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Saving lives. Improving health.
Transforming futures.

Chapter 9: Introduction to gender analysis

Gendor 101 training materials

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Jhpiego is a nonprofit global leader in the creation and delivery of transformative health care solutions that save lives.

In partnership with national governments, health experts and local communities, we build health providers' skills, and we develop systems that save lives now and guarantee healthier futures for women and their families. Our aim is revolutionizing health care for the planet's most disadvantaged people.

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Chapter 9: Introduction to gender analysis

Learning objectives

By the end of this session, participants will be able to:

- Explain the importance of a gender analysis
- Describe the four domains of Jhpiego's Gender Analysis Framework
- Apply Jhpiego's Gender Analysis Framework to identify gender constraints and opportunities

Time needed

2 hours 55 minutes

Materials needed

- Why Did Mrs. X Die Jamboard Template
- Jamboard template for "Discussion on applying gender analysis and integration"
- Four copies of this Jamboard template OR four copies of this Google document template. The Google document template can also be found in the Gender101V folder, and uploaded by the facilitator. [The facilitator should select ahead of time which template (Jamboard or Google document) will work more effectively for their participants and prepare copies accordingly.]
- Participant Handout: Gender Analysis and Integration Table - Blank
- Participant Handout: Preventing Mother-to-Child Transmission of HIV in Country Z
- Participant Handout: MCHIP Yemen
- Participant Handout: Gender Analysis Framework
- Facilitator Resource: Introduction to Gender Analysis and Integration into Health Programs PowerPoint
- Facilitator Resource: Gender Analysis and Integration Table – Completed
- "Why Did Mrs. X Die?" video

Advance preparation

1. Email copies of each participant handout to participants. Request that all participants read the Participant Handout: Preventing Mother-to-Child Transmission of HIV in Country Z prior to the live session.
2. **OPTIONAL** In the same email, send a link to the video, "Why Did Mrs. X Die?" and ask each participant to watch the video prior to coming to the live session.
    - Link to "Why Did Mrs. X Die?": https://www.youtube.com/watch?v=WNb9pNymuwQ (with French subtitles).
    - Alternatively, watch the video with participants during the live session.
3. Save a copy of the **Introduction to Gender Analysis PowerPoint** to your laptop, and practice the presentation beforehand to ensure you have a good understanding of the concepts.
4. Make a copy of the Why Did Mrs. X Die Jamboard Template

5. **OPTIONAL:** To integrate additional interactivity into the presentation, you may ask participants to respond to the questions below during the presentation at the designated slide. [Note that it is not required that you ask participants *every* question. Consider which are most pertinent to your group of participants.] While Zoom chat questions do not require additional preparation, Zoom Chat questions **may be adapted into a question on Mentimeter or Slido if the facilitator has a paid Mentimeter or Slido account.** It is only recommended that facilitators with paid accounts who are comfortable using Mentimeter/Slido use one of these two platforms to ask the following questions.
   - **Slide 13 [Zoom chat question]** (Ask prior to showing the bulleted list of assets):
     - What are some examples of types of assets or resources that we might want to identify and analyze in our gender analysis?
   - **Slide 14 [Zoom chat question]** (Ask prior to showing the bulleted list of participatory activities):
     - What are some types of activities that one may (or may not) participate in that we would want to identify and analyze in our gender analysis?
   - **Slide 16 [Zoom chat question]** (Ask prior to showing the bulleted list of rights):
     - What are some examples of legal rights or statuses that we would want to identify and analyze in our gender analysis?
   - **Slide 17 [Zoom chat question]** (Ask prior to showing the bulleted list of decisions):
     - What are some examples of actions or decisions that one may have power over—or lack power over?
6. Make one copy of this Jamboard template to use as part of the group discussion during "Discussion on applying gender analysis and integration".
7. Make four copies of **either** this Jamboard template OR four copies of this Google document template. Label each document for groups 1 – 4. Additionally, add each group's respective domain to the template, so groups know which domain they will be reviewing.
   - Prepare links to each Jamboard or Google Document and have them available to easily copy and paste into the Zoom Chat. The format for the text that is copied and pasted should be as follows:
     - Group 1: [link to Jamboard/Document]
     - Group 2: [link to Jamboard/Document]
     - Group 3: [link to Jamboard/Document]
     - Group 4: [link to Jamboard/Document]

Steps

Introduction (1 minute)

Start the session by explaining that there is overwhelming evidence pointing to gender as a health determinant. Increasingly, development and health programs are striving to take gender into account as a means of increasing their impact. Addressing gender effectively requires understanding dominant gender norms in a given sociocultural context and their influence on women's and men's health. A gender analysis is fundamental to identifying and understanding gender norms and power relations.

