Health for Life (H4L) Project

Gender Equality and Social Inclusion (GESI) Strategy

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Prepared for
[redacted] COR
Office of Health and Family Planning
USAID/Nepal
P.O. Box No. 295
U.S. Embassy, Maharajgunj
Kathmandu, Nepal

Prepared by
RTI International
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

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1. BACKGROUND:

1.1. Key challenges and gaps in Gender Equity and Social Inclusion (GESI)[1] in Nepal:

Despite Nepal's remarkable progress towards MDGs 4 and 5, a major challenge remains on how to reach excluded groups, often located in remote areas of the country, and characterized by higher levels of poverty, illiteracy, and low social status. In fact, the Health for Life (H4L) project area in Nepal's Mid-Western Region (MWR) has some of the country's worst health indictors[2]. Key health indicators from the 2011 Nepal Demographic and Health Survey (NDHS) show remarkable but uneven progress in family planning (FP), reproductive health (RH), and maternal , newborn, and child health and nutrition (MNCHN). Social determinants (e.g., education, wealth quintiles, and social status) and geography (mountain/hill/Terai) contribute to health outcome disparities. Nepali women and girls also face discrimination based on gender and social status. Hence, women exhibit poorer health status due to culturally reinforced reproductive roles and practices that encourage early marriage and child bearing; limit their control over financial resources and ability to make decisions to access essential health services; and expose them to gender-based violence (GBV).

Recognizing the magnitude of this problem, Nepal's health sector laws, rules, strategies and programs accord special importance to GESI and the Interim Constitution guarantees every citizen the right to free essential health care services. Legal frameworks exist to ensure equitable treatment for all citizens, end gender discrimination, and address affirmative action policies[3]. There is a Gender Responsive Budgeting Framework in place and poverty indexing for block grants to local bodies. Nepal's Local Self Governance Act of 1999 has empowered DDCs, Municipalities, and VDCs to mobilize resources to better respond to local priorities and needs. In 2009, Nepal's Ministry of Health and Population (MOHP) published a Health Sector Gender Equality and Social Inclusion Strategy which outlines how the Ministry plans to address GESI within its institutional and organizational structure. However, deeply-rooted socio-cultural norms hamper the implementation of GESI-sensitive policies and enforcement of law. Also, clarity is needed on how to practically engage women and marginalized groups as full partners to improve access to and use of health information and services.

1.3. USAID's Mandate on Gender Equity and Social Inclusion: USAID 's Global Health Initiative (GHI) supports partner countries to improve health outcomes, especially among women and girls, and highlights the importance of focusing on women, girls and gender equality to sustain the impact of these efforts. To this end, USAID has issued policy directives (ADS 201.3.9.3 and ADS 201.3.11.6) that require country programs to include gender analysis in strategic planning and project design efforts - identifying gender disparities, assessing why they exist, their effect, and defining approaches to mitigate negative outcomes. Recognizing the unique cultural and social realities of Nepal, USAID Nepal issued a broader Mission Order in 2004: *Gender, Caste and Ethnic Inclusion in Program Documents and Activities*, followed by the 2007 Gender and Inclusion Assessment

[1] Key definitions related to gender equity and social exclusion are found in Annex 1
[2] Annex 2 contains a table that compares national- with MWR-level data by geographic area for some key health and development indicators
[3] Including the 2006 Gender Equality Act; the1997 Local Election Act; and an amendment to the Civil Service Act.

report which offer specific recommendations and strategies on how to address and integrate specific GESI concerns into programs.

1.2. Rationale and key GESI Objectives in H4L: As one of USAID/Nepal's flagship health projects, H4L is designed to support the Government of Nepal's stated commitment and responsibility to ensure that quality health services are accessible to all citizens. As such, it is critically important that sound, ongoing GESI-sensitive analysis and gender integration underpin H4L program interventions. H4L's GESI Objectives are designed to redress gender and social inequities, and dove-tail with the objectives set forth in the MOHP's 2009 Health Sector Gender Equality and Social Inclusion Strategy as follows:

- **Objective 1:** Support existing MOHP policies, strategies, plans and programs that create a favorable environment for integrating GESI in Nepal's health sector;
- **Objective 2:** Support MOHP's efforts to enhance the capacity of service providers and ensure equitable access and use of health services by the poor, vulnerable and marginalized castes and ethnic groups; and

Objective 3: Improve health-seeking behavior of the poor, vulnerable and marginalized castes and ethnic groups in collaboration with local government partners, community-based organizations (CBOs) and other stakeholders.

H4L GESI Strategy -Post Earthquake (EQ) Recovery

Introduction

The social norms and discriminatory practices have a devastating impact on women and girls and other marginalized groups when disaster strikes. Women and girls have been disproportionately affected by the earthquake, based on their social roles and locations.

A NHRC led recent[4] assessment has reported that pregnant and lactating women were the most affected groups following the earthquake. The UN estimates that there are approximately 1,408,189 females of reproductive age in the 14 districts and approximately 138,367 of the female population are or will be pregnant in the next 12 months. Of this figure, 18,600 will need obstetric care in the same period. It is also estimated that 10,327 babies are born every month in the 14 affected districts without access to basic healthcare. 28,000 were believed to be at immediate risk of sexual violence.

Damage sustained by health facilities has limited women's access to FP/MNCH health services. It was reported that in Nuwakot, for example, that all 27 birthing centers have been destroyed. Urgent rehabilitation of damaged birthing centers is a priority to reduce the risk of obstetric complications for pregnant women.

According to the Disadvantaged Group Mapping data, 38% of the VDCs in all earthquake affected districts have 'high' to 'very high' concentration of disadvantaged groups. This is particularly so due to the high prevalence of Adivasi Janajatis ethnic groups and Dalits and those in the bottom income quintiles in the affected districts. As a result of the

[4] Dated 21 May 2015

earthquake, Dalits have faced discrimination and exclusion in the rescue and relief efforts as the services are reachable to the headquarters.

Rationale and key objectives of H4L GESI Strategy in EQ-affected Districts

GESI plays a major role in the participation, involvement, resource allocation, disaster response and recovery planning and decision making. Therefore, GESI considerations should be substantial in planning, budgeting of local governments to improve and to address problems faced by women and marginalize and disadvantaged (M/DAG) groups in accessing health services in the post-earthquake situation.

