

# policy

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## PROMOTING GENDER- RESPONSIVE HEALTH GOVERNANCE



### *Lessons and Next Steps*

This publication was prepared by Jennifer Pendleton, Laili Irani, Madison Mellish, Rebecca Mbuya-Brown, and Nancy Yinger of the Health Policy Project.

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## EXECUTIVE SUMMARY

While the importance of gender equality in relation to health is widely recognized, as is the importance of health system governance, relatively little investigation has focused on the nexus of gender, health, and governance. To address this gap, a team from the USAID-funded Health Policy Project (HPP) undertook research focused on how governance mechanisms could be strengthened to contribute to more gender-responsive health systems in developing countries. We define ‘gender-responsive health systems’ as health systems that “address the gender determinants of health, the gender factors at work in the health system, and the resulting gender inequalities” (Newman, 2014). To achieve gender-responsive health systems requires the integration of gender into health systems governance.

As our work unfolded, it became clear that “gender machineries”—the national and subnational governance bodies assigned to promote gender equality and/or improve the rights and status of women—stand at the center of this effort. Political, financial, and human resource barriers have hindered gender machineries’ efforts, including efforts to integrate gender considerations into sector-specific programs and planning. This has directly impacted gender machineries’ ability to support gender-responsive health systems.

Gender machineries bear much of the burden for generating the political will, resources, and momentum necessary to achieve this goal, so we focused on identifying the resources and interventions needed to enable them to do so more effectively. Our considerations included how gender machineries can cultivate more sustainable, systematic engagement with and support from other policymakers and health sector actors.

For this work, we engaged in a three-stage research process. Following an extensive literature review focused on the intersection of gender machineries and health governance in developing countries, we used key informant interviews to expand upon key themes and to supplement gaps in the literature. Building on what we learned, HPP convened an expert consultation meeting in Washington, DC on May 28–29, 2014. The consultation convened experts in gender, health, policy, and governance to share country experiences and lessons learned.

Based on information gathered in these three stages, we created a framework that points to key elements in each stage of the policy process that can lead to more gender-responsive program implementation and, ultimately, better health outcomes for all. To achieve these elements, we present a set of concrete recommendations that must be internalized and put into practice as part of national health and development planning. While gender machineries provide the lens for our review and recommendations, all health system actors and decisionmakers must ultimately play a role in achieving gender-responsive health governance. External actors—such as donors and development practitioners involved in supporting health policy and programs, or in providing direct technical or financial support to national gender machineries—must also be cognizant of the political context and complex institutional systems that can either enable or serve as a barrier to strengthening gender integration in national health policy and systems. The recommendations relate to six key areas:

### ***Institutional arrangements***

- Clear mandates and terms of reference, backed by meaningful authority, are essential to ensuring the effectiveness of gender machineries.
- Gender machineries should be positioned to maximize their influence with central power and decision-making structures. This positioning may differ depending on the bureaucratic arrangements and sociopolitical context of a particular country.

- Strong linkages should be created and maintained among national and subnational gender machineries, as well as among the centralized components of gender machineries (e.g., ministries of gender) and their counterparts embedded within sector-specific institutions (such as gender units and gender focal persons).

### ***Decentralization***

- Gender machineries within local governments play an important role in identifying and addressing issues related to gender and health, and should be supported through strong linkages with national gender institutions.
- Local gender machineries should focus on strengthening women’s meaningful participation in local governance structures.
- Local health committees and other health sector governance bodies should hold local health sector actors accountable for integrating gender into health policies and programs, including ensuring equitable provision of gender-sensitive health services and programs and enacting and enforcing gender-responsive health workforce policies.

### ***Multisectoral coordination***

- Gender machineries (and the partners who support them) should prioritize their role as advocates, influencers, and coordinators, and should invest in building the capacities needed to effectively carry out this role.
- Gender machineries should explore opportunities to generate interest and political commitment for multisectoral action by organizing around specific, shared health and development goals.
- Gender machineries should cultivate strategic partnerships and relationships with high-level ministries and decisionmakers—particularly ministries of planning and finance—especially where gender ministries lack authority to hold other government actors accountable.

### ***Human resource capacity***

- In addition to training, gender machineries should use other forms of outreach—particularly those that invite a stronger sense of participation and internalization—to raise awareness and cultivate support for gender mainstreaming and integration.
- Gender machineries should be supported in developing the advocacy and leadership skills necessary to clearly and persuasively engage other policymakers and stakeholders about the value of addressing gender equality issues, and to mobilize others to promote gender equality goals within their own work.
- Gender focal points should be selected based on relevant technical knowledge and experience, and their gender and sector-specific technical capacity should be strengthened to enable them to effectively carry out their mandates. To support gender integration in the health sector, for example, they must be conversant in both gender and public health approaches, policies, and strategic objectives.
- There is a need to strengthen capacity for gender integration and understanding of the relationship between gender and health at all levels of the health sector, not only among gender machineries and focal points.
- Better follow-up is required to improve the practice and evaluate impact of gender trainings.

- When conducting training and outreach, there is a need to build a common vocabulary and demystify gender jargon to make gender concepts more accessible and highlight their relevance to audiences' daily lives and work.

### ***Financial resources***

- Governments and development partners must invest additional resources to support gender integration efforts. In particular, donors and governments should work together to identify mechanisms to provide reliable and sustainable financing for gender machineries. This will increase their ability to focus on strategic advances rather than on short-term programmatic activities, and will enhance their credibility and influence.
- Gender-responsive budgeting should be leveraged as an opportunity to systematize resource allocation for gender integration and hold all sectors accountable for investing in gender.

### ***Measuring success***

- Globally, a core group of indicators related to gender integration, gender equality, and health governance should be identified for adaptation and use at the country level. These indicators should examine the gender-responsiveness of health policies and programs; sex- by age-disaggregated health data (including the availability of such data); data on gender-sensitive health service delivery; and gender norms, attitudes, and behaviors.
- Strong monitoring and reporting processes should demonstrate transparency and promote the engagement of civil society, communities, and local development partners.
- Governments and donors should invest resources in evaluating the long-term impact of changes in gender policies and governance structures and improving understanding of best practices in gender-responsive health governance.

Building gender-responsive health systems and achieving gender equality are complex, long-term endeavors, which will not be achieved overnight. Our research revealed that significant gaps remain in documented understanding of how governance can be improved to support gender-responsive health systems. We hope our efforts will draw attention to the need for additional research and dialogue to address these gaps.

## ABBREVIATIONS

CEDAW	UN Convention on the Elimination of All Forms of Discrimination against Women
GAD	gender and development
GBV	gender-based violence
GMAG	Gender Mainstreaming Action Group (Cambodia)
GRB	gender-responsive budgeting
HPP	Health Policy Project
IGWG	Interagency Gender Working Group
M&E	monitoring and evaluation
MOH	Ministry of Health
MOGCDSW	Ministry of Gender, Children, Disability and Social Welfare (Malawi)
MOWECP	Ministry of Women's Empowerment and Child Protection (Indonesia)
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
SADC	Southern African Development Community
SERNAM	National Service for Women (Chile)
SWAp	sector-wide approach
UN	United Nations
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

# INTRODUCTION

## Background

While the importance of gender in relation to health is widely recognized, as is the importance of health system governance, relatively little investigation has addressed the nexus of gender, health, and governance. To address this gap, a team from the USAID- and PEPFAR-funded Health Policy Project (HPP) undertook research focused on how governance mechanisms could be strengthened to contribute to more gender-responsive health systems. We define ‘gender-responsive health systems’ as health systems that “address the gender determinants of health, the gender factors at work in the health system, and the resulting gender inequalities” (Newman, 2014). Achieving gender-responsive health systems requires the integration of gender into health systems governance.

As our work unfolded, it became clear that gender machineries stand at the center of this effort. The term “gender machineries” refers to the national and subnational governance bodies assigned to promote gender equality and/or improve the rights and status of women. Gender machineries are also the primary actors within governance systems responsible for supporting gender integration across all sectors, including the health sector. Their foundation was laid by the 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), together with the Platform for Action of the Fourth World Conference on Women, held in Beijing in 1995. Still, gender machineries themselves continue to face numerous challenges.

Despite increased national efforts to create or enhance gender machineries following the Beijing conference, national achievements in promoting gender integration and equality have been uneven. Political, financial, and human resource barriers to effective gender integration are evident not only in specific gender equality initiatives, but also in efforts to integrate gender considerations into sector-specific programs and planning. This directly impacts gender machineries’ ability to support gender-responsive health systems.

Even where strong gender and health policies exist in the health sector, implementation and coordination often remain weak. Moreover, despite increased attention to gender with respect to specific health issues such as gender-based violence (GBV), less attention has been paid to gender within the overall functioning of health systems, including health systems governance structures. However, health systems themselves are clearly “gendered.” They are structured so that “issues faced by women in leadership, governance, and management roles, women in the health workforce, and women as users of health services are too often ignored (Shukla and Giorgis, n.d.).”

Our goal in this endeavor has been to offer practical guidance to development practitioners, policymakers, and gender champions who seek to strengthen country-level policy, capacity, and resources for gender-responsive health systems. As gender machineries bear much of the burden for generating the political will, resources, and momentum necessary to achieve this goal, we focused on the resources and interventions needed to enable them to do so more effectively. Our considerations included how gender machineries can cultivate more sustainable, systematic engagement with and support from other policymakers and health sector actors. The final step in our analysis involved developing a framework to present the essential elements of a gender-responsive health policy process and stewardship mechanism. We also formulated recommendations under six priority themes for institutionalizing those elements in areas of institutional arrangements, decentralization, multisectoral coordination, human resource capacity, financial resources, and measuring success.

## Methodology

This report synthesizes findings from 1) a review of literature focusing on gender integration in health policy and systems, and gender machineries in low-income countries; 2) interviews with 31 experts and practitioners; and 3) a two-day expert consultation convened in Washington, DC in May 2014.

The research questions designed to inform this review drew upon the conceptual framework, *Linking Health Policy with Health Systems and Health Outcomes* (Hardee et al., 2012), which shows the links among health-related policy, health systems, and health outcomes. The Hardee et al. framework establishes both gender and health governance—within governmental bodies and among private institutions, individuals, and civil society—as key elements of the enabling environment for policy development, implementation, monitoring, and evaluation. Our initial research questions (see Annex B) looked specifically at the institutional stewardship mechanisms charged with promoting gender equality, and fell within the key themes and components of policy implementation described in the conceptual framework.

During the first quarter of 2014, we reviewed multiple online sources for evidence around gender and health governance, including SCOPUS, Medline, Popline, GSDRC Applied Knowledge Services, BioMed Central, Sage Publications, Oxford Journals, Project Muse, HLSP Institute, Google, and Google Scholar. We also searched the websites of major implementing partners and donor organizations, and conducted snowball sampling to expand the literature search to capture key themes and authors who had published widely on relevant topics. The search covered books, peer-reviewed journal articles, and reports published from 1999 and later.<sup>1</sup> At least two authors reviewed each identified source and abstracted relevant information. A total of 175 sources were deemed relevant and reviewed for this report based on their responsiveness to initial research questions; we ultimately refined our research questions to focus on dominant themes and evidence in the literature.

