



# Gender and Health Policy

## TOOLS AND RESOURCES

SEPTEMBER 2010

From 2005–2010, the USAID | Health Policy Initiative, Task Order I worked to improve the enabling environment for health through policy dialogue, development, and implementation, with a focus on family planning and reproductive health (FP/RH), HIV, and maternal health. From the inception of the project, the Health Policy Initiative (HPI) recognized the important role that gender plays in health and health policy; when women are empowered to seek better healthcare and are in control of their sexual and reproductive lives, their health improves. When men care for their own bodies and respect their partners' health and desires, both men and women can be healthier. HPI was committed to undertaking activities designed to reduce gender inequity and improve health outcomes for women as men. As such, HPI carried out interventions focused on gender integration, gender-based violence (GBV), constructive men's engagement in RH and HIV, and women's empowerment.

The project tools and resources listed below are available online at [www.healthpolicyinitiative.com](http://www.healthpolicyinitiative.com), unless noted.

### GENDER INTEGRATION

**Addressing Gender in HIV Adherence Programs (2010).** This brief, part of a series on Approaches that Work, highlights The USAID | Health Policy Initiative, Task Order I, has experience partnering with local HIV-positive networks in identifying and piloting approaches to increase adherence levels among people living with HIV (PLHIV). This approach focuses on undertaking a situational assessment of HIV-positive women's and HIV-positive men's experiences in adhering to HIV treatment and designing a context-specific intervention to address these experiences.

#### **Addressing Gender Issues Related to HIV Treatment Adherence Programs (2010).**

During 2009 and 2010, the Health Policy Initiative designed a short-term, pilot activity to identify and address HIV-positive women's and men's ability to adhere to HIV treatment in Tanzania. The purpose of the activity was to help local groups of HIV-positive people better understand gender issues related to HIV treatment adherence as a first step in increasing adherence levels. This report summarizes the project process, focusing on the crux of the activity—piloting a workshop to raise awareness among HIV-positive

women and men about gender issues related to adherence to HIV treatment, so they can effectively address and act on adherence issues in their communities.

#### **Community Treatment Literacy: Recognizing Gender Issues in Adhering to HIV Treatment.**

**(2010).** This workshop manual was designed as part of an HPI pilot activity to address gender issues in relation to adherence to HIV/AIDS treatment in Tanzania. It is designed for people living with HIV (PLHIV) who are members of a PLHIV network and who plan to engage in awareness-raising or support activities with other PLHIV in their own communities. The overall workshop objective is to raise awareness among HIV-positive women and men about gender issues related to adherence to HIV treatment, so they can effectively address and act on adherence issues in their communities. This manual was piloted in Tanzania in 2010 with the National Network of Tanzanian Women with HIV/AIDS (NETWO+) as part of a larger activity aimed at addressing HIV-positive women's and men's ability to adhere to HIV treatment.

#### **Gender Integration Index**

**(2010).** As a result of USAID's commitment to foster gender equity in all of its work, part of the Health Policy Initiative's mandate was to integrate gender into its activities. To measure gender integration—from office policies and procedures to program activities—HPI created a project-specific *Gender Integration Index*. While this tool mainly captures qualitative data that demonstrate the different ways gender is integrated into HPI activities, it served as the single project-wide indicator to measure and report on the extent of gender integration in HPI's work. It is available in English, French, Portuguese, and Spanish.



#### **Integrating Gender in Policy Implementation Barriers Analysis: A Methodology (2009).**

This report outlines a methodology for integrating gender into the Health Policy Initiative's Policy Implementation Barriers Analysis (PIBA) activity. PIBA was designed to pilot a methodology and set of tools to identify key barriers to implementing programs under the President's Emergency Plan for AIDS Relief (PEPFAR). Specifically, the activity focused on identifying barriers to reaching a targeted goal

for one or more of the PEPFAR indicators. The project integrated gender into the PIBA activity to help underscore the various needs of women and men within the context of barriers to implementation. Health policies affect women and men differently, as do policies that influence service delivery systems, available resources, patient treatment options, medical costs, and other aspects of healthcare services. Identifying and addressing these differences are crucial to ensuring that women and men benefit equally from health programs.