The MoHP has outlined a Post-Earthquake 2015 Health Sector Recovery and Reconstruction Support Strategy and developed a Health Sector Rehabilitation and Reconstruction (RR) plan. To address GESI, the MoHP, D(P)HO, and other concerned district stakeholders should make plans based on the needs and demands of target groups, especially M/DAG, considering re-establishment/improvement of health services and re-establishment of health systems.

In this respect, H4L's key GESI objectives in EQ-affected districts are designed to contribute to health services and care issues of reaching hard-to-reach areas with a high proportion of M/DAG populations as follows:

Objective 1: *Support MoHP's Health Sector Rehabilitation and Reconstruction (RR) plan, 2015 to be responsive to GESI and reach underserved and hard-to-reach areas that have a high concentration of M/DAG groups.*

Objective 2: *Support to enhance the capacity of district stakeholders to ensure equitable access to and use of health services by M/DAG and other hard-to-reach communities with specific actions in the district response and recovery plans for implementation.*

Objective 3: *Support to integrate Gender-Based Violence (GBV) referral plans in annual district plans to support women and girls who are GBV victims.*

Practically speaking, however, coordination with the MoHP's GESI program will occur largely at the district level as H4L rolls out its interventions in the Mid-Western Region. At the national level, H4L will network with relevant Ministry counterparts and EDPs, to coordinate as needed, share data, successful program approaches, and lessons learned.

H4L's GESI Team Leader in Kathmandu and GESI Specialist in Nepalgunj, will guide efforts in close collaboration with other H4L technical staff at the national, district, facility, and community levels, to integrate GESI analysis at all points of the project cycle - from assessment to evaluation - and determine the opportunities and constraints for integrating prioritized GESI actions (with accountability for performance and deliverables) within each H4L Project Objective (including work plans, progress reports, and activities). They will also ensure that relevant lessons learned are documented and widely shared at the National level, to inform both policy discussions and the health sector reform process.

1.3. H4L's GESI guiding principles: H4L's GESI strategies and approaches will be based on and shaped by the following key programming principles:

- Acknowledge that a GESI-aware program is the responsibility of all H4L team members, counterparts, partners and other stakeholders, and involves challenging the values and practices that lead to gender and other forms of discrimination;
- Ensure that gender mainstreaming and integration are applied at all stages of the project cycle;
- Promote broad-based understanding and ownership of the MOHP's GESI strategy with counterparts and other stakeholders;
- Engage with local government counterparts, other development partners, GESI focal points, civil society, and women's organizations to define ways to support gender equality and target marginalized populations;
- Support the DoHS to collect and use data disaggregated by sex, caste, and ethnicity, to track and analyze GESI-specific health outcomes, guide program strategies, and inform policy decisions.

2. INSTITUTIONAL SYSTEMS TO SUPPORT AND PROMOTE GESI:

2.1. GESI Mainstreaming within the H4L Project: GESI will be a lens through which H4L program strategies, activities, and outcomes are designed, implemented, and assessed. GESI will be mainstreamed into H4L project systems, structures and policies to raise awareness and understanding with all project staff on the critical importance of GESI to meeting H4L's stated health outcomes. This will serve to build broad-based support of GESI initiatives, and avoid the stove-piping of GESI within the project structure.

Some specific actions to help with this process include:

- **Recruitment Policies and Processes**: H4L will promote diversity and affirmative action in its hiring processes, and will actively recruit women and candidates from disadvantaged castes and ethnic groups, and/or members from the communities served by the project. To affirm this GESI commitment, the H4L project will build on RTI International's policy statement on "Fair Hiring Practices/Equal Employment Opportunity" to reflect the situation in Nepal. H4L recruitment processes will make a special effort to hire locally to ensure a staffing mix more representative of the population targeted, and give special consideration to those shortlisted, qualified candidates who are female and/or from disadvantaged castes/ethnic groups. At least one woman will always be present on the interview panel with candidates. Job descriptions will also be reviewed by senior management to ensure that more subtle forms of discrimination are not included (such as unnecessary language requirements) that would bar women and disadvantaged groups from applying (see below).
- **Staff Composition:** Both USAID/Nepal and H4L's senior management team are fully committed to ensuring workforce diversity, and require that at least one-third of all H4L project staff be comprised of women and/or members from marginalized groups. In addition, H4L's GESI Team Leader (which is a key staff position) is a woman from a marginalized group, with extensive experience in addressing the issues of social inclusion and exclusion in health and development programs in Nepal.

- **Job Descriptions/ToRs/Staff Evaluations:** Job descriptions, Terms of References and staff evaluations will be reviewed and revised as needed to reflect H4L's GESI principles. Each staff person will be asked to identify what s/he can do to contribute to the achievement of GESI objectives in H4L. This will apply to both long- and short-term consultants hired for H4L-related program activities. In the spirit of promoting gender equality and social inclusion as a collective responsibility, all H4L staff will be expected to ensure a gender sensitive work place and treat women and marginalized groups with respect. The GESI Team Leader will also develop and lead practical approaches to orient and train H4L staff on GESI issues and help them develop and support GESI-sensitive program approaches.
- **Internship Opportunities:** H4L will coordinate with Nepali public health training institutions and CTEVT to place interns (particularly women and those from disadvantaged/marginalized groups) within the H4L project, health facility and/or community levels to gain practical programming and management skills and experience related to extending health service delivery.

2.2. GESI Mainstreaming within Nepal's Ministry of Health and Population (MoHP):

The NHSP-II policy has a clear mandate to address inequities within the health system, and has developed a GESI strategy to support this objective. This includes reviewing and updating existing institutional systems, staffing requirements, budget allocations and other resources at all levels – district, regional, and national – to mainstream and highlight GESI as a key responsibility in order to confront problems faced by women and disadvantaged and marginalized groups in accessing health services**.** The MoHP has also set aside specific funds within the health budget to support GESI and GBV initiatives, and is in the process of developing **GESI Operational Guidelines** (to be finalized by February 2013)**,** which will provide official guidance to all health service providers on how to integrate GESI in planning, budgeting, monitoring and evaluation.

