SIX-STEP APPROACH TO IDENTIFY AND CLOSE GENDER-RELATED GAPS

Background

Addressing the different needs, constraints, and opportunities of men, women, girls and boys is critical to any quality improvement effort. Implementing improvement interventions without considering gender dynamics risks failing to reach half of the population and unintentionally exploiting or harming one gender. From an implementation perspective, this is an inefficient use of resources. From a quality improvement standpoint, it jeopardizes patient-centeredness, safety, and equality. Through strategic integration of gender into improvement planning, implementation, and documentation, we can respond to differences between women, men, girls, and boys to achieve sustained and equitable improvement.

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project uses a holistic approach to gender integration in health care quality improvement. ASSIST partner WI-HER, LLC developed an innovative and effective six-step approach to help ASSIST teams integrate gender into improvement activities to identify and close gender-related gaps. It has been tested in a variety of ASSIST programs and countries and has achieved improved service utilization and retention in care, as well as contributed to a decline in adverse events. ASSIST gender specialists work with in-country staff to build their capacity to systematically recognize and

Couples attending a group VMMC education session in Uganda. *Photo by Albert Twinomugisha, URC.*

address gender issues in program design, implementation, and evaluation.

The step-by-step instructions in this short report detail the USAID ASSIST Project's improvement approach to identify and respond to gender-related issues in services or programs, to close gaps, and improve outcomes. The guidance is divided into actions for program staff to take and includes explanations of how to achieve each action as well as examples illustrating the types of actions that could be taken for a specific project.

The Six Steps

Step 1: Conduct a gender analysis to inform program design and implementation

To conduct a gender analysis, improvement teams identify gender issues that could have or have impeded project goals. They then analyze the impact of planned and current activities on women, men, girls, and boys, looking for differences among them.

A gender analysis is a systematic way of identifying and describing the social, economic, education, health, and political factors that affect the lives of women,

men, girls, and boys, and how differences in these can lead to gender inequalities and affect development outcomes. When doing a gender analysis, issues such as access to services, knowledge and beliefs, power and decision-making practices, roles and participation, and legal rights and status in the household and the community are examined. Power relations underlie all of these issues. Teams use existing gender analyses when available. If such analyses are not available, gender specialists can mentor improvement teams to conduct their own gender analyses to understand local issues. Ideally, a gender analysis will be conducted before a program begins to better understand gender issues that may affect the program. However, it can also be conducted anytime during implementation.

Gender analysis involves:

- Reviewing existing gender analyses or assessment documents.
- Conducting a desk review of other literature and data if a gender analysis is not available.
- Conducting interviews with local community members to better understand gender issues affecting women, men, girls, and boys in specific communities.

Findings from the gender analysis should be incorporated throughout project design, implementation, and monitoring and evaluation.

In Mali, ASSIST's gender analysis identified gender-related issues affecting the achievement of their maternal and child health-related project objectives, as well as opportunities to leverage. For example, the improvement team found that husbands and mothers-in-law often decided whether or not a woman needed to go to the health facility, rather than the woman herself. Yet, both husbands and mothers-in-law had little accurate knowledge about health. Therefore, the team realized the importance of targeting family members in addition to mothers themselves with health education to improve maternal and child health outcomes. Topics included the importance of antenatal care, delivering at a facility, and post-partum family planning. The

ASSIST Mali staff work together during a gender training. *Photo by Elizabeth Silva, WI-HER, LLC.*

Mali team then incorporated their findings in designing, implementing, and monitoring improvement activities.

Step 2: Collect and analyze sex-disaggregated and gender-sensitive data

Improvement teams use sex-disaggregated and gender-sensitive data to identify gender-related gaps in access, utilization, care, treatment, outcomes, and other factors between women and men and between girls and boys.

Sex-disaggregated data are data collected and presented separately for both males and females, which allow teams to identify quantifiable differences by sex. For example, teams could analyze the use of health services, nutrition status, education outcomes, or retention in care for males and females separately. Without collecting and analyzing sex-disaggregated data, it is impossible to identify gender-related gaps in factors such as access, care, treatment, and outcomes. USAID mandates that all people-level data be collected and disaggregated by sex.[1] Age-disaggregated data can also be important, both among and between males and females. It is ideal to begin collecting

data sex-disaggregated at the beginning of the activity but is still useful at any stage of a program; it is never too late to begin.

Gender-sensitive indicators measure changes in the status and role of men and women over time. Examples include measures of male partner involvement in antenatal care and mothers-in-law educated on maternal and child health issues.

Since projects often collect data to measure many indicators, ASSIST suggests the following:

- Identify 2-3 sex-disaggregated or gender-sensitive indicators per technical area to analyze at a time. Ideally, these indicators should be linked to outcomes. Data should be analyzed over at least three data points (e.g., three months for data collected monthly).
- Analyze data to determine whether a gap in outcomes between females and males exists in chosen indicators. If so, continue to Step 3. If not, return to Step 2 and select 2-3 different indicators to analyze.

