It therefore, advances its goal by enhancing the MOH's capacity to plan, design and deliver quality health services by providing technical assistance, resources, support and staff at different departments and locations within the MOH. On the national level, it assists in the preparation of strategies, training packages, and management tools. It can commission new research and prepare technical briefs. It also can pilot new interventions and is to provide thought leadership within the Technical Working Groups (TWGs). To advance the goals of the Gender Strategy, ZISSP's technical assistance and support to the MOH will prompt and enable the MOH to better to address gender based constraints and promote gender mainstreaming.

On the provincial and district level, ZISSP provides technical assistance, support and staff to the provincial and district health offices in an effort to strengthen the managerial and technical capacity of the sub-national health offices to encourage the uptake of health services. Here, ZISSP's Gender Strategy calls for ZISSP to provide technical expertise in gender to strengthen MOH management tools, operational procedures and staff capacity to ensure that national level gender directives are successfully and consistently rolled out through the sub-national offices and

implemented at the facility level. Technical assistance in gender will also be provided to assist the sub-national offices to identify and take advantage of opportunities they may have to initiate systems and activities that would address gender based constraints and mainstream gender into their work.

At the community level, ZISSP builds upon existing state and community structures to engage communities to take a more active role in health planning and promotion in an effort to promote more responsive and thus, better utilized health services. Within this realm of ZISSP programming, the Gender Strategy seeks to increase the demand for health services by helping communities critically reflect upon and challenge gender based constraints (such as male authority in health decision making, and traditional male gender norms that suggest seeking treatment is a sign of weakness) that discourage them from using health services. To this end, ZISSP will integrate efforts to address these constraints into its planned community level activities. For example, it may provide technical assistance to develop a radio show that explores why men are reluctant to seek out medical treatment. In addition to integrating these topics into on-going activities, ZISSP may also initiate additional activities that address these constraints.

In order to create more responsive and better used health services, all citizens must have a greater role in health planning. As women's participation in health planning falls well below that of men, the Gender Strategy calls for efforts to encourage women's meaningful participation in health planning at the community level. For example, one effort towards this end might include, ZISSP facilitating the formation of women's groups at the community level and building their capacity to effectively advance women's concerns in the community health planning process.

The Gender Strategy outlines the goals, objectives and general parameters for programming within the general framework of the existing project. It is created with the expectation that activities will evolve as the project advances. It is designed to be flexible and allow the project to take advantage of moments of opportunity as they arise. For example, it proposes ZISSP undertake research in one year that would be expected to generate MOH interest to address or explore in subsequent years. It is expected that with increased knowledge of gender mainstreaming, the requests for ZISSP technical assistance in gender will increase.

### **Operational Arrangements to Advance the Strategy:**

To promote gender mainstreaming throughout the project, all relevant staff in each task area will be responsible for implementing the Gender Strategy rather than having it be the work of a single individual or a designated "gender group." To this end, this

Gender Strategy includes building staff capacity in gender mainstreaming and ensuring that relevant staff have a working knowledge of how the identified gender based constraints inhibit the uptake of services within their task area and best practice responses to address them. While the staff is not likely to possess the technical knowledge to advance the identified activities in their task areas, they are expected to craft an activity note for each identified activity (outlining the purpose, skills set needed, time line, expected outcomes and M&E strategy) and draft a SOW for needed consultants with the assistance of a proposed Gender Coordinator and ZISSP partner CEDPA. Staff capacity will also be developed through targeted trainings, one-on-one coaching and peer-to-peer learning opportunities.

The Gender Strategy recommends the project designate a Gender Coordinator and ensuring that they have time and expertise to successfully support staff in the implementation of the Gender Strategy. The Gender Coordinator, with technical assistance from CEDPA, will guide and support ZISSP staff by providing technical assistance, resources and tools and securing consultants. In some cases, the Gender Coordinator or CEDPA may actually provide the gender related technical assistance or conduct activities. Additionally, the Gender Coordinator and CEDPA will develop operational procedures and management tools to ensure the successful implementation and oversight of gender-related activities and the advancement of the Gender Strategy.

# I.0 The Zambia Integrated Systems Strengthening Program

## I.1 Introduction

ZISSP uses a health systems strengthening approach to increase the utilization of public high-impact health services. ZISSP is four and half -year task order which began which June 2010. The program supports the efforts of the Zambian Ministry of Health (MOH) by providing technical expertise and resources in a broad range of technical areas including: human resources for health, family planning and adolescent health, emergency obstetric and neonatal care, child health and nutrition, malaria, health management, clinical care, and community involvement in health production. ZISSP activities bolster and amplify MOH activities at the national, provincial, district and community level to accomplish the following objectives:

1. Strengthen the ability of the MOH at the national level to plan, manage, supervise and evaluate delivery of health services;
2. Improve management and technical skills in order to increase use of quality health services within target districts; and
3. Improve community involvement in the production of health.

ZISSP's overall goal is to improve utilization of high impact public health services in Zambia. One of ZISSP's immediate tasks is to work with the MOH to overcome the health systems challenges that dampen the demand for health services. Many of these challenges steam from lack of a qualified health workforce, problematic health financing as well as the shortage of well stocked and efficiently managed facilities. However, ZISSP also recognizes that social factors can also present very real challenges to improving the uptake and sustained use of health care services.

ZISSP recognizes the fundamental role gender plays in shaping the utilization of health care services. Within families and the community, gender shapes what kind of services people want, their ability to access services, and when and under what conditions they seek them out. Within the health care facility, gender can influence how long patients will wait in line, how they feel in the waiting room, the tone and quality of patient/client interaction, as well as the type of treatments they receive. All of these factors affect a client's motivation and willingness to maintain treatment and use health services again.

ZISSP programming therefore is sensitive to the fact that improving the demand for public health care services may not be solely a question of ensuring the availability of skilled health professionals and well supplied health care facilities, or even a question of shortening long waiting lines, but is also a question of addressing the gender dynamics that inhibit the demand for services. Identifying and addressing these gender-based barriers to health service utilization and integrating gender into all program activities is therefore central to ZISSP's technical approach.

## 2.0 Zambia Integrated System Strengthening Program's Gender Strategy

Since the mid-1990s, USAID policy requires that gender be mainstreamed into “the design, implementation, and monitoring and evaluation of USAID program and policy support activities,” and that gender indicators and sex disaggregated data be integrated into all program monitoring and evaluation plans.<sup>1</sup> The Agency's commitment to gender integration was reiterated in the 2008 PEPFAR re-authorization to include programming that addressed gender-based constraints to health and challenged traditional gender norms that lead to negative health outcomes. In August 2010, USAID's increasing recognition of the importance of addressing gender considerations was reflected in the GHI's *Supplemental Guidance on Women, Girls, and Gender Equality* which recommends specific activities to improve the health of women and girls and to promote gender equality. These combined directives place responsibility on USAID implementing partners to: mainstream gender into their programming; undertake initiatives that reflect an emerging body of best practices to respond to gender-based constraints to health; transform gender norms; and promote gender equality.<sup>2</sup>

The ZISSP gender strategy responds to these directives by reorienting and expanding ZISSP activities so that they constructively address gender based constraints that discourage the utilization of public health services. Specifically it will 1) Ensure ZISSP technical assistance and support to the MOH optimizes opportunities to encourage

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<sup>1</sup> The USAID Automated Directive System (ADS) is the operating policy for USAID programs and policy work. The ADS 200 and 300 series specify requirements for mandatory integration of gender considerations into planning, programs implementation, and evaluation. The latest version can be found at [www.usaid.gov/policy/ads](http://www.usaid.gov/policy/ads);

<sup>2</sup> See the following Global Health Initiative and USAID publications: *Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle* (August 2011); *Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations*. Margaret E. Greene and Andrew Levack, Interagency Gender Working Group (IGWG), 2010; PEPFAR's 2008 re-authorization.

the MOH to address gender based constraints that inhibit the uptake of public health services and mainstream gender throughout its programming; 2) Constructively challenge gender based constraints that occur on the community level; and 3) Ensure that ZISSP activities on the community level are gender sensitive and improve women's input into health planning and promotion.

Additionally, the ZISSP gender strategy seeks to integrate gender into all aspects of ZISSP technical programming. This entails reviewing policies, guidelines, training packages, curricula, behavior change communication (BCC) and information campaigns, research protocols and designs and monitoring and evaluation tools to ensure they are gender sensitive and include best practice approaches in gender mainstreaming. Such best practice approaches to gender integration include efforts to ensure:

- The use of gender analysis and gender disaggregated data collection and analysis;
- The use of gender-sensitive research methodologies;
- That program staff proactively seek out women to participate in program stakeholder engagements and activities;
- That program meetings and stakeholder engagements meaningfully engage women particularly in community activities;
- A gender balance of participants in project training, mentoring and skills building activities.