The following structures and systems are in place (or in process) within the MoHP to support and strengthen national GESI initiatives, and are potential points of collaboration as H4L begins project implementation (based on what the MoHP has been able to finance and deploy in reality). Recognizing that there are varying levels of understanding among MoHP staff on the best way to integrate GESI into programs, the H4L team will work closely with MoHP "GESI champions" who have demonstrated their commitment to expanding these initiatives, to share successful approaches and lessons learned with their colleagues, and to build commitment to GESI at the regional and district levels.

- **GESI Institutional Structure Guidelines** have been approved by the MoHP, specifying levels of responsibility within the health system of the government and the functions of different committees and working groups. At the national level, the **GESI Steering Committee**, chaired by the Secretary MoHP, meets twice a year and issues directives on how GESI is to be operationalized in the health sector. **A GESI Unit** has been established under the MoHP's Program Planning and International Coordination Division, and is tasked with revising health policy, plans, and programs to be GESI inclusive; and also monitors and evaluates programs; builds GESI capacity; mobilizes resources; and coordinates with the

NPC. At the District level, the Director General of the DoHS chairs a **GESI Committee** to implement the GESI strategy; and to establish a GESI network of local organizations working in the health sector. At the regional and district levels, **GESI Technical Working Groups** have been established at the MoHP and DoHS (presently in 5 Regional Health Directorates (RHD), and 51 Districts). **GESI focal persons** have been nominated in all RHDs and 75 D/PHOs. The MoHP has also developed terms of reference and provided orientation for all groups and committee members.

- **Addressing Gender-based Violence:** The MoHP has set up One-stop Crisis Management Centers (OCMCs) in 8 hospitals and trained staff nurses on psychosocial counseling. Information on GBV has been distributed to communities, and discussions are underway with the Prime Minister's Office and the Ministry of Women, Children and Social Welfare (MWCSW) to further this initiative. Mass media and publicity campaigns against GBV have also taken place at the regional and district levels.
- **Piloting Social Audit Guidelines**: This process is being implemented and expanded at the district level (currently in 18 districts) and provides an opportunity for women and people from excluded groups to participate and give their perspectives on the performance of health facilities.
- **Strengthening the Equity and Access Program (EAP)**: The EAP was implemented in selected VDCs in 21 districts to mobilize marginalized communities and promote health rights and information with NGOs, CBOs and FCHVs. This effort currently being reviewed with plans to revitalize it in the coming year.
- **Review of Training Curricula**: The Training Curriculum Technical Committee has recommended that curricula for FMC, FCHV, BCC, AHW, and SBA be reviewed from a GESI perspective, and that modules and materials updated accordingly by the NHTC.

- **Mobilization of GESI Focal Persons at the Regional and D/PHO level:** The Regional Health Directorates and District Health Office have expanded the role of the population focal person to include GESI- specific roles and responsibilities. It should also be noted that to support the mainstreaming of GESI into district program plans, and to help the RHD review and analyze health service utilization from a GESI perspective, the NHSSP has staffed GESI Specialists at the Regional and D/PHO levels. However, these GESI Specialist positions are only funded through August 2013. The GESI Focal Persons will be a key partner for H4L as they support mainstreaming of GESI, including identification of capacity building needs; analysis of programs plans and budgets; development of GESI program actions; monitoring progress and problems, including barriers to access to health services, particularly for marginalized groups; and participation in the GESI working groups.

- **GESI-sensitive data collection and analysis:** The MoHP is coordinating with the National Planning Commission on regional disaggregation of HMIS data by caste and ethnicity. Data from the 2011 NDHS will also be further analyzed from a gender perspective. In fact, two additional, important analyses related to GESI have already been recently completed including: Social and Economic Determinants of Health: The Effects of Caste,

Ethnicity and Regional Identity, and Economic Status on Health Services Utilization and Outcomes in Nepal; and Women's Empowerment, Spousal Violence in Relations to Health Outcomes. The CHD is integrating GESI into its IMCI plan and maternal under-nutrition strategy; and GESI concerns were integrated into the Service Tracking Survey and the household questionnaires.

2.3. Support to GESI by External Development Partners: H4L will coordinate with programs funded by other EDPs to strengthen the MoHP's efforts to mainstream GESI at the national and district levels. This will include collaboration with the DfID-funded NHSSP project, which provides key technical support to the MoHP to improve the overall policy environment for GESI and develop the related implementation plan. NHSSP supports the MoHP's efforts to broadly mainstream GESI for health service improvement (into human resources, health financing, M&E, etc). Also, the UNFPA and GIZ are implementing smaller-scale programs in adolescent health, particularly reproductive health. As such, NHSSP, GIZ and UNFPA will be important development partners for H4L, and will coordinate with these agencies where possible, to build synergies between the respective programs.

H4L will coordinate with programs funded by other EDPs in EQ-affected districts concerning MoHP Health Sector Rehabilitation and Reconstruction (RR) plan, 2015 implementation at the district level. H4L will coordinate with NHSSP, UNFPA and other USAID funded projects where possible, to build synergies between the respective programs in EQ-affected districts.

3. PROGRAM APPROACHES TO ADDRESS GESI:

H4L has completed a brief situation analysis in the 10 EQ-affected districts. Based on the analysis H4L's GESI contributions will be in coordination with the MoHP's GESI integration district plans and in high-priority, EQ-affected VDCs.

District level

Institutional Systems and capacity building

Capacity building for GESI must not be a one-time event. Roles and power relations will affect how activities are implemented, and these issues need to be addressed on an ongoing basis (USAID 2012b).

Existing structures in the EQ-affected districts, such as the District GESI Technical Working Group (TWG), District Disaster Relief Committee (DDRC), and District Quality Assurance Working Committee (QAWC) are responsible for rehabilitation and reconstruction of health system and services. Thus, these prime actors in the districts will be strengthened and provided technical assistance to promote greater focus on GESI based on disaggregated data analysis and DDC M/DAG mapping for targeting underserved populations of specific geographical locations.

District GESI Technical Working Group (TWG)

Ministry of Health and Population (MoHP) has provisioned an institutional setup for GESI at the ministry and its departments and offices. According to this setup a GESI Technical Working Group (TWG) has been established in all 10 EQ-affected districts. This group consists of D(P)HO Chief, D(P)HO Supervisors and additional representation from district stakeholders, such as DDC, WCDO, DEO and Head of Police Women's Cell, which is an appropriate forum to provide technical and coordinating support in the district for the implementation of MoHP's Health Sector Rehabilitation and Reconstruction (RR) plan, 2015 to reach M/DAG groups in order to make health services more accessible in the post-earthquake context.

