THE HENRY J. KAISER FAMILY FOUNDATION

U.S. GLOBAL HEALTH POLICY

THE WOMEN, GIRLS, AND GENDER EQUALITY PRINCIPLE OF THE U.S. GLOBAL HEALTH INITIATIVE (GHI): ASSESSMENT OF THE GHI PLUS COUNTRY STRATEGIES

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JEN KATES, KAISER FAMILY FOUNDATION
JANET FLEISCHMAN, CONSULTANT

SUMMARY

The U.S. Global Health Initiative (GHI), announced in May 2009 by President Obama as a new effort to develop a comprehensive U.S. government (USG) strategy for global health, is guided by seven core principles. The first of the GHI's principles is a "focus on women, girls, and gender equality," and the prominent attention given to this principle was seen as a signal of its importance on the U.S. global health agenda. Draft guidance on the principle (see Figure 1) was provided to the eight "GHI Plus" countries, the subset of countries in which the U.S. carries out global health programs selected for accelerated implementation of the GHI and its principles, and required to submit GHI country strategies. This document seeks to assess how the principle was reflected in these country strategies, completed thus far by seven of the eight GHI Plus countries – Bangladesh, Ethiopia, Guatemala, Kenya, Mali, Malawi, and Nepal (Rwanda has not yet completed its strategy).

Overall, the analysis finds that while not required to address the women, girls, and gender equality principle in their country strategies, the principle had a clear impact on their content and planned directions. For example, all seven addressed the health of women and girls as one of their top priorities, focusing on women and girls as the beneficiaries of health services, and several went further to address gender equality more broadly by including women and girls as decision-makers and planners in health care programs, and by addressing social, economic, and cultural determinants of health. Nevertheless, the extent of the focus on women, girls, and gender equality varied by country. Only one country, for example, addressed all three requirements of the guidance, while most addressed just one. In addition, only one country addressed all ten of the key implementation elements provided by the guidance, with most countries addressing six or seven. Finally, only one of the ten implementation elements was addressed by all seven country strategies.

Figure 1. Guidance on the Women, Girls, and Gender Equality Principle – Requirements and Implementation Elements

Requirements for Country Strategies

1. Gender analysis
2. Women, girls, and gender equality narrative
3. Measurement and evaluation

10 Key Elements of Implementation

1. Ensure equitable access to essential health services at facility and community levels.
2. Increase meaningful participation of women and girls in planning, design, implementation, monitoring, and evaluation of health programs.
3. Monitor, prevent, and respond to gender-based violence.
4. Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.
5. Engage men and boys as clients, supportive partners, and role models for gender equality.
6. Promote policies and laws that will improve gender equality, and health status, and/or increase access to health and social services.
7. Address social, economic, legal, and cultural determinants of health through a multisectoral approach.
8. Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls.
9. Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout the health systems, from the community to national level.
10. Strengthen the capacity of institutions – which set policies, guidelines, norms, and standards that impact access to, and quality of, health-related outreach and services – to improve health outcomes for women and girls and promote gender equality.

In these early days of implementation of the GHI at the country level, this analysis is intended to serve as a baseline against which future country strategies can be compared. Going forward, the real test will involve how these strategies are implemented at the country level, and whether the inclusion of the women, girls, and gender equality principle impacts the health outcomes of those women and girls, as well as their families and communities, whom the GHI is intended to reach.

INTRODUCTION

In May 2009, President Obama announced a new U.S. Global Health Initiative (GHI), proposed as a six-year, $63 billion effort to develop a comprehensive U.S. government (USG) strategy for global health, acting as an umbrella over most U.S. global health programs (see Figure 2).[1,2] The GHI is guided by seven core principles, the first of which is a "focus on women, girls, and gender equality" (see Figure 3). The prominent attention given to this principle, particularly as the first of the seven core principles, was seen as an indication of the importance placed on the health of women and girls as well as gender equality on the U.S. global health agenda. It is not yet known, however, how this principle will be implemented at the country level, and how its inclusion in the GHI will impact the health outcomes of those women, girls, families, and communities whom the GHI is intended to reach.

The Kaiser Family Foundation is undertaking a series of projects examining the application of the women, girls, and gender equality principle to U.S. global health efforts.[3] As part of this effort, this document seeks to assess how the women, girls, and gender equality principle has been reflected in GHI country strategies. It focuses on those country strategies that have been submitted to date by the eight "GHI Plus" countries, a subset of countries selected by the Administration (from among the approximately 80 in which the USG works) for accelerated implementation of the GHI approach, serving as "learning laboratories" for the broader roll-out of the GHI.[2,4] All eight countries – Bangladesh, Ethiopia, Guatemala, Kenya, Mali, Malawi, Nepal, and Rwanda – were required to submit GHI country strategies, described as "high level, cross cutting documents outlining select areas of focus to achieve greater value and impact by applying the GHI principles."[5] The strategies were not intended to supplant program-specific country operational plans, such as the President's Emergency Plan for AIDS Relief (PEPFAR)[6] Country Operational Plans (COPs) or the President's Malaria Initiative (PMI)[7] Malaria Operational Plans (MOPs). In fact, all funding for the GHI is coming from existing USG global health programs, like PEPFAR.[8,9] Rather, the strategies are intended to "cut across" these plans as well as to identify new areas for impact. Seven of the GHI Plus country strategies (all but Rwanda) have been completed and form the basis of this analysis.[10]

Figure 2. U.S. Global Health Programs Under GHI Umbrella

1. PEPFAR (HIV/AIDS and the Global Fund)
2. PMI and other Malaria Activities
3. Tuberculosis
4. Neglected Tropical Diseases
5. Maternal Health
6. Child Health
7. Family Planning/Reproductive Health
8. Nutrition

Figure 3. The Seven Core GHI Principles

1. *Focus on women, girls, and gender equality*
2. Encourage country ownership and invest in country-led plans
3. Build sustainability through health systems strengthening
4. Strengthen and leverage key multilaterals and other partnerships
5. Increase impact through strategic coordination and integration
6. Improve metrics, monitoring, and evaluation
7. Promote research and innovation