The Gender Strategy is framed within ZISSP's existing project design and technical areas: human resources for health, family planning and adolescent health, emergency obstetric and neonatal care, child health and nutrition, malaria, health management, clinical care, and community involvement in health production. It is designed to:

- Be low-cost and implemented with no or limited additional funding;
- Build ZISSP staff capacity in gender;
- Support the Zambian MOH's priorities which include gender-based violence and preventing the sexual exploitation of children;
- Build the capacity of the MOH, the MOH's Gender Focal Point (GFP) and strengthen other Government of Zambia GRZ mechanisms for promoting gender such as the Gender in Development Division (GIDD);
- Apply USAID identified best practices and lessons learned in gender integration into high impact health services.<sup>3</sup>

In addition to improving the utilization of public health interventions, the expected outcomes of the Gender Strategy include:

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<sup>3</sup> Such as those identified and espoused by USAID's Interagency Working Group on Women (IGWG).

- Improved capacity of the MOH to mainstream gender into its programming;
- Improved gender sensitivity of MOH directives at the national level;
- Improved capacity of the provincial and district and facility level offices to mainstream gender and implement national level MOH directives regarding gender;
- Greater participation of women in health planning at the community level; and
- Improved responsiveness of community level health plans to women's needs

The creation of this Gender Strategy was initiated by a workshop facilitated by ZISSP partner CEDPA in December 2011. The purpose of this workshop was to assist ZISSP staff in identifying ways to mainstream gender into the ZISSP program. In particular, attention was paid to identifying how gender and gender considerations limit the uptake of services in specific task areas. The major gender based constraints to service uptake that were identified by ZISSP staff are outlined are listed in this Section 3 of this Gender Strategy.

Staff was then encouraged to identify approaches and activities that would enable ZISSP to address these gender based constraints within the parameters of existing workplan activities and to identify future activities. One-on-one meetings were held with staff to help them refine these approaches and activities and to identify where gender could be more efficiently mainstreamed into programming. The results of these efforts are outlined in Section 4 of this Gender Strategy. The *Consolidated Workplan Activity Matrix* provided in the Annex lists some specific gender-related activities that ZISSP will undertake.

Suggestions for the implementation and operational oversight of this Gender Strategy included in Section 5 of this Gender Strategy were made by CEDPA after discussions with ZISSP staff. A more detailed outline of the process should be further articulated in the Strategy's Implementation Plan developed after the approval of the Gender Strategy.

## 3.0 Key Gender Based Constraints that Inhibit the Utilization of Public Health Services

Over the past ten years new research has demonstrated the significant role that gender plays in defining health service utilization patterns. In response to this research, USAID and other United States government agencies, along with a host of other donor organizations, established programs and directives, e.g., PEPFAR and GHI, call upon their implementing partners to identify and respond to gender based constraints related to health service utilization. These directives reflect the recognition among donor agencies that addressing clients' perceptions and gender norms, as well as those of health care providers and administrators, is just as important as responding to other public health challenges such as health financing, human resources for health and lack of commodities that have traditionally been the focus of donor health programs. Today, addressing gender-based barriers to health is no longer the task of specialized "women's" health organizations, but has become a standard best practice in international health programming. The ZISSP staff identified the following to be the major gender-related constraints that discourage Zambians from using public health services within ZISSP's program areas:

### 3.1 Lack of Same Sex Health Care Providers (and Female IRS Sprayers)

Social and gender norms regarding appropriate interactions between men and women often contribute to client preference to be seen by same sex providers. Research indicates that access to female health care providers can have an enormous impact on women's health care utilization patterns.<sup>4</sup> Such access not only influences women's motivation to seek treatment but it also positively effects men's support of women's use of health care services.<sup>5</sup> In light of this global consensus, recent GHI directives recommend that programs "consider client preference for female

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<sup>4</sup> See: USAID's slideshow in commemoration of International Women's Day [http://www.usaid.gov/our\\_work/crosscutting\\_programs/wid/iwd\\_2011/iwd\\_slideshow\\_health.swf](http://www.usaid.gov/our_work/crosscutting_programs/wid/iwd_2011/iwd_slideshow_health.swf); Client-Centered Quality: Clients' Perspectives and Barriers to Receiving Care, Liz C. Creel, Justine V. Sass, and Nancy V. Yinger, Population Council and Population Reference Bureau, 2012.

<sup>5</sup> Mumtaz Z, Salway S, Waseem M, Umer N; Gender-based barriers to primary health care provision in Pakistan: the experience of female providers, Centre for Population Studies, London School of Hygiene and Tropical Medicine, UK.

providers” in its programming recommendations to improve access to essential health services at the facility and community levels.<sup>6</sup>

While there has been little research exploring the impact of access to male providers on men’s uptake of health services, the ZISSP team suggested that lack of same sex providers was not an inhibitor to uptake only for women, but that the lack of male nurses or intake workers might also inhibit men (and particularly adolescent men) from seeking services.

Zambia, like many other nations, is struggling to respond to the dire need for trained health care providers of either sex. In Zambia, like many other nations in the world, men dominate the high skilled areas of the health workforce, while women tend to be clustered at the lower skill levels. Given evidence of patient preference for same-sex providers, efforts to promote more female doctors and specialists and to have more male nurses and male health care providers at the lower levels of the health workforce may prove more efficient in promoting service uptake. This means that while efforts are being made to increase the numbers of health workers, it is necessary to also ensure gender balance.

In terms of IRS, ZISSP team members also posited that cultural norms regarding appropriate interactions between men and women might make male heads of households more opposed to IRS spraying if it entailed male sprayers coming into the home at a time of day when their wives would be home alone. Team members suggested that having more female IRS sprayer may be one way to overcome this source of resistance and promote greater IRS acceptance.

### **3.2 Health Provider Attitudes and Counseling Skills**

In Zambia, clients’ perceptions that they will be subject to judgmental treatment by health care workers may also act as a deterrent to expanding the utilization of health services. This may be particularly true for men and adolescents when seeking HIV or family planning services as recent research demonstrates that provider attitudes and interactions with clients are deeply influenced by the provider’s notions of appropriate age and gendered behavior.<sup>7</sup> More recently, the GHI recognized that provider stigma can deter boys from seeking treatment and instructed GHI-funded

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<sup>6</sup> The GHI recommends that programs “consider client preference for female providers” in its programming recommendations to improve access to essential health services at the facility and community levels and includes, “Support efforts to recruit and retain women health care workers and decision makers to increase the overall number of qualified female health care providers” as one of its programming recommendations. Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle (August 2011).

<sup>7</sup> See: Inner Spaces Outer Faces Initiative, CARE and ICRW, 2007.

initiatives to undertake efforts to “train providers on the importance of relevant and respectful care to all clients, including women, girls and marginalized groups.”<sup>8</sup>

Similarly, ZISSP team members noted that a client’s lack of trust in the provider’s ability to maintain confidentiality or patient privacy within the clinic may also deter her/him from using health services. The ZISSP team also mentioned that clients might feel embarrassed to attend clinics where they might know the providers personally and therefore opt to go to a private clinic or a public clinic in a nearby town which can delay or deter treatment.

Additionally, the ZISSP team noted that provider assumptions that the care for children is the primary responsibility of women (rather than men) can create a particular obstacle to male engagement in child health and nutrition, EmONC and other high impact health services. Team members remarked that fathers may be subject to negative comments when taking children to the clinics and therefore be deterred from playing a larger role in following up with their children’s health. Team members also posited that even when men do bring their children to clinics, providers often assume that men have little interest in the health of their children and therefore do not seek to meaningfully engage fathers in issues related to their children’s health or to engage them in issues related to their own health. As such, the attitudes of providers prevent them from taking full advantage of the opportunity to constructively engage men in health and promote male health seeking behaviors.

USAID commitment towards improving patient/client interaction as part of its overall efforts to promote health service utilization is reflected in its support to programs and training packages designed to improve provider skills. Gender sensitive patient/client interactions and counseling with men and couples have been fundamental components of these training efforts.<sup>9</sup> ZISSP team members consider training health care providers in gender sensitivity and how to maintain professional standards that require them to separate their personal attitudes from their professional behavior an important component of improving patient/client interactions and making clinics gender and youth-friendly.