As stated in the brief assessment, most of the GESI Technical Working Groups (TWGs) in the 10 EQ-affected districts have been formed as per MoHP's GESI directives. Nevertheless, a majority of these district GESI TWGs are non-functional and meetings are not regular as expected. Therefore, H4L will support, revitalize and strengthen the district GESI TWGs to analyze and use HMIS disaggregated data by caste/ethnic group, review health programs, and provide inputs on district response and recovery plans and activities to be implemented, especially for M/DAG groups. Additionally, GESI TWG will help coordinate and play an advisory role to re-establish or reconstruct health facilities and birthing centers in the right place, to cover hard-to-reach populations with a high proportion of M/DAG based on DDC M/DAG mapping and access mapping tools. [5]

In the future, evidence-based advocacy can be carried out at the MoHP level to help relocate HFs in accessible areas where there is a high concentration of M/DAG. MoHP access mapping guidelines (yet to be endorsed) and MOFALD DAG mapping tools can be instrumental when integrated in the health system.

District Quality Assurance Working Committee (QAWC)

Quality assurance/improvement (QA/QI) plans are needed to re-establish/improve health services and as the health facilities are re-established, QA/QI should be intensified to help ensure health service needs are met. H4L will strengthen the district QAWC to take into consideration the specific needs and vulnerability of women and girls and M/DAG population. H4L will provide support to the focal person at the D(P)HO to take a lead role in helping the QAWC members in gap analysis and to take action to address key GESI gaps to improve services in a regular basis.

District Disaster Relief Committee (DDRC)

The District Disaster Relief Committees (DDRCs) in the 10 EQ-affected districts have been discovered to be functional and active. H4L will take this opportunity to provide support to DDRC in embedding GESI in planning and implementing responses and recovery activities in the districts. H4L will support D(P)HOs to play a coordinating role in the districts and to work with DDRCs, Women and Child Development Offices, DDCs, and other relevant district stakeholders. H4L will also develop GESI checklists to assist DDRCs in response and recovery activities in the districts.

Gender-based violence

Recent assessment done by EDPs has shown that women and girls are likely to face elevated levels of violence after earthquake. For example, in Kavre the Women and Children Officer reported one rape and three attempted rape cases within one week in contrast with 26 cases per year or about two cases a month.

[5] MoHP Guidelines (yet to be endorsed) for mapping VDCs and Wards and populations.

To address GBV, MoHP has developed a GBV Clinical Protocol for health workers on health response to Gender Based Violence and has endorsed just recently. GBV Clinical protocol's intended users are doctors, nurses, health assistants, auxiliary nurse midwives and auxiliary health workers (ANMs and AHWs) at health facilities

Likewise, MoHP has set up a hospital based One-Stop Crisis Management Centers (OCMCs) in 17 districts. Of these Centers, OCMCs in Kavre and Makawanpur, EQ-affected districts, are reported as functional.

NHSSP is in the process of establishing OCMCs in Dolakha, Makawanpur and Ramechhap in H4L EQ-affected districts. Similarly, UNFPA is taking lead in orienting on Clinical Protocol in the district hospitals and managing women friendly safe space for recovery period till December 2015

Concerning GBV issues, H4L will take up GBV as cross cutting theme and will orient on Clinical Protocol to the health facility and HFOMC members in the VDCs of H4L EQ-affected district. So that Health facility staff will adhere to the protocol while giving medical treatment to the GBV survivors especially from M/DAG and also make GBV client referral to provide other required health services, legal aid and counselling services through OCMC (where hospital based OCMC services are available).

In collaboration with UNFPA, H4L will also orient on GBV and clinical protocol to the GESI TWG, DDRC and QAWC members in the district in order to incorporate GBV issues in the district recovery plan.

HMIS data disaggregation and analysis

Disaggregated data and analysis are essential for the identification of post- earthquake needs and that can be used to inform the planning, design and implementation of context-specific recovery initiatives.

H4L will support HMIS in the D(P)HO to analyze health services data from disaggregation perspective focusing on sex and caste/ethnicity and to plan context-specific recovery initiatives and reconstruct and locate the health facility considering high concentration of M/DAG population in the accessible VDC / Ward.

The findings from disaggregated data analysis will be used in the GESI TWG, DDRC and QAWC to assess and address the particular health needs of M/DAG taking into consideration re-establishment/improvement of health services, and implement health recovery plans.

VDC level

Health Facility

H4L will work at district level with the D(P)HO to support health facility staff to improve access to and use of health services by M/DAG populations in the VDC. To do so, H4L will support health facilities to use MoHP Access Mapping Guidelines that include MoFALD M/DAG Mapping and HMIS data for selected indicators, such as immunization coverage, CPR, institutional delivery, populations having access to HF within 30 minutes to identify VDC and ward) and also periodically assess and review service use record and identify service utilizations trend among M/DAG and address gaps accordingly.

Health Facility Operation Management Committee

H4L will work in VDCs to interact with HFOMCs and QI teams to increase services accessed by M/DAG communities, referring to the population profile, accessible distance/geographical area, and underserved areas.

Concerning the structure of the HFOMC as prescribed by the guidelines and to make HFOMCs inclusive and equitable, H4L will ensure and mentor HFOMC members addressing gaps in representation, roles, participation in decision making of women and M/DAG in the HFOMC.

Social Audit

As provisioned in the social audit operational guidelines, social audits will be conducted in 40 districts of all five regions. In the initial phase of the first five years the social audit will be conducted until 2015 reaching 30% of the health facilities.

Of the nine PHCRD social audit program districts in the Central Region, Rasuwa, Dolakha, Dhading, Kavre and Nuwakot are EQ-affected districts. In these districts, H4L will assist D(P)HOs to conduct orientations to social audit district committees and provide TA to ensure the quality of the social audits.

H4L, working with D(P)HOs, will assist HFOMCs to eliminate barriers to health services, especially for M/DAG populations and support monitoring health facilities and HFOMCs for effective implementation of action plans, focusing on activities supporting M/DAG populations.

At the national level, H4L will collaborate and work closely with the designated MoHP GESI focal point, and other relevant Divisions, Centers and Sections as part of this process. Required technical assistance on GESI will be provided to the MoHP as needed to re-establish health services and reconstruct/improve health systems at district level.

