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GENDER EQUALITY AND SOCIAL INCLUSION STRATEGY

Local Health System Sustainability

Task Order 1, USAID Integrated Health Systems IDIQ

December 2019

This document was produced for review by the United States Agency for International Development. It was prepared by the Local Health System Sustainability Project under the USAID Integrated Health Systems IDIQ.

Local Health System Sustainability (LHSS)

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended Citation: Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. December 2019. *Local Health System Sustainability (LHSS) Gender Equality and Social Inclusion Strategy*. Rockville, MD: Abt Associates. Prepared for the U.S. Agency for International Development.

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CONTENTS

ACRONYMS

CSO	Civil Society Organization
GESI	Gender Equality and Social Inclusion
GBV	Gender-Based Violence
HSS	Health Systems Strengthening
KM	Knowledge Management
LHSS	Local Health System Sustainability Project
MEL	Monitoring, Evaluation, and Learning
UHC	Universal Health Coverage
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

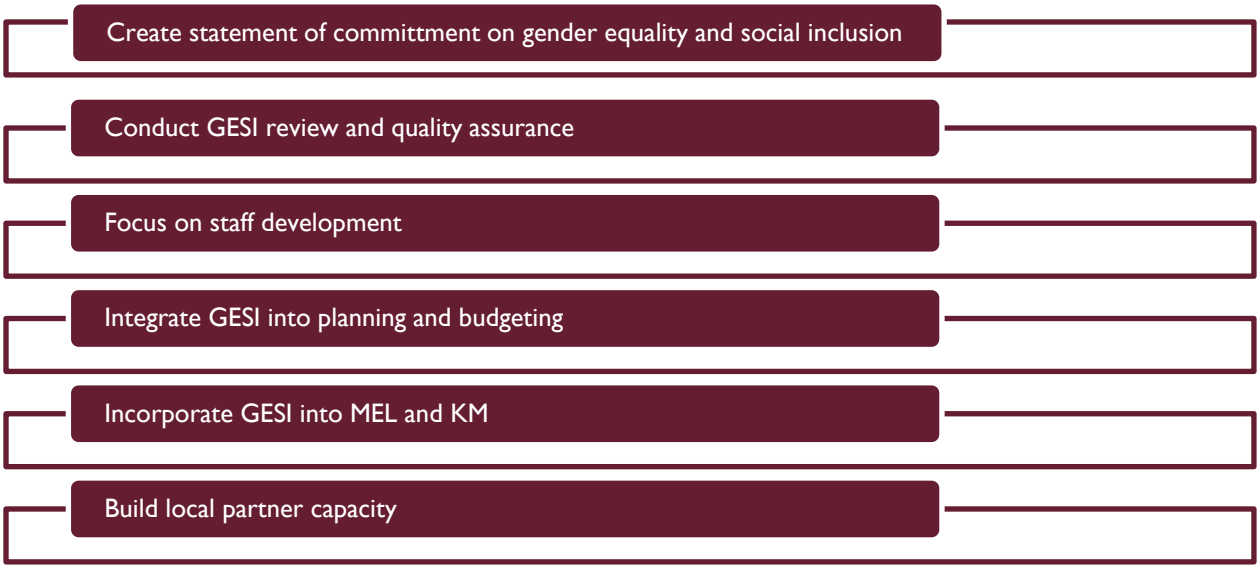
The Local Health System Sustainability Project (LHSS) will explicitly integrate gender equality and social inclusion (GESI) into all project activities to maximize the effectiveness of programming and strengthen inclusive health systems. By integrating GESI throughout project implementation, LHSS will further partner countries on their journeys towards self-reliance. GESI considerations are implicit in meeting the LHSS objectives of financial protection, population coverage, and service coverage. The project has therefore developed this strategy in alignment with USAID's Gender Equality and Female Empowerment policy and other key Agency and U.S. government policies to guide project activities.

The strategy contains the following:

- An approach to analyze the relevant gender gaps in accessing healthcare and related weaknesses in lower and middle income country health systems;
- Key findings from current good practice and detailed guidance to inform the design of activities to be implemented under the task order;
- A list of key actions to address and minimize gender-based gaps over the course of implementation, as well as gender-sensitive indicators; and
- Questions to contribute to the project's learning and adaptive management agenda.

This LHSS strategic approach to guide GESI is summarized in Figure 1.

Figure 1. LHSS Strategic Approach to Gender Equality and Social Inclusion



This strategy provides background information, a six-point approach (summarized in Figure 1), and tools and resources to ensure LHSS integrates GESI considerations across its activities and management. Practical tools and resources to support project staff include: a sample action plan template to monitor activities with specific GESI components; a how-to guide for operationalizing GESI in LHSS; and guidance on important considerations in gender-sensitive data collection. A key element of the LHSS approach will be incorporating research questions into the project's learning agenda to advance knowledge on

gender and social inclusion in health systems strengthening (HSS); the strategy also therefore contains key GESI analysis questions for HSS.

This strategy is designed to provide guidance to LHSS staff and partners to ensure that project activities:

1. Integrate gender into the analysis, design, implementation, monitoring, evaluation, and learning (MEL) of interventions;
2. Promote meaningful participation by women and other socially excluded groups in health systems management, leadership, and governance; and
3. Do not exacerbate the problems and barriers faced by women, underserved, and socially excluded groups in accessing and using quality health services.

Key Messages

Health systems are not gender neutral.

Taking gender and social inclusion into account in health systems strengthening programming leads to stronger and more equitable health outcomes.

Gender transformative approaches can address gender inequalities in health and health systems.

