



WOMEN TRANSFORMING

EMPOWERING WOMEN LEADERS FOR COUNTRY-LED DEVELOPMENT

Brief

Katie West-Slevin and Anne Jorgensen
Health Policy Project

Photo by Health Policy Project

WHY INVEST IN WOMEN LEADERS?

Over the past 20 years women have made substantial gains in assuming leadership positions in their countries, helping to shape policy dialogue, and emerging as strong champions for family planning and reproductive health (FP/RH) and other critical issues (IPU and UN Women, 2015). Despite this recent progress, women still face many challenges as they strive to become effective policy leaders and FP/RH champions. This is particularly true in sub-Saharan Africa, where the unmet need for modern family planning is the highest in the world (PRB, 2012). Social norms often favor men for leadership positions and most women lack the kind of social networks that their male counterparts enjoy—networks that encourage and facilitate their participation in politics and their ability to advance the issues they champion (i.e., social capital) (World Bank, 2012; Kamlongera, 2008; Adams, 2008; Ogden et al., 2014).

Investing in women’s leadership can yield far-reaching dividends; not only for women themselves, but also for the institutions they represent, their communities, and

“We have learned that we are most successful when we work productively with local change agents, supporting their efforts to promote innovation, advocate for reform, develop capacities, deepen accountability and improve results.”

—USAID, Local Systems: A Framework for Supporting Sustained Development (p. 1–2)

society. Evidence has shown that having active women leaders can result in increased funding for the services women prioritize, stronger policies related to gender-based violence, and even eliminate the gender gap in education (Chattopadhyay and Duflo, 2004; Htun and Weldon, 2012; Beaman et al., 2012). But for women to affect these kinds of positive change, they need to be directly involved in making policy decisions, which includes challenging

the systemic barriers that often prevent them from participating in policymaking. To tackle the barriers women confront, allow them to effectively contribute to policy dialogue, and monitor progress, women need confidence and leadership skills; the relational skills and social capital associated with participation in social and professional networks; and technical skills in policy and advocacy to advance their issues (ECDPM, 2008).

Challenging the Status Quo

Seeking to alter the status quo and improve family planning and reproductive health in their countries, 70 women from Ethiopia, Ghana, Kenya, Malawi, Tanzania, and Uganda, traveled to Nairobi to participate in one of the three Women’s Leadership for FP/RH workshops—the cornerstone of a larger Empowering Women Leaders for Country-led Development program led by the USAID-funded Health Policy Project (HPP). The goals of the program were to

- create multisectoral cadres of women policy champions at national and subnational levels
- enhance the role of women in policymaking bodies
- strengthen women’s voices in discussions to improve FP/RH policies, funding, and implementation

Carefully selected through an open and competitive application process, these committed FP/RH advocates included women who varied in age and experience and were drawn from civil society, the public sector, elected officials, and faith-based organizations.

UNIQUE APPROACH TO LEARNING AND ACTION

The Empowering Women Leaders program offers a unique approach to advancing women’s leadership. While past or other leadership programs have offered a mix of mentoring, technical assistance, funding, or leadership and advocacy training, Empowering Women Leaders combines all of these elements with a technical approach tailored toward women and a focus on bringing women together to help each other build lasting skills and networks for locally motivated change and locally devised solutions to pressing FP/RH issues.

The Pillars of the Program

Built upon a 40-year tradition of women’s leadership programs at CEDPA (now part of Plan International USA) that combine innovative and widely tested leadership

Box 1. Unique Elements for the Women’s Leadership in FP/RH Workshop



Photo by Health Policy Project

The Women’s Leadership for FP/RH Workshop, the cornerstone of the Empowering Women Leaders program, differentiates itself from other approaches.

- Prior to attending the workshop, alumnae organized the women into country teams and oriented them and set expectations.
- The workshop focused on personal leadership (e.g., self-awareness, principles, leadership styles) in a safe, women-only environment that was conducive to candid self-exploration and supportive dialogue. Inspirational women leaders—often alumnae—shared their stories.
- The curriculum included FP/RH technical content, methods to find and use evidence to support their advocacy, and steps for integrating gender into policy.
- Women participated in extensive, hands-on skill-building sessions on advocacy strategy development, effective messaging, media relations, public speaking, action planning, and advocacy monitoring and evaluation.
- Because the workshops were regional, they provided a unique opportunity to learn among and across a broad cross-section of women from different countries, forging lasting ties and social networks.
- During the workshop women set expectations for re-integration into their work environments and application of their newly acquired skills. As part of the original application process, the women’s supervisors were required to confirm their support for the participants actively putting their learning into practice once they returned to their organizations.