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<sup>8</sup> For example, the GHI supplemental states that, “Men, boys and marginalized groups are also often dissuaded from seeking health services due to provider and community stigma, cultural norms, and structure of services.” Global Health Initiative and USAID publications: Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle (August 2011).

<sup>9</sup> See: The Intersection of Gender, Access, and Quality of Care in Reproductive Services: Examples from Kenya, India, and Guatemala Karen Hardee, Gender, Access, and Quality of Care (GAQ) Task Force of the USAID Interagency Gender Working Group (IGWG) and the Maximizing Access and Quality (MAQ) Initiative, 2005; Outlook: Improving Interactions with Clients: A Key to High-Quality Services, Prime/Path, Volume 17 July Number 2 1999; Client-Provider Interaction: Key to Successful Family Planning, Global Health Technical Briefs, 2005.

### 3.3 Male Decision-making Authority in Health Care

Women's lack of autonomy in decision making around health care coupled with their relative lack of access to resources limits their ability to access and avail themselves of health care services that are available. In many communities only men have the decision making power to decide if, when and where family members seek treatment.<sup>10</sup> Traditional gender norms may sanction women who seek out medical attention for themselves or their children without the permission or accompaniment of male family members. Even when women do opt to go to facilities on their own, they are often unable to do so because they are not able to access the necessary resources (such as money or transportation) without the support of men. These gender norms often cause women to delay seeking treatment until they have the consent of male family members which often results in negative health outcomes.<sup>11</sup>

The ZISSP team noted that in many Zambian communities because women needed male support to attend health facilities that this tended to inhibit the utilization of services by these women and their children. This was noted by the team as a particular problem in EmONC where team members observed that it was not uncommon for women to delay seeking treatment because they first needed to obtain their husband's permission. Women's lack of decision making authority was also noted to inhibit the uptake of health services<sup>12</sup> and was seen by team members as having particularly significant consequences for expanding the uptake of services which are required within a 24 hour window of exposure.

### 3.4 Inconsistent Application of Male Engagement Approaches

Recognizing women's dependence on male consent and support for accessing health services led to the creation and promotion of the constructive male engagement approach.<sup>13</sup> This was initially meant for use in emergency obstetrics and safe motherhood initiatives, as part of a constructive male engagement (CME) approach with the hope of preventing maternal deaths caused by women's inability to access health services without male consent or support. Over the past ten years, CME approaches have evolved from engaging men so that they would "allow" or support

<sup>10</sup> See for example, *How to Integrate Gender into HIV/AIDS Programs: Using Lessons Learned from USAID and Partner Organizations*, Gender and HIV/AIDS Task Force, Interagency Gender Working Group (IGWG), United States Agency for International Development (USAID), May 2004; *Engaging Men for Gender Equality and Improved Reproductive Health* (IGWG), [http://www.igwg.org/igwg\\_media/engag-men-gendr-equal.pdf](http://www.igwg.org/igwg_media/engag-men-gendr-equal.pdf); *Involving Men in Sexual and Reproductive Health Orientation Guide* (IGWG).

<sup>11</sup> See citations for footnote 14.

<sup>12</sup> Gender, Health and Malaria: Gender and Health Information Sheet World Health Organization (WHO) 2007, [http://www.k4health.org/system/files/gender\\_health\\_malaria.pdf](http://www.k4health.org/system/files/gender_health_malaria.pdf); Molyneux CS et al. Intra-household relations and treatment decision-making for childhood illness: a Kenyan case study. *Journal of Biosocial Science*, Jan 2002, 43(1):109-131; and Tolhurst R, Nyongato FK. Looking within the household: gender roles and responses to malaria in Ghana. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 5 October 2005 (cited in WHO, 2007).

<sup>13</sup> This has also been noted as a phenomenon in other publications such as: WHO Safe Motherhood Interagency Group Fact Sheet, 1998; and *Involving Men in Safe Motherhood and Family Wellbeing* (IGWG) [http://www.igwg.org/igwg\\_media/involvingmenguide/ModuleIV.pdf](http://www.igwg.org/igwg_media/involvingmenguide/ModuleIV.pdf). See USAID's Interagency Gender Working Group *Reaching Men to Improve Reproductive Health for All International Conference*, 2003.

women's access to health services, to men being engaged to assume a larger role in promoting health within their families (particularly in child health and nutrition, prevention-of-mother-to-child transmission [PMTCT] of HIV, and malaria) and finally to promoting men's health seeking behaviors and men's health in itself.<sup>14</sup> Today CME is considered a best practice in health service delivery and is promoted by the Zambian Ministry of Education (MOE) in an effort to encourage uptake of health services among both women and men.

ZISSP team members noted that while there are efforts currently underway to operationalize CME approaches, the rationale behind the approach is not always well understood at the facility level. This has resulted in the inconsistent application of the approach, and at least in a number of cases, resulted in incidences where male clients are given preferential treatment within the clinic.<sup>15</sup> While the incomplete or inconsistent application of CME approaches in itself may not actively deter men from seeking health services, failure to consistently apply CME approaches can result in missed opportunities to promote men's health seeking behaviors and thus limit opportunities to improve uptake of health services among men.

ZISSP team members also noted that the promotion of male engagement approaches has not necessarily been accompanied by opportunities for providers to improve their skills in counseling men. Therefore, the team speculated that health care practitioners who are uncomfortable counseling men (or who may be keen on maintaining the privacy of female clients) may attend to men promptly in order to move them out of the facility as quickly as possible. In such cases, providers fail to take full advantage of the opportunity to engage men in a broader range of health promotion activities which would have a positive impact on improving service uptake.

### **3.5 Need for Gender (Male) and Youth Friendly Facilities**

Making health care facilities gender/male friendly is another key component of a successful male engagement approach and has an important impact on improving health service uptake among men and boys. In most parts of the world women are far more likely to use public health services than are their male counterparts. It is not uncommon therefore to find the majority of clients in facility waiting rooms are female. Facility administrative personnel and nursing staff are also much more likely to be staffed by women than by men. These dynamics, coupled with a lack of privacy that often exists in public facilities may create an atmosphere where men sense they

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<sup>14</sup> See: The Alan Guttmacher Institute. *In Their Own Right. Addressing the Sexual and Reproductive Health Needs of Men Worldwide (2003)*.

<sup>15</sup> The team noted that in some cases, providers understand the CME approach to entail giving men preferential treatment which in some cases has resulted in providers allowing men to jump to the front of waiting lines and receive treatment before female clients.

are unwanted guests invading women's space or to the perception held by many men that health clinics are the domain of women.<sup>16</sup>

Evidence suggests that creating an inviting clinic environment for men (or women) and youth is likely to result in improved uptake of services among the targeted groups.<sup>17</sup> Ensuring gender balance among health care providers, training health care providers in gender sensitivity, and counseling men (women/adolescents) are key components of making clinics gender and youth friendly. Creating male friendly facilities however also demands providing medical services that respond to men's needs, adjusting the service procedures to accommodate men, rearranging the facility to ensure privacy or to enable separate waiting rooms for men and women.

### 3.6 Traditional Gender Norms that Inhibit Men from Seeking Services

Traditional gender norms regarding appropriate male behavior have been identified as a significant obstacle to promoting use of public health services among men.<sup>18</sup> In many cultures men are reluctant to seek health care services because doing so could be seen as a sign of weakness or self indulgence.<sup>19</sup> The ZISSP team noted that such gender norms present a challenge in promoting uptake of services among men in Zambia.

Over the past ten years there have numerous USAID funded programs designed to promote men's health seeking behaviors and encourage men's use of health services. Many of these programs are designed to help men and boys critically reflect upon and challenge "engendered" behaviors that lead men to put their health at risk.<sup>20</sup> Other programs have been more proactive in directly engaging men about their health needs and promoting their health seeking behaviors.<sup>21</sup>

<sup>16</sup> See: Myburgh, Hanlie, The clinic as a gendered space: Masculinities, health seeking behavior and HIV & AIDS, 2011.

<sup>17</sup> See: Fapohunda, Bolaji M. and Naomi Rutenberg, Expanding Men's Participation in Reproductive Health in Kenya, Nairobi, Kenya, African Population Policy Research Center, 1999; Walston, Naomi, *Challenges and Opportunities for Male Involvement in Reproductive Health in Cambodia* POLICY Project/Cambodia, USAID, 2005; Factors that Influence Male Involvement in Sexual and Reproductive Health in Western Kenya: A Qualitative Study, Monica A Onyango et al. *African Journal of Reproductive Health* December 2010. The GHI Supplemental suggests promoting "youth-friendly "safe spaces" for health information and service delivery activities" as a programming recommendation.