It is important to note that even if an improvement team does not identify a gender-related gap in its facility, such a gap could be found at a later point in time or at

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[1] USAID ADS 205.3.6.2: All people-level indicators must be disaggregated by sex and collected before activities with beneficiaries (or clients) begin (i.e., at baseline) and when activities with beneficiaries end or at the end of the project, whichever comes first (i.e., endline).

Figure 1: TB/HIV co-infected clients on ART in 42 sites in Uganda, Dec. 2013 – Nov. 2014
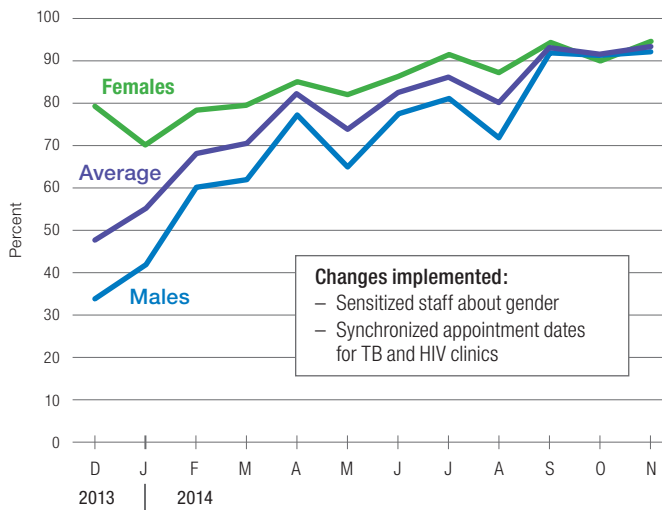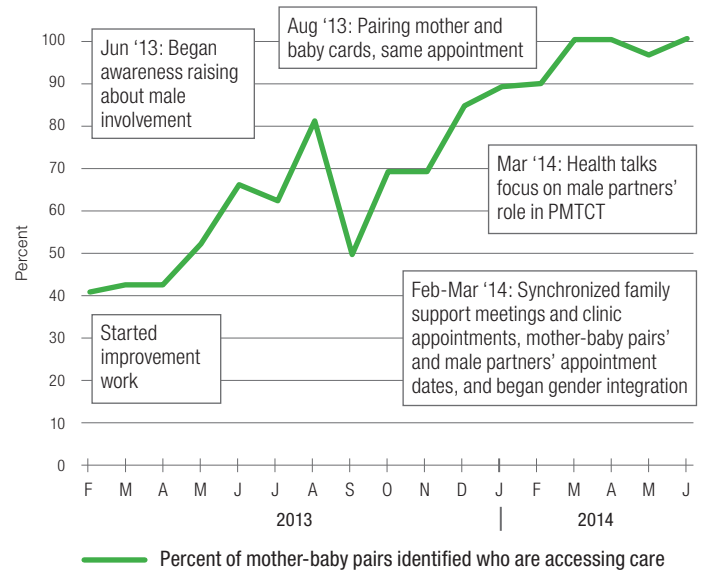

Females

Average

Males

Percent

Changes implemented:
– Sensitized staff about gender
– Synchronized appointment dates for TB and HIV clinics

D J F M A M J J A S O N
2013 | 2014

Figure 2: Mother-baby pairs retained in care at Ivukula HC III, Feb. 2013 – Jun. 2014

Jun '13: Began awareness raising about male involvement

Aug '13: Pairing mother and baby cards, same appointment

Mar '14: Health talks focus on male partners' role in PMTCT

Started improvement work

Feb-Mar '14: Synchronized family support meetings and clinic appointments, mother-baby pairs' and male partners' appointment dates, and began gender integration

Percent

F M A M J J A S O N D J F M A M J
2013 | 2014

—— Percent of mother-baby pairs identified who are accessing care

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another facility. Therefore, the decision to continue analyzing sex-disaggregated data is dependent on context, local setting, and in-depth knowledge of the situation, which is informed by the gender analysis conducted in Step 1. Improvement teams can always go back to analyzing data disaggregated by sex, should there be a need.

When a TB/HIV co-infection case management improvement effort in Uganda began disaggregating data by sex in December 2013, ASSIST found a huge gap between females and males retained in care (see Figure 1): the aggregated data showed that 48% of all clients were retained in care, hiding the gap between females (79%) and males (34%). With appropriate training and support, health providers identified reasons for the gap and designed activities to target them. Improvement changes included sensitizing staff in both TB and ART clinics on gender disparities and synchronizing appointments between the clinics so patients only needed to make one visit to the facility (this made visits easier for all patients, but particularly for males). By monitoring sex-disaggregated retention rates and targeting change ideas, staff were able to close the gap in nine months and retain more than 90% of both males and females in care.