Much of the literature was highly theoretical, with limited country-specific case studies or evaluation of gender integration into health sector policy implementation and governance systems. As a result, we built upon literature review findings with a series of key-informant interviews with academics, researchers, development practitioners, and former government officials. Interviewees were identified based on the following criteria:

- Practical field experience in developing countries, preferably within the last 10 years
- Experience working with government institutions on policy development and implementation, including some interviewees with experience working at decentralized levels
- Experience with sector-specific policies, programs, and monitoring related to gender, with a particular focus on the health sector
- Diversity of geographic experience across overall selection of interviewees
- Institutional diversity across overall selection of interviewees

Interview questions focused on 1) capturing the views, opinions, and experiences of interviewees on themes that emerged from the literature review; and 2) identifying specific examples of strategies and capacity needs for gender machineries and other policymakers to promote gender-responsive health

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<sup>1</sup> Key words used across the different search engines and websites in different combinations included accountability, advocacy, barriers, best practices, effectiveness, engendering governance, gender, gender machineries, gender mainstreaming, gender responsive governance, governance, good enough governance, health, health governance, health policy, health systems strengthening, multi sectoral coordination, political leadership, political will, priority setting, resources, sector-wide approaches, and tools and impact.

governance. At least two authors participated in each interview. Interview responses were then extracted and coded based on initial research questions and emerging themes.

HPP convened a two-day expert consultation meeting in May 2014, which convened experts in gender, health, policy, and governance to share country experiences and lessons learned (see Annexes C and D). Through a combination of plenary and small-group discussions, participants addressed key themes that emerged from the literature and interviews and provided recommendations for addressing barriers.

The frequently political, closed, or otherwise sensitive nature of policy processes and government bureaucracies was an important consideration throughout our research, as were changing political, institutional, and policy environments in some of the countries referenced.

## INSTITUTIONAL ARRANGEMENTS

The importance of institutional arrangements in determining the effectiveness of gender machineries emerged as a key theme of the literature review and expert consultations. Clearly defined institutional arrangements are critical for the success of any governance structure, including gender machineries. Institutional arrangements consist of policies, systems, and processes that help organizations within governance structures effectively execute activities, coordinate amongst themselves and ultimately, achieve their mandates (UNDP, 2009).

In order fully understand the role and efficacy of gender machineries, and identify what is needed to strengthen them, it is necessary to look at their official mandate and the position they occupy within or outside government structures. In other words, how are gender machineries set up to interact, influence, or exert authority over other agencies or institutions?

There is no absolute answer to the question of what specific institutional arrangements are most effective for gender machineries. However, several lessons learned point to how institutional arrangements among government actors can enhance gender machineries' ability to achieve their goals, including their ability to support gender-responsive health governance.

1. Clear mandates and terms of reference, backed by meaningful authority, are essential to ensuring the effectiveness of gender machineries.
2. Gender machineries should be positioned to maximize their influence. This positioning may differ depending on the bureaucratic arrangements and sociopolitical context of a particular country.
3. Strong linkages should be created and maintained among national and subnational gender machineries, as well as among the centralized components of gender machineries (e.g., ministries of gender) and their counterparts embedded within sector-specific institutions (such as gender units and gender focal persons).

## Mandates

Gender machineries are guided by formal mandates that determine their overall purpose, as well as their power and authority with regard to other state actors. These mandates may be established through executive orders, constitutional provisions, legal statutes, or sector-specific policies and strategic plans. They may sometimes be presented under the gender machinery's formally stated mission or objectives, but may not always be articulated consistently across policy documents or for significant periods of time.

The purpose and mandates of gender machineries vary by country. The scope of these mandates can range from broad directives to promote gender equality and non-discrimination (as is the case in Kenya and Malawi) to provision of gender mainstreaming guidance for other ministries or policies (seen in mandates from Afghanistan, Cambodia, and the Philippines). They can also have more specific functions in providing training, guidelines, or monitoring for different development sector activities (India and Nepal). See Annex E for a list of illustrative country examples. McBride and Mazur note

*" ... some [gender machineries] are meant to focus on specific gender equality policies such as those outlined in the United Nations (UN) Plan of Action; others may work to insert gender perspectives into all areas of governing through gender mainstreaming. They may have a variety of functions in working on the mission: policy adoption and implementation; assessment; service delivery; education; and supporting NGOs (nongovernmental organizations). Any investigation of the work and effectiveness of*

*gender machineries must be designed with a full understanding of the relations between missions and functions.”*

~ (McBride and Mazur, 2011, p. 4)

Many gender machineries have struggled because clearer mandates are needed to establish their power and authority with regard to other state actors (Economic Commission for Africa, 2009a; Economic Commission for Africa, 2009b; Innes, 2000; Theobald et al., 2005; Brody, 2009; Testolin, 2001; Mbilizi, 2013). Gender machineries’ mandates are often broad in scope and/or unclear, making them difficult to operationalize. Alison Brody (2009) notes that many gender machineries “are not given a clear mandate that sets out their power and roles or their relationship to other decision-making bodies” (p. 37). Even with adequate funding, the lack of clear mandates limits gender machineries’ effectiveness.

The importance of clear mandates applies to institutional actors, such as gender or women’s ministries, as well as to individual actors serving as gender focal points within other ministries and institutions. Clear terms of reference are needed to define the roles and responsibilities of gender focal points, and to identify the relationships, resources, and skills needed for them to successfully carry out their mandates. Unfortunately, clear job descriptions and requirements for gender focal persons are often lacking (HPP technical consultation, 2014).

Because of their mandates to lead gender equality efforts, gender machineries are sometimes perceived as bearing sole responsibility for addressing gender across all government policies and programs. Unclear and overly broad mandates can contribute to this “overburden” of responsibility by discouraging other government actors from taking active ownership for achieving gender equality, mainstreaming gender within institutions, and integrating gender into policies and programs. This topic of “responsibility” for mainstreaming and championing gender equality was raised several times by key informants during both interviews and the HPP technical consultation. Participants noted that support and participation across sectors, policies, and programs is critical for integrating gender into institutions, policies, and programs, as well as to achieving the broader goal of gender equality. Clear articulation of other government actors’ roles and responsibilities regarding gender in their institutional mandates can help counteract the tendency to overburden gender machineries. Such clarity—particularly if accompanied by mechanisms to support monitoring and enforcement (see section on Accountability, p. 8)—can encourage other institutions to be more proactive in identifying and addressing gender issues within their specific areas of responsibility.

Another consequence of unclear or overly broad mandates is that gender machineries may prioritize high-visibility but discrete projects, such as women’s literacy projects or high profile events, rather than ongoing policy and strategy development, coordination, and monitoring of gender mainstreaming initiatives. The section on Advocacy, Coordination, and Influence (p. 12) discusses the importance of gender machineries focusing on strategic/influencing roles rather than on short-term program implementation—especially highly visible, one-off activities that may not yield substantial long-term benefits.

## Placement

### ***No single institutional model can be identified as uniformly effective across country contexts.***

How and where gender machineries fit into the overall national bureaucracy greatly affects their efficacy (Goetz, 2008; Testolin, 2001; Mbilizi, 2013; Innes, 2000). Different countries have employed a variety of institutional models for placement of gender machineries within national and subnational bureaucratic structures. Some countries have centralized gender machineries in the form of national ministries or commissions, while others have diffused gender machineries, with gender units or focal points embedded within multiple ministries. Still others have adopted a hybrid approach, with responsibility for gender

assigned to both centralized and dispersed institutional actors. In some countries, a combination of structures work together on activities related to gender and development. For example, the Dominican Republic has both a national Ministry of Women and a national-level GBV commission. Gender machineries within the government bureaucracy may also interact with elected officials through mechanisms such as parliamentary committees focused on gender issues.

Even in the relatively straightforward case of national gender ministries, several important factors impact these ministries' effectiveness. For example, proximity to central power and decision-making structures affects gender ministries' ability to influence policy, provide guidance to other actors, and mobilize resources. Some gender ministries are positioned as "high-level" ministries—at cabinet-level, for example—with authority over other ministries. Others, positioned as lower-level "line" ministries, lack such authority. This positioning affects gender ministries' ability to hold other actors responsible for gender integration and gender equality goals. A gender ministry's scope of responsibility is another key component of institutional positioning. Whether ministries are devoted exclusively to gender or bear responsibility for other domains, such as youth or social welfare, may affect the visibility of gender issues on national agendas (Goetz, 2008) (see pp.7 for a discussion of how institutional placement affects Malawi's Department of Gender Affairs).

Institutional arrangements governing gender machineries also affect the assignment of roles and responsibilities at subnational levels. Decentralization (see section on Decentralization, p. 9) adds a layer of complexity in terms of analyzing the placement of gender machineries and its impact on effectiveness and influence.

No one particular institutional model has been found more effective than others, as success is highly dependent on a country's overall bureaucratic structure, as well as the broader political environment.

#### *Benefits and drawbacks of centralized versus diffused structures*

Where gender machineries are highly centralized and institutionally isolated from other bureaucratic entities and decision-making processes, gender integration guidance and programs may be marginalized within sector-specific policies and programs. One alternative to this institutional isolation is the placement of gender ministry staff within all line ministries as a department, desk, or unit. Embedding gender units within other ministries is designed to influence these ministries from within, in hopes that gender will come to be viewed as integral to ministerial functions. Gender desks or focal points within ministries may report directly to ministry leadership, with external coordination and gender integration guidance coming from the central gender ministry or another component of the gender machinery, if one exists (Reeves and Baden, 2000).

Experts cautioned, however, that gender focal points or departments within line ministries may also be marginalized within that ministry's decision-making processes (HPP technical consultation, 2014). The Malawi country report on progress of the Beijing Declaration and Platform for Action states, "The use of gender focal points to mainstream gender in the public sector has not been successful. Gender focal points are designated by their respective ministries and departments, and ... have mostly been low level officers with no clear mandates on their roles. Therefore, it is difficult for such officers to influence policy and decisions, hence inadequate mainstreaming of gender issues in most institutions" (Ministry of Women, Children, Disability and Social Welfare, 2014, p. 8).

The case of Cambodia illustrates the impact of different institutional placements on gender machineries. In Cambodia, Gender Mainstreaming Action Groups (GMAGs) were established within ministries in 2005. The purpose of the GMAG mechanism was to create sector-specific Gender Mainstreaming Action Plans, and then to implement and monitor commitments in each sector through gender equality policies. GMAGs are composed of internal ministry staff, with the Ministry of Women’s Affairs providing technical assistance and guidelines. The GMAG within Cambodia’s Ministry of Health (MOH) is located in the administration department, whereas GMAGs in other ministries function more independently. The placement of the MOH GMAG within the administrative department—without a budget to execute its annual gender action plan and five-year strategic plan—has been cited as major constraint for gender integration in the health sector (Frieson et al., 2011).