THE WOMEN, GIRLS, AND GENDER EQUALITY PRINCIPLE

The women, girls, and gender equality principle of the GHI aims to sharpen the focus in these areas across USG global health efforts. The principle is designed to address the "[g]ender-related inequalities and disparities [that] disproportionately compromise the health of women and girls and, in turn, affect families and communities."[11] The intent of the guidance is to move away from an often exclusive focus on women and girls as beneficiaries of health services. As such, references to increasing access to services are based on the need to identify and address those gender-related factors and barriers that impede access. Importantly, the guidance seeks to go further, by focusing more explicitly on issues of gender equality and by ensuring that women and girls will be key actors in the planning, implementation, and monitoring and evaluation of health and development programs. In fact, the emphasis on gender equality was intentional and significant – when initially launched, the GHI's first principle was titled, "a women- and girls-centered approach" and was later re-titled to include "gender equality" to emphasize its importance to the principle's goals.

A U.S. Government Interagency Task Force on Women and Girls developed draft guidance on the women, girls, and gender equality principle in the fall of 2010, the first guidance developed for any of the seven GHI core principles. It was subsequently finalized in April 2011.[12]

The guidance contains two main components: three requirements to be included in each country strategy and ten key implementation or programming elements in support of the women, girls, and gender equality principle (see Figure 1). The three required areas to be included in country strategies are as follows:

- **Gender analysis**, which should involve an assessment of the priority needs of women and girls in the health sector as well as the broader structural factors, roles, and norms that affect women and girls and should inform the design of GHI projects and activities;
- **Women, girls, and gender equality narrative**, which should describe how the GHI country team is implementing the principle, highlighting key gender issues and needs as well as priority actions that are being planned to address these issues; and
- **Measurement and evaluation**, which should include collecting data to evaluate progress, notably sex- and age-disaggregated data as well as health statistics.

The ten key implementation elements are presented as a menu from which countries can choose to help identify opportunities to improve the health of women and girls, increase gender equality, and implement gender-related strategies and programming, depending on their particular country contexts. The ten elements are not requirements, nor are they prioritized in the guidance; rather countries are requested to choose elements based on findings from their gender analysis and in consultation with the host country, both government and civil society. The objective of the guidance is to have these elements integrated into existing programs and platforms, not necessarily to launch new or stand-alone activities.

The draft guidance was provided to the eight GHI Plus countries, as well as to numerous U.S. and international non-governmental organizations (NGOs) and implementing partners, to solicit their feedback. It was also intended to inform the development of GHI Plus country strategies. However, it is important to note that country teams were not required to follow the guidance in their initial submissions, which, with the exception of Bangladesh, were not finalized before their strategies were due. Seven of the eight country strategies had been completed by March 2011, and the guidance was finalized shortly thereafter in April 2011, based on the feedback from country teams as well as input from other stakeholders.

METHODOLOGY

To assess the extent to which the country strategies reflected the women, girls, and gender equality principle, we reviewed each of the seven country strategies to determine whether they:

1) Identified the health of women and girls as a main priority area;
2) Went beyond addressing women and girls only as beneficiaries of health services to focus on them as actors and decision-makers and/or on changing gender norms, as well as on gender equality;
3) Included any of the three required areas of the guidance; and
4) Included any of the ten key elements of implementation.

We also solicited input from the U.S. Government's Interagency Task Force on Women and Girls. Given that our intent was to address the GHI strategies themselves, we did not review other existing country documents, such as PEPFAR's COPs, PMI's MOPs, or the U.S. Agency For International Development's (USAID) Mission Operational Plans (OPs) – the required annual work plans that countries must already submit, although these plans will be expected to contain "full details on implementation of the principle."[13] In addition, because GHI country teams were not required to follow the guidance in their initial submissions, this assessment should be considered a

baseline, which can be compared to future iterations of their country strategies as well as the forthcoming strategies of other GHI countries.

FINDINGS

While not required to address the women, girls, and gender equality principle in their initial country strategy submissions, this analysis found that each of the seven GHI country strategies explicitly did so, although the extent of their focus varied by country. Findings by each assessment area are presented below.

Health of Women and Girls as a Main Priority Area

All seven GHI Plus country strategies addressed the health of women and girls as one of their top priorities (see Figure 4). In each case, these focused on women and girls as beneficiaries of health services, such as increasing access to family planning and maternal and child health services, and reflecting existing U.S. global health programming areas.

Figure 4. GHI Plus Country Strategy – Priorities Addressing Women and Girls as Beneficiaries of Health Services

- **Bangladesh**: Main objective of the strategy is to increase equitable use of evidence-based, high impact population health and nutrition services, and increased use of effective family planning and reproductive health services is one of three main intermediate results.
- **Ethiopia**: Overall vision of the strategy is to improve the health status of Ethiopians and specifically the most vulnerable groups of mothers, newborns, and children under five, with priority placed on reducing maternal, neonatal, and child mortality.
- **Guatemala**: One of three key priorities of the strategy is to improve access to and quality of maternal and child health and family planning and reproductive health services, with an emphasis on rural and indigenous populations to reduce inequitable health outcomes.
- **Kenya**: One of the strategy's overarching goals is to reduce the high rates of maternal, neonatal, and child mortality.
- **Malawi**: Among the strategy's three areas of focus are: the provision of quality care to reduce maternal, neonatal, and child mortality and morbidity; and the reduction of unintended pregnancies.
- **Mali**: Among the strategy's three priority areas are: to innovate, scale up, and document the effects of postpartum family planning; and to deliver integrated packages of essential services at the community level to address Millennium Development Goals 4 and 5.*
- **Nepal**: Strategic goal is to achieve Millennium Development Goals 4 and 5.* One of three areas of focus of the strategy is to improve health care and opportunities for women, children, and marginalized populations in the context of extending services to all.