<sup>18</sup> See USAID's Technical Issues Brief: Gender and HIV/AIDS, 2009; A Summary Report of New Evidence that Gender Perspectives Improve Reproductive Health Outcomes, USAID, 2009; and [http://www.usaid.gov/our\\_work/global\\_health/aids/TechAreas/prevention/gender\\_issuebrief.pdf](http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/gender_issuebrief.pdf); Engender Health's Stories from Tanzania, <http://www.youtube.com/playlist?list=PLCBI2628B834E7D4C>.

<sup>19</sup> Sonke Gender Justice Project, 'Men for change, health for all: A policy discussion paper on men, health and gender equity', prepared for the South African National Department of Health, November 2008, pp. 20, <http://www.iasociety.org>; and Myburgh, Hanlie, The clinic as a gendered space: Masculinities, health seeking behavior and HIV & AIDS, 2011.

<sup>20</sup> See: USAID's Respond Project: <http://www.respond-project.org/pages/where-we-work/namibia.php> and USAID's Healthy Images of Manhood Project [http://www.esdproj.org/site/PageServer?pagename=Gender\\_HIM](http://www.esdproj.org/site/PageServer?pagename=Gender_HIM).

<sup>21</sup> See The Alan Guttmacher Institute. *In Their Own Right. Addressing the Sexual and Reproductive Health Needs of Men Worldwide (2003)* and the following for examples of these initiatives: Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations By Margaret E. Greene and Andrew Levack For the Interagency Gender Working Group (IGWG), 2010.

The ZISSP activities included in this gender strategy are designed to illustrate examples of how to incorporate best practice approaches <sup>22</sup> that further the constructive engagement of men and boys, the transformation of traditional gender norms and inequitable gender relations, women's empowerment, improved couples communication and couples counseling and the participation of women and girls in health and community decision making, to respond to identified gender constraints that inhibit the full utilization of public health services.

## 4.0 Addressing Gender Based Constraints and Promoting Gender Mainstreaming within ZISSP Task Areas

The following outlines approaches through which ZISSP will advance the goals of its Gender Strategy through ZISSP task areas.

### 4.1 **Task One: Strengthen the Ability of the Ministry of Health at the National Level to Plan, Manage, Supervise and Evaluate Delivery of Health Services**

In Task One, ZISSP technical assistance and support to the MOH will optimize opportunities to encourage the MOH to address gender based constraints that inhibit the uptake of public health services and mainstream gender throughout its programming. It will inspire and enable MOH strategies, guidelines, training packages, management tools in each area in which provides support (HRH, ADH, family planning, emergency obstetric and neonatal care, child health and nutrition) to constructively address identified gender-based constraints and promote best practices in gender and health.

#### 4.1.1 **Human Resources for Health**

The lack of same sex health care providers has been noted as a significant obstacle to promoting health uptake. ZISSP will help the MOH identify and address this gender based constraint through adjusting and expanding its technical assistance and support to the MOH in the area of human resources for health (HRH). Technical assistance and support in this task area are designed to promote a more gender balanced health workforce such that more women are present at higher levels of the health workforce and more men are present at the lower levels (particularly intake professionals and nurses).

While the lack of same sex health care providers was noted as an obstacle to service uptake by ZISSP staff and has been well documented as an obstacle to health service utilization in other parts of the world, this issue has yet to be considered by the MOH. Thus, ZISSP activities will bring this body of research to the MOH for consideration and support MOH efforts to investigate the impact of lack of gender balance in the health workforce on service uptake in Zambia.

While it is expected that the research will demonstrate that the lack of gender balance in the health workforce poses a significant obstacle to service uptake by both men and women, ZISSP activities will promote gender equity and balance within the health workforce regardless of the outcome of the research. Promoting gender equity within the health workforce starts by promoting the participation of girls in education and particularly in the fields of sciences and math that are required for careers in health. It also entails analyzing the MOH recruitment, advancement and retention policies against existing data on health care professionals to identify where, how and why women are channeled into low status jobs and men dominate the more technical, higher paid jobs and revising policies and creating incentives to promote the hiring, advancement and retention of female health care professionals.

Understanding why there is such high attrition among women at the higher professional levels and what kinds of policy changes are necessary to ensure that rural health facilities will also be an important task if the MOH will be successful in efforts to promote a gender balance of workers in the rural areas.

To promote gender equity and balance within the health workforce, the MOH will need to ensure that its human resources (HRIS) data collection systems are designed in such a way that enable it to capture and monitor comparable data on male and female health workers and ZISSP activities will work towards this end. Similarly, ZISSP effort could promote the ability of MOH HRH staff to analyze this data and generate adjustments to correct gender discrepancies.

Finally, efforts to improve the professional standards of the workforce will help overcome many of the perceived risks associated with seeking treatment from a provider of the opposite sex. ZISSP activities in this task area will advance professional standards within the HRH system though efforts such as promoting codes of conduct for providers and enhancing training and managerial oversight on professional conduct.

While reviewing and revising MOH policies regarding the recruitment, advancement and retention of health workers to promote gender balance within the workforce will go a long way towards making them more gender sensitive, there will be a need to review and revise existing HRH policies to ensure that they also are gender sensitive, promote gender equality and transform gender norms. For example, HRH policies should provide for paternity leaves, ensure that job classifications are not based on undervaluing women's work, and that pay scales are not based on traditional expectations of male as the breadwinner.

Gender sensitivity and ability to advance gender sensitive approaches could also be included into the workforce performance systems. Such adjustments to the system

could entail measures on how staff integrate gender into programming or advance women.

### **Immediate Activities:**

In 2012, activities in this task area will focus on conducting formative research investigating if, how, and to what extent the lack of same-sex providers hinders the uptake of health services. The outcomes of this research will be disseminated in various forums including the TWG and used to raise awareness of the issue within the MOH and Zambia's health community. Promoting gender balance of providers will also be supported by activities to ensure that the HMIS is able to track the sex/gender of the provider and can be set up in a way that can investigate other gender and human resources for health issues such as identifying gender differentials in technical skills, placement and duration of service.

Planned activities include commissioning a study that will focus on identifying gender-related obstacles that inhibit a gender balance in the health worker labor force. This study will investigate gender-related issues in recruitment, retention, placement, transfer and compensation among other issues. The findings of this research will assist the program in developing gender-sensitive targets and revisions to the Zambian Health Workers Retention Scheme and to encourage the MOH consider new policies that will promote a gender balance in the health workforce with ZISSP technical assistance.

These activities will be complemented by activities that seek to highlight gender issues in HRH through the development of technical updates introducing best practices in gender and HRH and creating awareness of gender and HRH issues within the TWG and the National Consultative Conference in Scaling Up Production of Quality Health Workers.

#### **4.1.2 Adolescent Health**

Promoting the utilization of high impact health services among adolescents demands addressing the gender (and aged) based constraints (male friendly clinics, attitudes of providers, lack of understanding of CME approaches, traditional gender norms regarding male health seeking behaviors) that deter the uptake of services. As many of these occur at the facility level, efforts should focus on making facilities and services more gender and youth friendly by instituting youth only hours, ensuring privacy, having male and youth friendly materials on display and taking services to places where youth frequent, such as schools, youth clubs, and sports associations. Outreach and BCC efforts should also be geared toward youth should also be present at the facility. Similarly, providing more male nurses and intake health care

professionals is also likely to make young men more comfortable accessing health services.

Another key step in promoting the uptake of health services among youth is to promote improved professionalism among health care providers and strive towards improving provider/client interaction. Health care providers should positively and respectfully engage youth in health promotion, and efforts should be taken to ensure that providers refrain from letting their personal notions of appropriate gender norms for young people affect their professional interactions with younger clients. Similarly, efforts to strengthen and promote professional standards of confidentiality among health care providers may act to improve uptake among adolescents. Staff should be competent in counseling men and couples and in fostering couples communication particularly around the use of family planning services.

A solid understanding of how to implement constructive male engagement (CME) approaches at the facility level is also necessary to encourage uptake of services among adolescents. In addition to encouraging young men to constructively participate in decisions regarding family planning as individuals and as partners, young men also should be encouraged to respect, protect and promote their own sexual and reproductive health. As such, young men are not just the target of adolescent services in order to promote the uptake of family planning, but men's sexual health becomes a health goal in and of itself. Similarly, efforts should be taken to maximize opportunities to promote men's health seeking behaviors and to engage young men in health promotion when they present at clinics.