3.1. Strengthen the capacity of the MoHP to improve health outcomes for women, girls, and disadvantaged groups and promote gender equality. H4L will work at the community and district levels with the D/PHO to support health facility staff to implement and institutionalize the MoHP's GESI directive as part of improved health service delivery. H4L will collaborate closely with the designated MoHP GESI focal point, and GESI Specialists as part of this process.

3.2. Ensure equitable access to essential health services at facility and community levels. Since women, girls, and marginalized groups in Nepal are characterized by inequitable access to and use of health services, and suffer worse health outcomes as a result - H4L will focus on removing barriers to access. This will entail development of GESI-sensitive interventions tailored to the local cultural and social context (e.g., for women to improve their health beliefs and behavior, interventions need to focus on the family and household; while discrimination based on caste would require a community focus; and addressing GBV would include interventions at the household, family and community levels, etc.,). Also, other factors such as language barriers, and timing and location of services for those remote and geographically isolated program areas would need to be considered.

3.3. Increase the meaningful participation of women and girls in the planning, design, implementation, monitoring, and evaluation of health programs: Women, girls and marginalized populations need to be engaged in the design, management, monitoring, and evaluation

of health programs to highlight issues and concerns, and effectively address their health needs. Nepal's decentralization of health services aims to improve the quality of health services; increase accountability of health care providers to the communities they serve; and allow community members (especially those from disadvantaged and marginalized groups) the opportunity to voice their concerns about health services and provide input on how funds are allocated. H4L will support the D/PHO and GESI focal point person to implement GESI-sensitive management training, and social audits for FMC members to improve the participation of members from different castes and ethnicities in assessing health facilities. Also, H4L LTAPs will provide technical support at the community level with CBOs, FCHVs, Mother's groups, and other local organizations to consult and involve them through regular monitoring processes as well as periodic assessments of health services.

3.4. Engage men and boys as clients, supportive partners, and role models for promoting gender equality. Given the social hierarchy and culturally-accepted power differences between men and women in Nepal, it will be critical to involve men and boys and engage them as role models and champions of change, to improve women's health outcomes. H4L will target men and boys through LTAPs and CBOs to promote awareness and discussion on issues such as GBV and delaying age of marriage, domestic chores, and health-seeking behavior.

3.5. Reach adolescent and pre-adolescent girls and boys with health services and health education. There is a need to reach younger women, men, girls and boys with information on family planning and reproductive health options. Health facilities and staff are not geared to their special needs and data indicate that use of health facilities by adolescents is low, and that FCHVs have limited contact with this age group. GIZ and UNFPA have supported a few interventions to address these issues, including a adolescent KAP survey and development of adolescent reproductive health education materials. H4L will coordinate with these development partners, as well as LTAPs in selected districts, to extend age-appropriate sexual and reproductive health education and interventions tailored especially for adolescents.

3.6. Utilize multiple community-based programmatic approaches to improve health for women, girls, and marginalized populations. To improve the reach of health information and promote the use of health services, H4L will work at the district and community levels to interact with the FMC, Mother's groups, FCHVs and Learning Circles. With our LTAP and CBO partners, H4L will support the integration of contextually and culturally-appropriate BCC activities that are focused on gender and inclusion in health programs. H4L will identify and explore opportunities to strengthen the Nepal Health Information, Education and Communication (NHIECC) capacity to address and integrate GESI into training programs. We will also focus on sensitizing health workers and support the GESI focal point staff accordingly.

3.7. Build the capacity of individuals, especially among women and marginalized groups, as health care providers, caregivers, and decision makers throughout the health systems, from the community to national levels. To further GESI objectives entails addressing issues around social exclusion in Nepal, and promoting greater involvement of women, and those from

marginalized communities in management and decision making positions within the health care sector. This involves promoting equal opportunities and access for these groups to educational and professional enhancement, to increase the overall number of qualified health care providers that come from disadvantaged groups. H4L staffing policies will reflect this commitment, as well the internship program (described above).

4. KEY GESI INTEGRATION ACTIVITIES BY OBJECTIVE:

Under each H4L Objective below, we describe specific activities that will help address GESI challenges, and are integrated within technical program interventions, to promote the status of women, and members from marginalized communities. The H4L GESI Team Leader and GESI Specialist will champion the integration of GESI within H4L project activities, which will be the responsibility of and implemented by all members of the H4L technical team. These activities might be modified based on field-level assessments, and as specific H4L work plans are developed.

H4L will implement GESI activities in the EQ-affected districts in accordance with objectives 1, 2 and 4 as described below to improve access to and use of health services by M/DAG communities.

OBJECTIVE 1: Improve health system governance of district health offices and sub-district level facilities

GESI Integration Activities:

- *Provide technical support to strengthen the District Health Strengthening Task Force (DHGSTF) and link with HFOMC at VDC level.*
- *Provide technical support to the functional HFOMCs to build their capacity, to identify local health needs of caste/ethnicity and geographic locations in the post-earthquake context through analysis of service utilization data and access mapping tools to identify the hard-to-reach groups and address gaps to improve health service access focusing on concentrated M/DAG populations in the VDC/Ward.*
- *Provide technical support for social audits and monitor for effective implementation of action plans, especially focusing on M/DAG populations.*

- Review barriers to access with regards to health care services; and ensure that social audits include GESI concerns, and adequate representation of women and marginalized groups
- Assess gaps and challenges in terms of the FMC decision making processes/roles, and identify actions to increase the meaningful participation of women and women and marginalized groups in district-specific health plans and for raising concerns about access to health care services
- Coordinate with NHSSP to review and revise FMC training plans to integrate relevant modules/sessions and materials on GESI, (also based on findings and recommendations from the planned evaluation by Suaahara, which will test the effectiveness of current FMC training materials and approaches on increasing use of services (PNC48) among disadvantaged groups) and support the D/PHO and LTAP to roll out use of revised training plans in H4L districts.
- With the GESI focal points, provide technical support and training for D/PHO, DDC, VDC to ensure FMCs adequately reflect and address GESI concerns.