### *Ministerial level*

Different ministries and types of ministries wield different levels of influence and authority depending on their position within the larger governance structure. In Malawi, for example, there are two types of national ministries. The Ministry of Finance and the Ministry of Economic Planning are considered “central” ministries, whereas the Ministry of Gender, Children, Disability and Social Welfare (MOGCDSW)—where the Department of Gender Affairs (the official gender machinery) is placed—is a “line” ministry. Central ministries in Malawi have greater authority and ability to influence policies and programs in other ministries. Line ministries face sanctions if they do not adopt or adhere to central ministries’ guidance. However, instructions or guidelines issued by a line ministry are not automatically adopted by other ministries, and there are no repercussions if line ministries’ guidance is not followed. Thus, the MOGCDSW’s designation as a line ministry fundamentally limits its ability to issue

enforceable gender integration guidance for health or other sectors, and gender issues are reportedly not taken seriously at the central level (Interview with development partner and former official, March 5, 2014; Ministry of Gender, Children, Disability and Social Welfare, 2014; Mbilizi, 2013).

Similar to Malawi, a hierarchy of ministries is evident in Indonesia. By law, the Ministry of Women’s Empowerment and Child Protection of Indonesia (MOWECP) is mandated to serve as the principal advocate for gender equality and to provide technical leadership on gender integration. However, Indonesia’s Law on

#### **Positioning of Gender Machineries: Key Questions**

Key questions to ask regarding positioning:

- Are gender machineries centralized in the form of a ministry, or diffused across sectors in the form of gender units or gender focal points within other institutions?
- If gender machineries are diffused across other institutions
  - How are these units positioned within the organizational structures of those institutions?
  - What is the selection process for gender focal points, and what criteria are used in this process?
  - Does the positioning of gender units/focal persons enable them to exert influence and mobilize adequate resources to achieve their mandates?
  - Where a centralized body (such as a national gender ministry) exists alongside diffused components, what linkages connect centralized and diffused components?
- If gender machineries take the form of a national ministry
  - Is the ministry solely devoted to gender, or does it combine gender and women’s empowerment with other areas, such as youth or social welfare?
  - Is it a higher-level ministry with the power to sanction other institutional actors, or a line ministry with more restricted authority?

Ministries places MOWECP within the lowest category of ministries. Consequently, MOWECP receives minimal financial resources, and has limited authority to fulfill its role as the lead entity for gender equality and integration (World Bank, 2013).

***Frequent changes in structure and positioning tend to reduce gender machineries' visibility and authority/influence.***

Gender machineries may be further weakened by changing bureaucratic or political environments (Goetz, 2008). For example, the Bureau of Women's Affairs in Jamaica is currently located within the Office of the Prime Minister. However, since its establishment in 1975, the bureau has moved nine times through a number of other ministries, including the Ministry of Labour, Welfare and Sport; the Ministry of Social Affairs, and the Ministry of Youth and Community Development (Goetz, 2008; Wilson, 2012). These moves have typically corresponded to the job changes of an individual gender champion within the government. Because the bureau is not firmly established under the authority of a consistent bureaucratic structure, its long-term credibility and ability to raise funds within the government for its activities is limited (Goetz, 2008; Jahan, 2010; Wilson, 2012). While institutional changes may improve the status of gender machineries, the transition can be destabilizing if changes happen to frequently, and can hinder machineries' overall effectiveness.

## **Accountability**

The institutional mandates and positioning of gender ministries and sector-specific gender units affects their ability to hold other government actors accountable for gender mainstreaming and integration. A ministry of gender, for example, should be positioned not only to issue guidance, but also to formally hold the MOH accountable for collecting gender-disaggregated data and designing programs or policies that account for both women's and men's needs. Without enforcement mechanisms, consistent and sustainable implementation of national gender policies and plans cannot be assured.

At the country level, accountability may be narrowly understood as reporting on gender mainstreaming only at the institutional level, or using employee reviews to penalize poor performance on gender mainstreaming efforts or gender-insensitive behavior. For one subnational context in which HPP works, a regional gender bureau issues gender mainstreaming guidelines across all sectors, and other regional bureaus are required to submit regular reports on implementation. However, no clear incentives or sanctions are tied to the reporting process. Recommendations from an internal 2014 gender audit of the region's health sector identified a need for improved "accountability." Health sector representatives leading the audit indicated that this meant bringing gender-sensitivity standards into health sector workers' (both policymakers and service providers) professional performance standards.

Chile's National Service for Women (SERNAM) evaluates departmental reports and enforces noncompliance penalties on other ministries. Public servants must present gender-disaggregated indicators for service delivery, and do not receive yearly salary bonuses if their department fails to submit progress reports on how they have incorporated gender (Franceschet, 2010). Other countries, like Indonesia, have set up awards systems for line ministries that implement gender-responsive budgeting for gender equality in order to incentivize gender mainstreaming efforts (World Bank, 2013).

## DECENTRALIZATION

Around the world, many countries are in the process of reforming governance structures through decentralization:

*“Countries pursuing decentralization reforms shift responsibility for various functions from the national government to lower-level entities, such as regional government offices, local governments, independent agencies, state-owned parastatals, and private sector organizations. In the health sector, lower-level actors often assume new roles and responsibilities in financing, governance, human resources, procurement and logistics, insurance, and payments.”*

~ (Williamson et. al, 2014)

Decentralized governance structures can offer increased opportunities for formal and informal participation and better responsiveness to the needs of diverse groups at the local level. The shift of power, responsibility, and resources to local governments provides an opportunity to bring decision making closer to those affected. Along with increased local relevance, decentralization can expand opportunities for formal and informal citizen engagement, sustained advocacy, and transparency; these processes arguably lead to expanded gender equality in decision making (Brody, 2009; Bhatla et al., n.d.; Bell et. al, 2002).

However, the literature also acknowledges that decentralized governance systems and locally focused reforms, while offering the possibility of transformation, also have the potential to reinforce or exacerbate many of the same entrenched gender norms and hierarchies that constitute barriers to integration at the national level. Indonesia offers a cautionary example. A review of 154 regulations issued at provincial, municipal, and village levels between 1999 and 2009 determined that 63 regulations in some manner violated women’s rights to expression, protection, or work (World Bank, 2013).

Gender machineries within local governments play an important role in combating these entrenched inequalities, mainstreaming gender within local institutions, and supporting the integration of gender in policies and programs. However, local-level gender machineries face obstacles that mirror those faced by their counterparts at the national level, including competition for limited resources, challenges in garnering commitment, and the potential for local-level components of gender machineries to become marginalized from—rather than integrated into—broader policy and planning processes (Horowitz, 2009). While acknowledging the potential for marginalization, Bell et. al. (2002) assert that “In order to ensure local level implementation of gender policies and to increase accountability of service provision to women, gender units or women’s committees within local government are required” (p.9).

## Women’s Participation in Local Governance

At the local level, gender machineries can more directly tackle the fostering of equitable participation within local governance structures. Here, there is a particular need for governance institutions to be structured in a manner that allows for equitable participation across different levels of income, literacy, and household/workplace schedules and responsibilities (Horowitz, 2009). This includes strengthening women’s participation, as women are frequently underrepresented in local governance structures, including business and labor associations. These associations often make up the subnational development councils that help lead local policy making (Bell et al., 2002). Supporting greater gender parity within these structures can help to ensure that women gain an equal voice in local decision making. In a literature review on measuring women’s leadership in global population and reproductive health programs, Kato and Settergren found (among other main findings) that “there is global recognition that women leaders are needed at all levels (local, national, international) to improve health” (Kato &

Settergren, 2012). Yet, while parity is important, effective efforts to support equal participation must be coupled with attention to the quality of that participation, and the extent to which all voices are heard. Otherwise, power inequalities may be further entrenched (Brody, 2009; Beall, 1995).

## **Linkages**

It is important for national gender machineries to establish strong linkages with counterparts at subnational levels. The experience of provincial Women in Development Management Teams (WIDMT) in Indonesia supports this point. A pilot training program, designed to introduce WIDMT members in South Sulawesi to basic concepts in gender analysis and mainstreaming, found that strong national-subnational linkages helped broaden the base for gender integration beyond the central government. These linkages, coupled with similarly strong relationships with WIDMTs in other provinces, provided expanded opportunities to exchange lessons learned, develop best practices, and develop complementary strategic plans. Establishing clear lines of communication, feedback mechanisms, and divisions of responsibilities are essential to this process (Innes, 2000). Sheer geographic distance can be a barrier, making regular meetings or communication among subnational and national counterparts difficult. These linkages should also include opportunities for formal communication and scale-up of good practices (HPP technical consultation, 2014).

## STRENGTHENING MULTISECTORAL COORDINATION

A multisectoral approach is central to gender machineries' work, as they are responsible for providing leadership and guidance to support gender mainstreaming and integration. Moreover, multisectoral coordination is essential to achieving gender-responsive health systems, as the entwined issues of gender and health are affected by factors that span a variety of sectors, such as labor, education, social services, housing, environment, transportation, and sanitation (Ostlin et al., 2007). Multisectoral coordination can also increase efficiency and responsiveness by bringing together complementary skills and resources, rather than duplicating efforts to address gender inequality across sectors. However, during our consultations, experts emphasized that multisectoral coordination should not be pursued for its own sake. Instead, it should be undertaken with clear health and development goals in mind, and should be closely linked with policy frameworks (HPP technical consultation, 2014).

Leadership, resources, and political support are needed to ensure that coordination is effective (Bell et al., 2002). These factors are all affected by the institutional arrangements surrounding gender machineries (see section on Institutional Arrangements, p. 4). The literature around gender and around health both identify elements needed for effective multisectoral coordination (WHO, 2011; Economic Commission for Africa, 2009):

- Political will and commitment to gender integration and equality must exist at all levels of government.
- A strong/clear framework for policy implementation and measurement of outcomes must be in place to guide individual sectors.
- Coordination and monitoring should, to the extent possible, leverage existing data and shared information systems.
- A clearly designated entity should bear the mandate and responsibility for coordination with other sectors. That entity must have technical capacity (including for gender integration), authority, and resources to lead planning and monitoring activities.
- Sustained assessment and advocacy are needed both internally and externally.
- Coordination mechanisms/frameworks should be built around specific public health issues that have already been identified and prioritized.
- Strong linkages and communication must be in place across ministries.

While gender machineries are making progress in multisectoral coordination, important gaps remain. The literature, together with input from individual and group consultations, reveals several opportunities to strengthen gender machineries' capacity to foster effective multisectoral efforts:

1. Prioritize gender machineries' role as advocates, influencers, and coordinators and strengthen their capacity to carry out this role effectively.
2. Explore opportunities to generate interest and political commitment for multisectoral action by organizing around specific, shared health and development goals.
3. Cultivate strategic partnerships and relationships with high-level decisionmakers—particularly ministries of planning and finance, and heads of departments who are responsible for developing strategies, agendas, and action plans—especially where gender ministries lack authority to hold other government actors accountable.