1. INTRODUCTION

Strong health systems are key to expanding coverage of health services, ensuring equity in their access, and increasing responsiveness to the needs of populations, including women, youth, the disabled, and other vulnerable and marginalized groups. Furthermore, ensuring equitable access to health services is key to achieving universal health coverage (UHC). However, unless explicit attention is paid to gender and the other drivers of inequalities, HSS efforts to help achieve UHC may fail to improve equity, and could even exacerbate gender inequity in some populations. Accordingly, LHSS will support country partners to move towards greater gender sensitivity, responsiveness, and ultimately transformation in their health systems.

1.1 ANALYSIS OF GESI CONSIDERATIONS: GAPS AND OPPORTUNITIES

Health systems are not gender neutral.[1] Gender inequalities and biases manifest in gender norms and affect needs, experiences, and outcomes at all levels of health systems.[2] If gender considerations are left unaddressed in HSS interventions, this can weaken, damage, or render a health system non-functioning.[3] The analysis below highlights some of the gaps related to GESI in relation to the UHC dimensions of financial protection, population coverage, and service coverage.

1.1.1 FINANCIAL PROTECTION

Financial access remains a major barrier to health care, and out-of-pocket expenditures on health can have a devastating impact on the poor and vulnerable. Women, youth, and other vulnerable populations are often adversely affected by financial barriers. For example, women often face higher health care costs over a lifetime than their male peers due to reproductive and maternal health needs. However, women have less ability to pay (e.g., due to lack of formal employment, lack of access to health insurance, and lack of control over household resources and decision-making). Women and youth often face higher levels of unemployment and are more likely to play a larger role in unpaid domestic work or work in the informal sector—in Africa, 90 percent of employed women work in the informal sector.[4] These women are excluded from formal sector, employer-based health insurance programs. Furthermore, existing health financing schemes and policies are often gender-neutral to the detriment of women and marginalized populations. For example, the *Rashtriya Swasthya Bhima Yojana* health financing scheme in India caps household enrollment at five members, resulting in under enrollment of older women and younger girls in larger households due to gender norms.[5]

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[1] Manandhar, M., Hawkes, S., Buse, K., Nosrati, E., and Magar, V. (2018). Gender, Health and the 2030 Agenda for Sustainable Development. Bulletin of the World Health Organization, 96(9): 644–653.
[2] Morgan, R., George, A., Ssali, S., Hawkins, K., Molyneux, S. and Theobold, S. (2016). How to do (or not to do)….Gender Analysis in Health Systems Research. Health Policy and Planning, 31:1069-1078.
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[4] WHO (2019). Breaking Barriers: Towards More Gender Responsive and Equitable Health Systems. Accessed at: https://www.who.int/healthinfo/universal_health_coverage/report/gender_gmr_2019.pdf?ua=1
[5] Witter, S., Govender, V., Ravindran, TK., and Yates,R. (2017). Minding the Gaps: Health Financing, Universal Health Coverage and Gender. Health Policy and Planning, 32: v4-v12.

1.1.2 POPULATION COVERAGE

Gender, age, and other social markers play an important role in determining access to healthcare. Women, youth, children, and other marginalized groups are differentially impacted by household wealth and geography, with better population coverage of health services for wealthier and urban households. A number of non-financial barriers also inhibit access, including agency and social independence, social norms, and health policies. Men have unique access issues—restrictive gender norms and harmful masculinities can decrease men's willingness to access health care services and increase risky behavior.

Access also depends on the quality, availability, and responsiveness of the health workforce. Evidence suggests that the gender issues facing the global health workforce are significant and generally under prioritized.[6] Globally, women are still the least represented in the top levels of the healthcare workforce--most are employed as nurses, nurse midwives, and community health workers.[7] These gender inequalities are upheld by standards and norms that restrict women from advancing to positions that are traditionally held by men. Additionally, men are increasingly entering nursing but face their own challenges in a profession that is typically viewed as female.[8] Key opportunities to address these barriers include strengthening leadership, advancement, and mentoring strategies; improving workplace conditions and employment terms that deter women's hiring and advancement; and addressing gender pay gaps and the status of low and unpaid health workers, such as community health workers.

Governance structures are often run by men with limited representation by women and other marginalized groups.[9] Without adequate representation in health planning, policy-making, regulation and accreditation, health financing, and monitoring, the interests of women and marginalized groups are not fully heard. Additionally, many countries maintain restrictive policies. For example, a report published in 2017 highlighted that: 78 out of 100 countries had laws requiring people under the age 18 to have parental consent to access HIV testing; 61 out of 109 had laws requiring parental consent for HIV treatment; and 68 out 108 had laws requiring parental consent to access sexual and reproductive health services[10] Entry points to improve GESI in governance include: leadership development, health care reforms, policy development and planning, and increasing accountability. For example, a study of five women health leaders identified several best practices for effective health leadership to promote gender equality and social inclusion, including challenging status quos and norms; leading by listening and leveraging others' expertise; and having social support mechanisms available.[11]

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[6] WHO (2019). Breaking Barriers: Towards More Gender Responsive and Equitable Health Systems. Accessed at: https://www.who.int/healthinfo/universal_health_coverage/report/gender_gmr_2019.pdf?ua=1

[7] Dhatt, R., Theobald, S., Buzuzi, S., Ros, B., Vong,S., and Muraya, K. (2017). The Role of Women's Leadership and Gender Equity in Leadership and Health System Strengthening. Global Health, Epidemiology, and Genomics, 2: e8.