Understanding gender analysis (40 minutes)

1. Explain that you will begin with a presentation on gender analysis. Instruct participants to hold their questions until the end of the presentation.
2. **Technology Action:** Screen share the presentation on gender analysis.
3. Talk through each slide using the facilitator discussion points detailed under each slide. Spend no more than 30 minutes presenting.

OPTIONAL Interactivity Additions

Consider integrating the following questions into the slide deck in order to increase interactivity. Note that each question will add 1 to 2 minutes to the overall presentation time.

Note that "Zoom Chat Question" refers to open-ended questions where participants are encouraged to respond in the chat. There are no technical requirements for Zoom chat questions.

- **Slide 13 [Zoom chat question]** (Ask prior to showing the bulleted list of assets):
    - What are some examples of types of assets or resources that we might want to identify and analyze in our gender analysis?
- **Slide 14 [Zoom chat question]** (Ask prior to showing the bulleted list of participatory activities):
    - What are some types of activities that one may (or may not) participate in that we would want to identify and analyze in our gender analysis?
- **Slide 16 [Zoom chat question]** (Ask prior to showing the bulleted list of rights):
    - What are some examples of legal rights or statuses that we would want to identify and analyze in our gender analysis?
- **Slide 17 [Zoom chat question]** (Ask prior to showing the bulleted list of decisions):
    - What are some examples of actions or decisions that one may have power over—or lack power over?

4. Next, allow participants 10 minutes to ask questions and/or make comments.

Why did Mrs. X die? (13 minutes)

1. Explain that identifying and understanding the social determinants of sexual and reproductive health (SRH) is fundamental for achieving positive health outcomes. By moving beyond the identification of immediate contributors to poor health outcomes toward the identification of underlying causes, our programs can become more effective. Gender analysis allows us to uncover underlying causes of poor health outcomes and design more impactful interventions.
2. Explain to participants that the group will now discuss the short film that all participants were asked to watch prior to coming to the live session, "Why Did Mrs. X Die".
3. Ask one participant to briefly (under 1 minute) summarize the video.

Facilitator Note: If you did not request that participants watch the video ahead of the session, take 10 minutes to watch the video with the group now.

When sharing your screen to show the video, be sure to click "Optimize for video clip" and "share sound". Link to "Why Did Mrs. X Die?": https://www.youtube.com/watch?v=WNb9pNymuwQ (with French subtitles).

4. Explain that we will now use the video to consider how our programs address, or fail to address, various dimensions related to gender.
5. **Technology Action:** Screen share the first frame of the Why Did Mrs. X Die? Jamboard.
6. Explain that the group will consider the role that programming plays in two environments: first, the hospital, and second, the home/village. Ask for a few volunteers to share challenges/problems that programs generally do address at the hospital in order to reduce maternal mortality. Encourage them to think back on the video and some of the problems that the hospital addressed in order to reduce mortality rates.
7. **Technology Action:** Add sticky notes with participants' ideas as they share.
8. Then, ask participants to again think back on the video and share some of the problems/challenges that programming did not address at the hospital, but that ultimately affected the outcome of Mrs. X. (Spend no more than 5 minutes on steps 6-8).
9. **Technology Action:** Add sticky notes with participants' ideas as they share.
10. **Technology Action:** Move to the second frame of the Jamboard.
11. Repeat steps 6-9 for the second frame ("In the Home/Village").

Discussion on applying gender analysis and integration (40 minutes)

Facilitator note: If you are short on time, you may choose to simply use the "Why Did Mrs. X Die?"' video to complete a 15–20 minute domain-specific mapping of the gender issues as a group. To do so, you will need to refer to Participant Handout: Gender Analysis Framework and write the titles of the four domains on four separate frames of a Jamboard (one frame per domain), which you will then screen share for the group as you take notes.

Start with the first domain: Explain the domain by referring to the definition and examples provided in Participant Handout: Gender Analysis Framework. Next, ask participants to list some of the gender issues raised in the video that are relevant to the domain in question. Repeat this process for the three remaining domains. After you have completed mapping all four domains, you may move to the fifth part of the session (Small Group Work on Gender Analysis and Integration).

Note that by skipping to the fourth part of the session (Plenary on Applying Gender Analysis and Integration), participants will miss the detailed explanations for each of the components of Gender Analysis and Integration Table. You will, therefore, need to set aside a bit of time to explain the tables before participants move into the small group work.