“It’s not just a training, but a full year of support. I’m not walking alone here.”

—Empowering Women Leaders Alumna

curricula with FP/RH technical and advocacy skill-building sessions, the Empowering Women Leaders program included:

A three-week, highly participatory, in-residence Women’s Leadership for FP/RH Workshop that gave the women concentrated time away from other responsibilities to focus on personal leadership skills in the company of other women—fostering confidence and self-awareness in addition to the strategic advocacy and communication skills needed to galvanize change once they returned home (Box 1).

One year of individualized, south-to-south woman-to-woman coaching by matching a Plan International USA-trained coach with each alumna to foster use of the new skills she learned at the residential workshop and to help her achieve professional goals. The strong bonds formed often led to longer-term coaching relationships.

The opportunity to apply for small (US\$5,000) capacity development seed funds to support the implementation of advocacy plans the women designed within country teams at the residential workshop.

In addition, HPP provided ongoing long-distance technical assistance, networking support, and helped link alumnae to resources. More important, however, was the program’s priority focus on personal leadership, self-confidence, and network building for each woman rather than providing significant follow-up funds and international technical assistance to select organizations. Empowering Women Leaders helped create the context for women to self-organize, leverage the HPP seed funds to attract additional local resources, and increase the local ownership and likelihood that the momentum gained would be maintained once the program ended. Many alumnae describe the program—and the workshop in particular—as “transformative.” Trying to put their finger on why it transforms, and why they attribute such a range of achievements to the skills and relationships they acquired, alumnae responded, “it leaves you changed,” “it is uniquely led by and for women,” and, “we are trained and motivated for action.”

A WIDER CIRCLE: WHEN WOMEN TRANSFORM



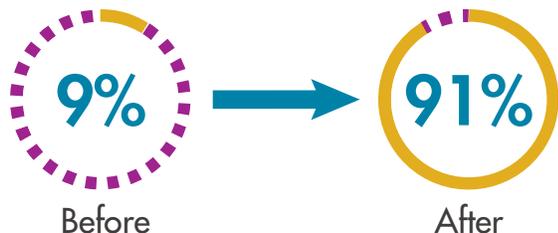
Photo by Health Policy Project

Like a drop in a pond, strengthening the confidence, skills, and agency of one woman can create ripples of change—within her organization, her community, and at subnational and national levels. Larger and greater change comes from investing in women and supporting them to embrace sound leadership and change management principles, to share their skills, and to create communities of action (Axelrod, 2010).

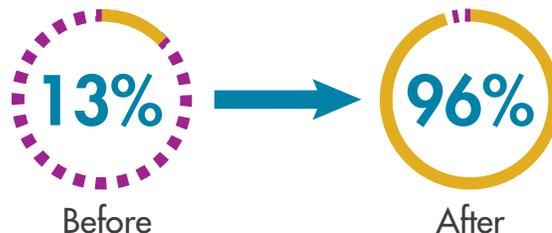
What explains their rising up as change agents? HPP conducted follow-up surveys and interviews with the alumnae to shed light on the pivotal role that their new-found self-confidence played as they formed in-country networks and applied the technical and relational skills they had learned. Just six months after the workshops (2012, 2013, and 2014), 97 percent of evaluation respondents rated their leadership knowledge and skills as good or excellent—a dramatic shift from their ratings before the workshop, when only 19 percent of them did. In fact, there were dramatic jumps in how the women perceived their skill levels across all five of the key advocacy skills addressed during the workshops (Figure 1). Self-confidence is an emerging indicator of program effectiveness (United Nations Foundation and ExxonMobil, 2014), and 94 percent of survey respondents indicated that the workshop had either fully, or to a large extent, increased their confidence to implement policy and advocacy initiatives overall. Taken together, the increase in women’s leadership and advocacy skills and the way they perceived their abilities and self-confidence, encouraged them to step out of their comfort zones and take action.