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1.1.3 SERVICE COVERAGE

GESI considerations can impact on health service quality, which in turn impacts on service use. For example, provider bias and lack of appropriate training in the differential needs of clients can impact on the experience of women and vulnerable groups, and result in them not seeking.[12] Women, men, boys, girls, and marginalized groups have different experiences of stigma and discrimination. In addition, harmful cultural beliefs around important topics, such as family planning, HIV, and nutrition, can be different based on the gender and the age of client.

Women, youth, and other vulnerable groups also often lack the transport to access health services, and time restraints can be prohibitive when seeking services from locations with limited hours of operation. Facility policies and practices can also deter potential clients, such as a requirement that HIV positive women bring their male partner to a facility.[13] This can result in intimate partner violence or non-compliance. Additionally, service delivery and essential health service packages that do not take the full life cycle needs of a diverse clientele into account can negatively impact quality (and use). For example, the national health insurance scheme in Ghana does not cover family planning services. There is therefore an opportunity to improve service quality by taking a gender transformative approach that is people-centered, and recognizes and responds to the differential needs of women, men, boys, girls, and socially excluded groups.

1.1.4 GENDER WITHIN PROJECT OBJECTIVES

The goal of LHSS is to help countries transition away from donor dependence by strengthening local capacity to finance, provide equitable access to, and ensure the quality of primary health care services. In order to successfully achieve this, the project will work across three objectives, implementing a combination of core and field support funded activities within a variety of country contexts. The objectives of LHSS are listed in Table 1 along with a summary of some of the key GESI gaps, challenges, and opportunities related to these objectives.

[12] Kelkar-Khambete, A., and Ravinddran, S. (June 2007). Women's Health Policies and Programmes. Accessed here: https://www.who.int/social_determinants/resources/womens_health_policies_wgkn_2007.pdf
[13] Holtemeyer, J., Ivankocivh, M., and Faramand, T. (2016). How a Gender-sensitive Quality Improvement Approach Supports Integrated People-centered Health Services

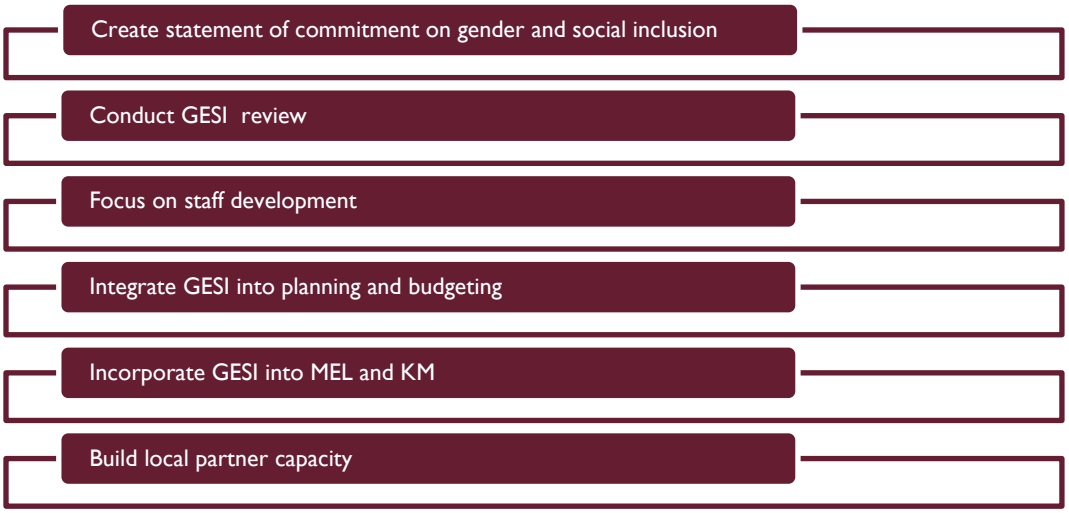
Table 1: Summary of Some of the Key GESI Gaps, Challenges and Opportunities for LHSS

Objectives	Gaps/Challenges	Opportunities
Objective 1. Increase financial protection.	• Women and vulnerable populations have less access to financial resources, less control and decision-making, and may have less ability to participate in insurance schemes, particularly employer-based.	• Reduce financial barriers to health services for women, female-headed households, and vulnerable populations.
Objective 2. Increase population coverage.	• Women and vulnerable populations face greater social, financial and geographic barriers to health services. • Women and vulnerable populations have less decision-making ability around health seeking. • Quality services are not always available and/or appropriate to the needs of women and vulnerable populations.	• Ensure equitable access for women and vulnerable populations to quality services. • Ensure services meet the needs of the populations they serve, including women and vulnerable populations. • Ensure client satisfaction through respectful, compassionate, and confidential services. • Increase community engagement and decision-making, particularly for women and vulnerable populations.
Objective 3. Increase service coverage of quality essential services.	• Men, women, and vulnerable population needs are not always covered adequately by essential service packages. • Standards of quality care do not always consider the needs of women and vulnerable populations. • Provider biases reflect social norms that can negatively impact care.	• Ensure services meet quality standards for the populations being served. • Ensure essential services meet the needs of the populations served and are responsive to the needs of all, including women and vulnerable children. • Ensure health worker capacity building promotes gender equality and social inclusion.

2. LHSS STRATEGIC APPROACH TO GESI

The LHSS strategic approach to GESI consists of six components: statement of commitment on GESI; gender review and/or analysis; staff development; planning and budgeting; MEL and knowledge management (KM); and local partner capacity building. See Figure 2. This overarching approach will guide project implementation. We will adapt this approach based on the funding source (core or field), type of activity, and period of performance. Every component of the strategy may not be relevant to every buy-in, and will vary from context to context. Each component is described briefly below.