**What Difference Does Gender Make? Opportunities and Responsibilities for Promoting Gender Equity in USAID Health Programs (2010).**



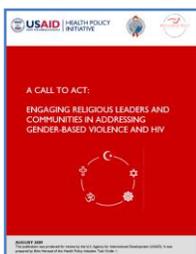
This PowerPoint presentation demonstrates the importance of gender integration to USAID health programming. It defines gender and related terms, outlines U.S. government commitments and support for gender integration, and presents evidence that links gender integration with improved health and gender equity outcomes. Finally, the presentation shares resources for USAID staff related to integrating gender into health programs. The presentation was produced under the Interagency Gender Working Group of USAID.

**GENDER-BASED VIOLENCE**

**Addressing Gender-based Violence through USAID’s Health Programs: A Guide for Health Sector Program Officers (2008).** This guide is designed to help USAID program officers integrate GBV initiatives into their health sector portfolios during project design, implementation, and evaluation. The guide focuses on what the health sector can do to support GBV initiatives based on what is known about promising approaches from literature reviews, opinions of leading experts, and feedback from USAID and cooperating agency staff. The guide was produced under the Interagency Gender Working Group of USAID. It is available in [English](#), [French](#), and [Spanish](#).

**Bolivian Communities Take Action Against GBV (2008).** This story highlights how community leaders in Bolivia carried out a two-year project to integrate local RH and GBV initiatives.

**A Call to Act: Engaging Religious Leaders and Communities in Addressing Gender-based Violence and HIV (2009).** While undertaking a GBV and HIV activity with religious leaders, HPI discovered a lack of GBV information designed specifically for this audience.

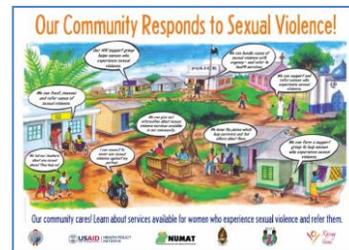


Recognizing this gap, the team created an advocacy guide for working with religious leaders. The guide can be used by religious leaders, communities, and

institutions to learn about GBV and HIV and how these issues can be addressed. Secular organizations working on GBV and HIV can also use this guide to find examples of how to collaborate with religious leaders, communities, and institutions.

**Community Engagement in the PEPFAR Special Initiative on Sexual and Gender-based Violence (2010).**

This report highlights HPI’s role in the PEPFAR Sexual and Gender-based Violence (SGBV) Initiative. In 2007, PEPFAR launched the Initiative, which sought to strengthen clinical care for survivors of sexual and gender-based violence in 18 public health facilities in Uganda and Rwanda. While the creation and strengthening of clinical services was the main tenet of the Initiative, partners also undertook efforts to involve communities in the process of creating and providing those clinical services to survivors of SGBV. As part of this Initiative, HPI provided technical assistance to local clinical partners to increase their capacity in creating and providing clinical services and in linking clinical services and other available resources for SGBV survivors in the community. Partners developed information, education, and communication posters to raise awareness of various community resources for survivors of violence, including the following posters: “Time is Critical,” “You Can Talk With Your Healthcare Provider about Sexual Assault,” “Our Community Responds to Sexual Violence!,” and “Women Have a Right to Live Free of Sexual Violence.”



**Developing Operational Policies on Gender-based Violence in Peru: Impact of the Interagency Gender Working Group (IGWG) Workshop (2009).**

This brief describes an activity undertaken by the USAID Interagency Gender Working Group and Office of Women in Development to train government officials, nongovernmental and civil society groups, and women’s organizations in Peru on gender analysis and GBV issues. As a result, the country established an Intrasectoral Commission on GBV and formulated an Operational Plan Against Violence Toward Women 2006–2008.

**Gender-based Violence: Fact Sheet on Youth Reproductive Health Policy (2009).**

Violence against women is a major problem that negatively affects the reproductive health of women and girls. This fact sheet provides an overview of how GBV affects youth reproductive health, including key areas for policy action.

