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INTEGRATING GENDER IN IMPROVEMENT: APPROACH OF THE USAID ASSIST PROJECT

Addressing the different needs, behaviors, preferences, access to, and utilization of health services for men, women, girls and boys is critical to any quality improvement effort. Implementation of improvement interventions without consideration of gender dynamics risks failure to reach half of the population and may unintentionally exploit or harm one gender. From an implementation perspective, this is an inefficient use of resources; from a quality improvement standpoint, this jeopardizes patient-centeredness, safety and equality. Through strategic integration of gender into improvement planning, implementation and documentation, we can avoid these harmful consequences and use gender as a driver for improvement.

USAID and Gender

In March 2012, USAID issued a new policy on Gender Equality and Female Empowerment that builds on the Agency's progress to date in support of gender equality. The goal of this policy is to improve the lives of people 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. The policy advocates integration of gender equality and female empowerment throughout the Agency's program cycle and related processes: in strategic planning, project design and implementation, and monitoring and evaluation.



This implementation guide, developed by the USAID Health Care Improvement Project, provides an overview of key gender integration concepts and concrete guidance on how to integrate gender in improvement activities. The guide includes key definitions and concepts of gender integration and how they relate to quality improvement, information on international agencies' perspectives on gender, guidance on how to integrate gender into improvement activities and how, when, and why to conduct gender analysis. The guide, a gender integration checklist in four languages, and a PowerPoint presentation on facilitating gender discussions are available at: <http://www.hciproject.org/publications/integrating-gender-improvement-activities>.

Gender Integration in Improvement

Incorporating USAID and Global Health Initiative guidance, the Applying Science to Strengthen and Improve Systems (ASSIST) Project presents a holistic approach to gender integration in health care quality improvement that helps health professionals through a strategic approach focusing on four areas:

1. Build local capacity and foster local partnerships
2. Integrate gender in planned improvement activities
3. Document and share learning through knowledge management strategies and research
4. Scale up and institutionalize

The approach promotes gender integration through contextualized and adaptable methods requiring little or no additional costs to the improvement effort while maximizing benefits. It will result in locally developed solutions, improved country leadership, an expanded partner base with links to other sectors, and institutionalization of gender integration in quality improvement in all levels of care.

Build local capacity and foster local partnerships

USAID ASSIST works directly with providers, local stakeholders and Ministries of Health to frame gender integration in ways relevant and appropriate for their specific perspectives, cultures and in application to their overall improvement aims. The project carefully considers the context of gender among stakeholders to avoid resistance to and encourage adoption of gender-responsiveness at all levels of care, leading to a strengthened health system. Because gender gaps, barriers, and opportunities are intimately tied to local cultures and practices, gender-related changes cannot be successful without involving a local voice. Local partners, such as local community groups, NGOs and civil society organizations, not only serve as voices for the community perspective, but also as gatekeepers to the populations we aim to serve, building the rapport that is essential to facilitate changes in both gender equity and care quality. Local leadership, input and ownership of gender activities will make efforts more sustainable over the long term, increasing the likelihood that successful changes become institutionalized.

FEBRUARY 2013

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is funded by the American people through USAID's Bureau for Global Health, Office of Health Systems. The project is managed by University Research Co., LLC (URC) under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: Broad Branch Associates; EnCompass LLC; FHI 360; Harvard University School of Public Health; Health Research, Inc.; Institute for Healthcare Improvement; Initiatives Inc.; Johns Hopkins University Center for Communication Programs; Women Influencing Health Education and Rule of Law, LLC; and the World Health Organization Patient Safety Programme. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org.

Integrate gender in improvement activities

The project builds gender into the improvement process through the identification of opportunities to integrate gender and promote gender-equality in the initial design of the improvement activity and acknowledgement of how health systems and outputs can differently affect boys, girls, women, and men. Progress in implementing country improvement plans will be reviewed with considerations for gender-related barriers and opportunities, to continually ask how men and women interact with health programs in terms of access, utilization, preferences, and needs.