## **Advocacy, Coordination, and Influence**

Gender machineries should be enabled to prioritize and focus on sustained policy and advocacy roles over discrete projects and interventions that could be better tackled by other governmental and nongovernmental actors. However, broad mandates—when combined with institutional arrangements that provide insufficient authority to gender machineries to carry out those mandates—sometimes undermine machineries’ ability to play this role effectively.

Gender machineries must also play the role of champions—raising awareness of gender among other government actors, demystifying gender terminology and concepts, and building commitment by helping other institutions better understand the importance of integrating gender. There is a need to support leadership development, strategic planning, and advocacy skills among gender machineries to help them play this role more effectively (see section on Human Resource Capacity, p. 14).

Gender machineries’ ability to act as effective advocates, influencers, and coordinators is affected by resource allocation patterns. Because gender machineries frequently lack adequate funding, or are dependent upon donors to fund specific projects, they are unable to prioritize or consistently direct resources to ongoing programs and activities (Jahan, 2010).

Jamaica’s experience is a case in point. During the 1980s, the country’s Bureau of Women’s Affairs had a mandate to conduct ongoing advocacy, as well as discrete project activities—generally donor-funded, small-scale income-generation projects for women. Critics contended that these projects were a poor use of resources, given Jamaica’s relatively strong record on women’s participation in the labor sector at the time. When the Jamaican government was no longer able to raise the necessary resources to complement the project funds, the donor funding was revoked, but the bureau was then able to focus its time and resources on sustained advocacy and efforts to influence national planning processes (Goetz, 2008).

## **Mobilizing Around Specific Health and Development Goals**

Mobilizing around specific health and development goals, rather than focusing on broader gender equality goals, can generate the shared goals and political commitment necessary to support multisectoral collaboration (Ostlin, et. al., 2007). For example, in 2008, stakeholders in Indonesia were able to organize multisectoral action around the issue of improved nutrition. MOWECP, the Ministry of Manpower and Transmigration, and the MOH issued a joint decree in support of breastfeeding in the workplace during working hours. The decree was one of several policies to support a public health agenda to improve nutrition—including through the promotion of exclusive breastfeeding—and to fall within the MOWECP’s formal mandate to “assist the President in formulating policies and coordination in the field of empowerment of women and child welfare and protection” (Government of Indonesia, 2010). Further, the MOWECP issued a ministerial regulation in 2010, “Ten Steps for the Success of Breastfeeding,” and Presidential Instruction No 3/2010 was issued to involve all relevant ministries in promoting exclusive breastfeeding (Government of Indonesia, 2010; World Bank, 2013).

During expert interviews and the technical consultation, GBV was frequently cited as a “gateway” topic that has provided opportunities for gender machineries to lead collaboration with a diverse range of stakeholders. Wider understanding of the issue and opportunities to see the outcome of GBV program investments help garner political will and resources for collaboration among different government agencies and working groups. The need for referral systems at service-delivery level provides clearer opportunities for engagement and program coordination, not only in the health sector but also with service providers in the education, justice, transportation, and labor sectors, among others. In Rwanda, for example, One Stop Centers provide survivors of GBV with needed services from multiple sectors in one place, including forensic evidence, health services, criminal investigation, and psychosocial support. Such

centers create opportunities for different sectors to offer their services collectively (Williams, 2010). Participants in the May 2014 expert consultation meeting emphasized that such topics can also create an opportunity to broaden awareness of gender issues, pointing to other multisectoral initiatives to address HIV or child protection as experiences from which gender-focused initiatives could draw.<sup>2</sup>

The efficacy of issue-focused coordination mechanisms remains unproven in many contexts. As one interviewee from a multilateral donor noted, a GBV policy assessment in Uganda revealed that an interagency working group on GBV—led by the Ministry of Gender, Labour and Social Development—was not functioning consistently or effectively. Another representative from a USAID implementing partner referenced a lack of authority and resources for Rwanda’s Ministry of Gender and Family Promotion to lead national efforts to address GBV, despite its mandate to do so.

## Importance of Engaging Higher-level Ministries

The involvement of higher-level ministries is often key to successful multisectoral coordination. Interviewees pointed out that higher-level central ministries, particularly ministries of planning and/or finance, tend to have clearer resources and authority to drive planning and programs across sectors than do gender machineries. Higher-level central ministries are more likely, for example, to be responsible for setting and/or implementing guidelines for gender-responsive budgeting (GRB), which can be a powerful tool to promote and monitor gender mainstreaming and integration, and will be discussed further below. Where gender ministries lack the institutional authority to drive coordination efforts on their own, their efforts should focus on cultivating strategic partnerships and relationships with influential ministries to advance gender equality (see description of Nepal’s experience of GRB on p. 19).

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<sup>2</sup> For a comparative analysis of the experience of mainstreaming gender and HIV, see Elsey, H., R. Tolhurst, and S. Theobald. 2005. “Mainstreaming HIV/AIDS in Development Sectors: Have We Learnt the Lessons from Gender Mainstreaming?” *AIDS Care* 17(8): 988–998.

## HUMAN RESOURCE CAPACITY

This section examines the capacity needs of gender machineries and focal points. To achieve their mandates, influence policies and programs, and garner widespread support and commitment, gender machineries must have the skills to communicate clearly and persuasively with other policymakers and stakeholders about the value of addressing gender equality issues. They must also be able to mobilize others to promote gender equality goals within their own work (Health Policy Project, 2014). The foundations for these skills cut across management, advocacy, planning, and monitoring, as well as strong technical experience and the ability to advocate within the context of established public health goals and approaches.

### Capacity Needs

Bureaucratic resistance or lack of support from top-level decisionmakers and health sector management were frequently noted among experts and in the literature as limits to the efficacy of the individuals and institutions charged with leading gender integration efforts and gender equality initiatives (HPP technical consultation, 2014; Bell et al. 2002; Mbilizi, 2013). To address these challenges, negotiation skills, collaboration, networking, and political engagement should be developed among gender focal points and other gender equality champions within the health sector, enabling them to build political will and strengthen relationships with decisionmakers and stakeholders, both within and beyond the health sector (Health Policy Project, 2014).

Capacity for gender mainstreaming and integration can be limited even within gender machineries. Several policymakers and development practitioners interviewed in Malawi spoke about the need for greater capacity among gender focal points, a need that is now recognized in high-level policy documents as well (Ministry of Women, Children, Disability and Social Welfare, 2014, p. 9). Gender focal persons appointed at the community level may be low-level civil servants, and frequently lack any technical capacity or knowledge in gender (Mbilizi, 2013; HPP technical consultation, 2014). However, some experts consulted during the research process pointed to discrete instances in which provincial or other subnational gender machineries demonstrated stronger technical capacity and influence than their national counterparts.

In some instances, women may be assigned as gender focal points or given leadership roles in gender machineries because of their gender, and not necessarily because of any particular technical expertise (HPP technical consultation, 2014; Goetz 2008). Regardless of their experience, women in these roles may find themselves doubly marginalized. Not only do gender focal points occupy a less influential position within the decision-making structure, but also—as women within political and organizational hierarchies that reflect traditional gender norms—they may struggle to engage with established, male-dominated political networks and high-level connections. In these instances, particular attention is needed to build their confidence, leadership, negotiation skills, and overall literacy of policy and governance systems (Brody, 2009).

Gender focal points should also possess the management, planning, budgeting, and monitoring and evaluation skills to support the practical elements of their work. A 2000 UN report on the implementation of the Beijing Platform for Action summarized steps taken by member states to strengthen the capacities of national gender machineries in these areas. For example, in Mali, gender focal points were trained in project planning, monitoring and evaluation (M&E), and database systems, as well as in using a “gender approach” to address challenges. As a result of this training, they developed stronger skills in gender mainstreaming and analysis, policy and program planning, and in M&E. In Afghanistan, the Ministry of Public Health Gender Directorate received training in gender-responsive budgeting and the analysis of

routinely collected data to identify gender issues and barriers; the Directorate now uses those skills to advocate and work with other health ministry departments (Irani, 2015). In Guinea, national gender machinery staff were trained in management, information, and administration systems, strengthening their capacity to engage with other policymakers (United Nations Economic and Social Council, 2000).

Gender focal points must be technically conversant in public health approaches, policies, and strategic objectives to effectively support the integration of gender within health sector institutions, and in health programs and policies. Experts affirmed that different stakeholders have different assumptions and goals—while some may prioritize gender equality, others will focus on health program goals and outcomes. To effectively engage the latter, point out that “success and buy-in happen more easily when you can show that gender integration will help them achieve their health goals [not only gender equity goals] faster” (Interview with development partner, April 4, 2014; HPP technical consultation, 2014). Based on their research on gender mainstreaming in health ministries in the context of sector-wide approaches, Theobald et al. proposed a stronger focus on strengthening capacity for “strategic framing” (Theobald et al., 2005, p.148). This approach calls for gender ministry representatives or focal points working in the health sector to present evidence that demonstrates that investments in gender equality help the sector meet broader, previously identified health and development objectives. In doing so, these persons can also move health policy dialogue away from gender-related jargon and locate gender mainstreaming initiatives in existing health sector policy and activities.

## Building Understanding and Commitment

A common theme expressed throughout the literature and among key informants was the need for increased capacity for gender integration, as well as improved understanding of the relationship between gender and health. This need exists not only among gender machineries and focal points, but also at all levels of the health sector and among key influencers in central finance and planning ministries (Walby, 2013; HPP technical consultation, 2014). Theobald highlights the importance of building capacity for gender integration within and across institutions:

*“As a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes, gender mainstreaming calls for diffusion of responsibilities for gender issues from a small focal point in an institution to different sectoral and technical organisations. In order to do this, there is need for capacity building of stakeholders to be able to advocate and institutionalise gender.”*

~ (Theobald, Papers presented at ‘Sector Wide Approaches: Opportunities and Challenges for Gender Equity in Health,’ 2002)

Gender integration is a complex concept that requires policymakers across sectors to have a clear understanding of how gender policies and programs can be funded, implemented, and measured appropriately. These challenges in measuring and operationalizing gender integration can be addressed through gender trainings, gender impact assessments, the development of capacity-building plans, and monitoring and evaluation (Jahan, 2010; Hafner-Burton and Pollack, 2002).