**Gender-based Violence and Family Planning Services in Bolivia: A Review of the Evidence Through the Lens of the Demographic Health Survey and the Health Policy Initiative Avances de Paz Project (2010).** This report presents the results of

an assessment that sought to understand whether, how, and to what extent GBV affects women's use of FP/RH services. The assessment draws on both quantitative and qualitative methods.

**Gender-based Violence in Tanzania: An Assessment of Policies, Services, and Promising Interventions (2008).** This qualitative GBV assessment was conducted in Tanzania in 2005, with a follow-up visit in 2008. The findings indicate that GBV, including intimate partner violence and rape, is often met with acceptance by both men and women. Women are also frequently blamed for causing or provoking GBV. As a result, they rarely report GBV or seek support. This assessment highlights promising GBV interventions in Tanzania and identifies gaps and opportunities for intervention and coordination.

**Gender-related Barriers to HIV Prevention Methods: A Review of Post-exposure Prophylaxis (PEP) Policies for Sexual Assault (2009).** This report reviews post-exposure prophylaxis (PEP) policies for sexual assault survivors. Institutions and programs should consider the gender barriers explored in this review when creating new PEP guidelines and, where current guidelines do exist, they should implement protocols and procedures to ensure that they address such barriers.

**Gender Identity and Violence in MSM and Transgenders: Policy Implications for HIV Services (2009).** This review synthesizes the literature on violence and related forms of stigma and discrimination among MSM and transgenders and considers how violence, stigma, and discrimination affect vulnerability to HIV.

**Gender, Sexual Violence, and Operational Barriers to Post-exposure Prophylaxis for HIV in Mexico (2010).** While international standards recommend provision of post-exposure prophylaxis (PEP) to prevent HIV transmission following potential exposure through sexual violence (SV), few policies exist to operationalize this recommendation. HPI conducted a policy review and situational analysis to explore operational barriers to PEP for those who have experienced SV in Mexico and designed materials to increase demand for PEP services and improve their delivery through existing channels. The project focused on supporting gender-sensitive PEP services that facilitate access to PEP for most-at-risk populations (MARPs), such as men who have sex with men (MSM), transgenders (TGs), and at-risk women.

**Identifying Violence against Most At-risk Populations: A Focus on MSM and Transgenders—Training Manual for Health Providers (2009).** This manual provides guidance on sensitizing and training healthcare providers on how to screen for and respond to violence against MSM and transgenders.

**Involving Communities to Shape and Take Part in Effective SGBV Services and Responses: A Learning Exchange and Action Planning Workshop, Kampala, Uganda, June 30–July 4 (2008).** This publication is a report on an exchange workshop launched by the PEPFAR Sexual Violence Initiative and assisted by the Population Council and HPI. In 2007, PEPFAR launched the Sexual Violence Initiative to strengthen the delivery of comprehensive services to victims of sexual violence, including post-exposure prophylaxis for HIV prevention. The Initiative worked with partner organizations in three countries: Rwanda, Uganda, and South Africa. The PEPFAR Gender Technical Working Group (GTWG) coordinated the Initiative, and the Population Council and HPI provided technical assistance to the Initiative.

**Mobilizing Religious Communities to Respond to Gender-based Violence and HIV: A Training Manual (2009).** This manual guides trainers in conducting workshops for religious leaders and women leaders of faith on GBV and HIV. It was created for heads of religious organizations, such as inter-religious councils and women's religious organizations. While this material was piloted with leaders, it can be adapted to meet the priorities and needs of participants, such as other organization members. The objective of the training is to raise awareness of religious leaders and women leaders of faith about GBV as it relates to HIV and motivate action planning for their own organizations or communities.

**Policy and Advocacy Initiatives to Support Elimination of Female Genital Cutting in Mali (2010).** In 2008, HPI began an advocacy activity to address female genital cutting (FGC) in Mali. To inform design of the activity, the team conducted a desk review of global FGC interventions, a local situational analysis to assess advocacy needs, and interviews to identify and solicit input from key stakeholders about the FGC policy environment. Based on the information gathered, the team coordinated a participatory process to develop two advocacy tools that use evidence to argue for the elimination of FGC in Mali through policy change. The tools are custom-designed to give stakeholders—community leaders, Parliamentarians, and religious leaders—a unified, evidence-based argument against FGC. This report provides a summary of this process.