*The Millennium Development Goals (MDGs) are the time-bound international development goals, agreed to by all United Nations member governments, for achievement by 2015. MDG 4 is reducing child mortality by two-thirds among children under 5; MDG 5 is improving maternal health by reducing the maternal mortality ratio by three-quarters and achieving universal access to reproductive health. See: http://www.un.org/millenniumgoals.

Going Beyond Women and Girls as Beneficiaries

Some of the country strategies went beyond viewing women and girls only as beneficiaries of health services, focusing on them as actors and decision-makers and/or on changing gender norms. These strategies addressed the broader gender issues that impact women's and girls' health – such as increasing the meaningful participation of women and girls in the planning, design, implementation, and monitoring of health programs; preventing and responding to gender-based violence (GBV); strengthening social networks and economic empowerment for adolescent girls; and addressing social, economic, and cultural determinants of health through multisectoral approaches. For example, in Ethiopia, the GHI will work to promote women's active participation and leadership in the health arena; in Nepal, the GHI will support the Ministry of Health and Planning in executing its Gender Equity and Social Inclusion Strategy, which is viewed as critical to creating greater equity in the country; and in Mali, the GHI will work with women's groups to help strengthen literacy and economic opportunities for women and girls.

A few of the country strategies also included plans to work with country leaders to promote policies and programs that focus on women and girls. In Bangladesh, Guatemala, and Kenya, for example, GHI teams plan to work with parliamentarians and other policy leaders to increase attention to and resources for family planning and population policy (see more detail below in *Ten Implementation Elements*).

Three Requirements

As mentioned above, the guidance includes three requirements – a gender analysis; a gender narrative; and measurement and evaluation through collection of sex- and age-disaggregated data and health statistics. Only one country – Bangladesh – explicitly addressed all three of these in its country strategy and, as noted above, Bangladesh was the only country that completed its strategy after the final guidance was released (although the three requirements remained unchanged from the draft). One country – Nepal – addressed none of the requirements. Findings by requirement are as follows (see Figure 5 for an overview; detailed information is provided in Appendix I):

- Gender analysis: A gender analysis was explicitly mentioned by two countries – Bangladesh and Malawi – with Bangladesh referencing its USAID gender analysis,[14] a requirement of the USAID Automated Directives System (ADS), the Agency's official guidance on policies and operating procedures.[15] As part of this ADS requirement, a gender analysis must be conducted for all USAID projects, and GHI country teams are permitted to use this analysis to fulfill the gender analysis requirement. Although no other GHI Plus country strategy mentioned the USAID gender analysis in their plans, we identified such analyses for four of them – Guatemala, Kenya, Mali, and Malawi (although the analysis from Kenya was more than 10 years old).[14]
- Gender narrative: The most common requirement to be addressed was the gender narrative, which was included in six of the seven country strategies. These were generally short narratives that addressed the women, girls, and gender equality principle and the country's plan for incorporating its approach and emphasis.
- Measurement and evaluation: The third requirement, compiling sex- and age-disaggregated data and other relevant health statistics, was addressed only by Bangladesh.

Figure 5: Guidance on the Women, Girls, and Gender Equality Principle – Summary Matrix of Requirements

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal	TOTALS
Three Requirements								
1. Gender analysis	X				X			2
2. Women, girls, and gender equality narrative	X	X	X	X	X	X		6
3. Measurement and evaluation	X							1
TOTALS	3	1	1	1	2	1	0	–

Ten Implementation Elements

Of the ten key elements of implementation, inclusion varied by country (see Figure 6 for an overview; detailed information is provided in Appendix II). Given that the elements were not provided as requirements, intended instead to serve as a menu from which countries could choose based on their country context (as determined by a gender analysis and in consultation with host country stakeholders), some variation is expected. Only one country – again, Bangladesh – explicitly addressed all ten elements. In addition, only one element was addressed by all seven strategies, while most touched on six or seven in varying degrees of detail:

The **one** element addressed by all **seven** country strategies was as follows:

- Element #1, ensuring equitable access to essential health services at facility and community levels, including by addressing barriers to access and through integration of or referral to other services. Six of the seven strategies specifically mention integration of services: Malawi, for example, plans to integrate HIV, antenatal care (ANC), and family planning and reproductive health, and to conduct screening for GBV in HIV testing and counseling; and Ethiopia plans to integrate prevention of mother-to-child transmission (PMTCT) of HIV, ANC, and maternal care services.

Figure 6: Guidance on the Women, Girls, and Gender Equality Principle – Summary Matrix of Implementation Elements

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal	TOTALS
Ten Key Implementation Elements								
1. Ensure equitable access to essential health services at facility and community levels.	X	X	X	X	X	X	X	7
2. Increase meaningful participation of women and girls in planning, design, implementation, monitoring, and evaluation of health programs.	X	X				X	X	4
3. Monitor, prevent, and respond to gender-based violence.	X	X	X		X			4
4. Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.	X				X	X		3
5. Engage men and boys as clients, supportive partners, and role models for gender equality.	X			X	X	X		4
6. Promote policies and laws that will improve gender equality, and health status, and/or increase access to health and social services.	X		X	X	X		X	5
7. Address social, economic, legal, and cultural determinants of health through a multisectoral approach.	X	X	X		X	X	X	6
8. Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls.	X	X	X	X		X	X	6
9. Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout health systems, from the community to national level.	X	X		X			X	4
10. Strengthen the capacity of institutions, which set policies, guidelines, norms, and standards that impact access to, and equality of, health-related outreach and services, to improve health outcomes for women and girls and promote gender equality.	X	X	X		X		X	5
TOTALS	10	7	6	5	7	6	7	–

The remaining **nine** elements were addressed by **subsets** of the country strategies as follows:

- Element #2, increasing the meaningful participation of women and girls in the planning, design, implementation, monitoring and evaluation of health programs, was addressed by **four** countries – Bangladesh, Ethiopia, Mali, and Nepal. For example, in Ethiopia, the GHI plans to promote women's active participation and leadership in the health arena and to support the establishment of women-centered health development teams, and in Nepal, the GHI plans to ensure equitable gender involvement in program planning and implementation as fundamental to the success of community nutrition practices.
- Element #3, monitoring, preventing, and responding to gender-based violence, was addressed by **four** countries – Bangladesh, Ethiopia, Guatemala, and Malawi. In Guatemala, for example, the GHI plans to build on the Guatemalan Ministry of Health's work to address GBV by expanding attention to GBV among indigenous women and girls, and the GHI in Malawi plans to strengthen GBV screening in HIV testing and counseling sessions and client referrals to Victims Support Units and post-exposure prophylaxis services.
- Element #4, empowering adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets, was addressed by **three** countries – Bangladesh, Malawi, and Mali. In Bangladesh, for example, this will include outreach to young people (both male and female) in and out of schools to promote peer education networks and gender messages.
- Element #5, engaging men and boys as clients, supportive partners, and role models for gender equality, was addressed by **four** countries – Bangladesh, Kenya, Malawi, and Mali. Examples of this element included Malawi's plan to redesign antenatal clinics to be more welcoming to male partners, allowing them to take part in their partner's care during pregnancy and to be tested with her for HIV.
- Element #6, promoting policies and laws that will improve gender equality, and health status, and/or increase access to health and social services, was addressed by **five** countries – Bangladesh, Guatemala, Kenya, Malawi, and Nepal. In Bangladesh and Kenya, GHI teams plan to work with parliamentarians and other policy leaders to increase attention to and resources for family planning and population policy.
- Element #7, addressing social, economic, legal, and cultural determinants of health through a multisectoral approach, was addressed by **six** countries – Bangladesh, Ethiopia, Guatemala, Malawi, Mali, and Nepal. Nepal, for example, plans to work on increasing women's access to productive assets, health care, and education by ensuring that women benefit from new opportunities for leadership, training, wage income, and program employment; and in Ethiopia, the GHI plans to support activities that address harmful traditional practices, such as female genital mutilation and early marriage.
- Element #8, utilizing multiple community-based approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls, was addressed by **six** countries – Bangladesh, Ethiopia, Guatemala, Kenya, Mali, and Nepal. The GHI in Bangladesh, for example, plans to support the Government of Bangladesh in developing a national behavior change communication strategy for targeted, age and gender appropriate messages for family planning and reproductive health, and the GHI in Mali will include community engagement of grandmothers, aunts, husbands, and other family members to support exclusive postpartum family planning activities.
- Element #9, building capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout the health systems was addressed by **four** countries – Bangladesh, Ethiopia, Guatemala, and Nepal. Nepal, for example, plans to employ minorities and women in all programs.
- Element #10, strengthening the capacity of institutions – which set policies, guidelines, norms and standards that impact access to, and quality of, health-related outreach and services – to improve health outcomes for women and girls and promote gender equality was addressed by **five** countries –

Bangladesh, Ethiopia, Guatemala, Malawi, and Nepal. For example, Malawi plans to strengthen capacity for data collection and analysis within the Government of Malawi's Reproductive Health Unit to support interventions to scale-up and sustain better maternal outcomes.

LOOKING FORWARD

Although the GHI Plus countries were not required to address the women, girls, and gender equality principle in their initial country strategy submissions, the principle had a clear impact on the content and planned directions of their strategies. In addition to all of the strategies addressing women and girls as the beneficiaries of health programs, several addressed gender equality and gender norms more broadly and included women and girls as decision-makers and planners in health care programs. At the same time, the extent of the focus on women, girls, and gender equality varied by country, as might be expected given different country contexts and levels of capacity to address gender across GHI country teams, as well as the fact that the guidance was still being finalized as country teams were developing their strategies.

Going forward, the real test will involve how these strategies are implemented at the country level. Specifically, it will be important to assess: how this initial set of country strategies might inform the incorporation of the women, girls, and gender equality principle in future country strategies, both from these countries and from additional GHI countries; whether other, program-specific country plans, such as those undertaken as part of PEPFAR and PMI, more comprehensively address the women, girls, and gender equality principle; what lessons can be learned about the challenges and opportunities of implementing a women, girls, and gender equality approach at the country-level – specifically, how such an approach might be related to health outcomes not just for women and girls, but for families and communities; and how USG technical assistance and non-financial resources can best be leveraged to facilitate implementation.

ENDNOTES

[1] The White House, Office of the Press Secretary, "Statement by the President on Global Health Initiative," May 5, 2009; available at: www.whitehouse.gov/the_press_office/Statement-by-the-President-on-Global-Health-Initiative/.
[2] *United States Government Global Health Initiative Strategy Document,* March 2011; available at: www.ghi.gov.
[3] See, Kaiser Family Foundation, *The U.S. Global Health Initiative's Women, Girls, and Gender Equality Principle: A Roundtable Discussion*, March 2011 and Kaiser Family Foundation, *The U.S. Global Health Initiative's Women, Girls, and Gender Equality Principle: A Matrix of Key Indicators by Country*; available at: www.globalhealth.kff.org.
[4] State Department, USAID and HHS, "U.S. Government Support for Global Health Efforts," June 18, 2010; available at: http://www.state.gov/r/pa/prs/ps/2010/06/143307.htm.
[5] See, http://www.ghi.gov/.
[6] President's Emergency Plan for AIDS Relief: http://www.pepfar.gov/countries/cop/.
[7] President's Malaria Initiative: http://www.pmi.gov/countries/mops/index.html.
[8] Kaiser Family Foundation, *Fact Sheet: The U.S. Global Health Initiative (GHI)*, March 2011; available at: www.globalhealth.kff.org.
[9] Kaiser Family Foundation, *Fact Sheet: U.S. Funding for the Global Health Initiative (GHI): The President's FY 2012 Budget Request*, March 2011; available at: www.globalhealth.kff.org.
[10] See, http://www.ghi.gov/country/index.htm.
[11] Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle, p.1., April 2011; available at: http://www.ghi.gov/resources/guidance/index.htm.
[12] Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle, April 2011; available at: http://www.ghi.gov/resources/guidance/index.htm.
[13] Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle, p.2., April 2011; available at: http://www.ghi.gov/resources/guidance/index.htm.
[14] See, http://www.usaid.gov/our_work/cross-cutting_programs/wid/ads_gender.html.
[15] See, http://www.usaid.gov/policy/ads/.