Figure 1. Percentage of Women Who Ranked Their Advocacy Skills as Good or Excellent Before and Six Months After the Women's Leadership Workshop

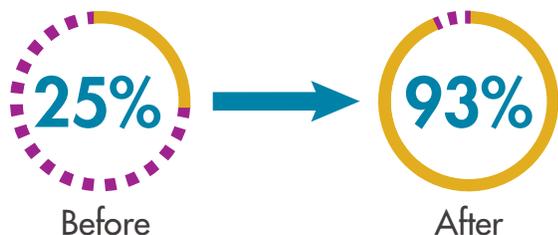
Conducting Evidence-based Advocacy



Meeting with Decisionmakers



Public Speaking



Forging Partnerships

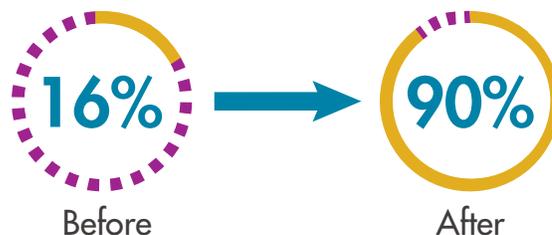


Photo by Health Policy Project

Figure 2. Results-at-a-Glance

Empowered by their heightened self-confidence, honed leadership and advocacy skills, and their expanding networks of support, the program participants have gone on to do incredible things, translating their increased capacity into many levels of performance outcomes. Within six months of the initial workshop, nearly half of the alumnae reported promotions, attributing the promotions to their participation in the Empowering Women Leaders program. At least six alumnae were inspired to invest in advancing their own education by enrolling in a new or advanced degree program. All respondents to the follow-up surveys reported using their new skills. Highlighting examples pulled from a larger store of achievements, Figure 2 illustrates the levels and breadth of their accomplishments.



A CLOSER LOOK

Each of the 70 alumnae has a story to tell, and the following three stories offer a deeper understanding of the nature of the changes these women continue to catalyze.

KENYA: Local Advocacy in a Devolving Health System



Photo by Health Policy Project

Nailantei Kileku, sub-county reproductive health coordinator, Kisumu West, Kenya; KFPAN founder and co-chair; and Empowering Women Leaders alumna.

Before attending the Women’s Leadership for FP/RH Workshop in July 2014, Nailantei Kileku was hard pressed to explain advocacy. After the workshop she was motivated and equipped to spearhead local action. Nailantei reflected, “at the end of the training I [felt] motivated to implement what I [had] learned, knowing, at the end of the day, I am going to make a difference...and probably save a life.”

Within a month after returning home from the workshop she had mobilized stakeholders and secured local donor funding to establish the Kisumu County Family Planning Advocacy Network (KFPAN) to advocate dedicated county resources for family planning. Using the knowledge and skills she had gained, Nailantei worked with other KFPAN founders to train network members on advocacy and the county budget process. Together, they created an ambitious advocacy strategy to secure resources for FP in the county’s fiscal year (FY) 2015/16 budget.

Within six months, KFPAN grew into a formal, multisectoral network of 25 local and international civil society organizations (CSOs) and nongovernmental organizations (NGOs), and county leaders. Within a year KFPAN had conducted an analysis of FP funding and funding gaps in six of Kisumu’s sub-counties, been invited to attend county health committee meetings, and successfully lobbied decisionmakers on the cost-effective and lifesaving benefits of increased FP funding.

“...once you empower one woman, it’s not in vain. It goes around, it circulates around. So when you empower one woman...you’re empowering the whole society.”

– Nailantei Kileku, alumna and sub-county RH coordinator, Kisumu West, Kenya

So effective was KFPAN’s advocacy that the network was invited to take part in the drafting of the county health budget. By the time the draft budget was presented to the County Assembly in spring 2015, KFPAN had won support for a funded FP budget line item from more than half of the assembly—19 women and 10 men—a far cry from the three women who were supportive at the outset.

Advocacy Undeterred

Ultimately, the FP budget line item was not included in the FY 2015/16 budget as hoped, but Nailantei and her KFPAN colleagues are undeterred. Using local NGO funds KFPAN continues to meet with its County Assembly allies to plan for additional county-wide advocacy and participates in the county’s National Council for Population and Development technical working group, with the unchanged objective of securing an FP/RH line item in the county budget.

The skills Nailantei gained through Empowering Women Leaders are especially important in a devolving health system, and led to the creation of a local advocacy network that has successfully leveraged resources, gained entry into inner policy circles, and continues to win allies in the quest for increased FP funding in Kisumu. When asked about KFPAN’s influence, Nailantei replied, “I can confidently say that if the network did not exist, the perception of most county assembly members towards FP would still be negative.”

