

USAID TRANSFORM: PRIMARY HEALTH CARE

Successes From a Collaborative and Iterative Process for Gender Integration Throughout the Project Cycle



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USAID's Gender Integration

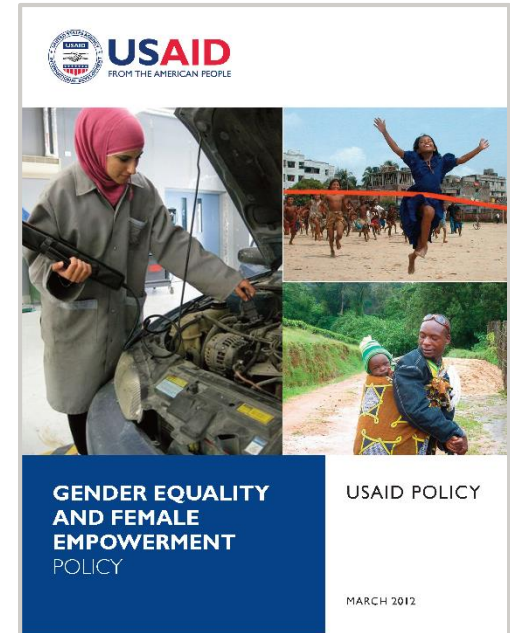
Section 01

- The Mandate

The Mandate

The USAID Gender Equality and Female Empowerment (GEFE) Policy commits the Agency “to improve the lives of citizens around the world by advancing equality between females and males, and empowering women and girls to participate fully in and benefit from the development of their societies.”ⁱ

ADS 205 Integrating Gender Equality and Female Empowerment in USAID's Program Cycleⁱⁱ provides guidance for the operationalization of this policy, including defining gender analysis and where it applies in the program cycle. The gender analysis requirement became law with the Women's Entrepreneurship and Economic Empowerment (WEEE) Act,ⁱⁱⁱ which requires the Agency to ensure that gender be integrated throughout the program cycle—from strategic planning, to project design and implementation, to monitoring and evaluation. USAID's implementing partners are tasked with conducting their own project-specific gender analysis and ensuring findings from these analyses are integrated throughout their program. Transform: Primary Health Care project's collaborative and iterative process for gender integration could serve as a model for projects that seek to improve gender analysis and integration.



Transform: Primary Health Care Project

Section 02

- Introduction
- Gender Integration Approach

Introduction

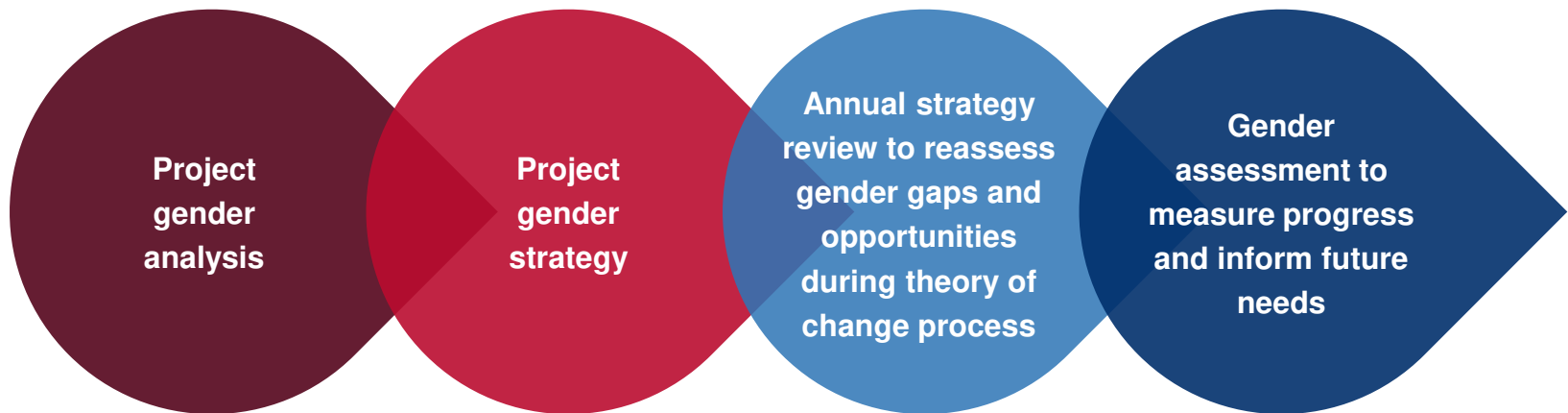
The Transform: Primary Health Care project aims to contribute to the prevention of maternal and child deaths by strengthening the health system in Ethiopia.