Figure 2. LHSS Strategic Approach to Gender Integration and Social Inclusion



2.1 CREATE STATEMENT OF COMMITMENT ON GESI

ASHLS will conduct a series of GESI dialogues with project staff and partners at the 3 month and 6 month project reviews. We will develop a short set of principles and key questions based on the GESI strategy. The dialogues will result in a brief statement of commitment to GESI for the overall project.

2.2 CONDUCT GESI REVIEW

This strategy comprises the project level GESI analysis. To operationalize the strategy at the activity level, LHSS will conduct a review of relevant GESI literature, including USAID Mission level gender analyses for each country program to inform activity scoping and design. Specific GESI analyses may be considered for core activities that fall outside of the global GESI analysis, as requested by missions. To conduct a review, project staff should refer to Annex 2 for a how-to guide to operationalize this GESI strategy, and Annex 4 for a list of key questions for technical leads to consider when designing gender-sensitive and socially inclusive activities.

2.3 FOCUS ON STAFF DEVELOPMENT

The implementation of this GESI strategy requires commitment, active participation, and accountability of every LHSS staff member at every level. Dedication to mainstreaming gender equality and social inclusion in the project's workforce is a priority and will be rigorously addressed in staff recruitment, training, learning, and other development both for US-based staff and local teams.

Recruitment. Thorough, nuanced GESI expertise and sufficient resources are critical to create and maintain a diverse, equitable, inclusive workforce and effectively deliver gender-responsive programming. Accordingly, staff job descriptions will be gender responsive and reflect a commitment to gender integration in the workplace as well as in programming. The project will disseminate job announcements through a wide array of channels that will reach women, minorities and vulnerable populations. For example, we will work to remove known barriers that deter women from applying such as reducing the number of "required" qualifications versus "preferred," and listing the minimum amount of experience required rather than a range. Women typically apply for positions when they feel 100 percent qualified versus men at 60 percent.

Hiring a diverse workforce is an asset and LHSS will endeavor to recruit diverse staff at all levels of the project. This includes evaluating the gender breakdown of proposed staff and recruiting women for senior leadership positions. If working in an environment where there are particular gender or other biases, the project will consider strategies such as a gender-blind review of CVs or setting a goal to have forty percent female staff at all levels. LHSS' hiring decisions will all follow US and local labor laws and endeavor to hire the most qualified candidates, while giving preference to diversity, all other factors being equal.

Training. GESI integration training is an important strategy to build staff capacity and help ensure buy-in for gender integration, women's empowerment, and social inclusion. During the first year of the project, LHSS will develop and roll out a GESI 101 training for all US-based staff and implementing partners, incorporating the findings from the global gender analysis and best practices in gender integration and transformation throughout the project life cycle. The training will also address sexual harassment and exploitation, including best practices in prevention and response. This training will be refreshed and implemented periodically throughout the life of the project.

Additionally, LHSS will adapt the training and deliver it to field-based staff for all mission buy-ins that include a field office within the first year of the buy-in. This GESI training will increase knowledge and equip staff members with the skills to enable them to recognize and address gender and other inequalities, raise awareness about gender and social inclusion issues, and their importance and ways to respond to them within the context of HSS. To complement this effort, Abt's corporate human resources department is also rolling out a peer-reporting network, called Peer Advocates, in its field offices. Starting in December 2019, this program will support the prevention and reporting of sexual abuse and exploitation.

LHSS may develop other trainings and tools to meet specific needs. This might include: a training or handout on gender-sensitive interviewing techniques; a leadership training for women staff members; tools for gender integration into specific HSS core functions, such as governance or health financing; and a checklist for GESI integration into short term technical assistance buy-ins.

Other Staff Development Strategies. LHSS will cultivate an enabling environment for GESI and oversee the workplace culture to identify any gaps or barriers that need to be addressed. The project will adhere to and promote regulations and policies regarding maternity, paternity, and disability leave, flexible working arrangements, breastfeeding, and other relevant conditions. The project will consider the gendered and other needs of staff and develop strategies to support the vulnerable group/s in question. For example, under the AIRS project, Abt provided menstrual hygiene products for female

spray operators. LHSS will ensure that staff are kept up-to-date on important emerging GESI knowledge and policies related to the workplace. Finally, the project will explore professional development strategies for staff, including mentoring opportunities for junior and mid-level female staff member, internship programs for youth at the field-office level, and opportunities for all staff to deepen their knowledge in GESI.

GESI Focal Points. Each country buy-in will have a GESI Focal Point who will be responsible for overseeing and ensuring quality GESI programming and advising colleagues regarding GESI issues. The network of GESI Focal Points will apply a GESI lens in programming as well as in the workplace. LHSS partner Banyan Global will support country-based GESI focal points in guiding GESI integration across LHSS activities in collaboration with Abt and Save the Children.

2.4 INTEGRATE GESI INTO PLANNING AND BUDGETING

Integrating GESI perspectives into HSS can lead to positive health outcomes. However, achieving this requires sound planning and dedicated financial resources.

Planning. LHSS will use GESI action plans as an internal tool to track progress on integrating GESI into HSS activities—see Annex 1 for a sample GESI action plan template. GESI action plans will pull out items embedded in the workplan so that gender integration is tangible and explicit in project design and implementation. GESI action plans will specify targets, timeframes, and responsible partners for each activity. LHSS will update the action plans annually and use the plan as an internal tool to feed into project workplanning. This will ensure a twin-track approach that mainstreams gender into all project activities, and ensure the development of specific activities that seek to empower women and other vulnerable groups. LHSS will also use the action plans to support development of the MEL plan and the project's adaptive management approach (see below). GESI action plans will also feed into project communications and KM plans.