UGANDA: Leading National Change and Local Accountability

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...Items,"
STEPHEN NSUBUGA BEWAYO, AMUDAT RESIDENT
DISTRICT COMMISSIONER

...About Shs7b was stolen in Kara
...sub-region during the first phase
...Nusaf.



Former Ntungamo District Woman MP Beatrice Rwakimari (In green dress) hands over delivery kit to Bamunoba Mothers Union health centre leaders in Ntungamo District on Thursday. PHOTO BY PEREZ RUMANZI

Featured in an article in the Uganda Daily Monitor in May 2015, Beatrice Rwakimari, alumnae, former MP, and board member of the National Medical Stores, in the Ntungamo district to monitor distribution of Mama Kits at public facilities.

In Uganda, an estimated 68,000 infants and 5,900 women die each year due to complications of pregnancy and childbirth (WHO, 2015a; WHO, 2015b). Most of those deaths occur within 24 hours of delivery and could be prevented by women delivering in well-equipped and -staffed health facilities (WHO, 2015c). Yet, for a variety of reasons, many women deliver at home. In the Ntungamo District, where Empowering Women Leaders alumnae and former member of Parliament (MP) Beatrice Rwakimari lives and works, she has seen that women's reluctance to deliver in health facilities is partly based on a lack of sufficient supplies. After completing the Women's Leadership for FP/RH Workshop in 2012, Beatrice returned to her recently appointed seat on the board of the National Medical Stores (NMS)—the only government organization responsible for the procurement, storage, and distribution of medicines and medical supplies for Uganda's public health facilities.

Using Skills to Advance Women's Health

Armed with greater FP/RH knowledge and heightened advocacy skills, Beatrice began lobbying fellow NMS board members to support expanding Uganda's safe delivery kits (termed Mama Kits) to include a blanket, extra gloves, and another roll of cotton. After a year of her efforts, and those of her allies, the NMS submitted a formal recommendation to the Ministry of Health to augment the Mama Kits. In 2013/14 the MOH granted the request, promoting safer

"If we are to change and improve FP services, we need a critical mass of women leaders who are knowledgeable, who have the skills...and bring them on board as political leaders at all levels."

– Beatrice Rwakimari,
former member of Uganda's Parliament, head of
ARISE, and HPP alumna

deliveries and eliminating a tangible barrier to women's ability to access safe maternal healthcare. Recognizing that policies require vigilance to ensure proper implementation, Beatrice is monitoring how Mama Kits are being distributed. Finding inadequacies in the field, she is now leading the charge to bring disciplinary action against health workers who fail to order Mama Kits from the national store or otherwise withhold the kits from expectant mothers (Rumanzi, 2015). Beatrice came to the workshop as an accomplished woman, but she credits her participation in Empowering Women Leaders for her effective use of evidence and the confidence to clearly communicate and negotiate with other decisionmakers on this and the other health personnel and systems issues she champions.

Beatrice also works on these issues through ARISE—an NGO she founded to improve RH, education, HIV and AIDS and malaria, and to promote good nutrition in the rural communities of Ntungamo. This national leader humbly points to HPP's intensive focus on personal leadership as having inspired her to change her style as ARISE Director and drawing out the best in each individual staff member. Noting a dramatic shift in performance, she now sees her team as "the best in the District."

While Beatrice is having a profound impact in the Ntungamo District, it is hard to imagine she will stop there. Concerned about fading national attention to family planning, Beatrice is contemplating a return run for Parliament, confiding, "[When I was in Parliament] things were different...FP was on the national agenda...and [now] things seem to have gone down...that is why some of us are saying, let's go back to Parliament and put fire in the whole business."

MALAWI: The Impact of Persistent and Collective Advocacy



Alumnae of FP/RH women’s leadership programs at the center of successful advocacy for Malawi’s growing FP budget line item. Clockwise from upper left, Honorable Grace Chiumia, Minister of Youth and Sports Development; Fannie Kachale, Director of Reproductive Health Directorate, Ministry of Health; Velia Manyonga, Principal Research Officer, Malawi National Assembly; Olive Mtema, Country Director of HPP/Malawi. Photos by Health Policy Project.