The Transform: Primary Health Care project is funded by the United States Agency for International Development (USAID) and implemented in collaboration with local government partners from January 2017 – December 2021. The project seeks to advance health sector actors' public purpose to contribute to preventing child and maternal deaths, and improving engagement with the Government of Ethiopia on the implementation of its Health Sector Transformation Plan. It focuses primarily on the areas of maternal, newborn, child, and adolescent health and nutrition; family planning and reproductive health; and malaria within Ethiopia's four major regions of Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region; and Tigray.

Gender Integration Approach

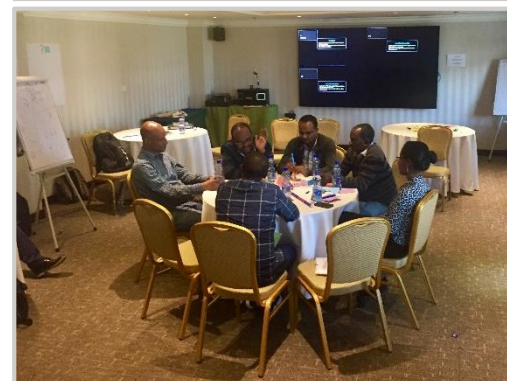
Transform: Primary Health Care is committed to gender integration throughout the life of the project because it recognizes gender equality as a key social determinant of positive health outcomes.

The project's gender integration efforts are grounded in an interconnected, mutually reinforcing, gender-transformative, evidence-based approach that contributes to preventing maternal, newborn, and child deaths across the project's result areas, as illustrated below. The project uses the Gender Integration Continuum^{iv} as a guiding framework for gender integration activities, advocating for and building capacity among the technical team to implement norms change and transformative approaches where possible.



Gender Integration Approach

In 2018, the Transform: Primary Health Care project, with engagement from the Federal Ministry of Health (FMOH) Women, Children, and Youth Affairs Directorate, conducted a gender analysis that employed a unique, collaborative approach, which engaged project staff and key stakeholders throughout various stages, from its inception to the development of final conclusions and recommendations. The project undertook this participatory process to help ensure alignment with its priorities and use of the gender analysis findings for relevant, meaningful, and effective gender integration for the duration of the project. The findings, conclusions, and recommendations shared with partners and external stakeholders informed the project's gender strategy, which the team revisits annually during the theory of change process to adapt and improve gender integration and gender-transformative efforts in project activities. The gender analysis and consultation process also served as an opportunity for capacity building for the FMOH and helped inform policy priorities at the federal level.



Gender Integration Successes

Section 03

- Responding to Gender Gaps and Opportunities
- Building the Capacity of Technical Leads
- Next Steps

Responding to Gender Gaps and Opportunities

Guided by the gender strategy, the project worked in close collaboration with the project thematic technical leaders and FMOH structures to respond directly to gender gaps and opportunities in healthcare management and quality service delivery. Key examples include:

Gender-responsive Leadership, Management, and Governance

The gender analysis showed that female employees within the health system faced difficulties in advancement, leadership, and retention. To directly address this, the Transform: Primary Health Care project helped develop gender-responsive leadership, management, and governance capacity-building training sessions starting in 2019 to teach leaders to better support and promote female workers; develop and enforce anti-sexual harassment policies; create on-site childcare facilities; and introduce a female-only leadership, management, and governance cohort. To date, 78 women have been trained of whom 8 have recently been promoted to leadership positions.

Responding to Gender Gaps and Opportunities

Improving Gender-based Violence (GBV) Prevention and Response Services

The gender analysis reported gaps in GBV services and referral networks, as well as a disconnect between written policies and their implementation and enforcement. The project then commissioned a GBV landscape analysis in 2018 to detail the gaps and opportunities within the health system in four learning woredas to identify key areas for intervention. The project completed the study in July 2019. Findings demonstrated varied levels of training among providers, a lack of awareness of GBV policies and procedures, disjointed or incomplete referral pathways, and sociocultural norms and attitudes that inhibited care seeking. The project responded starting in October 2019 by engaging with the Federal Ministry of Health to support the GBV strategic plan development; organize multi-stakeholder standards of practice orientations; provide job aids, including GBV care algorithms and clinical manuals; and integrate GBV prevention messaging into the social and behavior change communication team's materials and interventions.