Recommendations for strengthening and internalizing capacity for gender integration among other health sector actors include

- Increasing facilitation skills and resources to conduct gender training at the country and local levels
- Providing user-friendly analytical tools for integrating gender into policies and programs

- Providing positive incentives for effective implementation of gender mainstreaming and integration activities or changed behavior (HPP technical consultation, 2014; Innes, 2000)

Importantly, conceptual confusion or disagreement around fundamental concepts of gender and gender integration were consistently cited as barriers to internalization, widespread uptake, and effective implementation of gender-focused and gender-responsive health policies. Different levels of awareness and understanding of gender-related concepts and strategies occur at all levels, including among the individuals and institutions charged with leading gender equality and integration initiatives. Experts cautioned that while sustained capacity development and training around these issues is needed, over-emphasis of gender-related jargon can inhibit efforts to build support for and implement gender-responsive policies and programs (Hayford, 2002; HPP technical consultation, 2014). By building a common vocabulary and demystifying gender-related jargon, gender experts can encourage and empower other health sector actors and decisionmakers to promote gender equality goals within their own work.

## Capacity Strengthening Approaches: Trainings and Beyond

The literature is replete with examples from across Africa, Asia, and Latin America of gender machineries conducting trainings to increase awareness and build the human resource capacity of various institutions and stakeholders to mainstream and integrate gender at the national and subnational levels. Examples noted by the United Nations Economic and Social Council include the following:

- The Kenyan national machinery provided gender-sensitization seminars for personnel from gender units within ministries. The national machinery also carried out sector-specific training—including workshops for senior staff in the ministries of health and agriculture—to create a deeper understanding of gender issues in policy formulation and program planning, design, and implementation.
- Mozambique’s national machinery trained other ministries’ gender focal points on gender issues and then offered training to other government employees.
- In the Gambia, as in other countries, the national machinery has found seminars, workshops, and conferences effective for translating gender-sensitive research findings into concrete actions for wider development goals. The national machinery has trained government ministers, legal personnel, members of the media, fishery workers, police and immigration officers, and nongovernmental organization representatives (among other groups).
- The national gender machinery in Nepal held a workshop on integrating gender perspectives into development planning for the heads of planning divisions within the government.
- During a single year, China’s national machinery conducted more than 54 courses at various levels of government on monitoring and appraisal of implementation of the Platform for Action, as well as four regional working conferences on the same theme.
- The national machinery of Guyana implemented part of the government’s Poverty Alleviation Programme through training government managers on gender awareness and needs assessment, with a focus on gender and poverty, political leadership for women, and the role of gender analysis in policy and planning.
- The national machinery of Chile runs a training program for government officials to introduce a gender perspective into public policy, and maintains a network of information on gender for government employees.
- In Ecuador, the national machinery’s training unit produces educational materials and conducts workshops on gender in municipal government offices (United Nations Economic and Social Council, 2000).

However, gender-related trainings require better monitoring and follow-up on participant retention of the training content, or on how participants applied lessons learned. Experts also stress that gender mainstreaming and integration initiatives cannot be limited to trainings alone (HPP technical consultation, 2014). Sector-wide awareness-raising and support can be cultivated through other forms of outreach that invite a stronger sense of participation and internalization. In Ghana, for example, a stakeholder consultation on findings from a health sector gender analysis was used to introduce senior policymakers to key concepts and approaches in gender, engage them in discussion, and build consensus around gender issues. For many, the discussion provided an introduction to gender concepts. Regular meetings helped sustain efforts to strengthen understanding of gender and best practices in gender integration, and to build a case for allocating human, financial, and technical resources to gender integration efforts (Hayford, 2002).

## FINANCIAL RESOURCES

To support the mandates, influence, and technical and management capacity essential to the effectiveness of gender machineries, governments must also identify and invest adequate financial resources to support both discrete gender equality programming and broader gender integration efforts. To achieve gender integration and equity in policies and programming, it is essential to understand and leverage the linkages between financial resources and (1) gender machinery influence on planning; and (2) overall health sector accountability.

### Financing and Resource Allocation

During the HPP technical consultation and informant interviews—particularly with country-level stakeholders—inadequate financing was repeatedly cited as a major constraint to gender integration and efforts to address gender inequality. Financial resources are needed to implement policies and activities focused on promoting gender equality, as well as to ensure that gender issues are adequately addressed across all policies and programs (Seguino, 2013). Central finance and planning bodies must be engaged with gender machinery planning, coordination, and sensitization activities to ensure alignment of national plans and budgets with gender priorities. Counterparts in these ministries may also begin to champion greater budget allocations to gender ministries.

Without a national budget mandate to prioritize gender programs and ensure gender-responsive and equitable implementation of all health and development initiatives, addressing gender issues will remain low on national development agendas. Even when budget allocations are made to support centralized gender programming or ministries, this does not ensure that sector-specific budgets will make corresponding allocations. In some contexts, the budgets for central gender ministries are declining, as is the case for India's Ministry of Women and Child Development (Jhamb, 2013).

At the decentralized level, financing and resource allocation for gender programs have their own set of challenges. Where gender norms and inequalities support the marginalization of women, women are often underrepresented in municipal positions of power, and their voices may not be heard in decision-making processes around resource allocation for local programs. However, despite this challenge, there are examples of local gender-responsive financing that have improved women's access to health resources and services. The Gender Equitable Local Development program was established by UN Women and UNCDF in five African countries (Mozambique, Rwanda, Senegal, Sierra Leone, and Tanzania) to improve women's access to resources and services (Seguino, 2013). Local development funds were established in these countries, and local councils used the funds to establish services identified by women themselves. For example, in Gicumbi district in Rwanda, the funds supported the construction of a health center, thereby improving access to health and reproductive services for the entire community.

### Gender-responsive Budgeting

Gender-responsive budgeting supports resource allocation for gender-focused and gender-integrated policies and programs. Its aim is to integrate gender into all stages of the budget cycle, from planning and estimation through resource allocation and monitoring (Budlender, 2004). GRB can be used to ensure that sufficient financial resources are allocated for gender integration, including ensuring that

- Gender machineries have the resources and capacities needed to effectively support gender integration, including the ability to engage with other actors to raise their awareness, garner support, and build capacity for gender analysis and integration

- Sector-specific institutions have the resources needed to mainstream gender within organizational structures and policies, and to integrate gender concerns into sectoral policies and programs
- Sufficient funding is available to monitor progress on gender mainstreaming and integration
- Resources are allocated to evaluate the gender differential impact of policies and budgets, the gender-responsiveness of governance structures, and the overall impact of gender integration efforts on gender equality and health and development outcomes

GRB tracks how government revenues and expenditures are used to promote gender equality, and measures how the allocation of public funds benefits women and men differently (Budlender and Hewitt, 2003; Seguino, 2013). It can involve multiple sectors at national and local levels. The process of GRB can be used to build capacity—both within gender machineries and among other governmental actors, such as ministries of finance—to view budgets through a gendered lens.

Within the health sector, GRB involves the following steps:

- Analysis of the respective situations of men, women, girls, and boys within the health sector
- Assessment of how existing policies address the identified gender issues and whether the assigned budget allocations are sufficient to implement policy response to those issues
- Monitoring of public expenditures to assess whether they are spent as intended
- Evaluation of how expenditures help the government meet its gender equality commitments (Budlender and Hewitt, 2003; Sharp, 2003; Seguino, 2013)

The participation of gender machineries or focal points in the budgeting process should help ensure alignment with broader gender mainstreaming guidance, but gender machineries are not necessarily charged with leading the GRB process. In many instances, while a gender machinery may participate in the budgeting process, ultimate authority for budgeting often lies with finance ministries or parliaments. GRB may also be initiated through sector-specific planning and budgeting. This drives home the need for gender machineries to build strategic relationships and partnerships with higher-level ministries (see section on the Importance of Engaging Higher-level Ministries on p. 13).

In Nepal, the Ministry of Finance is responsible for leading or issuing guidance on GRB for implementation across sectors. Here, the level of authority and influence held by the central finance ministry can serve to strengthen implementation of GRB. As part of the annual planning process, each line ministry presents the Ministry of Finance with plans for how its own program budgets will support gender equality. Budgets are evaluated on public expenditures, the extent of support to women's employment and income generation, and the impact on women's time use. Allocations are categorized as directly responsive to gender equality (more than 50% of the allocation directly benefits women), indirectly responsive (20–50% of the allocation directly benefits women), or neutral (less than 20% of the allocation benefits women) (Seguino, 2013). Large projects are required to include a gender audit with budget submissions. This process provides needed data on the extent to which funds are spent to support gender-responsive policies and programs. For example, in 2009–2010, about 17 percent of the national budget was identified as being directly responsive to gender equality, while an additional 36 percent indirectly benefited women.

In other instances, despite the central function and authority of a finance ministry, adoption of GRB guidelines may not produce consistent results. In 2008, Ethiopia's Ministry of Finance and Economic Development issued *Guidelines for Mainstreaming Gender in the Budget Process* for application by line ministries in their budgeting, but experienced initial delays in rolling the guidelines out. Because of high staff turnover in the women's ministry and departments, they were not positioned to support the process;

civil society eventually took on that role even as the formal guidelines continued to experience delay. A concurrent initiative by the Network of Ethiopian Women's Associations sought to build budget literacy and develop a tool for community monitoring of expenditures to address violence against women and women's economic empowerment. Even with this initiative, challenges remained for implementation of GRB at the decentralized level as well, in part due to women's low representation in formal decision-making roles (Muteshi and Tizazu, n.d.; Seguino, 2013). Because of Ethiopia's federal structure, regional finance bureaus are also at liberty to issue their own GRB guidelines for implementation across other sectors' planning and programs. However, our research suggests that compliance with these cross-sectoral guidelines in other sectoral bureaus is low.

In Malawi, the Ministry of Finance lacked clear gender budgeting guidelines, and was neither supportive nor committed toward gender mainstreaming and budgeting. In the absence of a firmly instituted gender policy, the ministry merely advised that other ministries address gender concerns in their own budgets, on their own (Mbilizi, 2013).

In Cambodia, the GRB process takes place independently within 26 ministries (including the Ministry of Finance and Economy). In addition to planning gender mainstreaming activities, each ministry's Gender Mainstreaming Action Group (GMAG) leads the budgeting process for implementation of gender mainstreaming plans (Seguino, 2013).

### **The Case of the Philippines: Using Gender-responsive Budgeting to Strengthen Coordination and Accountability**

Gender-responsive budgeting can be used not only to ensure resource allocation, but also to strengthen cross-sectoral compliance with gender integration initiatives. One such example is the comprehensive initiative and budget policy on gender and development (GAD) introduced in the Philippines during the 1990s. Implementation of the GAD Budget Policy was led by the Department of Budget and Management, with the following agencies actively involved in oversight: the Philippine Commission on Women; the National Economic and Development Authority, for planning; the Department of Budget and Management, for budgeting; and the Department of Interior and Local Government, for decentralization.

The policy harmonizes existing GAD and appropriations guidelines; serves as a powerful tool to build awareness and increase gender-responsive programming across agencies; enables women to better negotiate and advocate for a gender equality agenda; and enables synchronization of planning and budgeting processes across agencies. To ensure that progress is sustained, the policy enabled creation of a resource pool for technical support; advocacy to strengthen capacity to address gender among national agencies and at the local government level; regular reporting to the president and Parliament; incentive structures for agencies that demonstrate improvement; establishment and maintenance of a gender database; and increased civil society engagement in monitoring and awareness-raising.