All services geared towards adolescents should be gender sensitive, promote women's empowerment, and transform gender relations. To this end, health care providers should promote women's autonomy and decision making, particularly with respect to family planning decision making.

Efforts should be made to empower women through schools, girls clubs, BCC efforts and similar initiatives to enable adolescent girls to confront and challenge gender-based dynamics that result in negative health and social outcomes such as gender-based violence, sugar daddism, transactional sex and sex for grades. Similarly, adolescent girls could benefit from learning negotiation skills that would enable them to better negotiate condom use and health protection in general.

Similar initiatives would also benefit young men. Programs that help young men critically reflect upon and challenge traditional gender norms (such as Instituto Promundo's Project H) show promise in reducing male coercion (GBV) and promoting male engagement in family planning and child rearing, and would form an

important part of any strategy to transform gender norms that result in negative health outcomes.

### **Immediate Activities:**

Activities in this task area will focus on reviewing strategies, training materials and tools to ensure they include state-of-the-art gender sensitive approaches to adolescent health (ADH). One important 2012 activity is to ensure that the manuals used to train the 60 health care providers and 60 peer educators include state-of-the-art best practices in gender and adolescent health, and in particular address the issue of gender-based violence.

ADH activities will also include a review of the safe spaces within school programs to ensure an understanding of women's empowerment and gender transformative approaches. The ZISSP program may also assess the need to develop safe space programming for boys.

As the National ADH Strategy is almost finalized, ZISSP activities in this task area will focus on identifying key gender sensitive programming in operationalizing this strategy and in developing any additional strategies related to ADH.

There has been an enormous amount of new research and programming on responding to the health needs adolescent men. The proposed Gender Coordinator can play a key role in bringing this body of practice to the ADH TWG and supporting the adoption of state-of-the-art practices particularly in the national strategy.

### **4.1.3 Family Planning**

Efforts to overcome gender based obstacles to health services uptake in the area of family planning will focus on challenging the notion of male decision making, promoting a consistent implementation of CME approaches and on addressing provider attitudes and improving provider/client interaction. To this end, ZISSP activities will support efforts to enhance women's awareness of family planning methods and empower women to articulate and realize their desire to time and space their pregnancies. Such efforts may entail working with couples and communities to challenge the notion that men should decide the desired number of children to create an enabling environment for women to access and use family planning methods and services without social sanction.

Positively engaging men in support of family planning has proven to be an important means to promote the uptake of services particularly among married couples. As such, CME approaches both on the policy and facility level will be an important part of the ZISSP Gender Strategy. It is important to note however, that in supporting

such approaches, care must be taken to ensure that CME *approaches* are understood as efforts to positively engage men in support of family planning uptake, and not to give men control over family planning decision making.

Improving provider capacity to positively and professionally interact with patients free of their own attitudes about gender will also reduce a significant constraint to service uptake. Health care providers should be skilled in counseling men and couples and in promoting couples communication. Ensuring that health care providers can play a supportive role in helping couples identify and realize their desired family size without judgment and bias will be an important undertaking within this task area.

Gender sensitive family planning services are sensitive to the fact that women may have less access to family planning information and services. ZISSP activities will therefore use women's information networks to disseminate family planning information. Efforts to make family planning services more accessible to women both in terms of cost, location and methods are also essential to improving use of family planning services. Finally, gender sensitive family planning services acknowledge that women often do not control the conditions in which sex occurs and therefore seek to equip women with the skills they need to negotiate the use of family planning or to provide family planning methods that women can control.

### **Immediate Activities:**

Specific ZISSP activities in this task area will include reviewing existing CME and couple's counseling materials to identify how they could be adapted for use within ZISSP activities. Efforts will be made to ensure adapted training materials are included in the ongoing training of providers in order to improve provider skills in CME and couple's counseling.

The ZISSP team may also take the lead in helping the TWG explore how improved couple's communication and CME might improve the uptake of both short term and LA FP methods by preparing a technical update on this topic.

ZISSP will also identify ways to encourage couple's communication around a mix of family planning methods available in other areas of the ZISSP program such as the adolescent reproductive health provider training activities, BCC activities at the community level, and other opportunities that might present themselves within the clinical care task area.

### **4.1.4 Emergency Obstetric and Neonatal Care**

Because women's lack of decision making in health can result in negative health outcomes and discourage the uptake of EmONC services, ZISSP technical assistance

and programming in EmONC will focus on expanding women's knowledge of the benefits of services and developing programming to empower women to feel comfortable making decisions accessing these services on their own. ZISSP technical support will also advance the creation and consistent application of CME approaches in an effort to encourage men to support the use of such services.

To this end, MOH EmONC strategies, guidelines, training packages, management tools should advance women's capacity to make informed decisions about their deliveries and to identify and secure the resources necessary to implement those decisions. Efforts towards this end should further women's knowledge about benefits of facility deliveries and the warning signs of complicated births. Similarly, women should be empowered to play a proactive role in decision making in issues related to their deliveries and not rely on men or older female family members to make decisions regarding delivery and the care of newborns. Health care practitioners should also privilege women's decisions over those of other family members.

It may also be important to create an enabling environment for women to feel comfortable making decisions regarding their own deliveries and care of newborns. Community programs that help communities reframe the way health decisions are made – such as those that encourage health decision making based on information and ability to identify warning signs rather than on the traditional assumption of male authority in decision making – can go a long way towards helping women feel empowered to act on their decisions and seek treatment.

The fact that in Zambia, the percentage of women who deliver without the assistance of a skilled birth attendant has remained below 50% for some time now despite improvements in services, signals the need for greater efforts to engage men in supporting women to seek ante- and postnatal care services, deliver at health facilities or at the very least, secure the assistance of a skilled birth attendant for deliveries. As men often control the resources required to deliver in facilities or take a newborn to a clinic, MOH policies in the task area of EmONC also should promote CME approaches that inform men about the benefits of facility deliveries and help men recognize the warning signs of pregnancy complications and prepare them to take appropriate action. Efforts to engage men should also promote their participation in prenatal care as they often play an important role in supporting women's efforts to attend checkups and eat properly. MOH CME activities in EmONC also should promote men's roles and responsibilities as fathers and caretakers of children. In addition to being taught basic care of newborns, men should also be encouraged to alleviate the burden of household tasks that usually fall to mothers in order to protect the health of both the mother and child. To this end,

programs that help men challenge traditional gender norms regarding fatherhood can be helpful and could be considered worthy of promoting in MOH strategies.

### **Immediate Activities:**

Activities in this task area will therefore focus on ensuring that CME for safe motherhood approaches are integrated into the BCC and community activities (radio programs, etc.) and by integrating CME with safe motherhood/EmONC BCC messages in other ZISSP activities, such as the gender sensitivity training for providers and the peer educators within the following ZISSP programs: Adolescent Health, Quality Improvement within clinics, and male engagement efforts in Child Health and Nutrition, and Malaria.

Additionally, ZISSP may consider designing BCC materials that demonstrate the importance of ante- and postnatal care and institutional deliveries for a male audience. Such materials could be adapted from the wealth of CME in safe motherhood materials that exist and could also help men identify the warning signs of postpartum hemorrhage, puerperal infection, complicated abortions and obstructed labor, and impress upon the need to seek treatment. Up-coming activities towards this end will include analyzing the need for such materials and review existing materials that could be adapted. These activities might also be advanced through ZISSP's participation in the TWG where ZISSP will take the lead in integrating CME approaches to EmONC into MOH activities.

#### **4.1.5 Child Health and Nutrition**

To encourage the uptake of child health and nutrition programs, MOH strategies and activities should promote women's decision making in child health and nutrition and encourage a comprehensive understanding of constructive male engagement approaches in the area of child health and nutrition. As in the EmONC task area, efforts in children health and nutrition should equip women not only with knowledge and information to promote their children's health and nutrition, but also with the wherewithal and resources necessary to do. The notion of male authority in decision making should be challenged and activities are needed to empower women to feel more comfortable making decisions to promote and protect their children's health. Similarly, programs that help women explain and negotiate the use of services within families have also proven beneficial to improving uptake of health services for children.