Appendix I: Guidance on the Women, Girls, and Gender Equality Principle – Requirements

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal
Three Requirements							
1. Gender Analysis	p. 5: "Women, Girls, and Gender Equality will be a crosscutting theme. GHI Program activities will build on the recommendations of USAID/Bangladesh Gender Assessment which underscore research showing how gender discrimination disproportionately impacts women and girls, maternal and child health, social status and livelihood, and limits effective participation in the economy."				p. 16: Priority action for GHI includes a "Gender analysis in all USG project design"		
2. Women, Girls, and Gender Equality Narrative	p. 23: "Girls, Women & Gender Equity: GHI will support GOB [Government of Bangladesh] in implementing recent policies that increase attention to girls and women's status. The female Prime Minister has a pro-female, pro-poor agenda to improve the health, social and economic status of women. In her recent statement at the UN General Assembly in New York, she pledged more focused efforts for improving maternal health and achieving MDG 5 by of reducing maternal mortality from 320 to 150/100,000 live births by 2015. In addition, the current administration has set a quota of one female Members of Parliament (MP) in each of the 64 districts.	p. 11: "Woman- and Girl-centered Approach: Using a new approach to an ongoing activity, GHI will take a more comprehensive life cycle approach to addressing the health of women and girls and work across development sectors including education and food security. Through GHI, a number of USG programs will be linked including PEPFAR, FP/RH, MCH, and other sector programs including education, food security, and democracy and governance to promote women's active participation and leadership in the health arena as well as addressing issues around promoting girls' education, prevention	p. 16: "The women and girl-centered approach is an important focus of the MOH's maternal and child health, reproductive health, and chronic malnutrition efforts. The government's Conditional Cash Transfers Program recognizes the importance of women to the health of families and payments are made to the adult female in the household. The MOH has also prioritized issues related to gender-based violence. The GHI will strengthen and expand this approach and aim to assure that issues related to indigenous women and girls are appropriately addressed."	p. 5: "To maintain and promote the health of young women, mothers, girls, infants and children, GHI Kenya will utilize existing resources and build upon a variety of agency programs to increase health systems strengthening, to integrate health service provision, and to create demand for services. The strengthening of these three areas will facilitate the building of effective health systems which will deliver a package of high quality integrated maternal and child health interventions along a continuum of care from household to community to health facility. This will include: (1) improving the coverage and quality of services	p. 16: "Implement a Women, Girls and Gender Equality Approach • Key Issues and Needs: Implementing a women, girls, and gender equality approach is critical to sustaining the gains made in delivering the Malawi EHP [Essential Health Package] and for GHI success. The GOM [Government of Malawi] has prioritized mainstreaming of gender issues across all sectors; the GHI guidance provides assistance for USG implementers to ensure a focus on issues such as equitable access, empowerment and inclusion of women and girls, and engagement of men and boys."	p. 14: "Women and Girl Centered: With MDG 5 as a top priority within USG programs and the GHI, the needs of women and girls are at the heart of programming and services; this is true not only for maternal and reproductive health, but also for malaria and HIV prevention, fistula repair and prevention, nutrition, and education programs. The GHI priorities 2 and 3, including all the models in priority 3, are focused on meeting the needs of women and girls. Women's and youth groups are active in strengthening literacy, skills, and economic opportunities for women and girls, as well as defining their health needs and	

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal
2, continued…	GHI for will work with USG Democracy and Governance programs to reach out to women 64 MPs, 300,000 male religious leaders, and the Ministries of Health, Women's Affairs, Education and Local Government as advocates for championing compliance to the age of marriage law of 18 years; keep girls in school; and address human rights issues, gender based violence, acid attacks, and rape; and train up to 6,000 female health providers as community service promoters. GHI will also reach out to youth (both male and female) in and out of schools to promote peer education networks and to reach the next generation with gender messages that support improvements in girls and women's health. GHI is optimistic that Bangladesh is on track to meet the maternal health MDG in the next five years and improve the health status of girls and women."	of early marriage, delayed sexual debut, female genital cutting, and gender-based violence. FP/RH services will be expanded and integrated into HCT [HIV Counseling and Testing], PMTCT, and HIV care and treatment programs. Utilization of ANC and PMTCT programs will be increased by improving quality of services and increasing community mobilization. The quality and utilization of labor and delivery services will be increased through pre-service training of midwives and emergency surgery officers, improving facilities and blood supply, and ensuring that needed commodities and equipment are in place. In addition, new Feed the Future activities will focus on women as key agricultural producers with the objective of increasing their income and food supply."		including skilled birth attendance and (2) specific health promotion for families, aimed at improving health seeking behavior. These interventions will contribute to safer pregnancy and deliveries. In addition, they will provide essential newborn, infancy, and child care including immunizations for vaccine-preventable diseases; prevention, early diagnosis, and treatment of childhood illnesses; and appropriate infant and young child nutrition to promote health, growth, and development."		organizing to meet these needs."	
3. Measurement and Evaluation	pp. 15-16: "GHI/B will improve metrics and establish well-functioning health information systems to monitor program performance. It will disaggregate and analyze data by age, gender, geographic region, and, wherever feasible, by economic status to assess equity						

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3, continued…	in use of services and information. Programs will collect qualitative data to show whether women centered approaches are on track. Both quantitative and qualitative data will be reviewed and analyzed quarterly by implementing partners and USG agencies to monitor program performance. Performance reviews will also include analysis of quantitative and qualitative data such as success stories and case studies."						