Responding to Gender Gaps and Opportunities

Engaging Men in Antenatal Care (ANC) and Family Planning (FP)

The gender analysis demonstrated male resistance to family planning and lack of engagement in ANC, maternal health, and parenting. Research has increasingly shown that male acceptance of FP and engagement in maternal health and parenting improve maternal and child health outcomes and reduce maternal and child deaths.^v Consequently, the project decided in 2019 to undertake an implementation science study to test the feasibility, adaptability, and scalability of an adaptation of Promundo's Program P, based on its success in the Bandebereho program in Rwanda to increase women's attendance and men's accompaniment in ANC visits, and boost modern contraceptive use.^{vi} The intervention is currently on-going, and the project will share results at the end of 2020.

Building the Capacity of Technical Leads

Transform: Primary Health Care project also worked to train and build the capacity of technical leads to identify gender needs and opportunities within their technical programming, and adapt their activities to be gender responsive. During the annual gender strategy review in May 2019, lead technical staff shared their successes in integrating gender-sensitive approaches within their activities, as well as unintended positive outcomes that had contributed to the project's aim of preventing child and maternal deaths.

Service Integration

Findings from the gender analysis showed that women often did not have complete autonomy regarding their healthcare and experienced other barriers to health access, including financial, transportation, and time constraints. Normally, malaria testing for febrile pregnant women occurs in the Outpatient Department (OPD), while regular prenatal care occurs in the ANC unit. Recognizing that long wait times were significant deterrents to health seeking, starting in 2018, the project trained midwives in ANC to capture data on febrile pregnant women and provide malaria diagnosis and treatment. This practice allows women to receive both services in one place instead of visiting multiple departments, which significantly shortens time spent at the health facility. To date, more than 195,000 febrile pregnant women were tested for malaria during ANC visits at this one-stop service, which resulted in the identification and treatment of 272 malaria cases.

Building the Capacity of Technical Leads

Advocating for Gender Transformation to Improve Child Health

Transform: Primary Health Care project's Child Health Advisor sits on the Ministry of Health's national child health technical working group to develop the National Strategic Plan for Early Childhood Development in Ethiopia. International stakeholders introduced an early childhood development intervention that seeks to nurture harmonious interactions between spouses during pregnancy and encourages husbands to care for their pregnant wives, because lower stress and conflict have been shown to increase positive birth and child health outcomes. Many respondents from the gender analysis recognized the high prevalence and acceptance of GBV, as well as inadequate prevention and response services. Throughout 2019, Transform: Primary Health Care project's staff worked to adapt the curriculum with an emphasis on incorporating norms change communication about gender, GBV, pregnancy, and parenting to improve child health, while advocating to the Ministry of Health to integrate this intervention more broadly within the health system. Recognition of the links between GBV and gender issues and child health at the national level could open the door for other national-level policies and interventions to address spousal GBV to promote women and children's health, and advocacy is still on-going.

Building the Capacity of Technical Leads

Engaging the Community

The gender analysis and GBV landscape analysis showed that many women, particularly married women, did not access health services due to, among other reasons, lack of awareness of available services. In 2019, Transform: Primary Health Care project introduced health post “open house” events that allow the community to visit health posts where health extension workers provide education about and demonstrate services available at the facility. These events are great opportunities for women to gain awareness and information about available services, and where and how to engage with the health system to increase their health literacy. Additionally, some health posts invite husbands to nutrition demonstrations to promote male engagement in household responsibilities and child care more broadly.

Building the Capacity of Technical Leads

Improving Maternal Health and Engaging Men in ANC

As stated above, travel and time constraints are key deterrents to women's health seeking, and influence their access to the recommended ANC visits. In 2019, the project procured and distributed 100 ultrasounds and trained 100 midwives at health centers to expand ultrasound services. Pregnant women in these catchment areas no longer have to travel and pay for ultrasound services, and are now able to deliver at the same health center where they received ANC, which reduces the time and financial burden of maternal care at health facilities. As an unintended positive outcome, service providers have noted anecdotally that husbands were interested in seeing their child on the ultrasound, so it seemed that male attendance at ANC visits had increased as a result.