As men are usually the ones who decide when and where a child will be taken for medical attention and are usually the ones who determine the amount of money to be spent on household food, it is important that MOH activities recognize the need

to constructively engage men in support of child health and nutrition. This may demand BCC initiatives that educate men on the benefits of nutrition or the conditions under which children should be brought in for medical treatment. It may entail programs and BCC campaigns that promote men's roles and responsibilities as active fathers and guardians of the family. Such efforts may also require that men assume more responsibility in the health promotion of their children or in the purchase or preparation of more nutritious food. Health care providers will need to be able and motivated to engage men in discussions on child health and nutrition when men enter facilities. Furthermore, the clinics themselves will need to be more inviting and comfortable for men so to reinforce the notion that clinics intended for use by men and fathers as well as by women and mothers.

To promote expanded use of child health and nutrition services, MOH policies will need to address the practical and financial challenges many women face in promoting their children's health without male support. As such, efforts will need to promote the accessibility and affordability of services. Such efforts might include taking services to places women are located (such as locating them in markets or providing door-to-door services in villages) and developing creative financing schemes.

Services should also strive to promote gender equity in health outcomes for both boys and girls and work with parents to ensure this outcome. Services should also be able to identify and respond to gender based violence and child sexual exploitation and comply with and support the GOZ's National Strategy.

### **Immediate Activities:**

Immediate efforts will focus on reviewing the application of the approach within the context of child health and nutrition at the facility level and identifying ways of strengthening the approach. The results of these findings will be disseminated within the TWG. Activities in this task area will also include reviewing available resources and best practices in the area of CME in child health and nutrition to identify what can be applied and scaled up within the Zambian context while informing and supporting the MOH to consider developing new or incorporating into existing operational guidelines. These recommendations will be presented through the TWG. In years three and four through its participation in the TWG, ZISSP will provide technical and financial support to operationalize the approach in MOH guidelines and policies.

Part of promoting male engagement approaches is making facilities that provide child health and nutrition services and their staff more male friendly. In 2012, using

existing resources, this task area will develop guidelines to ensure that the child health and nutrition corners are male-friendly and inviting for fathers.<sup>23</sup>

## 4.2 Malaria

Male authority in health decision making can pose a significant obstacle to expanding utilization of malaria services and, in some cases, can jeopardize the success of some treatments leading to negative health outcomes. Lacking decision making power, some women delay seeking treatment themselves or for an infected child until their husband's permission is secured. In many cases, the delay in treatment can negatively impact health outcomes. Therefore improving women's decision making power would not only improve health service uptake but is also likely to positively health outcomes of malaria treatment.

Similarly, women's lack of decision making power can have a negative effect on the prevalence of IRS spraying. IRS sprayers tend to go to homes during the daytime when women are more likely to be home and men are apt to be working. As such, women are often times more likely to receive information on the benefits of IRS spraying than are their male counterparts. However, it has been noted that even when women may be in favor of spraying, they often defer the decision making to their husbands who are less likely to be aware of the benefits of spraying. ZISSP technical assistance and activities in support of IRS spraying should support women's decision making in this realm (rather than simply change the times at which the sprayers distribute information). Devising easy to understand "fact sheets" for low literate audiences on the benefits of spraying may be one way to help women convince their husband's or to justify their decision to their husbands.

Promoting male engagement in support of IRS spraying may also encourage uptake and is therefore a worthy approach to advance in MOH policies and activities.

Promoting the uptake of IRS spraying may also entail confronting (or accommodating) social norms regarding appropriate interaction between unrelated men and women. Members of the ZISSP team suggested that male heads of households may also be resistant to agree to spraying because it is likely to entail male sprayers entering the home during the day when the male heads of households are not present – something that may violate social norms. ZISSP technical assistance in support of MOH efforts may explore the potential impact of training and deploying female sprayers in an effort to promote demand for spraying.

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<sup>23</sup> See for example those provided by USAID's Orientation Guide: Involving men in Reproductive and Sexual Health, USAID IGWG, 2001 and UNFPA's It Takes 2 :Partnering with Men in Reproductive and Sexual Health, UNFPA, 2003.

## **Immediate Activities:**

To determine if and or how the lack of female IRS sprayers inhibits the uptake of IRS, ZISSP will commission formative research on the subject. Findings of this study will be shared with the TWG in which the task team will also introduce the importance of addressing other gender considerations in malaria prevention and treatment.

ZISSP will also focus on promoting male engagement and women's decision making in malaria treatment in order to help women feel more comfortable in taking their children for treatment within the critical 24 hour period rather than waiting for their husband's permission. The team will review the community case management training materials and BCC materials, guidelines and make appropriate revisions. These activities complement the efforts of the task team to integrate gender considerations and best practices into focused antenatal (FANC) training, mentorship and BCC materials, as well as the Safe Motherhood Action Group (SMAG) and IRS trainings.

### **4.2.1 Task 2: Improve Management and Technical Skills in Order to Increase use of Quality Health Services within Target Districts**

ZISSP seeks to inspire and enable the MOH to constructively address gender based constraints that discourage Zambians from using public health interventions. In Task One, ZISSP's Gender Strategy calls for ZISSP activities to develop and promote MOH strategies, guidelines, training packages and tools that address gender based constraints and are gender sensitive. In Task Two, ZISSP the quest is to gender-ensure that these national level gender directives and priorities are consistently and accurately implemented at the Provincial, district and clinic level. To do this, ZISSP activities will support efforts to integrate gender directives into management tools and operational procedures and support efforts to promote new gender sensitive approaches and skills through mentoring programs and integrating gender considerations into QI initiatives.

## **Management**

For most Zambians the health care facility is the primary space in which they will interface with the public health care system. Therefore, it is essential that the facility experience be a positive one if the demand for services is to increase. An essential part of making the experience a positive one is to ensure that gender based constraints that occur at the facility level are minimized or eliminated. While the directives to address these facility level constraints (provider attitudes, lack of male friendly clinics, inconsistent CME approaches) must originate within the MOH, it is essential that these directives are well understood and managed at the provincial and

district level, so that they can be appropriately implemented at the facility level. Therefore Task Two will focus on integrating MHO defined gender directives and priorities into on-going ZISSP efforts to improve the management at the provincial and district levels.

ZISSP staff noted that in many cases MOH gender related approaches (such as constructive male engagement) are not well understood by health practitioners at the provincial, district or facility level. As a result, such approaches are inconsistently or inappropriately applied leading not only to missed opportunities for gender integration but also to practices that actually disadvantage women or reinforce traditional gender norms that have negative health outcomes

Rolling out national gender priorities demands that PHO staff have at least functional skills in gender analysis (how to analyze data for gender), and gender sensitive program design/planning, budgeting, and monitoring. As national directives are translated into programming at the provincial level, ZISSP will need to give careful consideration to the design of gender related programming during the annual planning process to ensure the accurate roll out of MOH gender related initiatives.

Effective health planning requires gender sensitive data be available (such as gender disaggregated data in the HMIS) and that data collection tools are also able to capture key information necessary to address gender based constraints to service access. To this end ZISSP will integrate gender analysis and planning skills into its on-going activities to improve the data management capacity of POH staff. A gender analysis of PHO level data should be considered during the provincial planning process and used to inform national level priorities.

In addition to providing quality training opportunities for health care providers, managerial tools to oversee the consistent and accurate implementation of gender-related MOH directives at all levels will be useful. In many cases, such directives could be added or integrated into existing tools. In other cases, ZISSP support could include creating new tools such as a check list for minimum standards for a gender friendly clinic, or protocols to enable and promote women's health decision making within the clinic. Likewise, protocols for the structure and design of couples counseling, or minimum standards to engage men in health promotion would complement staff training and reinforce the MOH directives. Tasks required to implement gender related directives could also be integrated into existing performance monitoring and assessment packages and into mentoring and support supervision activities as well.

## Clinical Care

MOH gender directives (and the need to address gender based constraints and gender sensitive service delivery) can be implemented and reinforced through the ZISSP supported mentoring. Addressing gender based constraints and promoting gender sensitive service delivery demands that providers have a robust working knowledge of the rationale and purpose behind MOH gender related directives. Clinic staff will need to apply new skills, techniques and approaches. Mentoring can be an important way to reinforce and can promote transfer of these skills. To this end, provider skills in unbiased, professional provider/client interaction, approaches to transform gender relations in provider/client interactions, techniques to promote women's autonomy in health decision making, constructively engaging men, and promoting couples' communication should be introduced and reinforced through the ZISSP supported mentoring and coaching initiatives. Tools should also be developed to assess the extent of this skills transfer and these outcomes could be included in staff performance assessments.

While there is an enormous body of literature demonstrating the impact of gender on health outcomes, there have been few attempts to integrate gender into quality improvement processes (QI). Because gender is so embed in culture, gender constraints are often overlooked and rarely surface as “problems” that affect quality of health outcomes. As a result, they are too often left unaddressed in QI processes.