Appendix II: Guidance on the Women, Girls, and Gender Equality Principle – Implementation Elements

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Ten Key Implementation Elements							
1. Ensure equitable access to essential health services at facility and community levels.	p. 5: "The USG will address women's and girls' empowerment and gender equality…. It will support GOB efforts to improve women's and girls' access to health information and services." p. 6: "GHI/B will focus on: Increased policy advocacy to reposition family planning as a development priority; increased access to quality family planning and reproductive health services." p. 9: "Increased Access to Integrated Quality PHN [Population, Health, and Nutrition] Services: The USG will support delivery of the GOB's basic Essential Services Package (ESP) including: family planning, maternal health services (including ante-natal, delivery and post-natal), essential newborn care (including newborn resuscitation and infection management), and child health, diarrheal disease control, safe water, immunization, and infectious diseases (TB, HIV)."	p. 11: "FP/RH services will be expanded and integrated into HCT, PMTCT, and HIV care and treatment programs. Utilization of ANC and PMTCT programs will be increased by improving quality of services and increasing community mobilization."	p. 8: "Improve access to and quality of MCH/FP/RH services in Guatemala with an emphasis on rural and indigenous populations to reduce inequitable health outcomes."	p. 2: "GHI Kenya will: Intensify program integration across agencies and with host government and will impact and measure health outcomes related to maternal, neonatal and child health (MNCH)." p. 5: "improving the coverage and quality of services including skilled birth attendance." p. 5: "One stop shopping offering services to mothers and children in the same place." p. 7: "expanded coverage of integrated FP, PMTCT, MNCH, and other HIV prevention and treatment services."	p. 4: "Integrating services for FP/RH, HIV, nutrition, malaria, and MCH will improve access and availability of services and improve the quality of the services delivered to reduce unintended pregnancies."	p. 7: "An innovation under the GHI will be to introduce, test and scale up a package of postpartum family planning services spanning a continuum of care from the hospital to the household." p. 5: "Deliver integrated packages of essential services at the community level to address MDGs 4 and 5." p. 8: "integrating PPFP [Post-Partum Family Planning] group education, individual counseling, and FP services, including long-acting methods, with immunization and other well-child services; [i]ntegrating PPFP and maternal, infant and young child feeding and nutrition (MIYCF/N) messages, and linking service delivery platforms for growth monitoring, nutrition rehabilitation, and FP services (an opportunity for smart integration with FtF)." p. 9: "to increase the utilization and coverage of evidence-based, high-impact maternal and child health services at the community level."	p. 12 "…integrate activities to reach [women and children] into maternal and child health, nutrition, family planning, and HIV/AIDS activities." p. 13 "Sensitize health workers and excluded minorities to improve health care for disadvantaged, marginalized, and stigmatized (particularly people affected by HIV and AIDS) populations at MOHP [Ministry of Health and Population] facilities."

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2. Increase meaningful participation of women and girls in planning, design, implementation, monitoring, and evaluation of health programs.	p. 13: "Promote women's and girls' health through support for Gender Equality Strategy and reforms to promote equity, gender, and citizens' voice." p. 15: "Public hearings and social watch at community level to ensure availability of skilled birth attendance, EmONC [Emergency Obstetric and Neonatal Care] services, [and] non-abusive care."	p. 11: "promote women's active participation and leadership in the health arena as well as addressing issues around promoting girls' education, prevention of early marriage, delayed sexual debut, female genital cutting, and gender-based violence." p. 15: "Support the establishment of women centered health development teams".				p. 14: "the needs of women and girls are at the heart of programming and services…Women's and youth groups are active in strengthening literacy, skills and economic opportunities for women and girls, as well as defining their health needs and organizing to meet these needs."	p. 23: "ensure equitable gender involvement in program planning and implementation, as fundamental to the success of integrated community nutrition practices."
3. Monitor, prevent, and respond to gender-based violence.	p. 5: "The USG will address women's and girls' empowerment and gender equality, including addressing gender based violence (acid attacks and rape)." p. 7: "create linkages with USG Democracy & Governance civil society groups to address gender-based violence"	p. 9: "The USG has a long standing fistula program that is reaching 1,000 women and through a multisectoral approach is also supporting many activities that address gender based violence and changing harmful traditional practices like female genital mutilation."	p. 16: "The MOH has also prioritized issues related to gender-based violence. The GHI will strengthen and expand this approach and aim to assure that issues related to indigenous women and girls are appropriately addressed."		pp. 16-17: "Strengthening Gender-Based Violence screening in HIV testing and counseling (HTC) sessions and client referrals to Victim Support Units and post-exposure prophylaxis services at community and district level."		
4. Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.	p. 8: "Design new messages to respond to women's and married adolescents' currently unmet need for family planning." p. 8: "Support "FP Champions" to reach a new cohort of youth." p. 23: "reach out to youth (both male and female) in and out of schools to promote peer education networks and to reach the next generation with gender messages that support improvements in girls and women's health."				p. 17: "Increasing access to FP commodities and quality FP counseling for young women through youth friendly health services."	p. 22: "[A]reas for 'smart integration' …include…using the joint AEG/Education Out-of-School Youth platform to provide health messages around family planning, reproductive health, and nutrition for adolescent girls."	