**The Relationship between Domestic Violence and Reproductive Health and Family Planning Services in Bolivia, 2003. *Población y Salud en Mesoamérica*, 7(2): article 4.** The main purpose of this article is to understand the relationship between GBV and the use of FP/RH services. To carry out this task, the researchers used multivariate logit regression models to explore the direction and strength of the relationship, using a population-based sample for Bolivian women during 2003–2004. Results show a strong, negative and significant relationship between GBV and use of FP/RH services at the population level, after adjusting for respondents' and

partners' individual and household characteristics. That is, GBV is strongly and significantly associated with the use of FP/RH services, in a way that women experiencing domestic violence are less likely to use those services. This article written by Guido Pinto Aguirre, Mary Kincaid, and Beatriz Murillo Gutiérrez, and was published in 2010.

### **Restoring Dignity: A Toolkit for Religious Communities to End Violence against Women (2009).**

This toolkit was designed in collaboration with religious leaders from around the world for women and men of faith working at the community, national, or international level. It was prepared by Religions for Peace with support from HPI and other donors.



**The Role of Religious Communities in Addressing Gender-based Violence and HIV (2009).** This report provides a summary of a regional GBV activity undertaken in Africa with religious leaders. Recognizing the importance of collaboration to prevent and reduce GBV, the project built the capacity of religious leaders to respond to GBV, especially its links to HIV. Religious leaders are often key catalysts for positive social change, including responding to health and social issues.

**Screening for Violence against MSM and Transgenders: Report on a Pilot Project in Mexico and Thailand (2009).** This report describes the pilot test, examines the level and nature of violence against MSM and transgenders, and includes the screening tools used in Mexico and Thailand.

**Screening Reveals the Role of Violence in Increasing HIV Vulnerability among MSM and Transgenders (2009).** This story highlights how the pilot test of the GBV screening tool led to policy and programmatic changes.

**Strengthening Implementation of Gender-based Violence Policies in Bolivia: Critical Analysis and Implementation Advocacy in the Avances de Paz Project (2010).** The final report of a two-year activity in Bolivia, this paper describes the methodology, implementation process, lessons learned, and outcomes of a community-based participatory research intervention to (1) carry out a critical analysis of GBV in four municipalities and (2) undertake advocacy for implementation of GBV policies. The activity worked with men, women, and youth to understand and address the barriers to implementing GBV laws and policies at the local level. The report also provides a summary of a complementary analysis of the relationship between GBV and use of FP/RH services, using DHS and qualitative data from Bolivia.

**Supporting Advocacy to Abolish Female Genital Cutting in Mali (2010).** In most regions of Mali, FGC, also called female circumcision, is practiced almost universally. The practice of FGC stems from a complex interplay of cultural and religious beliefs. In recent years, various advocacy groups and prominent leaders have begun to challenge this traditional practice. This brief describes the work of HPI to bring together advocates to develop strategies and messages to advance dialogue around FGC.

**Taking Policy to Action Against GBV: GBV, Policy Implementation, and International Development (2010).** This concept note on policy implementation and GBV is intended to inform a vision and action agenda for USAID and other international health and development support mechanisms. This brief addresses the question of how such mechanisms can assist governments and communities to take action on GBV while supporting local ownership in accordance with the Global Health Initiative, U.S. President's Emergency Plan for AIDS Relief, and other international and national commitments. The brief also reflects understanding gained through five years of policy implementation work on GBV and stigma and discrimination under the USAID | Health Policy Initiative—work focused on anchoring the response to reproductive health and HIV issues in the community to achieve comprehensive, effective, and sustainable solutions.