Integrating gender into the QI will allow health workers to identify where and how gender can negatively affect health outcomes and will enable staff to create strategies to minimize the potential for gender to result in negative health outcomes. Including gender considerations in QI strategies may also serve to help health care workers better implement national priorities with respect to gender. To this end, ZISSP will introduce the need to integrate gender considerations in the QI process through its participation in the national level QI TGW and will develop and promote innovative approaches to do this at the facility level. Approaches may include providing case studies for the teams to consider, embedding a gender expert within the teams who could highlight potential issues for discussion. Such approaches could allow clinic staff to examine the clinic based factors that might influence a young man's decision to delay seeking treatment for a STI, or how dynamics such as women's lack of decision making can result in negative health outcomes that can be addressed systematically through the QI process. The intention is to help health care practitioners identify gender constraints with negative health outcomes as “problems” that can be addressed within the QI process.

### **Immediate Activities:**

In order to ensure gender activities are being implemented in the recently revised quality improvement (QI) package, the ZISSP gender advisor will be an active member of the QI-TWG and will promote the integration of key gender-related issues into the mentorship program to mainstream gender at the facility level. At each of the quarterly performance reviews and as part of technical support supervision, program managers and others will be encouraged to look at the gender issues that might impede service access or influence health outcomes. For example, the issue of male decision making in EmONC may be singled out for consideration and discussion, or teams may consider how their own notion of appropriate behaviors for young women may influence the type and the quality of treatment young women receive at public facilities. Likewise teams may consider if allowing men to “jump the line” and be seen before women may result in negative outcomes for women. In response to findings that surface in these processes, the Clinical Care Teams (CCTs) will be encouraged to design clinic-based responses that will address these issues, thereby improving gender sensitive practices and procedures that result in improved health outcomes.

Part of ensuring quality of care is also promoting improved data analysis for decision making. ZISSP will ensure that data is gender sensitive and that staff has the skills to properly analyze the data in terms of gender and use that analysis to inform gender sensitive decision making.

The revamping of CCT and Technical Care teams should be done in such a way that ensures the equal and meaningful participation of women. This may require that the capacity of participating women be developed through separate activities, such as coaching. ZISSP may also consider including requirements to ensure a gender balance of committee members as part of efforts to ensure gender sensitivity of programming.

The task team will also look at gender-related issues within its mentoring programming. Specifically it will strive to achieve gender equity among mentors and mentees where appropriate and ensure that professional standards are maintained within the mentor/mentee relationship. The team will use the mentor/mentee relationship to assist men and women to learn interpersonal skills that will improve their professional interaction and the maintenance of professional standards of conduct in the workplace.

### **4.3 Task 3: Improve Community Involvement in the Production of Health**

ZISSP assistance and activities in Task One and Two optimize opportunities to influence MOH directives in order to make them gender sensitive and better able to address gender based constraints that occur (or are reinforced) within the health system or on the facility level. In Task Three, ZISSP's mission is to address gender based constraints that occur at within the community and society at large, ensure ZISSP programming is gender sensitive and promote the meaningful participation of women in health planning.

In many situations women do not feel free to make decisions about health care or to seek out health services on their own without male support or consent. This obviously inhibits their use of health services. To expand the utilization of health services, ZISSP will help communities critically reflect upon and challenge male decision making authority in health and empower women to feel comfortable accessing services (especially family planning) without first seeking male consent. To this end, ZISSP programming will integrate couple's communications and women's empowerment approaches into its ongoing activities and design community based activities targeted at "influencers" (such as mothers-in-law and traditional leaders) in order to promote community acceptance of women's decision making and autonomy over their own health.

Similarly, ZISSP will also work with communities to challenge male gender norms that reinforce the notion that seeking health care treatment is "unmanly" or a sign of weakness. Through its programming, ZISSP will promote men's health seeking behaviors and enforce the need for men to respect their own health. ZISSP also will promote CME approaches, not only in its SMAGs, but also in other areas of health such as family planning, EmONC and child nutrition.

Other demand-side gender-based constraints, such as women's lack of access to health information, will also be addressed.

Citizen input into health planning is central to developing a more responsive, and thus better utilized, health system. Efforts are needed to encourage the input of both men and women into health planning. However, because women are often marginalized from formal realms of community decision making, there is a need to develop specific programming to encourage their meaningful input into health decision making. ZISSP's task therefore will be to improve the capacity of women and women's groups to meaningfully engage in health planning and promotion. The project may accomplish this task by promoting women's meaningful participation already existing community health groups (NHCs). Or it may consider identifying

relevant women and women's groups and build their capacity to participate in the MOH community health planning cycle. Such capacity may entail activities such as workshops and trainings in which women will learn about the importance of participating in the health planning cycle, how to identify their priorities, how to advance these priorities in a public setting (public speaking/writing submissions) and how to conduct basic advocacy at the community level.

While in Tasks One and Two, ZISSP used its technical assistance to help infuse gender considerations into MOH activities. Task Three, ZISSP takes on implementing some activities of its own. It is important that all of its support to and activities with both MOH and community-based structures (NHCs, CHVs SMAGS and NGOs) seek to transform gender roles, promote women's empowerment approaches and advance best practices in gender and health. For example, all of the BCC materials produced through the project should be gender sensitive and seek to transform gender roles and relations. Similarly, efforts should be made to ensure that there are equal numbers of male and female CHWs and that their training includes training on key gender issues such that they are capable of advancing national level directives on the community level. The technical up-dates for the CHCs should also be gender sensitive and advance national level gender directives.

### **Immediate Activities:**

The manuals for the community groups should include efforts to challenge community norms towards women's decision making and men seeking health services. These themes should be reinforced through the radio shows for the SMAGS, and through the radio trainings should seek to encourage the radio stations to address these issues in their programming. CHV training should also reiterate women's decision making in health and male health promotion. These topics should also be reinforced through all of the project-created BCC materials such as the dramas. Special BCC campaigns to promote women's right to make decisions over their own health or to encourage men to seek health treatment as a sign of responsibility also might be considered. Finally, the small grants mechanism should encourage NGO activities that address these traditional gender norms.

The project might consider establishing by-laws that require an equal proportion of men and women in Neighborhood Health Committees, CHV, and SMAGs. It may provide special training to female participants in these committees to improve their participation. It may also seek to introduce key topics in gender and health (such as the need to promote women's decision making) into the committees for their consideration.

There are a number of immediate activities the project might consider to ensure that gender is mainstreamed into this aspect of ZISSP programming. For example, technical up-dates for the CHCs should include the need to promote women’s decision making and male health seeking behaviors and be gender sensitive. All of the BCC materials will need to be reviewed to ensure that they are gender sensitive and do not reinforce traditional gender norms, and the project might consider ways to ensure that dramas address and advance key topics of concern in gender and health. Likewise, the criteria for funding set forth in the grants application should encourage women and women’s groups to apply or NGOs to take on gender or women’s issues in their activities. The project may consider some set-aside or specific funding to encourage community activities that tackle traditional gender norms that result in negative health outcomes or discourage the use of health services.

## Crossing Cutting Theme: Monitoring and Evaluation

The current M&E plan is sound in terms of having gender sensitive indicators and collecting gender-disaggregated data. There are a number of ways the current strategy could be adjusted to keep gender on the forefront of programming. For example, in the work plan, a sub task may be: “The development/ adaptation of tools, and training materials”. Mainstreaming gender into the task area may alter it slightly to read: “the Development/adaptation of gender sensitive tools, and training materials”. See the *Consolidated Project Activity Matrix* included as an Annex for more examples of how gender is mainstreamed into the project design. These are slight changes however and are suggested in order to make the M&E tools more gender sensitive rather than to evaluate the outcomes of the Gender Strategy.

The project may consider developing a plan to assess the outcomes of its Gender Strategy. Suggestions for easy to implement and low cost measures include the following:

Suggested Measure	Suggested Indicator	Suggested Method of Collection
Has ZISSP technical assistance and support to the MOH resulted in MOH directives (as articulated in strategies, tools, guidelines, training packages) and programming that are more gender sensitive and better able to address the identified gender-	Number of ZISSP gender-related ZISSP recommendations, revisions or suggestions that are adopted by the MOH.	Reported in the activity plans in each task area.

based constraints that discourage the utilization of public health services?

Have community attitudes towards women’s decision making in health or men’s health seeking behaviors changed as a result of ZISSP activities?

Number of people who report their attitudes have changed.