Budgeting. LHSS will ensure that budgets include sufficient resources to carry out gender and social inclusion-related activities. Additionally, LHSS will track the project's financial investment in GESI efforts to ensure sufficient funds are deployed to support these activities, and to monitor the efficiency and impact of these efforts.

2.5 INCORPORATE MEL AND KM

LHSS will actively integrate gender and social inclusion into all MEL and KM efforts. This will ensure gender programming goes beyond "checking the gender box" and works towards gender transformative approaches.

Monitoring and Evaluation. LHSS will go beyond collecting sex-disaggregated data and measure how gender power relations replicate or transform inequalities within health systems. LHSS will proactively integrate GESI considerations into core and buy-in level MEL plans by:

- Ensuring sex-disaggregation when possible; and
- Developing specific indicators that measure empowerment, gender transformation, and social inclusion.

Illustrative gender and social inclusion indicators, applicable to HSS programming generally, and LHSS specifically, are provided below. Actual indicators will be developed based on specific scopes of work for field and core buy-ins.

- Change in OO payments by women, female-headed households, or other vulnerable groups.
- Number of women and/or other vulnerable groups with improved financial access to health care.
- Percentage of the population not covered by any financial protection scheme.
- Services covered under social health protection or provided free of cost at public facilities.
- Percent of budget activities that are gender responsive.
- Number of gender responsive policies adopted that support UHC and strengthen the Sustainable Development Goals.
- Number of trainings on gender equality.
- Number of trainings on gender-based violence (GBV) and sexual harassment.
- Number of women that receive training in leadership.
- Percentage change in the number of women in key leadership positions.
- Percentage change in the gender pay gap in the health sector.
- Number of packages of essential health services expanded to meet the needs of women and other vulnerable groups.
- Number of mechanisms developed to increase the responsiveness of health providers to women and other vulnerable populations.

Learning and Adaptive Management. Learning and adaptive management are key to supporting gender transformation and social inclusion. LHSS action plans will feed into the project's broader learning and adaptive management agenda. The project will periodically review GESI action plan targets; synthesize learning based on feedback from staff, USAID, and key local partners; and adapt programming to maximize impact on women, youth, and other marginalized groups to mitigate unintended negative consequences.

Knowledge Management. In developing this strategy, LHSS identified significant gaps in the literature and knowledge about GESI in HSS. The project has an important role to play in helping to fill these gaps, to innovate, and identify and disseminate learning about best practices that move HSS towards gender sensitivity, responsiveness, and ultimately transformation in support of universal health coverage.

GESI KM Approach. LHSS will fully integrate GESI into the project's KM approach to: facilitate on-going learning across project activities and buy-ins; generate KM products that advance best practices in GESI and HSS; ensure coordination and sharing on GESI learning with other task orders (within the Integrated Health Systems IDIQ); and collaborate with other international partners to advance the field on gender integration, women's empowerment, and social inclusion in support of UHC.

Learning Agenda. A key element of the LHSS approach will be incorporating research questions into the project's learning agenda to advance knowledge on GESI in HSS. Research questions, organized by the project's three objectives, include:

2.5.1 FINANCIAL PROTECTION

- How do financial protection schemes influence gender inequalities, norms, power relations, and intra-household resource allocation?

2.5.2 POPULATION COVERAGE

- How does access to maternity benefits in developing countries, including paid time off, impact on maternal and child health outcomes?
- How do improvements in gender responsive budgeting at the planning stage improve access for women and other socially excluded groups?
- How do gender norms strengthen or impede the effectiveness of community health workers in improving access to quality services and equity?
- How does women's agency influence access to care, and what are best practices to work at the community and household level to increase agency?
- What strategies for increasing women's participation and leadership in community engagement in health systems are the most effective?
- What are effective strategies for reducing gender gaps in leadership, pay, and decent work in the health workforce?

2.6 SERVICE COVERAGE

- What are the barriers to increased investment in women-owned private healthcare businesses?
- Which systems improvements have been most constructive in strengthening male engagement in maternal and child health care?
- How does improving the collection, sharing, and integration of health data disaggregated by gender, age, and other vulnerability categories (e.g., ethnicity, migration status) translate into improved quality of service delivery for women, youth, and other vulnerable groups?
- What are best practices in integrating gender and social inclusion into quality improvement?

KM products and dissemination. During the first year of the project, LHSS will develop a GESI brief that highlights the project's capacity and expertise in these areas. This will be disseminated to missions and local and international partners to support collaboration. Additionally, LHSS will develop a GESI page for the project website, which will highlight project capacity, experience, and resources. LHSS will also: identify and develop a series of KM products to highlight and disseminate GESI learning; participate in conferences, panels and webinars to share learning; and use social media, including twitter and Facebook, to maximize outreach.

2.7 BUILD LOCAL PARTNER CAPACITY

Gender integration will be key to LHSS's approach to achieving local health systems sustainability. Specifically, LHSS will actively build the capacity of local partners and counterparts in gender integration to ensure that a commitment to gender integration is locally owned and extends beyond the project's life in support of the journey to self-reliance. Building capacity in gender integration will be a component of all local partner capacity building plans, and will be adapted from the project's overall GESI approach to the local country context and partner needs. Action items may include: supporting the local partner to develop a gender policy; and improving human resource systems and policies to better support the hiring, retention and safeguarding of women, minorities and other vulnerable groups in the workplace.