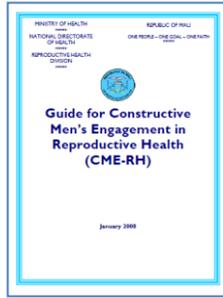
## **MEN'S ENGAGEMENT**

**Constructive Men's Engagement in Reproductive Health: A Training-of-Trainers' Manual (2009).** The Health Policy Initiative developed this curriculum as part of a project to strengthen the enabling environment for constructive men's engagement (CME) in FP/RH programs in Mali. This workshop manual is designed to enable community health educators to incorporate CME activities in their work, including promoting dialogue among men and women to increase couple communication and shared decisionmaking. The manual is available in English and French.

**Constructive Men's Engagement in Reproductive Health and HIV: Facilitating Policy Dialogue in Ethiopia (2010).** The USAID | Health Policy Initiative, in collaboration with civil society organizations and the Federal Ministry of Health (FMOH), implemented a model process to facilitate a more enabling policy and institutional environment for CME in reproductive health, HIV, and gender issues in Ethiopia. In partnership with key stakeholders, HPI identified policy gaps that provide exciting opportunities for action on integrating men and boys into national health strategies; strengthened a network to present evidence and raise awareness at a national stakeholder meeting of the benefits of engaging men and boys; and convened a multisectoral stakeholder meeting during which high-level ministry representatives agreed to collaborate and coordinate efforts for work with male and female youth to improve health and social outcomes.

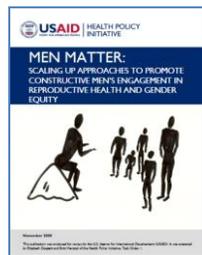
## Guide for Constructive Men's Engagement in Reproductive Health (2008).

In 1990, Mali adopted an innovative document called the "Sectoral Policy for Health and Population." To support implementation of this policy, the Ministry of Health, through the National Management of Health (DNS)/Division of Reproductive Health (DSR) undertook drafting of the Guide for Constructive Men's Engagement in Reproductive Health, with HPI technical and financial support. The government made this effort, recognizing that men play a central role in the reproductive health decisionmaking of couples and families in most countries around the world. The effective engagement of men in reproductive health programs and projects contributes to the improvement of reproductive health indicators, particularly maternal morbidity and maternal, neonatal, and infant mortality rates. The guide is available in [English](#) and [French](#).



**In Ethiopia, Engaging Men in Reproductive Health Promotes Progress for All (2010).** In celebration of International Women's Day 2010, HPI supported the Ethiopian government to host an event to draw attention to the importance of engaging men in reproductive health issues to promote progress for all. This story from the field highlights the government's strong commitment to constructive male engagement and recognition that such efforts must work hand-in-hand with programs to empower women and girls.

**Men Matter: Scaling Up Approaches to Promote Constructive Men's Engagement in Reproductive Health and Gender Equity (2008).** This report details HPI's efforts to strengthen the policy and institutional environment for CME in reproductive health. These efforts were undertaken in cooperation with the Ministry of Health and other partners in Mali. CME approaches recognize that health interventions must engage men to change power imbalances that deny or hinder women's access to resources, decisionmaking, and services. Such imbalances increase women's and men's exposure to greater health risks, including violence, and also create barriers to men's health-seeking behaviors.



## WOMEN'S EMPOWERMENT

### Bringing Hope from Bitterness (2008).

Women and children are often deprived of home, land, and property in Kenya. This brief tells the story of Dorothy Awino, who overcame her own disinheritance to become a champion for women and children's rights in her community.

### Identifying Appropriate Livelihood Options for Adolescent Girls: A Program Design Tool (2009).

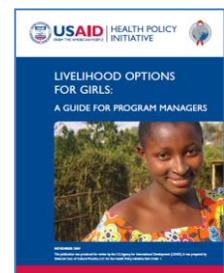
This tool guides users through a series of diagnostic steps to understand how particular groups of adolescent girls are put at risk of HIV infection by their lack of access to and control over social, natural, human, physical, and financial capital. By guiding the user to identify and consider various socio-economic and cultural factors in the lives of adolescent girls with which he/she intends to work, the tool helps to pinpoint particular constraints and opportunities faced by those girls, and ultimately, the type of livelihood interventions that may be most appropriate for them. More specifically, the tool offers a menu of livelihood strategies that may contribute to overcoming the identified socioeconomic constraints or utilizing the identified opportunities to strengthen adolescent girls' power to make and act on decisions that protect them from HIV infection.