Importantly, the policy also provides for revision, as needed, based on identified challenges and gaps. Implementation challenges include

- The need for more rigorous gender analysis to inform programs and resource allocations
- Mixed results in compliance: From 1995–2000, the number of government agencies demonstrating some integration of gender concerns in planning and budgeting rose from 19 agencies to 140. However, many agencies struggle with meeting the policy's blanket requirement of allocating a minimum of 5 percent of resources to gender programs.
- Weak mechanisms for monitoring and provision of technical assistance

Despite the challenges, results of this initiative have included improved participation of women in projects and programs, the creation of legal mechanisms that provide for a balance of work and family responsibilities within safer workplaces, improved portrayal of women in education textbooks, increased support to trafficked women and children, and more gender-sensitive health facilities.

*(Reyes, 2001; HPP technical consultation, 2014; Interview with development consultant and former official, May 2, 2014)*

## MEASURING SUCCESS

When it comes to strengthening gender machineries and fostering gender-responsive health systems, the challenge of measuring success begins with defining what constitutes success. To date, there is little agreement on this question. The findings offered here are intended to advance the conversation and highlight the need for governments, civil society, donors, and other stakeholders (both at the country level and globally) to engage in ongoing dialogue to build consensus about the change desired, and how to track and measure this change.

### Identifying Indicators

As part of the monitoring process, indicators provide a standard by which to measure changes in policies and programs themselves, and how they affect gender disparities and health outcomes over time. To effectively monitor progress in gender integration and toward gender equality, there is a need to develop universal input, process, output, and outcome gender indicators (Ravindran and Kelkar-Khambete, 2007). Measuring the differential impact of policies on females and males across various socioeconomic categories and health outcomes provides a concrete way to identify disparities and hold governments accountable for equitably meeting the needs of the entire population (Holvoet, 2001).

At the country level, governments often collect information on indicators developed for older policies and programs on gender and health, and may not reflect current national gender equality goals or best practices in collecting sex-disaggregated data or use of gender-sensitive indicators. Some countries adapt global indicators to their specific local contexts, but not all consistently report on indicators such as the presence of gender-responsive policies, gender machineries, gender-responsive programs, increasing training on women-specific health issues, and broadening of access to information for women (Payne, 2011; Irani et al., 2013).

No global consensus exists on a standard list of indicators to measure the gender-responsiveness of health governance systems, but an opportunity exists to draw upon existing indicators used to measure gender equality, women's empowerment, and gender-sensitive service delivery, in addition to measures of effective governance and policy development, policy implementation, community health and welfare system characteristics, health system performance, determinants of health, and health status (Lin et al., 2007). A cross-national study of low-income (Peru), middle-income (Colombia), and high-income (Canada) countries in the Americas provides an example of a comparative measurement of 38 common gender-sensitive indicators by health status, determinants of health, and health systems (Diaz-Granados et al., 2011). The study noted that a cross-national comparison of a core group of indicators is a useful tool that can help policymakers and program managers identify gender barriers to health, share potential solutions and best practices across countries, and apply evidence to improve public health.

As countries identify primary lists of gender and health indicators, they should ensure that the indicators analyze policy options from a gender perspective (UN, 2002); capture the situation of both men and women, including ensuring that predominantly female occupations and unpaid labor receive attention; and identify indicators with input from both men and women. One way to support the development of gender-sensitive indicators is to work through a collaborative process with all stakeholders, such as policymakers, service providers, civil society, and communities (Theobald et al., 2009). While time-consuming, a collaborative process can build commitment and contribute to greater accountability and better governance.

## Monitoring and Information Use

Various monitoring and reporting mechanisms aim to share timely, reliable information on program outputs and outcomes. This information helps identify programmatic and fiscal barriers to gender equity, tracks the implementation of gender mainstreaming activities at national and decentralized levels, ensures equitable resource expenditure, and holds other agencies and health sector actors accountable. However, gaps remain in the consistent use of data to monitor gender integration initiatives or gender-related differences in accessing or benefiting from health policies and programs. The required data must be clearly established in sector-specific gender strategies (Hayford, 2002). Collection and analysis of this information must be used to rectify gaps and take corrective measures when needed (Curry et al., 2012).

At the national level, gender analyses should be undertaken to provide policymakers with evidence of how existing policies and programs impact women and men differently. For example, the Gender Impact Analysis Framework (GIAF) in Bangladesh is a country-specific approach—developed, with donor support, by the Ministry of Women and Children’s Affairs—that enables policymakers to review policies at multiple levels for how those policies support the implementation of the National Policy on Women’s Advancement and the National Action Plan for Women’s Advancement. This tool focuses on how gender issues are addressed at the problem identification stage and within program vision and objective statements. It also examines how women and men are involved both in decision making and as beneficiaries, and whether sufficient resources have been designated to promote gender integration efforts. The Gender Analysis Pathway (GAP) in Indonesia similarly assesses the different levels of participation, and access to programs and resources experienced by men and women under current policies. However, the GAP tool is specifically designed to serve as a teaching tool for policymakers and planners across sectors to identify gaps in addressing gender inequality and generate policy solutions (Innes, 2000).

Monitoring and reporting requirements established by international donors and development partners can also influence national policies and programs. In the long term, donor initiatives to support gender integration and equality through health and development programs seek to sustain and internalize country-level approaches. However, donors have created more comprehensive systems for monitoring how funding has been used to support gender integration at the country level, and all countries are required to report on gender indicators. The contingency of those funds upon reporting on development and implementation of gender programs and policies remains a significant incentive to strengthen these activities and reporting at the country level. Similarly, global and regional governance indicators have been powerful tools to incentivize commitments to address gender inequality at the country level (Corner, 2005). The UN has outlined a strategy for assessing policies and systems for gender mainstreaming (UN, 2002) that includes the following:

- Assessing various approaches to policy reform, such as decentralization, privatization, targeting, or fees for services, including their potentially differential and inequitable impact on women and men
- Identifying alternative approaches and policy recommendations to ensure that women and men receive equal opportunities and benefits across sectors (e.g., in health, education, social security, employment, housing, etc.)
- Developing, testing, and disseminating appropriate methods, tools, and indicators that capture the potentially differential impacts of policy implementation on women and men
- Supporting constructive and sustained exchange between research communities and policymakers in the South on matters related to gender-responsive health governance

Civil society also plays an important role in monitoring the gender-responsiveness of health policy and policy implementation. Strong monitoring and reporting processes should demonstrate transparency and promote the engagement of civil society, communities, and local development partners. A ten-year appraisal of the implementation of the Beijing Platform for Action pointed to the important relationships among government and civil society: “Governments can learn from initiatives undertaken by civil society organisations and implement promising practices on a wider scale. Governments can also lead through example as well as by encouraging or facilitating efforts by non-state actors” (UN, 2005).

For civil society to fully participate in the monitoring process, program and service standards must be clear, and reporting mechanisms must be straightforward and user-friendly. Men and women should have equal opportunities to engage in citizen monitoring, and individuals must be trained in collecting data effectively and equitably. Particularly at the local level, where government corruption is seen as more commonplace, citizen engagement and reporting can be limited by fear of retribution or lack of faith in fair allocation of community resources (HPP technical consultation, 2014).

## **Investing in Long-term Evaluation**

The relationship between policy change and health outcomes is a complex causal pathway influenced by a variety of political and social factors, including prevailing gender norms (Hardee et al., 2012). Evaluation of these complex relationships and policy processes is necessary to understand what may have caused or contributed to the social, health, policy, and institutional changes being monitored. Tracking of indicators over time can point to changes, but to understand the impacts of gender-responsive health governance, funding for evaluations must be included in government and program budgets.

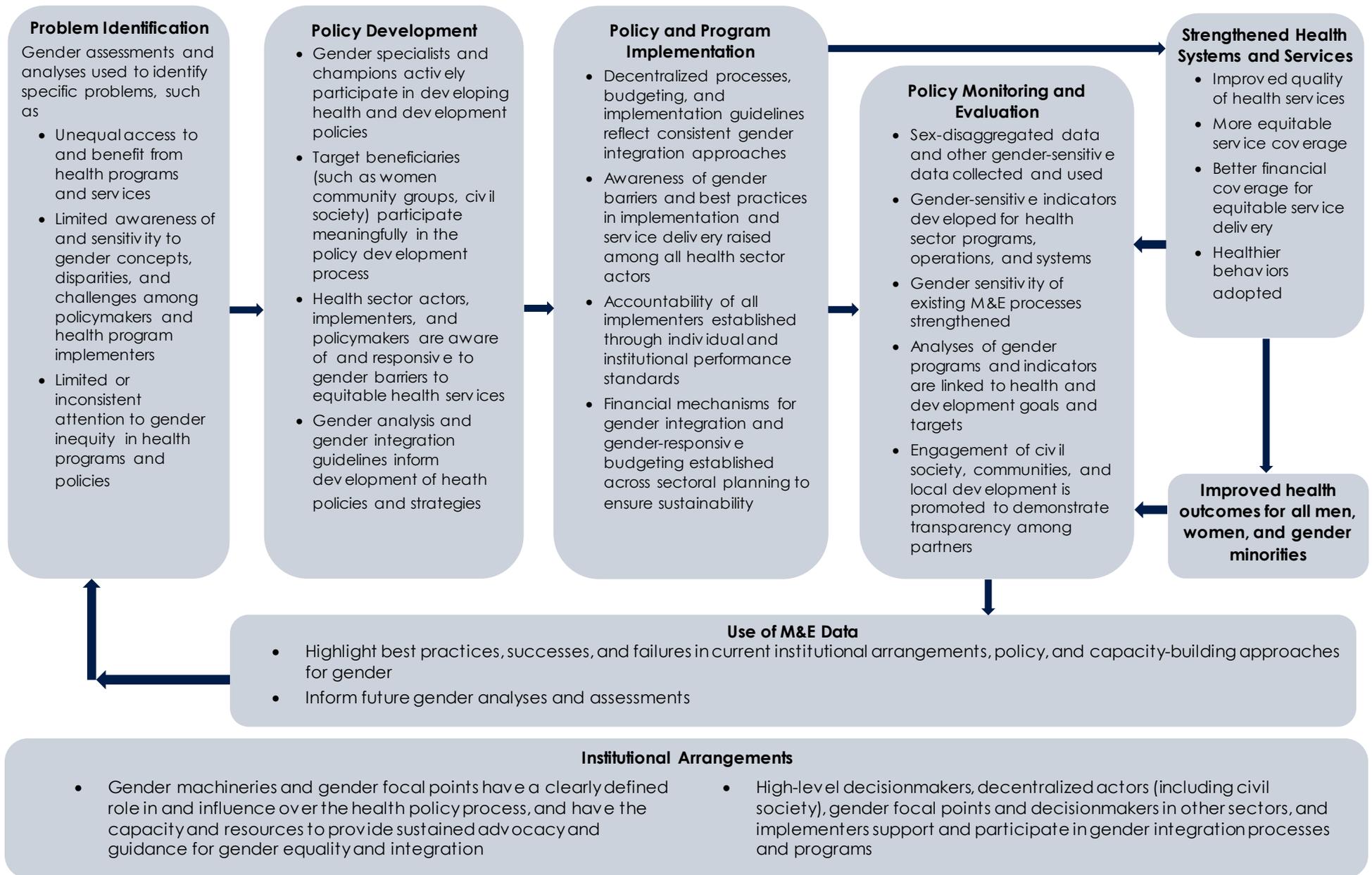
Long-term documentation of achievements and challenges will allow for the sharing of best practices and application of lessons learned to other scenarios, and provides evidence for advocacy for policy change. Evaluating the gender impact of changes in policy and governance mechanisms is difficult due to the extended time horizon needed to reflect the process of policy development, implementation, and impact, and the complex social and structural contexts that underlie the process. The time needed to undertake a comprehensive evaluation extends beyond the life of most donor-supported, discrete gender initiatives. Such an evaluation requires long-term national policy and resource commitments to the evaluation process, the willingness to acknowledge and address challenges, and the capacity and systems to engage a variety of stakeholders and decisionmakers in this process.