USAID ASSIST will also support interventions to overcome gender barriers and manipulate gender dynamics as a driver rather than an inhibitor of improvement and will develop case studies that document this work so it can be shared with other implementers. Possible gender interventions may include: male involvement in preventing mother-to-child transmission (PMTCT) of HIV, establishing standards of care to protect safe childbirth and encourage delivery in facilities, and linking with social workers and community organizations to provide gender-based violence services to victims identified in clinics.

The project will also provide resources to help local implementers address gender issues, including: curricula for gender sensitivity training workshops for providers, community members, and stakeholders; pocket guides to promote gender awareness in different improvement activities; and educational materials to promote equality in the community.

Document and share learning through knowledge management strategies and research

The USAID ASSIST Project Knowledge Portal, a website which is being designed to link implementers to share their improvement experiences as well as provide resources, stories, and tools to support improvement, will feature a section on gender integration. The ASSIST team will work closely with improvement teams and local organizations to collect data and synthesize and share gender integration learning through case studies on gender integration perspectives, experiences and lessons-learned. The project will also offer video tutorials on the use of gender integration tools.

CASE STUDY

Integrating gender considerations in improvement: Addressing access to education and health services for vulnerable children in Kenya

In the Samburu region in Kenya, a faith-based organization, the Catholic Diocese of Maralal, provides services for orphans and vulnerable children. With support from the USAID Health Care Improvement Project (HCI) and the Department of Children Services of Kenya's Ministry of Gender, Children, and Social Development, an improvement team was formed and supported to conduct a self-evaluation focusing on education services. The team found a gender gap in school attendance with fewer boys than girls accessing education and health care services.

To identify the causes of this gap, the team looked deeper into the gender roles and cultural and community practices. The Samburu people are nomadic herders of cattle, sheep, goats and camels. Traditionally, boys care for animals, traveling from home in search of water and pasture for three or more months during the dry season and frequently missing school. Vulnerable and orphaned boys, especially those living in a child-headed household or with very old guardians, face increased demands to take care of the animals for survival. Non-related guardians and members of the community often exploit such boys by employing them as herders for personal gains while sending their own children to school. In addition to missing school, these boys face further threats to their well-being. In adolescence many boys become Morans, or warriors, who fight and defend the community from animal thieves while engaging in cattle rustling; these excursions and fights lead to injuries and death. The community also practices a beading system, in which Morans are encouraged to have multiple sexual partners, increasing the risks of HIV and other sexually transmitted infections in vulnerable adolescent boys.

The community improvement team brought together stakeholders from the Department of Children Services, religious leaders, the provincial administration, police, elders, vulnerable children themselves, health workers and teachers to come up with changes to promote boys' enrollment and retention in school. They identified the following action steps:

1. Collaborate with parents/guardians and provincial administration to monitor school enrollment and retention of school-age boys and girls.
2. Conduct community education and sensitization on the rights of children, including issues of exploitation and child labor.
3. Conduct stakeholder mapping to link food provision services with child-headed households to alleviate household burdens that keep boys from attending school.
4. Monitor attendance through school attendance rosters.
5. Lobby for waivers of school levies for vulnerable children and free or subsidized provision of other scholastic materials.

We will monitor the effects of gender integration efforts and use research and evaluation methods such as case-control comparisons and cost-effectiveness analysis to identify best practices and ensure that activities do not negatively affect one gender group. Qualitative methods like in-depth interviews, surveys, observations and focus group discussions will be used during planning phases to engage the community and analyze their needs and perspectives and throughout implementation to assess behavior changes.

Linking changes tested to quantitative results will help identify and support best practices as well as gender-related short comings in QI activities and contribute to global learning about gender integration.

Scale-up and Institutionalization

Gender-related changes to care processes that prove to be cost-efficient and improve access, quality or retention in care will be scaled up with respect to context, as gender practices and perceptions vary even among neighboring communities. Where applicable at the national level, USAID ASSIST will support Ministries of Health to institutionalize those processes. Institutionalization is key to ensuring that gains in health care access and retention made as a part of improvement activities are maintained after the project. Furthermore, formalizing gender-related changes signals to health care providers that gender integration is a central component of quality care.