- Provide technical assistance to support D/PHO and VDCs to use micro-planning to identify GESI barriers to access of health services
- Provide technical support to the FMCs to build their capacity to address GESI and governance-related issues; in particular on how to voice their concerns and opinions about the health services
- Support D/PHO to analyze GESI evidence, and document best practices and lessons learned for dissemination and scale up
- Support the D/PHO, GESI focal point and facility staff to recognize and identify barriers to access to services (e.g., transport/financial resources; privacy, hours of operation etc.)
- Provide technical assistance to the Local Governance Health Task Force at the national level to include GESI integration into Governance Program expansion plans.
- Coordinate with D/PHO to identify relevant government and non-government agencies to expand GESI-networking opportunities at the regional and district levels including organizations representing women, Dalits, Janajatis (ethnic groups), Adibasis (indigenous groups), NGOs and organizations working in the health sector

OBJECTIVE 2: Develop and implement national evidence-based policy

GESI Integration Activities:

- *Support to provide D(P)HO qualitative information based on focus group discussions with M/DAG for recovery plan.*
- *Support D(P)HOs to analyze HMIS disaggregated data and to use data for developing recovery plans and reconstruction of health facilities focusing on the M/DAG population*
- *Provide support to GESI focal points to collect track and monitor GESI-related progress and update in GESI TWG and QAWC.*

- Review and provide technical support to MOHP GESI focal points, DHOs and D/PHO to collect, track and evaluate gender-related indicators
- Integrate GESI analysis into the Public Health Analytics skills training/follow up of DHOs and D/PHOs
- Provide technical support to the GESI focal persons to strengthen their skills to collect, track, and evaluate gender-related indicators
- Support the MOHP's efforts with the planned gender audit of health services
- Provide technical support to NHRC and other stakeholders to ensure that GESI concerns are prioritized and integrated into planned research activities
- Support the disaggregation and analysis of all data, where feasible and appropriate, based on sex, caste, ethnicity, region, age, wealth quintiles, and other social determinants

OBJECTIVE 3: Strengthen national level stewardship of the health sector

GESI Integration Activities:

- Provide technical input and evidence on how GESI integration has affected use and access to services to MOHP as they prepare the next national health sector strategy
- Provide technical input and support to develop the GESI strategy within the NHSP-III

OBJECTIVE 4: Institutionalize nationwide system for quality improvement

GESI Integration Activities:

- *Provide technical support to strengthen the District QAWC and link with QI team at VDC level.*
- *Provide technical support to QI team to identify gaps in quality health service delivery, based on the analysis of health facility service use records and address the particular health needs of M/DAG taking into consideration re-establishment/improvement of health services and health recovery plan.*
- Explore feasibility of including the MOHP GESI Focal point person into the National Quality Assurance Coordination Group
- In districts where they are mobilized, ensure that the MOHP GESI focal point person is included in QAWG meetings in H4L districts
- Support MoHP efforts to strengthen the GESI Technical Working Groups and GESI focal person at all levels (DoHS, RHD, and DHO) as part of the quality assurance system; and develop an accountability mechanism that captures the clients' perspectives on quality and access of care, provider bias, and guarantees confidentiality and informed consent

Health for Life GESI Strategy for EQ-affected districts presented in Framework

Objectives	Strategy	GESI-specific actions	Indicators/Targets	Activities
Institutional Systems to support and promote GESI perspectives in MOHP Health Sector Recovery and Reconstruction strategy and Plan (Central Level)	Establish effective institutional mechanisms for delegating GESI responsibilities from MOHP to district for integrating GESI in MoHP Post-Earthquake 2015 Health Sector Recovery and Reconstruction Support Strategy and Health	Coordinate with MoHP Population Division and concerned GESI Committee within Division, Center and Sections Provide required TA support to the committee for strengthening institutional arrangements for addressing GESI issues in EQ affected districts Coordinate	• The role of MoHP GESI Secretariat rolled out in EQ affected districts	Jointly with H4L Technical Advisor in MoHP identify the Technical Committee that supports Recovery and Reconstruction strategy and Plan - 2015 in MoHP Jointly with Population Division associate with the committee or become a member of the committee Identify other

	Sector Rehabilitation and Reconstruction (RR) plan-2015	and collaborate with key stakeholders and EDPs that supports Post-Earthquake Health Sector Recovery and Reconstruction strategy and Plan		implementing partners, find areas for collaboration, and join the team for regular TA as required for MoHP
Institutional Systems to support and promote GESI in D(P)HO (H4L EQ districts)	Establish effective institutional mechanisms for delegating GESI responsibilities in D(P)HO concerning Post earthquake recovery and Reconstruction plan in district	Support D(P)HO, GESI focal person and health supervisors to address gaps and align MOHP's GESI strategy and guidelines with D(P)HO's structure and program Support GESI TWG to organize effective meeting on regular basis and Support GESI focal person's participation in DDRC and QAWG meetings and support integrating GESI for the improvement of quality of care and DDRC recovery plan.	Regularity with which GESI TWG meetings are held (monthly or as required) GESI focal person's attendance at QWAG and DDRC meetings (monthly or regular) GESI focal person, DDRC and QAWG analyze service data and information and develop plan	Coach and mentor GESI TWG, DDRC and QWAG in identifying GESI issues through the analysis of HMIS data, review health program, and provide input on district response and recovery plan and activities to be implemented at local level especially for those from M/DAG Develop and support the GESI TWG, DDRC and QWAG with GESI checklist for GESI responsive recovery planning

OBJECTIVE 5: Improve capacity of district and local level health workers and community volunteers to deliver high-quality FP/MNCH and nutrition services

GESI Integration Activities:

Collaborate with CTEVT, the Nepal Nursing Council, UNFPA, NHSSP, UNICEF, World Bank , and other key stakeholders to integrate GESI into ANM pre-service training curricula, interpersonal communication curriculum(IPCC) and family planning counseling

- Develop selection criteria to support opportunities to recruit and place women and other marginalized and disadvantaged groups into internship programs with CBOs and local government partner health programs
- Support the D/PHO to train health facility staff on the importance of relevant and respectful care to all clients, including women, girls, adolescents and marginalized groups; and maintaining gender sensitivity
- Identify and target channels most effective in reaching disadvantaged populations; identify and work with "GESI champions of change" at the health facility and District levels to devise appropriate and do-able program approaches
- Coordinate with FMCs to encourage local hiring and retention of female health workers, especially ANMS, for district health facilities; and to encourage the provision for staff who speak the local language at service delivery sites.
- Provide technical support for on-site coaching and focus-groups facilitation to increase accountability of service providers and provide insights into the relationship between GESI and improved health outcomes