## **CONCLUSION AND RECOMMENDATIONS**

Gender-responsive health systems are critical to ensuring gender equality and improving health outcomes. Unfortunately, despite increased attention to the role of gender as a social determinant of health, the importance of health systems strengthening, and the role of governance in strengthening health systems, little attention has focused on the nexus of these issues. Ultimately, the effective fostering of gender-responsive health systems must include an understanding of how those systems support improved, and more equitable, health outcomes for all.

The framework below presents the essential elements of a gender-responsive health policy process and its underlying stewardship mechanisms. The framework outlines the foundational need for well-defined institutional arrangements and shared responsibilities for gender-responsive policy development, implementation, monitoring, and evaluation. It provides for increasing and internalizing gender capacity and resources over time, and using monitoring and analysis of gender and health outcomes to refine and sustain these processes.

# Elements of Gender-responsive Health Institutions and Policy Implementation



To guide implementation of this framework, we developed a set of concrete recommendations related to six key areas: institutional arrangements, decentralization, multisectoral coordination, human resource capacity, financial resources, and measuring success. Ultimately, these recommendations must be internalized and put into practice as part of national health and development planning. However, donors and development practitioners who support health policy and programs—or provide direct technical or financial support to national gender machineries—must be equally cognizant of the political context and complex institutional systems that can either enable or serve as a barrier to strengthening gender integration in national health policy and systems.

### ***Institutional arrangements***

- Clear mandates and terms of reference, backed by meaningful authority, are essential to ensuring the effectiveness of gender machineries.
- Gender machineries should be positioned to maximize their influence with central power and decision-making structures. This positioning may differ depending on the bureaucratic arrangements and sociopolitical context of a particular country.
- Strong linkages should be created and maintained among national and subnational gender machineries, as well as among the centralized components of gender machineries (e.g., ministries of gender) and their counterparts embedded within sector-specific institutions (such as gender units and gender focal persons).

### ***Decentralization***

- Gender machineries within local governments play an important role in identifying and addressing issues related to gender and health, and should be supported through strong linkages with national gender institutions.
- Local gender machineries should focus on strengthening women’s meaningful participation in local governance structures.
- Local health committees and other health sector governance bodies should hold local health sector actors accountable for integrating gender into health policies and programs, including ensuring equitable provision of gender-sensitive health services and programs and enacting and enforcing gender-responsive health workforce policies.

### ***Multisectoral coordination***

- Gender machineries (and the partners who support them) should prioritize their role as advocates, influencers, and coordinators, and should invest in building the capacities needed to effectively carry out this role.
- Gender machineries should explore opportunities to generate interest and political commitment for multisectoral action by organizing around specific, shared health and development goals.
- Gender machineries should cultivate strategic partnerships and relationships with high-level ministries and decisionmakers—particularly ministries of planning and finance—especially where gender ministries lack authority to hold other government actors accountable.

### ***Human resource capacity***

- In addition to training, gender machineries should use other forms of outreach—particularly those that invite a stronger sense of participation and internalization—to raise awareness and cultivate support for gender mainstreaming and integration.

- Gender machineries should be supported in developing the advocacy and leadership skills necessary to clearly and persuasively engage other policymakers and stakeholders about the value of addressing gender equality issues, and to mobilize others to promote gender equality goals within their own work.
- Gender focal points should be selected based on relevant technical knowledge and experience, and their gender and sector-specific technical capacity should be strengthened to enable them to effectively carry out their mandates. To support gender integration in the health sector, for example, they must be conversant in both gender and public health approaches, policies, and strategic objectives.
- There is a need to strengthen capacity for gender integration and understanding of the relationship between gender and health at all levels of the health sector, not only among gender machineries and focal points.
- Better follow-up is required to improve the practice and evaluate impact of gender trainings.
- When conducting training and outreach, there is a need to build a common vocabulary and demystify gender jargon to make gender concepts more accessible and highlight their relevance to audiences' daily lives and work.

### **Financial resources**

- Governments and development partners must invest additional resources to support gender integration efforts. In particular, donors and governments must work together to identify mechanisms to provide reliable and sustainable financing for gender machineries. This will increase their ability to focus on strategic advances rather than on short-term programmatic activities, and will enhance their credibility and influence.
- Gender-responsive budgeting should be leveraged as an opportunity to systematize resource allocation for gender integration and hold all sectors accountable for investing in gender.

### **Measuring success**

- Globally, a core group of indicators related to gender integration, gender equality, and health governance should be identified for adaptation and use at the country level. These indicators should examine the gender-responsiveness of health policies and programs; sex- by age-disaggregated health data (including the availability of such data); data on gender-sensitive health service delivery; and gender norms, attitudes, and behaviors.
- Strong monitoring and reporting processes should demonstrate transparency and promote the engagement of civil society, communities, and local development partners.
- Governments and donors should invest resources in evaluating the long-term impact of changes in gender policies and governance structures and improving understanding of best practices in gender-responsive health governance.

In closing, we would emphasize that building gender-responsive health systems and achieving gender equality are complex, long-term endeavors that will not be achieved overnight. As we work toward this goal, it is important to maintain a dual focus—tracking and celebrating incremental gains without losing sight of overarching, long-term goals and change. This dual focus will help sustain attention, investment, and energy over the long haul.

## ANNEX A. GLOSSARY<sup>3</sup>

**Accountability** is best defined as having an obligation to answer questions regarding decisions and/or actions. These can be financial, performance-based, or political.

**Gender equity** is the process of being fair to women and men, boys and girls. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys and girls from operating on a level playing field.

**Gender equality** is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedoms and improved overall quality of life for all people.

**Gender integration** refers to strategies applied in programmatic design, implementation, and monitoring and evaluation to account for gender considerations and compensate for gender-based inequalities.

**Gender mainstreaming** is the process of incorporating a gender perspective into organizational policies, strategies, and administrative functions, as well as the institutional culture of an organization. This process at the organizational level ideally results in meaningful gender integration as outlined above.

**Governance** refers to the rules that distribute roles and responsibilities among societal actors and shape interactions among them.

**Leadership** describes how government actors ensure that health system rules are combined with effective oversight, attention to system design, and accountability.

**Responsiveness** moves beyond sharing information and implies a need for explanations and justifications; not just about what was done, but why.

**Stewardship** is the careful and responsible management of the well-being of the population.

**Transparency** relates to government requirements to share information with citizens.

**Voice** details the expression of needs, preferences, and demands to politicians, policymakers, and public officials.

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<sup>3</sup> Adapted from Interagency Gender Working Group, 2011; World Health Organization, 2000; Brinkerhoff et al., 2008; World Health Organization, 2007; Schedler, 1999; Brinkerhoff, 2003; Brinkerhoff et al., 2014; Holzner and Holzner, 2006.

## **ANNEX B. INITIAL RESEARCH QUESTIONS**

### **Policy Development**

- (1) What barriers exist for multisectoral coordination on gender and health at national and decentralized levels? What strategies have been tested and proven effective? How have those results been evaluated?

### **Acknowledging the need for country leadership**

- (2) What is the role of both political as well as technical/civil service leadership in the successful implementation of policy (e.g., to what extent is policy implementation dependent on the charismatic political leadership or highly competent technocratic civil service)?

### **The influence of institutional relationships and power dynamics**

- (3) What are the mandates, roles, and resources allotted to national gender machineries and their subnational counterparts? How do they coordinate and collaborate with one another, and how can that collaboration be improved? For example, what level of authority or type of guidance does a ministry of gender provide in working with a ministry of health to strengthen gender integration in policies and programs? Are formally established collaboration mechanisms effective in practice?
- (4) What does and does not work in decentralization of gender and health policy and governance mechanisms? For example, are subnational budget and planning guidelines fully aligned to support gender policies and programs? What are primary barriers/needs to strengthen gender mainstreaming practices, program implementation, and monitoring at local and regional levels?
- (5) Is there a need to redirect resources (or advocacy for resource allocation), or to shift focus from national machineries to work more closely with subnational mechanisms?

### **Financing mechanisms**

- (6) Are adequate human and financial resources available to successfully implement gender-responsive policies and programs?

### **Strategic planning**

- (7) What interventions have been most successful in strengthening governance structures, systems, and strategic planning for gender and health policies and programs, and to build accountability for implementation?

### **Monitoring of policy implementation**

- (8) Where are resources and responsibilities located to implement policies and programs to promote gender equity? Are structures in place to ensure accountability not only for implementation, but also for monitoring outcomes and then using that information to inform better policy development and implementation?
- (9) What are best practices for the alignment and monitoring of national policies and plans across sectors that affect gender equality and health goals? How are policies and guidelines issued by gender machineries reflected in other laws and policies, both within the health sector, and in other sectors, such as education and labor, that influence social determinants of health?

**Policy evaluation**

- (10) What are recommended systems and methodologies for measuring gender and health policy implementation at the institutional stewardship and policymaking level, and how are they linked to service use outcomes?

**Program Implementation in light of the enabling environment**

- (11) What are some of the most significant gaps in effective gender governance and policy implementation within the health sector: health systems infrastructure and gender-responsiveness in service delivery, or broader social barriers among both users and service providers?