LHSS may also build the local partner's capacity in conducting gender analyses, and roll-out training in gender integration using a training of trainers approach. Additional training topics may include women's leadership and negotiation skills, or cover programmatically relevant topics, such as GBV advocacy and policy development. LHSS will also support local partners to develop staff mentorship and internship programs, and strengthen capacity for gender action and workplanning, budgeting, and MEL. LHSS will also help local partners provide technical assistance to other local organizations and government entities, thus ensuring a multiplier effect and contributing towards self-reliance. LHSS will identify gender champions among local counterparts in the public and private sector, and build their capacity to better advocate for gender integration in health systems.

Please refer to Annex 2 for a "how to guide" to operationalizing this GESI strategy.

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ANNEXES

ANNEX 1. GESI ACTION PLAN TEMPLATE

The GESI Action Plan Template is an internal document designed to support project activity managers to take a twin-track approach to planning. The template will be used to support work plan development, MEL, and communications and KM activities, and will assist project learning. Using this template, activity managers will ensure better integration of GESI considerations into project activities, with development of specific activities designed to empower women and other marginalized groups.

Action Plan Activities	Target	Corresponding Project-Level Indicators	Year				Responsible
			Q 1	Q 2	Q 3	Q 4	
Overarching							
Conduct gender analysis							Gender specialist
Adapt gender policy							Senior Management, Gender specialist
Adapt and roll-out gender training							Gender specialist, USAID gender focal person
Develop internship program targeting young women and other vulnerable populations							COP, gender specialist, HR manager
RESULT 1: XXX **Intermediate Result 1.1:** XXXX **Intermediate Result 1.2:** XXXXX							
RESULT 2: XXX **Intermediate Result 2.1:** XXXX **Intermediate Result 2.2:** XXXXX							
RESULT 3: XXX **Intermediate Result 3.1:** XXXX **Intermediate Result 3.2:** XXXXX							

ANNEX 2. HOW-TO GUIDE FOR OPERATIONALIZING GESI IN LHSS

This annex contains key activities for operationalizing GESI in LHSS at the global and at the country level.

	Activity	Guidance
√	**Develop a GESI commitment statement**	Within the first 6 months, develop a project-level GESI commitment statement. Post on the project website and disseminate to project staff and partners.

	Activity	Guidance
√	**Conduct a review and/or GESI analysis**[14]	Conduct a project-level GESI analysis based on a literature review within year one of the project. Conduct a review of literature against key GESI questions and/or conduct a GESI analysis, pending mission buy-in, within the first year of every country buy-in.
	Step 1: Workplan	Develop and vet a workplan for conducting a GESI review and/or analysis with key stakeholders, including local partners and USAID.
	Step 2: Desk study	Conduct a desk review of key literature addressing GESI issues. The desk review will consider a variety of literature on GESI related to project objectives both specific to the country and global in nature. This will include an analysis of health sex-disaggregated data and key gender indicators (e.g., GBV). If a full gender analysis is warranted and supported by mission buy-in, proceed to steps 3 and 4.
	Step 3: Primary data collection	Key informant interviews will be conducted with a range of stakeholders, in government, civil society, the private sector, the donor community, and implementing partners. Focus group discussions will be considered in relevant geographic locations (urban, rural), and with relevant population groups (e.g., youth, marginalized, private health providers) based on project objectives.
	Step 4: Analysis and validation	The team will consolidate and analyze focus group discussion and key informant interview data, survey findings, and desk study results, identifying key themes and data gaps. Preliminary findings and recommendations will be vetted with USAID and presented at a stakeholder validation workshop.

[14] Steps for conducting a gender analysis will be tailored to the country context and availability of existing gender analyses.

	Activity	Guidance
√	**Staff Development**	Implement recruitment, training, and other staff development strategies to ensure GESI across the project.
	Recruitment	Develop GESI responsive job descriptions. Circulate job announcements through channels that will reach women and other vulnerable populations. Give preference to diversity in hiring, with all other factors being equal.
	Training	Develop and rollout a GESI 101 training for all staff and implementing partners during the first year of the project. Adapt and rollout GESI training for all field offices during the first year of the buy-in. Develop other training and tools as needed.
	Other staff development strategies	Explore mentoring programs for junior and mid-level women staff members. Explore internship programs for young women and other vulnerable groups.

	Activity	Guidance
√	**Planning and budgeting**	Develop GESI action plans for core and mission buy-ins that feed into workplans, MEL, communications, and KM plans. Ensure that budgets include sufficient resources to carry-out GESI-related activities. Track the project's financial investment in GESI.

	Activity	Guidance
√	**MEL and KM**	Integrate GESI into the MEL plan by ensuring sex disaggregation of data and by developing specific indicators that measure empowerment, gender transformation, and social inclusion. Integrate GESI into the project's adaptive management approach to ensure learning and transformation. Incorporate research questions into the project's learning agenda that advance the knowledge on gender transformation in HSS. Develop a brief on the project's GESI capacity and expertise. Develop a GESI page for the project website. Develop other KM products to highlight project GESI learning, and participate in conferences, panels, and social medial to advance knowledge related to GESI and HSS.

	Activity	Guidance
√	**Local partner capacity-building**	Build the capacity of local partners and counterparts in gender integration to support local buy-in and sustainability.

ANNEX 3: GESI CONSIDERATIONS FOR DATA COLLECTION AND ANALYSIS

Data collection can be unintentionally skewed towards the most visible respondents without including less visible gatekeepers and decision-makers. LHSS will ensure that data collection processes engage gatekeepers and decision-makers without disempowering women or other marginalized groups, while also including men in the process. This annex summarizes the key points we will consider when conducing analysis and/or collecting data.