OBJECTIVE 6: Improve knowledge, behavior, and use of health services among target population

GESI Integration Activities:

- Provide input into the formative research and barrier analysis to include GESI parameters that can context-specific issues for non-utilization of long-acting and permanent FP services
- Support LTAPs and CBOs to develop BCC approaches and interactive sessions with men and boys to increase the understanding of their gender roles at the community level
- Support the WDO , youth and community members to support efforts to delay early marriage, address GBV, and improve access for adolescents of family planning services in 10 H4L districts
- Coordinate with local media to increase awareness about the efforts of FMCs and encourage people to become more involved and link them to national media as appropriate
- Provide technical assistance to LTAPs on how to integrate GESI concerns into Learning Circle techniques with Mothers Groups, pregnant women committees, and other relevant community-based groups that provide an opportunity for expanding reach (in collaboration with FCHV)
- Target adolescents within existing efforts such as Mothers Groups and FCHV outreach activities and with LTAPs and CBOs, and the GESI focal point, determine innovate ways to target them, and those members in the community who are influential in their health care decisions
- Network with local women's groups, WDOs, local NGOs and CBOs, and the private sector to address and monitor GESI issues and build synergies across programs where possible
- Coordinate with other USAID programs (Suaahara, FtF) and other EDP programs to explore synergies for expanding GESI initiatives at all levels
- Provide technical support to expand information-sharing and promote synergy with other programs and CBOs through GESI-sensitive messages on health

5. RESEARCH, MONITORING, AND EVALUASTION FOR GESI:

In order to track the progress and impact of GESI-aware program approaches, the H4L Project Monitoring Plan (PMP) includes indicators that measure GESI-specific health outcomes; and will inform analysis of how well program approaches and strategies address gender and social inclusion concerns. The H4L M&E plan will track indicators that measure service integration, gender, sustainability, and private sector engagement over the life of the project. Where possible, the program will collect indicators disaggregated by sex, geographic location, religion, age, caste, ethnicity, and other characteristics as appropriate; as well as health statistics to monitor progress and enable analysis of results by different populations; and to ensure that program strategies are adequately tailored to reach the most marginalized communities. Additional GESI analysis of the 2011 NDHS (e.g., shedding light on why suicide appears to be a leading cause of death among women of reproductive age) and the NHSSP 2011 Service Tracking Surveys also provide important insight into gaps and priority focus areas for GESI. Importantly, the H4L M&E plan will also include relevant GESI indicators once the MOHP finalizes the Implementation Strategy for the Health Sector Gender Equality and Social Inclusion Strategy. H4L will also support the HMIS to incorporate and analyze gender-related outcomes into district and national level reporting systems.

Ensuring a gender perspective in H4L implies more than simply presenting sex-disaggregated data. While disaggregated quantitative data are necessary for highlighting specific gender differences (e.g., number and sex of people using a health facility), it will not explain the reason for this difference, which can be further explored through qualitative assessments. Thus, H4L will examine both quantitative and qualitative data from different levels to advance the evidence –base for GESI programming recommendations and develop strategies that are effective in addressing and integrating GESI considerations. When possible, use of participatory methods (e.g., focus groups, in-depth interviews) for research, monitoring and evaluation purposes will be used to better involve stakeholders and engage them in the analysis of their own health problems. H4L will also review the MOHP's use of the "Beneficiaries Contact Monitoring" to better understand clients' perspectives with regards to access, use of, and satisfaction with health delivery services; and determine the feasibility of using this approach with LTAPs and other partners at the district level.

As part of a mid-year review, H4L will measure progress and outcome measures related to gender equity and social inclusion and make recommendations to adjust program interventions to strengthen those aspects that contribute to more equitable health outcomes, and address or reformulate those that do not. Some key questions include:

- Are QI systems improving quality of health care services for disadvantaged groups to the same extent as others?
- Are measures to decentralize and improve local health governance improving access, quality and use by disadvantaged groups?
- Are those setting decisions regarding research and data collection in NHRC taking GESI into consideration?

- Are FMCs effectively advocating for the health needs of women, girls and marginalized populations?
- Are the BCC interventions effective in reaching men and boys and disadvantaged with MCH/FP/RH information and services?
- Are health facility staff more aware of and responsive to GESI concerns?
- Are D/PHO managers using DAG mapping to improve access to services and improve coverage?
- Do parents, adolescents and young adults understand the reasons to delay marriage and childbirth?

Formative evaluation will also help to identify what worked, what did not, and why. This can also reveal important dimensions of gender relations that were overlooked or missed initially, and will determine what strategies are needed to more effectively address GESI concerns, and increase the prospects for achieving desired program outcomes. At this stage, it is also important to involve program participants in the analysis why the program might not be achieving its intended results. Joint engagement in analysis and problem-solving helps to creatively address both hidden and overt gender-based constraints. The program evidence on GESI will be carefully documented and shared at all levels: national, regional, district, and community.

Illustrative GESI indicators regarding health service delivery are provided below, along with examples of how the disaggregated data will be analyzed and presented from a GESI perspective.

- # of people trained in child health and nutrition disaggregated by sex/caste/ethnicity
- % of ANM graduates from 4 ANM schools assessed and recommended for certification as SBAs to NHHTC (among all ANM graduates from 4 schools) disaggregated by age/caste/ethnicity
- Percentage of children receiving measles (9-12 months) disaggregated by sex, caste/ethnicity
- Proportion of Dalit proportion among health facility clients vs. Dalit proportion among catchment populations of the health facility/VDC that were visited in the last month in the H4L districts

Trends in deliveries attended by SBA (doctors, nurses, and ANMs) by caste/ethnic group

Caste/Ethnic Group	Year	Year	Year	**Change in % points**
Brahmins/Chhetris				
Dalits				
Janajatis				
Other Terai Groups/Madhesis				
Newars				

Muslims				
Others				
Total				
Difference between Brahmins/Chhetris and				
Difference between Newars and Janajatis				

Proportion of Institutional deliveries by caste/ethnic group

Caste/Ethnic Group	Year	Year	Year	Change in % points
Brahmins/Chhetris				
Dalits				
Janajatis				
Other Terai Groups/Madhesis				
Newars				
Muslims				
Others				
Total				
Difference between Brahmins/Chhetris and				
Difference between Newars and Janajatis				