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5. Engage men and boys as clients, supportive partners, and role models for gender equality.	p. 5: "create advocacy through partnerships with male leaders" p. 8: "Support "FP Champions" to reach a new cohort of youth, including men, to support women's ability to practice FP. Ensure greater attention to motivate men in the use of clinical male methods through stronger advocacy and mobilizing FP champions and community leaders."			p. 4, Appendix: "Develop and implement interventions aimed specifically at men as partners."	p. 13: "Redesigned ANC clinics will also be more welcoming to male partners, allowing them to take part in their partner's care during pregnancy, as well as be tested with her for HIV." p. 16: "the GHI guidance provides assistance for USG implementers to ensure… engagement of men and boys." p. 17: "Active participation of men and boys in uptake of contraception"	p. 32: "constructive male engagement promoting women's health." p. 34: "Primary beneficiaries of all nutrition activities focus on women, girls and children, and require male engagement to support behaviors." p. 35: "women and girl centered FP services focus on youth, postpartum and high parity women, urban and rural, as well as male engagement."	
6. Promote policies and laws that will improve gender equality, health status, and/or increase access to health and social services.	p. 6: "the USG will help the MOHFW [Ministry of Health and Family Welfare] conduct advocacy with other ministries to revitalize family planning, and address women's health by reducing unintended pregnancies and unmet need for family planning among women and men as a cross cutting issue impacting all other development sectors and civil and political stability." p. 6: "Increased policy advocacy to reposition family planning as a development priority." p. 6: "Generate advocacy tool kits for parliamentarians and Ministers to demonstrate how family planning addresses women's health, how this		p. 9: "A major policy intervention to increase access to FP/RH will be to support the Ministry of Education to include age-appropriate FP/RH information and education in the school curricula." p. 10: "USG will support the MOH in the implementation of a maternal mortality surveillance system and the implementation of maternal mortality review committees." pp. 10-11: "GHI will support civil society and congressional efforts to monitor compliance of the executive branch with those commitments and will involve municipal and local government in MCH/FP/RH planning and implementation."	p. 6: "developing local capacity for effective advocacy to sustain broad political will required for allocation of greater GOK [Government of Kenya] resources for health and implementation of relevant policies and guidelines." p. 3, Appendix: "Advocate for increased GOK resources for maternal, newborn, and child health (MNCH) services." p. 5, Appendix: "Continue support for national advocacy activities targeting parliamentarians and policy makers for more attention and resources for family planning."	p. 6: "Support for the national roadmap for accelerating reduction in maternal and neonatal morbidity and mortality through Child Survival and Health (CSH) funds".		p. 12: "The Nepal GHI team will support the MOHP in executing its ambitious GESI (Gender Equity and Social Inclusion) strategy that is essential for reaching the MDGs and also a major governmental strategy for creating greater equity in the country."

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal
6, continued…	intersects with other development sectors, and why this is an issue of national importance and the responsibility of every Ministry." p. 6: "Build on ongoing efforts with civil society NGOs and include new advocacy groups, professional associations, [and] members of parliament (including women MPs) to address women's and girls' health issues." p. 6: "Thus, the USG will help the MOHFW conduct advocacy with other ministries to revitalize family planning, and address women's health by reducing unintended pregnancies and unmet need for family planning among women and men as a cross cutting issue impacting all other development sectors and civil and political stability." p. 8: Support "FP Champions" to reach a new cohort of youth, including men, to support women's ability to practice FP." p. 13: "Promote women's and girls' health through supporting MOHFW Gender Equality Strategy and reforms to promote equity, gender and citizen's voice."						

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal
7. Address social, economic, legal, and cultural determinants of health through a multisectoral approach.	p. 6: "GHI/B will support GOB efforts to revitalize its national population policy and develop a multi-sector approach that empowers girls, women, and families to make informed decisions about their reproductive health needs. This will include attention on girls' education, with focus on delaying the age of marriage and early pregnancy, which has implications for the health of women and their children. The GHI/B will support the following activities in support of the GOB's national population policy: Support the reactivation of the National Population Council and work with other ministries, including education and local government to promote country ownership in addressing the need for family planning; Generate advocacy tool kits for parliamentarians and Ministers to demonstrate how family planning addresses women's health, how this intersects with other development sectors, and why this is an issue of national importance and the responsibility of every Ministry; Promote girls' education to delay marriage and child-bearing, advocate	p. 9: "The USG has a long standing fistula program that is reaching 1,000 women and through a multisectoral approach." p. 11: "GHI will take a more comprehensive life cycle approach to addressing the health of women and girls and work across development sectors including education and food security. Through GHI, a number of USG programs will be linked including PEPFAR, FP/RH, MCH, and other sector programs including education, food security, and democracy and governance to promote women's active participation and leadership in the health arena as well as addressing issues around promoting girls' education, prevention of early marriage, delayed sexual debut, female genital cutting, and gender-based violence. FP/RH services will be expanded and integrated into HCT, PMTCT and HIV care and treatment - programs….In addition, new Feed the Future activities will focus on women as key agricultural producers with the objective of increasing their income and food supply."	p. 8: "USG programs will continue to target indigenous and rural women and children under five, the most vulnerable and most affected by inequity, exclusion and cultural barriers." p. 9: "A major policy intervention to increase access to FP/RH will be to support the Ministry of Education to include age-appropriate FP/RH information and education in the school curricula." p. 10: "GHI will further analyze and create awareness of gender constraints at individual, family, community, and service levels." p. 16: "The government's Conditional Cash Transfers Program recognizes the importance of women to the health of families and payments are made to the adult female in the household.		p. 7: "GHI will work collaboratively with the Mission's FtF team on all programming aimed at improving nutritional outcomes in Malawi, especially for women and children." p. 8: "GHI will also join FtF in mainstreaming inclusive gender perspectives as a cross-cutting priority in activity design and implementation. By coordinating FtF efforts with GHI, the same families and individuals targeted for a reliable source of quality food and sufficient resources to access and purchase food, can also be supported by efforts in the health sector." p. 16: "The health country team will continue its partnership with the education team to provide scholarships to vulnerable girls, as a lack of education is a primary risk factor for early acquisition of HIV. The education program provides scholarships for vulnerable school-age girls to attend primary school at which point PEPFAR continues scholarships into secondary school." p. 16: "Expanding women's access to income and productive resources by linking PMTCT services to Title II Food for Peace program"	p. 14: "Women's and youth groups are active in strengthening literacy, skills and economic opportunities for women and girls, as well as defining their health needs and organizing to meet these needs." p. 35: "National policy for population and development, communicated and implemented multisectorally, with committed leadership at all levels."	p. 13: "Focus on pregnant women and children in the new Integrated Nutrition Program, and Feed the Future especially targeting disadvantaged and marginalized populations." p. 13: "Support nutrition research and programs to determine and address cultural practices that result in poor nutrition especially for women." p. 23: "Women's access to productive assets and to health care and education will be increased by ensuring that women benefit equitably in new opportunities for leadership, training, wage income, program employment, and new program sources of income."