Consideration	Considerations
When is data collected and where?	Ensure data collection does not hinder women's work or exclude them from participating.
Who is present when data is collected?	Ensure adequate time and appropriate space to allow respondents to speak freely: Interviewing men and women together may not be appropriate given the topics covered in an interview. Women may be reluctant to speak in front of men, particularly with sensitive topics. Youth may be reluctant (or not given the time and space) to speak when older adults are present.
Who collects data?	The sex of the person collecting data can impact on the quality and accuracy of the information received. It may not be acceptable for someone of the opposite sex to conduct an interview, and it could change the outcome and quality of information received from respondents.
Who analyses data?	Allow for multiple viewpoints and perspectives when interpreting results of the data and information collected The person (or people) who collects information bring their own biases and perspectives to the analysis process.

ANNEX 4. KEY GESI ANALYSIS QUESTIONS FOR HSS

A key element of LHSS is incorporating research questions into the project's learning agenda to advance knowledge on gender and social inclusion in health systems strengthening (HSS). This annex contains key GESI analysis questions for HSS.

Thematic Area	Key questions to be answered
Health outcomes and the social determinants of health	
Health outcomes	• Who is benefitting? Who is left out? • What are the disparities in the Sustainable Development Goals and other key health indicators? • What is the trend in health inequities? • What are the main health problems faced by women? • What are the evidence gaps?
Poverty and social and geographical exclusion	• What is the level, nature, and distribution of poverty? • Who are the poor and excluded? • How does poverty and social exclusion affect health outcomes and access to services? • What is the ethnic make-up of society, and how does ethnicity affect health outcomes and access to services? • What are the geographical dimensions to health? Which regions have worse health outcomes than the national average? • How does geographical exclusion and remoteness affect health outcomes and access to services given that transport costs tend to be high in rural areas?
Gender norms and GBV	• What are the gender norms that prevail in society, and how do they impact on access to health services and health behaviors? • Are women empowered to use information to improve their, their families, and community health? • How do gender norms play out towards young people, and are there specific gender-based health issues for youth? • What is the extent and nature of GBV in society? • Who is vulnerable to physical and sexual violence, and what are the existing range of cultural and institutional mechanisms to prevent, protect, or intervene in situations of physical and sexual violence? • What are the help seeking practices of survivors of violence? • Are there any key evidence gaps?
Living environment	• What percentage of the population has access to safe water and sanitation? • How do specific livelihoods affect health, nutrition, and access to health services? • Does the physical environment present a major challenge to accessing health services, and what are the transport and communication systems available?
Rights and entitlements	• What rights do the public have to health, nutrition, education, information, water, and sanitation? • What are existing entitlements to services, benefits, and service quality? • Are poor, excluded, and vulnerable people aware of their entitlements and how to claim them; how can this be improved?

Thematic Area	Key questions to be answered
Policy environment	
Leadership and the policy environment in health and other key sectors and ministries	• Where is the institutional home in the government to address issues of equity and access, social inclusion, gender, women's empowerment, and social accountability? Is gender and social inclusion integrated into their development plans? How do they interact with the central ministries and Ministry of Health? Are they well-funded, and do they have clout? • Does the political will exist to address gender inequality; is there an enabling policy environment, and what are the key programs and interventions to affect change? Is gender mainstreaming a government policy? • Are the underlying social determinants of health understood and recognized by policy makers, and are they being addressed? • Are health policies and strategies gender and socially inclusive? Do policies aim to achieve equitable outcomes? • Does the policy development process include listening to the voices of women, the poor, and excluded groups? • What role do women play in leadership positions in the health sector? Are there training and mentoring programs to support women's leadership?
Institutional structures	
Institutional arrangements for GESI	• How are issues of GESI addressed through the structure of the health system at national and sub-national levels? • Who has responsibility for promoting and monitoring GESI in health? Is there a Gender Taskforce? Is there a Gender Focal Point? • Are GESI structures operational and performing as planned? • Do staff with responsibility for GESI have the capacity to implement their mandate? • Are GESI structures effective, how could they be made more effective? • If authority over planning and budgeting is decentralized to local government, what are the mechanisms for local government authorities to reflect the needs of women, the poor, and excluded? Does local government function under GESI policies and frameworks?
Health systems	
Human resources for health	• Are there sufficient and appropriate human resources to deliver accessible services to women, the poor, and vulnerable populations? What are the gaps? • Are human resources distributed evenly according to population and need, or are they concentrated in urban areas? Which populations are underserved? • Are there strategies to retain health workers in rural and underdeveloped regions? Is this effective? • Are there gender-based human resource issues? Is there equal pay for men and women? Are women fairly represented in management positions? • Are all ethnic groups represented in the health workforce?
Planning, budgeting, and management	• Does the national health strategic plan include attention to gender, equity, and social inclusion? What evidence, advocacy, and political support is needed to ensure GESI is included in future national health plans? • Do operational planning guidelines include attention to gender, equity, and social inclusion? How can this be integrated? • What priorities steer planning and budgeting? • How are the needs and voices of women, the poor, and vulnerable populations incorporated into planning and management processes?