### Livelihoods and HIV Risk for Adolescent Girls: Design of a Programming Framework (2009).

This document summarizes the process that resulted in the design and validation of two resources: *Livelihood Options for Girls: A Guide for Program Managers* and *Identifying Appropriate Livelihood Options for Adolescent Girls: A Program Design Tool*, developed by HPI. Both resources are intended for use by program managers of PEPFAR and are designed to address PEPFAR legislation that supports "increasing women's access to income and productive resources." Activities outlined in the guide and tool include linking care and support programs to income-generation activities and livelihood programs for women and adolescent girls; supporting initiatives to ensure that children and adolescents, especially girls, stay in school and are trained in vocational skills; and working with governments to develop policies that increase women's access to economic resources.

### Livelihood Options for Girls: A Guide for Program Managers (2009).

The purpose of this guide is to strengthen the capacity of HIV/AIDS program managers to design interventions that reduce adolescents' vulnerability to HIV by offering viable and effective livelihood options to supplant high-risk behaviors motivated by economic insecurity. It is designed to help PEPFAR teams encourage the development of tailored interventions that combine economic empowerment components with other activities to prevent HIV infection among the target population.

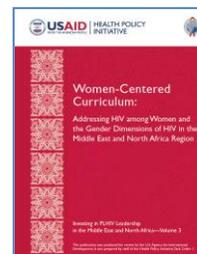


**Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches: A Literature and Program Review (2008).** This literature and program review focused on the current and future role of microfinance and sustainable livelihood strategies in reducing adolescent girls' vulnerability to HIV infection in developing countries, particularly in sub-Saharan Africa. Part 1 of the review focuses on youth-centered programs to prevent HIV infection among vulnerable female adolescents—including microfinance and sustainable livelihood programs. Part 2 analyzes the relationship between microfinance and HIV prevention in the general population, with a focus on women and the oldest adolescents in the target group. Adapting the traditional microfinance model to meet the needs of this sub-group could prove to benefit not only these adolescents but also the microfinance industry.

**Reducing Stigma and Discrimination to Meet HIV-positive Women's Reproductive Health Needs in Kenya (2010).** This report describes the major activities and outcomes of an effort to address the family planning FP/RH needs of HIV-positive women in Kenya. HPI gathered data on HIV-positive clients' experiences related to FP/RH and on healthcare providers' knowledge and beliefs regarding HIV and services for HIV-positive women. Based on the findings, HPI assisted the government to design a training module for healthcare workers on HIV-positive women's RH needs and stigma and discrimination issues. The module covers basic facts about RH and HIV; thoughts, beliefs, and attitudes related to HIV and AIDS; aspects of stigma and discrimination and their effects; ethical issues; and facility action planning.

**Women's Workshop Curriculum: Addressing HIV among Women and the Gender Dimensions of HIV in the MENA Region. Investing in MENA Series—Volume 3 (2010).** The purpose of this

Women's Workshop Curriculum is to support a truly sustainable HIV response in the Middle East and North Africa (MENA) Region, centered on positive leadership, women's leadership, prevention, education, and mentorship, as well as gender equity and sensitivity. It is the first curriculum of its kind to be implemented by and for women living with HIV in the MENA Region and thus marks a shift in power from PLHIV as beneficiaries, imparters of testimonies, and workshop participants to experts taking a more active role in the response to HIV. It also marks a shift in power to include women more equitably and meaningfully in the HIV response. The authors of the curriculum include women living with HIV in the MENA Region and globally, as well as professionals and supporters who have worked on the HIV response in the region. Global practitioners and more than 50 women living with HIV from 13 countries in the MENA Region have provided inputs to this curriculum. It has been pilot-tested in trainings in Tunisia and sessions in Bahrain, Lebanon, and Yemen.



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