Baseline/endline surveys or questionnaires, focused group discussions in targeted communities,

Has ZISSP programming resulted in the increased input of women into health planning on the community level?

Number of women or women’s groups that participate in health planning through presenting submissions, attending meetings.

Activity managers collect data on women presenting submissions or participating in stakeholder engagements.

Number of health plans that include recommendations presented by women or women’s groups.

Review of health plans.

### **Crossing Cutting Theme: Capacity Building**

Capacity building in gender sensitivity (women’s empowerment approaches, the transformation of gender roles and best practices in gender and health) as well as basic gender mainstreaming should be integrated into all capacity building packages.

Specific gender related capacity building workshops and opportunities would benefit ZISSP and MOH staff such as specific workshops focusing on the gender based constraints that are identified in the Gender Strategy. These workshops would improve staff knowledge of the current research that documents the outcomes of these obstacles to improving the uptake of services, and current best practice approaches to address these constraints. They could also give staff a working knowledge of the kinds of resources and activities that could be used to address these constraints. Additional workshops on specific issues as they relate to activities in each task area could also benefit ZISSP and MOH staff.

Capacity building in gender could also be reinforced through one-on-one coaching and peer-to-peer learning as well as through the “learning by doing” approach which could be advanced by pairing ZISSP and MOH staff directly with the consultants providing technical assistance.

## 5.0 Operational Procedures and Oversight of the Gender Strategy

The first step in implementing the Gender Strategy will be to develop an implementation strategy. It is suggested that this be a coordinated effort between the proposed Gender Coordinator, ZISSP management (the MOH if appropriate) with guidance from CEDPA. The implementation plan should include an outline of gender-related activities (many of which have already been identified and are listed in the *Consolidated Activities Matrix* included in the Annex), identified areas where outside technical assistance will be needed to conduct those activities, and a process to ensure that these gender-related activities (including technical assistance) are successfully implemented. For example, a process might include: conducting one-on-one meetings with each team leader to further identify and refine gender-related objectives in each task area and activities to be undertaken (suggestions are included in the *Consolidated Activities Matrix*). Once activities have been outlined, it is recommended that the task team leaders (or relevant staff) develop a short activity note outlining the goal and objectives of the activity, the expected outcomes, how it will be implemented, the technical assistance needed and the how impact/outcomes will be measured. The activity note should be signed off on by the Gender Coordinator before any work is done. ZISSP staff will then be responsible for identifying where outside technical assistance is needed, and with the help of the Gender Coordinator identify consultants and assisting in writing up their scopes of work. ZISSP staff will also be in charge of reviewing deliverables and sending them to the Gender Coordinator for final approval.

As mentioned, the Gender Strategy is designed to be flexible and to allow the project and task areas to build upon existing activities and take advantage of new opportunities as they arise. Looking forward, it will be important to help the task teams develop new gender related programming to include in their future work plans. Convening an annual internal gender workshop to assess accomplishments of the previous work plan year and identify new activities for the following year would be helpful in maintaining support to gender among ZISSP staff. Facilitating this workshop may be another important task of the Gender Coordinator. Ensuring that these activities are included and budgeted for in future workplans will be essential to the successful implementation of the Gender Strategy and should be a priority of the Gender Coordinator and all ZISSP staff.

## **5.1 Role of Team Leaders**

To promote gender mainstreaming throughout the project, all relevant staff in each task area will be responsible for implementing the Gender Strategy rather than having it be the work of a single individual or a designated “gender group.” To this end, this Gender Strategy includes building ZISSP staff (and MOH) capacity in gender mainstreaming and ensuring that relevant staff have a working knowledge of how the identified gender based constraints inhibit the uptake of services within their task area and best practice responses to address them. Staff capacity will also be developed through targeted trainings, one-on-one coaching and peer-to-peer learning opportunities.

As gender is embedded into each task area, it is incumbent upon the relevant task team leader to oversee the implementation of the Gender Strategy within his or her task area. This may entail working with the proposed Gender Coordinator and CEDPA to detail approaches and design specific activities, create activity notes, review consultant deliverables and report on gender-related activity outcomes. While the staff is not likely to possess the technical knowledge to implement the identified activities in their task areas, they are expected to craft an activity note for each identified activity (outlining the purpose, skills set needed, time line, expected outcomes and M&E indicators) and draft a SOW for needed consultants with the assistance of a proposed Gender Coordinator and ZISSP partner CEDPA if needed.

Team leaders will also be responsible for staying abreast of emerging best practices in gender sent to them by the Gender Coordinator and should be motivated to advance identified best practices in gender within their respective TWGs. ZISSP task team leaders play a role in introducing new best practices in gender to the TWGs and building the capacity of the MOH to design health programming that reflects these best practices with the support of technical assistance provided by outside consultants and the Gender Coordinator and/or CEDPA.

Reporting data collected from activities in this gender strategy should be channeled to task team leaders just as other data would, and reporting on gender related activities should be treated as they would under any other activity area.

## **5.2 Role of Gender Coordinator**

The Gender Strategy recommends the project designate a Gender Coordinator and ensuring that they have time and expertise to successfully support staff in the implementation of the Gender Strategy. The Gender Coordinator, with technical assistance from CEDPA, will guide and support ZISSP staff in conducting these activities by providing technical assistance, resources and tools and securing consultants. In some cases, the Gender Coordinator or CEDPA may actually provide

the gender related technical assistance or conduct activities. Additionally, the Gender Coordinator and CEDPA will develop operational procedures and management tools to ensure the successful implementation and oversight of gender-related activities and the advancement of the Gender Strategy. The Gender Coordinator will also coordinate the monitoring and evaluation of the gender-related outcomes and impacts that may be outside the reporting conducted in the task areas.

The Gender Coordinator should have:

- Adequate training in gender;
- Adequate access to gender related written materials, websites, USAID identified best practices and technical assistance where necessary;
- Adequate time assigned for them to perform their functions and not be assigned to mainstream gender on top of their current workload;
- Their role acknowledged and reflected in their performance reviews.

The expected role of the gender focal point person in supporting the gender strategy will be to:

- Work with CEDPA to develop an implementation plan for the Gender Strategy, and operational guidelines and procedures to implement the Gender Strategy;
- Coordinate staff and MOH capacity building training in gender
- Assist in writing up scopes of work for specific tasks;
- Identify and coordinate needed technical assistance, actual or virtual;
- Review and approve the deliverables from consultants;
- Work with consultants to provide technical assistance where possible (such as reviewing policies, guidelines, training packages);
- Provide staff with technical resources in gender and keep them up-to-date on best practices in gender and health;
- Track data from gender related activities;
- Identify gender related success stories to use in communication pieces;
- Communicate ZISSP lessons learned and promising practices externally and to USAID's gender and health community including the Interagency Working Group on Gender, and other communities of practice such as the Knowledge 4 Health and the Global Health E- learning Center;
- Support MOH gender related activities and the capacity building of the gender focal point person in the MOH;
- Be the ZISSP spokesperson on gender to the external community.

### **5.3 CEDPA's Role**

CEDPA serves as a technical resource to the ZISSP project. As such, it can be contracted to provide technical services in gender on an as-needed basis. It is recommended that CEDPA provide technical assistance and support in collaboration with the Gender Coordinator and MOH for the implementation of the Gender Strategy, supporting the development of an implementation plan as well as operational tools and monitoring strategies. CEDPA can serve as a technical resource to the Gender Coordinator and, when necessary, provide virtual and actual technical assistance. It can also assist in developing and conducting capacity building trainings. One important way in which CEDPA can contribute to the ZISSP program is to participate in the work plan development process where new activities to advance the Gender Strategy will be developed.

### **5.4 Role of Gender Team**

While it is the responsibility of the Task Team Leaders to ensure that this gender strategy is operationalized, a broad range of ZISSP staff will be engaged in implementing or overseeing the gender related activities that fall within their programmatic purview. The ZISSP program also might consider creating an informal and ad hoc gender team as a way to maintain momentum, interest in and ownership of gender related activities among ZISSP staff with representation across the different task areas. Members of this team could assist in a variety of tasks that might rest outside of their program purview such as:

- Advancing gender issues at the MOH TWG on gender and within the MOH generally;
- Building the capacity of the gender focal point in the MOH;
- Supporting external events and efforts such as the 16 Days of Actions Against Violence Against Women;
- Raising the visibility of ZISSP gender related activities at USAID and among partner organizations in Zambia;
- Identifying ZISSP gender related success stories for the communications team to communicate externally.

Members of the gender team might also be targeted to receive training in gender provided by USAID or ZISSP partners.

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