Thematic Area	Key questions to be answered
	• Does vulnerability mapping or reaching unreached populations guide planning? If not, what are the entry points for integration?
Health financing	• Who benefits from public health budgets and who misses out? • What is the per capita distribution of the sector budget by region/district; are some regions less well-resourced than others? • What is the distribution of the budget between hospitals and primary health care services? What are the implications for women, poor, and vulnerable populations? • What is the distribution of the budget across technical program areas; are there some programs that are underfunded, and what are the implications for women, poor, and vulnerable populations? • How do funding mechanisms address the needs of women, the poor, and other vulnerable groups, and how can health financing be made more progressive? • What social protection programs are there, and how well do they protect the women, the poor, and vulnerable populations, and enable their access to health care? • How do different funding sources (e.g., domestic resources, donor funds) finance the health needs of women, men, and marginalized groups? What is the outlook for addressing these differing needs as countries progress on the journey to self-reliance? • Do patterns of resource allocation reveal any inequities in access and quality of care? • How do current and proposed risk-pooling schemes protect different populations? • Do women, men, youth, and marginalized populations have awareness of and access to essential benefits package services? • Does strategic purchasing include gender-sensitive services?
Evidence, monitoring, and evaluation	• What is the evidence base for measuring access, utilization, outcomes, and impact disaggregated by poverty, gender, geographical area, disability, ethnicity, religion, and other vulnerability measures? • What needs to be done to strengthen the evidence base to provide disaggregated data essential for planning, management, and policy making? • What evidence can be collected by the health management information system, and what requires external data collection through surveys and qualitative research? Are resources available?
Governance and accountability	• What are the systems of financial, performance, and political accountability in the health sector, how well do they work, and do they promote GESI? • How does the health sector report to policy makers and higher levels of government? Is this a vehicle for promoting GESI? • How does the health sector report to the public on progress and goals? • Is corruption an issue, and how does it affect the interests of women, the poor, and excluded? • What are the mechanisms of user complaint, and are they working effectively?

Thematic Area	Key questions to be answered
Health services	
Access to and quality of health services	• Are services and programs accessible to women, the poor, and excluded? • How are services delivered? Are delivery mechanisms responsive to the needs of different social groups, women and men, and vulnerable populations, such as the disabled? • Are services located near women, the poor, and excluded? • Are services affordable to women, the poor, and excluded, and are social protection programs reaching vulnerable populations? • Is the quality of services respectful to women, the poor, and excluded? Is there any evidence of discrimination or social exclusion? • Is the package of essential services targeted to the life cycle needs of women and men, youth, and other vulnerable populations? • Are services gender-sensitive, culturally and religiously acceptable, and women-friendly?
GBV	• How do services care for victims of GBV? • Do staff have the skills and attitudes to treat victims of violence appropriately and sensitively? Are they trained to notice and record instances of violence, including forensics, so that medical records can also be used for prosecution of perpetrators? • Are systems in place to refer survivors to social, police, and legal services? • Are GBV health and protection services available across the country or in limited places? What are the implications?
People living with a disability	• What percentage of the population is living with a disability? • What are the socio-cultural interpretations of disability, and how are people living with a disability treated by their families, communities, and society? • Are health facilities designed to be physically accessible to the disabled? • Are community-based rehabilitation services available? Who provides them, how are they linked to the primary health care system, what services are provided, and what are the gaps?
Young people	• What is the evidence on when young people begin having sex, their use of contraceptives, and knowledge of sexually transmitted infections? • What are the barriers to young people accessing reproductive and sexual health and broader health services and information? Are services affordable and responsive to their needs? • Are there any legal restrictions, cultural norms, and/or attitudes among health staff that act as barriers to contraceptive access and use?
Health promotion and behavior change	
Health knowledge, awareness, and decision-making	• Do women, the poor, and other vulnerable groups have access to health information that could improve health behaviors and demand for services? • What are the knowledge and awareness gaps that affect key health outcomes (e.g., smoking, alcohol, care of the newborn)? • Who makes family health decisions? Who decides whether women and girls should seek health care? • How do traditional beliefs impact on demand for modern health care?

Thematic Area	Key questions to be answered
Health promotion and behavior change interventions	• What are the organizational structures and resources for delivering health promotion programs? • What is the capacity and performance of the Ministry of Health in delivering health promotion and behavior change interventions? • Is there a national or regional behavior change communication strategy or plan? Is GESI integral to this plan? • What are the priority health promotion and behavior change areas? Who are the target groups? What is the most effective way of reaching them?
Civil society organizations (CSOs) including faith-based organizations	• What is the scope of work of CSOs, including faith-based organizations, involved in the health sector? Where are they operational? • Are CSOs promoting GESI and targeting specific vulnerable populations? • Are there any conflicts of interest between CSOs and faith-based organizations and GESI, including for example, adolescent reproductive and sexual health, and family planning? • Are there lessons and good practices that CSOs have forged that need to be scaled up? • How do CSOs work in partnership with and try to influence government?
Community participation	
Community participation	• Are citizens and communities engaged in the planning, design, and oversight of health services? • What are the structures and mechanisms for community participation? Is this inclusive, functional, and effective?
Community resources	• How do communities contribute to the delivery of health services? Do they donate land, build clinics, pay the salaries of staff, and/or pay for drugs? What are the implications for equity and social inclusion? • Are community structures and organizations supporting improved access to health services, and how could this be strengthened? • How do health services engage with community structures to mobilize communities for health? What more is needed?
Voice and accountability	• Are citizens and communities raising their voices for improved and more responsive health services? • Are the voices of women, the poor, and excluded groups being raised, or are public demands dominated by elite groups? How is this affecting resource allocation and policy? • What mechanisms exist for women, the poor, and excluded to hold providers (public, private, or non-governmental) to account? Are they effective, and how could they be strengthened? Who is involved and what examples are there of success?