Step 3: Identify gender-related gaps and issues and develop changes to test

Improvement teams develop change ideas to address the gaps and issues identified from gender analyses and from the sex-disaggregated and gender-sensitive data.

Teams need to consider the barriers and opportunities identified in the gender analysis and think through the direct changes that might alleviate those barriers and leverage those opportunities. It is always important to consider the local context and cultural norms when identifying and addressing gender gaps. Just like in all improvement activities, ideas for gender-related changes can come from literature, normative documents such as guidelines or standards, team problem solving, benchmarking, or knowledge management products or tools. Not every change will lead to an improvement.

Before implementing changes, it is important think through the effects of such changes to ensure they do not affect women or men negatively. For example, prioritizing couples in prevention of mother-to-child transmission (PMTCT) or voluntary medical male circumcision (VMMC) services in an effort to encourage partner involvement leaves single clients at a disadvantage. Pressuring women to disclose their HIV status to their partners may increase their risk of violence. Economic

strengthening programs designed to improve health, economic, and education outcomes of those living with and affected by HIV may increase participants' risk of intimate partner violence.

Ivukula Health Center in Uganda noticed poor adherence to follow-up and low retention of mothers and babies in post-partum PMTCT. Speaking with patients and community members, facility staff learned that some women feared disclosing their HIV-positive status to their partners, and this lack of disclosure meant they were less likely to remain in care. Additionally, some mothers faced competing priorities in their families and households, and their partners were not likely to understand the importance of remaining in care. In response, the facility developed multiple change ideas to test ways to facilitate male partner involvement in order to improve retention rates of mother-baby pairs (see Figure 2).

Step 4: Implement and monitor gender-related changes over time to determine whether desired results are achieved

Improvement teams select opportunities to test changes to address gender-related gaps and issues affecting outcomes, first on a small scale. They implement and monitor the changes over time to determine whether desired results are achieved.

Improvement teams should monitor changes to overcome gender-related issues, analyzing data weekly, monthly, or quarterly to determine whether the change has led to an improvement in outcomes and closed the previously identified gap. Again, at this stage, it is important to make sure that the changes tested do not create or increase risk for women, men, girls, or boys—in other words, that they "do no harm." If any unintended negative consequences are identified, they must be addressed promptly.

At Ivukula Health Center (see Figure 2), the improvement team tested many changes to increase male partner involvement and found that the following increased retention of mother-baby pairs: 1) a community awareness campaign encouraging men to accompany their female partners to the facility whether the partner was positive or negative, 2) involving community leaders to invite men to come to the facility, 3) counseling women at the facility about the benefits of involving male partners, and 4) inviting male partners to attend clinic visits. No negative consequences were identified.

Step 5: If effective, scale up to other facilities

If gender-related changes are effective, improvement teams take steps to implement them at a larger scale and share them with other sites.

When a tested change leads to an improvement, the next step is to spread the change to other sites to scale up the effective gender-related activities. It is important to identify any new gender-related issues or differences in the new community in which the scale up will occur. However, gender issues might be different in different communities even in the same country; if such differences exist, they must be taken into consideration so that the scale up is not adversely affected.

Teams from Kenya and Tanzania engage in small group discussion. *Photo by Sidhartha Deka, CCP*

Step 6: Document and share learning

Improvement teams document and share gender-related learning.

Whether or not a gender-related change is successful, that learning should be shared with others since people learn from successes and failures. Documenting and sharing learning enables teams to remember what changes were tested as well as how and why they did or did not work. It can also help create institutional memory and allow others to learn from the work and improve their own services.

Examples of documenting and sharing gender-related learning include keeping a journal of changes tested; creating videos; writing blogs, case studies, and improvement stories; and discussing gender-related gaps and how to address them in reports, conferences, and learning sessions.

Discussing gender-related gaps and how to address them in learning sessions is an integral component of the improvement process. It is helpful to develop learning questions and tools for tracking gender-related learning to include as part of

improvement activities. Possible questions to discuss in learning sessions include:

- Has your team become aware of any differences in the way women or men (or girls or boys) are able to access of benefit from services? Why do you think that is?

- Are there any specific barriers that women, men, girls, or boys tend to face in the community that puts them at greater risk for poor health?

Conclusion

Achieving sustained and equitable improvement requires a gender-sensitive approach that takes the different needs, constraints, and opportunities of women, men, girls, and boys into account and responds to them strategically in program design, implementation, and evaluation. ASSIST's six-step approach to close gender-related gaps does just that, seamlessly integrating gender throughout the program cycle to explicitly recognize and address differences between men, women, boys, and girls to improve health outcomes for all.