In 2013, in an unprecedented move, Malawi’s Ministry of Finance (MOF) allocated 26 million Malawi kwacha (MWK) for FP commodities as part of its FY 2013/14 national budget. Before then, FP/RH in Malawi had been solely donor funded. This change and its subsequent evolution came about in large part due to the efforts of four committed and well-placed alumnae of Empowering Women Leaders and similar predecessor workshops the team had conducted with support from the USAID | Health Policy Initiative (HPI) and the Packard Foundation. All four women credit their participation in these programs for the skills, confidence, and leadership to be effective FP advocates. Their influence on Malawi’s FP program is nothing short of remarkable.

Four Powerful Women Leaders

Fannie Kachale, now the director of the Reproductive Health Directorate at Malawi’s MOH, and an alumna of WomenLead in Repositioning FP/RH, helped negotiate and present Malawi’s programmatic and systems commitments

“It has changed me...I am a champion.”

– Hon. Grace Chiumia, alumna, former Parliamentarian, and Minister of Youth and Sports Development, Malawi

at the 2012 London Summit on Family Planning. The Family Planning 2020 (FP2020) partnership was established at this summit and more than 20 governments committed to addressing barriers to FP access. Malawi’s commitments centered on increasing the contraceptive prevalence rate from 46 percent (2010) to 60 percent by 2020, with a focus on young people. Upon her return, Fannie championed FP among the country’s leadership, explaining the RH landscape and pressing for national resources for Malawi to make good on its global commitments.

Olive Mtema, HPP’s country director in Malawi and alumna of the 2011 Strengthening Voices of Women Champions in FP/RH Women, was part of a delegation of women MPs that traveled to the Network of African Parliamentary Committees of Health meeting (NEAPACOH) in Kampala in 2012. Prior to the meeting, HPP—through the Partners in Population and Development Africa Regional Office—gathered the MPs to prepare them to further the FP2020 commitments at the meeting. Having recently completed the Women Champions workshop, Olive could assert her technical strength and leadership skills in policy advocacy by orienting the delegation toward making its clear policy commitment: to create and fund Malawi’s first national budget line for contraceptives.

The Hon. Grace Chiumia, an MP from Nkhatabay, and Velia Manyonga, head of the Parliament’s research department—two members of the Malawi delegation—realized that convincing Parliament to support the national commitments to FP would require hard work and expertise. To hone their advocacy leadership skills, they participated in the 2012–13 Empowering Women Leaders group.

Coming Together to Press for Change

Due in part to the efforts of these four women, the Ministry of Finance established an FP line item in June 2013. Shortly after, Olive called a meeting with the MP delegation from NEAPACOH to share the good news, but also to convey the immediate challenge: the actual funding was at zero. Grace expanded, “After the [Empowering Women Leaders] training, we came back, we met together, we discussed the way forward, and we gave that responsibility to each other.” Pulling on their various positions within Parliament, the MOH, and civil society, Grace, Velia, Fannie, and Olive worked together to meet with all chairs of the parliamentary committees and key ministries to ensure that decisionmakers funded the FP budget line.

Meanwhile, the women found a policy champion in the Hon. Paul Chibingu, at the time chair of the Health Committee, who agreed, “This money needs to be allocated.”¹ Their combined efforts catalyzed the final outcome of MWK 26 million for FP in the FY 2013/14 budget. “At that point we had gained some energy to say, ‘we have started something,’ and we need this to take another step: oversight,” Grace reported.

At the next annual NEAPACOH in September 2013, Velia and Grace joined Olive to help the Malawi delegation focus their commitment to increasing the FP allocation. With the commitment in hand, the alumnae used their HPP small grant to support their continued advocacy. A critical juncture in their efforts was a March 2014 meeting, chaired by Hon. Chibingu, with five MP champions, the Treasury, and MOH representatives. At this meeting, the MOH’s Reproductive Health Directorate informed the MPs that the allotted MWK 26 million had not yet been spent. The Hon. Chibingu recalled, “We discovered that indeed we created the vote, the monies were there, but they were not used.... So we gave [the MOH] a deadline to ensure that they used the money to buy contraceptives.” Meanwhile, the MPs lobbied the health and finance ministries for an increase in both the FP and health budgets. In response, the MOH confirmed that it would request MWK 60 million for FP in the FY 2014/15 budget, more than doubling the previous allocation, and the Treasury promised it would not make cuts.