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal
7, continued…	benefits of smaller families, keep girls in school, and create employment opportunities for girls and young women; Build on ongoing efforts with civil society NGOs and include new advocacy groups, professional associations, members of parliament (including women MPs) to address women's and girls' health issues." p. 7: "The USG's modest Education program will be used for advocacy and policy dialogue to leverage the multibillion dollar sector program with the Ministry of Education to focus more attention on girls' education, and delaying the age of marriage and early pregnancy." p. 8: "Train journalists to stimulate use of media outlets, raise awareness and report on critical issues related to family planning. Use of national multisectoral organizations to disseminate FP/RH messages."				p. 17: "Prioritizing work on harmful gender based norms and practices in social and behavior change interventions."		

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8. Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls.	p. 8: "Train new workers in counseling in FP and RH services with renewed focus on BCC to support new community norms for FP." p. 8: "Support the GOB in developing a national BCC strategy for targeted, age and gender appropriate messages to support individuals and couples' need for child spacing, family planning and reproductive health services." p. 8:" Identify new and innovative partnerships with the garment industry, transporters, and port workers to reach the urban poor and pilot existing and future technologies to reach these mobile workers to respond to their unmet need for FP and RH services." p. 11: "To improve awareness and healthy behavior, GHI/B will strengthen its behavior change communication. First, GHI/B will support the national effort by developing uniform and consistent MCH, nutrition and FP messages…USG/B will assess the current the BCC activities, identify missed opportunities, gaps, duplication and increase consensus around messages for different target groups. Second, GHI/B will orient, mobilize, and	p. 15: "The USG program will identify successful interventions at the community level that reinforce and expand positive health behaviors including community conversations, "child-to-child" school health programs, model families, and other behavior change activities, including supporting the efforts of the MOH in the establishment of women centered health development teams at village level."	p. 10: "GHI will further analyze and create awareness of gender constraints at individual, family, community, and service levels. USG resources will focus on provider training on gender and cultural issues and will empower women and communities to demand access to quality health care."	p. 7: "GHI will support interventions at community and facility level, including… through community strategies, health promotion for families to improve pregnancy outcomes including birth preparedness plans, recognition of danger signs, prevention of malaria in pregnancy through use of LLINs [Long Lasting Insecticide Treated Nets] and Intermittent Preventive Treatment in Pregnancy (IPT), and appropriate case management of malaria."		p. 8: "community engagement of grandmothers, aunts, husbands, and other family members to support EBF/LAM [Exclusive Breast Feeding/Lactational Amenorrhea Method], PPFP and HTSP [Healthy Timing and Spacing of Pregnancy"	p. 11: "Use community mothers' groups for nutrition education; Conduct community audits using scorecards so that community groups can assess health facilities and provide feedback for improved coverage and services; Link health workers to community and religious leaders to identify and reach excluded caste, religious, and ethnic groups". p. 13: "Train FCHVs [Female Community Health Workers] and other community-based workers to identify households consistently excluded from services, and intentionally extend services to meet their needs."

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8, continued….	engage influential community leaders to raise awareness on healthy behavior practices."						
9. Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout health systems, from the community to national level.	p. 14: "Advocate with MOE to develop more effective hiring practices, especially for women…" p. 14: "increase in-service and pre-service training to increase the number of qualified female healthcare providers and administrators." p. 23: "train up to 6,000 female health providers as community service promoters."	p. 9: "Through assistance to over 13,000 HEWs and thousands of community volunteers the USG supports the delivery of key MNCH services at the community level…' p. 24: "The roll-out of the Health Extension Worker Program (HEP) provides opportunities to better link communities and health facilities. Health Extension Workers (HEWs) are primarily women. Thus building on one of the principles embodied within GHI, a women- and girl-centered approach." p. 32: "In-service training for health workers and in pre-and in-service training and supportive supervision of Health Extension Workers (HEWs) and women's groups at community level."		p. 5: "improving the coverage and quality of services including skilled birth attendance."			p. 13: "Employ minorities and women in all programs."

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10. Strengthen the capacity of institutions, which set policies, guidelines, norms, and standards that impact access to, and equality of, health-related outreach and services, to improve health outcomes for women and girls and promote gender equality.	p. 10: "Technical assistance and training to strengthen public sector capacity in providing health services in low performing areas, to target adolescent mothers and improve safe motherhood and newborn care through better management and care of obstetric complications."	p. 9: "The USG Integrated Family Health Program (IFHP) currently supports the GOE's Health Extension Program (HEP)." p. 16: "the GHI will also support capacity building for the training of other cadres that are essential for improving emergency maternal and neonatal services including health officers and doctors trained in emergency obstetric care."	p. 10: "USG will support the MOH in the implementation of a maternal mortality surveillance system and the implementation of maternal mortality review committees."		p. 20: "… invest to strengthen capacity for data collection and analysis within the GOM, particularly within the MOH and its Reproductive Health Unit, to support better program decision-making and the integration of successful program interventions to scale-up and sustain better maternal outcomes."		p. 21: "build GON [Government of Nepal] capacity in FP training, counseling communications, [and] contraceptive security…"

THE HENRY J. KAISER FAMILY FOUNDATION

THE HENRY J. KAISER FAMILY FOUNDATION

Headquarters
2400 Sand Hill Road
Menlo Park, CA 94025
Phone 650-854-9400 Fax 650-854-4800

Washington Offices and
Barbara Jordan Conference Center
1330 G Street, NW
Washington, DC 20005
Phone 202-347-5270 Fax 202-347-5274

www.kff.org

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