# ANNEX C. TECHNICAL CONSULTATION AGENDA

## Lessons and Next Steps in Promoting Gender-Responsive Health Governance

May 28–29, 2014

Day 1	
8:30am–9:00am	<b>Registration and Coffee</b> <i>(Please make sure to arrive at least 10-15 minutes before 9:00am to allow time for registration)</i>
9:00am–9:30am	<b>Welcome</b> – <i>Suneeta Sharma, HPP and Joan Kraft, USAID</i> Introductions Background Meeting objectives: <ul style="list-style-type: none"><li>• Share experiences and lessons learned on the role of gender machineries in gender mainstreaming and policy implementation.</li><li>• Identify gaps and priorities for strengthening gender-responsive health governance.</li><li>• Explore new linkages and recommendations.</li></ul>
9:30am–10:00am	<b>Overview</b> <ul style="list-style-type: none"><li>• Key concepts in gender and governance</li><li>• Overarching themes and questions</li></ul>
10:00am–10:40am	<b>Institutional Arrangements for Gender and Health</b> Overview of findings <ul style="list-style-type: none"><li>• Institutional mandates and placement</li><li>• Multisectoral coordination</li><li>• Decentralization</li></ul> Country spotlight – <i>Henry Sapuwa, HPP Malawi</i> <ul style="list-style-type: none"><li>• Institutional mandates, placement and multisectoral coordination in Malawi</li></ul> Group discussion/Q&A
10:40am–10:55am	<b>Break</b>
10:55am–11:50pm	<b>Developing and Implementing Effective Gender and Gender-Responsive Policies</b> Overview of findings <ul style="list-style-type: none"><li>• Gender budgeting and resource allocation</li><li>• Leadership and technical capacity</li></ul> Country spotlights <ul style="list-style-type: none"><li>• Gender budgeting in the Philippines – <i>Cecilia Fantastico, Independent Consultant</i></li><li>• Building leadership capacity in Ethiopia – <i>Belkis Giorgis, LMG</i></li></ul> Group discussion/Q&A
11:50am–12:30pm	<b>Small Group Activities</b>

Day 1	
1:30pm–2:30pm	<p><b>Measuring Success</b> Overview of findings</p> <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Indicators</li> <li>• Applying lessons learned</li> </ul> <p><b>Country Spotlights</b></p> <ul style="list-style-type: none"> <li>• Evaluating gender mainstreaming within the health sector in Afghanistan – <i>Laili Irani, HPP</i></li> <li>• Gender equitable participation and accountability in Guatemala – <i>Nancy Yinger, HPP</i></li> </ul> <p><b>Group Discussion and Synthesis</b></p>
2:45pm–4:30pm	<p><b>Facilitated Small Group Discussions Around:</b></p> <ul style="list-style-type: none"> <li>• Strengthening leadership and technical capacity</li> <li>• Gender and health finance</li> <li>• Decentralization</li> <li>• Multisectoral coordination</li> <li>• Monitoring and measurement</li> </ul>
Day 2	
8:30am–9:00am	<b>Coffee and Networking</b>
9:00am–9:20am	<p><b>Welcome</b> Day 1 Review Day 2 Objectives</p>
9:20am–9:40am	<p><b>Presentation of Findings</b> "Strengthening Leadership and Technical Capacity" group</p>
9:40am–10:00am	<p><b>Presentation of Findings</b> "Gender and Health Finance" group</p>
10:00am–10:20am	<p><b>Presentation of Findings</b> "Decentralization" group</p>
10:20am–10:30am	<b>Break</b>
10:30am–10:50am	<p><b>Presentation of Findings</b> "Multisectoral Coordination" group</p>
10:50am–11:20am	<p><b>Presentation of Findings</b> "Monitoring and Measurement" group</p>
11:20am–11:45am	<b>Plenary Session: Observations, Recommendations, Ways Forward</b>
11:45am–12:15pm	<b>Final Closing Remarks</b>
12:15pm–1:30pm	<b>Closing Lunch</b>

## ANNEX D. EXPERT CONSULTATION MEETING PARTICIPANT LIST

Participant	Affiliation
Sarah Alkenbrack	Health Policy Project
Myra Betron	Jhpiego
Tito Coleman	Health Policy Project
Laura Dean	Liverpool School of Tropical Medicine
Anupa Deshpande	Management Science for Health
Abigail Donner	Abt Associates, Health Finance and Governance Project
Cecilia Fantastico	Independent Consultant, formerly of the National Commission on the Role of Filipino Women
Taroub Faramand	WI-HER, ASSIST Project
Janet Fleischman	Center for Strategic & International Studies
Emma Freeman	Health Policy Project
Asha George	John Hopkins University Bloomberg School of Public Health
Belkis Giorgis	MSH, Leadership, Management & Governance Project
Jay Gribble	Health Policy Project
Karen Hardee	Population Council
Jane Henrici	George Washington University
Britt Herstad	USAID
Laili Irani	Health Policy Project
Jeremy Kanthor	DAI, Health Finance and Governance Project
Jeni Klugman	World Bank
Joan Kraft	USAID
Erin Lee	USAID
Alison Lipsky	Health Policy Project
Madison Mellish	Health Policy Project
Bethany O'Connor	Health Policy Project
Sara Pappa	Health Policy Project
Amelia Peltz	USAID
Jennifer Pendleton	Health Policy Project
Malika Popal	Jhpiego
Heela Rasool	USAID
Jim Rice	MSH, Leadership, Management & Governance Project
Elan Ruben	USAID
Henry Sapuwa	Health Policy Project - Malawi, formerly of Ministry of Gender, Children and Social Welfare
Susan Settergren	Health Policy Project
Suneeta Sharma	Health Policy Project
Elizabeth Silva	WI-HER, ASSIST Project

Annex D. Expert Consultation Meeting Participant List

Participant	Affiliation
Amy Sunseri	Health Policy Project
Taylor Williamson	Health Policy Project
Nancy Yinger	Health Policy Project
Andrew Zapfel	Health Policy Project

## ANNEX E. ILLUSTRATIVE COUNTRY EXAMPLES

Gender Machinery Mandates			
Country	Machinery	Institutional Placement	Mandate
Afghanistan	Ministry of Women's Affairs	One of 21 ministries	Mandated to serve as the lead ministry for the promotion of women's advancement; responsible for gender mainstreaming by providing leadership and guidance, issuing policy guidelines, coordinating interministerial efforts, and monitoring the implementation of actions to promote the status of women through the National Action Plan for the Women of Afghanistan (NAPWA) 2007–2017
Cambodia	Ministry of Women's Affairs	Line ministry	Mandated to influence and guide line ministries and lower-level administration units to mainstream gender (Cambodia Gender Analysis, 2007)
Chile	National Service for Women (SERNAM)	Located within the Ministry of Planning and Cooperation, but director has ministerial status	Promote equality, autonomy, equity, zero discrimination, and lives free of violence in society for all women and in the implementation of policies, plans, and programs that mainstream gender equity for the state ( <a href="http://portal.sernam.cl/?m=institucion">http://portal.sernam.cl/?m=institucion</a> )
Ethiopia	Ministry of Women, Children and Youth Affairs	Line ministry	<ul style="list-style-type: none"> <li>• Follow up on the implementation of international conventions and national laws relating to women, children, and youth</li> <li>• Conduct research and prepare policies and guidelines</li> <li>• Collaborate with organizations working on women and youth issues</li> <li>• Conduct capacity-building activities to ensure equal participation and benefit of women in political, economic, and social spheres</li> </ul> ( <a href="http://www.mowcya.gov.et">www.mowcya.gov.et</a> )
India	Ministry of Women and Child Development	Line ministry	"The broad mandate of the Ministry is to have holistic development of Women and Children. As a nodal Ministry for the advancement of women and children, the Ministry formulates plans, policies and programmes; enacts/ amends legislation, guides and coordinates the efforts of both governmental and non-governmental organisations working in the field of Women and Child Development. Besides, playing its nodal role, the Ministry implements certain innovative programmes for women and children. These programmes cover welfare and support services, training for employment and income generation, awareness generation and gender sensitization. These programmes play a supplementary and complementary role to the other general developmental programmes in the sectors of health, education, rural development etc. All these efforts are directed to ensure that women are empowered both economically and socially and thus become equal partners in national development along with men." ( <a href="http://wcd.nic.in/">http://wcd.nic.in/</a> )

Gender Machinery Mandates			
Country	Machinery	Institutional Placement	Mandate
Jamaica	Bureau of Women's Affairs	Located within the Office of the Prime Minister	Mandated to mobilize the government to address the problems that confront women, given the impact of patriarchy and sexism ( <a href="http://opm.gov.jm/agencies/bureau-of-gender-affairs/">http://opm.gov.jm/agencies/bureau-of-gender-affairs/</a> )
Kenya	Kenya National Gender and Equality Commission	Constitutional commission	Mandated to promote gender equality and freedom from discrimination ( <a href="http://www.ngeckkenya.org/">http://www.ngeckkenya.org/</a> )
Malawi	Department of Gender Affairs, Ministry of Gender, Children, Disability and Social Welfare	Department within a line ministry	Mandated to promote gender equality and safeguard the welfare and participation of women in the social, political, and economic development process ( <a href="http://www.gender.gov.mw/index.php/result-areas/2013-08-19-11-47-54/department-of-gender-affairs">http://www.gender.gov.mw/index.php/result-areas/2013-08-19-11-47-54/department-of-gender-affairs</a> )
Nepal	Ministry of Women, Children and Social Welfare, Department of Women and Children	Department within a line ministry	Mandated to 1. Implement the approved program on women's development 2. Assist the ministry in formulating policy and legislation on women's development 3. Monitor and evaluate programs on women's development 4. Impart the necessary skills training to women 5. Carry out functions related to women's empowerment 6. Carry out functions related to controlling trafficking in girls, prostitution, domestic violence, and other offenses against women 7. Carry out functions related to national or international seminars, symposia, and conferences on women 8. Collect and publish information on women's development ( <a href="http://www.dwd.gov.np/page.php?p=1&amp;page=Mandate">http://www.dwd.gov.np/page.php?p=1&amp;page=Mandate</a> )
Philippines	Philippine Commission on Women	Government agency under the Office of the President	Mandated to mainstream women's concerns in policy making, planning, and programming of all government agencies ( <a href="http://www.pcw.gov.ph/pcw">http://www.pcw.gov.ph/pcw</a> )
Rwanda	Ministry of Gender and Family Promotion	One of 18 ministries	Promote gender equality and equity and ensure effective gender mainstreaming and full participation of women in all activities related to the socioeconomic development of the nation; conceive and disseminate sector policies, strategies, and programs; regulate the sector and other related sectors ( <a href="http://www.migeprof.gov.rw/uploads/media/Gender_Cluster_Strategic_plan-2_3_.pdf">http://www.migeprof.gov.rw/uploads/media/Gender_Cluster_Strategic_plan-2_3_.pdf</a> )

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For more information, contact:

Health Policy Project  
Futures Group  
1331 Pennsylvania Ave NW, Suite 600  
Washington, DC 20004  
Tel: (202) 775-9680  
Fax: (202) 775-9694  
Email: [policyinfo@futuresgroup.com](mailto:policyinfo@futuresgroup.com)  
[www.healthpolicyproject.com](http://www.healthpolicyproject.com)