Overcoming Challenges

The battle was far from over. Velia explained that “... when the budget was presented to Parliament [by the MOF in May 2014] it had zero increase.” With only a week before the budget vote, no increases on paper, and



Photo by Health Policy Project

a new government in place, the women sprang back into action. Olive recalled, “We returned to the MOH planning department to remind them of the former government’s commitment. I led our briefings with the newly elected MPs and the new chair of the health committee, the Hon. Juliana Lunguzi, about the impact of FP on development and the health of Malawi’s women and children.” Having a health background, Hon. Lunguzi was quickly motivated to press the MOH to honor its commitment, raising the issue in radio and TV interviews. “When the budget was finally presented to Parliament,” said Velia, “it had the full MWK 60 million.” From her vantage point, Velia links the HPP small grant with the success of their advocacy efforts and the increased FP budget. She reflected, “That grant changed our lives...we then went on to get more [grant funds to support the budget tracking]. Yes!”

Continuing the Momentum

The FY 2015/16 budget was approved with an increased MWK 70 million for FP. Acknowledging that women’s leadership in FP/RH programs was at the heart of their effectiveness as change agents, Fannie included funds in the MOH’s costed implementation plan for the FP2020 commitments to localize the capacity development of new cadres of women FP advocates. Looking forward, Grace, now Malawi’s Minister of Youth and Sports Development explains, “We have donor support ... but it will come to a point where the donors will stop.... We need to find a way where we can stand on our own, so we [will] keep on lobbying for [an] increased budget ... for health until we reach 15 percent.” As this group of formidable women advocates grows, this goal does not seem out of reach.

THE PATH AHEAD

Through Empowering Women Leaders, HPP has stimulated real and lasting change. The project has done this by focusing on the fundamental components that create change agents—self-awareness, personal leadership, and confidence—and combining them with advocacy skills; membership in a network of committed women who offer support, connections, and technical assistance; a dedicated coach; and seed money to initiate the women’s advocacy plans.

Empowering Women Leaders convened women with deep knowledge of FP/RH and broader health issues facing their communities. Imbued with increased confidence, skills, and social capital, they began translating their competence into action. Beyond the initial policy changes the alumnae have already achieved, they have also acted as role models for other women in their communities and sought ways to share what they have learned—spurring further change and helping to create local solutions. In August 2015, five of the Kenyan alumnae joined forces with Plan International’s *Because I Am a Girl* campaign to mentor 16 girls to help them hone their messages and prepare them to meet with the First Lady of Kenya. Following the mentoring session the girls presented a powerful case for the Kenyan government to take clear steps to ensure the Sustainable Development Agenda succeeds for girls, so girls across Kenya can achieve their full potential. Their message was well received, finding a new champion in the First Lady.

Moving the Work Forward: A Need for Local Ownership of the Learning Process

As the Sustainable Development Goals and the FP2020 initiative reinforce countries’ commitment to universal access to FP/RH, women must lead the way. HPP’s approach can be a model for effective women’s leadership development, best adopted and adapted by local champions, supported by local funds, and embedded in local systems. As this program has shown, investing in women as FP/RH champions works, and stands as one of the many approaches that countries need to take in fulfilling their commitments to reducing barriers to FP access by 2020 and ultimately rising up to sustained levels of development.



Photo by Health Policy Project

As the Empowering Women Leaders program comes to a close, its alumnae are working to convince local governments, NGOs, private sector partners, and other donors on the ground to invest in women’s leadership in FP/RH. Reflecting on their participation in the program, the alumnae themselves offer a clear path forward, proposing outreach to new generations of emerging champions and women working at the subnational levels, and cascading leadership skills to increasingly local settings. Hon. Grace Chiumia urges, “let it also come to the local level, whereby we should have those trainings right away.” To do so would pave the way for more and younger women to strengthen their voices, refine their skills, take action, and see the power of their collective influence.

For more stories of change, to watch the videos, hear the women’s voices, and meet the 70 alumnae, please visit www.healthpolicyproject.com/index.cfm?id=topics-EmpowerWomenLeaders.

Note

1. Hon. Paul Chibingu, interview by Sue Richiedei, March 2015.

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Program attendees from top: 2012, 2013, and 2014. Photos by Health Policy Project

Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004
www.healthpolicyproject.com
policyinfo@futuresgroup.com

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

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