Illustrative GESI Indicators:

- Number of H4L policy documents (HR policy, personnel manual) revised according to GESI perspective
- Percentages of staff that are belong to marginalized and disadvantaged caste/ethnicity among total staff disaggregated by program and administration/finance team.
- Proportion of female staff among all staff disaggregated by type and level of position.
- Number of Learning Circles formed where service coverage is low, disadvantaged groups are large, and service coverage is low
- # of HF that have conducted a social audit that reflect a GESI perspective in the last 12 months (among total HFs or sample HFs)
- Percentage of FMC that have implemented programs based on service gap analysis in the last six months
- Proportion of Dalit proportion among health facility clients vs. Dalit proportion among catchment populations of the health facility/VDC that were visited in the last month in the H4L districts
- # of D/PHO managers mapping disadvantaged groups (DAG) to improve access to services and coverage
- Number of trained personnel in the given year disaggregated by sex/caste/ethnicity/region

- % of men who know where to obtain long-term contraceptive methods
- % of parents, adolescents, and young adults who can name advantages to delaying marriage and childbirth among all surveyed (mini survey)
- % of men who reject negative behaviors such as violence against women among all men surveyed (mini survey)
- % of marginalized and disadvantaged who visit a HF in last month among total marginalized population in VDC

ANNEX 1
KEY DEFINITIONS FOR GENDER EQUITY AND SOCIAL INCLUSION

Constructive Men's Engagement promotes gender equity with regard to reproductive health; increases men's support for women's reproductive health and children's wellbeing; and advances the reproductive health of both men and women.

Disadvantaged Group (DAG): DAGs refers to those groups of economically poor people that also face social discrimination based on gender, caste, and ethnicity. This includes those whose livelihoods are dependent on daily-wage labor or other work that barely meets their basic daily needs. DAGs are usually landless or have minimal access to land; have food sufficiency for less than 6 months a year; are unable to access minimum education, health and other services provided by the state; lack the confidence to voice even legitimate demands, and basic social, economic, political, religious and other rights; lack access to decision making process even within their community or at the local level; are excluded from participating in the developmental mainstream; and are socio-culturally excluded, subordinated or suppressed.

Equity strategies refer to the processes used to achieve gender equality. Equity involves fairness in representation, participation, and benefits afforded to males and females. The goal is that both groups have a fair chance of having their needs met and that they have equal access to opportunities for realizing their full potential as human beings.

Empowerment means improving the status of commonly-excluded groups (due to caste, ethnicity, gender, and other social determinants) to enhance their decision-making capacity at all levels, especially as it relates to their sexuality and reproductive health, implementation and evaluation.

Gender: The words gender and sex are often used interchangeably, but there are important distinctions between the two concepts. **Sex** is based on anatomical, physiological characteristics of males and females, while **gender** refers to socially- constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

Gender dynamics refers to the relationships and interactions between and among boys, girls, women, and men. Gender dynamics are informed by socio-cultural ideas about gender and the power relationships that define them. Depending upon how they are manifested, gender dynamics can reinforce or challenge existing norms.

Gender-based Violence (GBV): is violence involving men and women, in which the female is often the victim; and which is derived from unequal power relationships between men and women. It includes, but is not limited to, physical, sexual, and psychological harm. It includes violence that is perpetuated or condoned by the state.

Gender Equality in health means that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Achieving gender equality will require specific measures designed to eliminate gender inequities.

Gender Equity: is the process of being fair to women and men. To ensure fairness, measures must be taken to compensate for historical and social disadvantages that prevent women and men from operating on a level playing field.

GESI-Aware: refers to the explicit recognition of local gender differences and other social determinants (e.g., caste, education, wealth quintile) and their importance to health outcomes in program/policy design

Gender Integration: refers to strategies applied during program planning, assessment, design, implementation, and in monitoring and evaluation to consider gender norms and to compensate for gender-based inequalities.

Gender mainstreaming: is the process of incorporating a gender perspective into the policies, strategies, programs, project activities, administrative functions and the institutional culture of an organization so that institutional practices promote greater equality between men and women.

Marginalized castes and ethnic groups: Dalits (hill and terai), backwards ethnic and indigenous groups; religious minorities (Muslims); including women and children and third gender.

Social Exclusion: both a process and a state by which certain groups are systematically discriminated against because of their caste, religion, gender, disability, HIV status, migrant status or other factors. Social exclusion prevents individuals or groups from full participation in social, economic and political life and from asserting their rights.

Social Inclusion: both a process and an objective, entails removal of institutional barriers and the enhancement of incentives to increase access of diverse individuals and groups to development opportunities. In the context of the health sector means equal and equitable access to basic health services. To achieve this entails both social inclusion and empowerment.

ANNEX 2

KEY HEALTH AND DEVELOPMENT INDICATORS FOR THE MID-WESTERN REGION IN NEPAL

Key Health/Development Indicators	National	Mid-Western Region	Mid-Western Terai	Mid-Western Hill	Western Mountain[6]
Cannot read at all (women)	33%	38%	34%	36%	58%
Median age first marriage	18	17	17.5	17	16
Percent of teenage women who have begun childbearing	17%	20%	21%	16%	26%
Total Fertility Rate	2.6	3.2	-	-	-
Unmet need for family planning	27%	26%	21%	32%	25%
CPR (modern method)	43%	43%	49%	38%	40%
Postpartum FP counseling/information	9%	10%	11%	11%	6%
Percent receiving ANC from skilled provider	58%	53%	61%	43%	50%
Percent delivering at health facility	35%	29%	40%	25%	16%
Percent with no birth preparedness	35%	36%	34%	34%	40%
No post-natal checkup in first two days after birth (mother)	56%	61%	49%	67%	71%
No post-natal checkup (new-born)	68%	65%	57%	68%	74%
Neo-natal mortality (per 1000 live births)	46	58	-	-	-
Fully immunized child	87%	85%	94%	82%	83%
Percent of underweight children < 5 (low weight/age)	29%	37%	32%	37%	42%
Prevalence of anemia in women	35%	36%	49%	23%	33%

Source: 2011 Nepal Demographic Health Survey

[6] Due to the small population size in the mountain regions, the Western, Mid-western, and Far-western mountain regions are combined into one domain in NDHS 2011

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