Building the Capacity of Technical Leads

Empowering Adolescents

The gender analysis explained that norms stigmatizing sex outside marriage often encouraged early marriage and other harmful traditional practices. A subsequent GBV landscape analysis found that married girls and young female survivors of GBV often did not seek services due to fear of stigma or a lack of awareness of available services. Starting in 2018, Transform: Primary Health Care project has been providing “life skills” training to adolescent girls aged 11 to 14, including information on GBV, early marriage, and harmful traditional practices. During these sessions, the girls visit police stations and are briefed on services available in the event they are harassed. They also go to banks to learn about saving and other personal finance topics. The program has already graduated 600 girls and continues to provide sessions for another 200. Transform: Primary Health Care project staff involved in the intervention reported that before the sessions, the girls had been apprehensive about seeking services from the police. After the training, girls understood they could seek help in instances of GBV, early marriage, and other issues surrounding harassment and abuse.

Next Steps

Transferring Capacity

As the project is in its fourth year and prepares to enter its last year, the focus for gender integration is on transferring capacity to local stakeholders, documenting success stories, and continued capacity strengthening to cultivate more champions for addressing gender issues in reproductive, maternal, neonatal, and child health. Specific activities include:

- Supporting grants for child care facility supplies at health facilities
- Continued training and engagement for health system leaders to create gender-responsive work environments and expand efforts to train and mentor primary health care unit managers to be increasingly responsive to gender and health issues along the continuum of care
- Support Woreda Health Office staff and health service providers to conduct gender analyses to inform gender responsive actions in the Woreda-based planning process
- Create four model sites (one in each project region) to demonstrate comprehensive GBV prevention and response services at the primary health care level
- Provide final report of the male engagement implementation research study to the FMOH regarding the adaptability, feasibility, and scalability of the intervention to improve male engagement in ANC and FP
- Conduct a gender assessment to measure progress, identify changes in gender norms as a result of project interventions, and inform needs and next steps for the FMOH to continue integrating gender in the Health Sector Transformation Plan

Endnotes

- ⁱ USAID. 2012. Gender Equality and Female Empowerment Policy. Accessible at: https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf
- ⁱⁱ USAID. 2017. ADS 205 Integrating Gender Equality and Female Empowerment in USAID's Program Cycle. Accessible at: <https://www.usaid.gov/sites/default/files/documents/1870/205.pdf>
- ⁱⁱⁱ Women's Entrepreneurship and Economic Empowerment Act of 2018. Pub. L. No. 115-428. 2019. Accessible at: <https://www.congress.gov/bill/115th-congress/senate-bill/3247/text>
- ^{iv} Population Reference Bureau. 2017. The Gender Integration Continuum Training Session User's Guide. Accessible at: <https://www.igwg.org/training/programmatic-guidance/>
- ^v Yargawa, J. and J. Leonardi-Bee. 2015. Male involvement and maternal health outcomes: systematic review and meta-analysis. *Epidemiol Community Health*, 69:604-612. Accessible at: <https://jech.bmj.com/content/69/6/604>; Comrie-Thomson, L., M. Tokhi, F. Ampt, A. Portela, M. Chersich, R. Khanna and S. Luchters. 2015. Challenging gender inequity through male involvement in maternal and newborn health: critical assessment of an emerging evidence base. *Culture, Health and Sexuality*, 17:sup2, 177-189, DOI: 10.1080/13691058.2015.1053412
- ^{vi} Doyle, K., R.G. Levtov, G. Barker, G.G. Bastian, J.B. Bingenheimer, S. Kazimbaya et al. 2018. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS ONE* 13(4): e0192756. Accessible at: <https://doi.org/10.1371/journal.pone.0192756>

USAID Transform: Primary Health Care project is partnering with the government of Ethiopia to prevent child and maternal deaths by strengthening the country's health system. The project works in Amhara, Oromia, Tigray, and SNNPR. Funded by USAID, the project is implemented by Pathfinder International, JSI Research & Training Institute, Inc., Abt Associates, EnCompass LLC, the Malaria Consortium, and the Ethiopian Midwives Association.