1. Next, explain to the group that they will spend some time practicing gender analysis and integration using case studies.
2. Tell participants that they will complete a quick gender analysis as a group using a case study.
3. Ask participants to raise their hand if they read the case study prior to the prior to the session. Based on how many participants have/have not read the case study, provide a few minutes for participants to read the case study now. Alternatively, ask one participant to provide a brief (under 1 minute) description of the case study, and suggest that any participants who did not read the case study prior the session read it quickly now.
   - If necessary to explain to participants how to access the "raise hand" feature, you may use the following language: "You can access the 'raise hand' feature on Zoom by click on the 'Reactions' button on the bottom of your Zoom screen. If you don't immediately see the 'Reactions' button,

look for the icon with three dots, titled ‘More’. Click that and select ‘Reactions’. Then, click ‘Raise Hand’. You will need to return to the ‘Reactions’ button to lower your hand.”

4. **Technology Action:** In the chat, upload the Participant Handout: Preventing Mother-to-Child Transmission of HIV in Country Z and invite participants to download the case study so they may easily access and refer to it during the discussion. You may also share your screen, showing the case study, for participants to read if they are having trouble downloading and opening the file. Remind participants that this case study has also been sent to them in their email.
5. Remind participants that you have emailed them all a copy of an important handout: Gender Analysis and Integration Table – Blank. Explain that, while they do not need to have the worksheet downloaded onto their computers for today’s activity, we will be spending some time answering the questions on this worksheet as a group. Explain that the worksheet was developed to help guide participants through the process of gender analysis and integration, and that they may wish to reference/use this worksheet after the live session to support them with their own gender analysis. Explain that you will walk them through the process using the country context description for Country Z. (Allow no more than 5 minutes for steps 1–5).
6. **Technology Action:** Screen share a copy of the Jamboard template for full group discussion. Share the first frame, with Step 1A (“What are the key gender relations inherent in each domain that affect women and girls, men and boys?”)
7. Ask participants to imagine they need to design a prevention of mother-to-child transmission (PMTCT) intervention.
8. Next, walk participants through Step 1A (frame 1 in the Jamboard) using the following guiding notes (spend no more than 2 minutes on this step):
    - Step 1A: Key gender relations
        - Gender relations are the social, economic, and political relationships between women and men that exist in any family, community, society, or workplace. Gender relations influence people’s ability to freely decide, influence, control, enforce, and engage in collective actions. We want to understand the different relations that characterize the lives of women and men (in Country Z) and that may (ultimately) inhibit or facilitate their access to resources and opportunities.
        - As mentioned during the presentation, to understand gender relations, a gender analysis will focus on specific aspects (or domains) of women’s and men’s relations. In this table, we are going to look at women’s and men’s gender relations in terms of:
            - their “**practices, roles, and participation**” (e.g., practices/activities and roles that are customary/traditional and/or acceptable (and not acceptable) for women and men; differences in women’s and men’s participation in social life, political life, family, community);
            - their “**access to assets**” (e.g., women’s and men’s ability to access natural resources, productive assets, income, information, knowledge, social networks);
            - “**institutional laws and policies**” and the ways in which women and men are dissimilarly affected by policies and rules governing institutions, including the health system (e.g., how laws and policies affect women’s/girls’, men’s/boys’ access to education, health services, employment opportunities, property ownership); and

- › "**knowledge, beliefs, and perceptions**" (e.g., social and cultural expectations about appropriate behavior, individual expectations about appropriate behavior) about women and men.

  - – Power pervades all four domains, and informs who has, can acquire, and can expend assets; who can make decisions about their bodies and their health and that of their children; who can take advantage of opportunities, etc.
  - – Power also determines the way women and men are treated by different types of institutions, policies, and laws.

9. After you have explained step 1A, ask participants to refer back to the description of Country Z and agree on one example of a gender relation for each of the four domains. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
10. **Technology Action:** As participants agree on the gender relations, write them using sticky notes on the Jamboard under the relevant domain. (Spend no more than 3 minutes on this step).
11. Next, explain Step 1B (frame 2) using the following guiding notes (spend no more than 2 minutes on this step):
    - Step 1B: Potential missing information
      - – After having identified key information about gender relations (by domain), we will need to identify any additional/missing information that might help the program to better ascertain the gender barriers that need to be taken into account during program design (to ensure the success of the program). This analysis is also done across the four domains.
12. After explaining step 2B, ask participants to agree on one example of missing/additional information (for each of the four domains) that might be needed to better understand the gender relations and barriers that were just identified in the Country Z case study. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
13. **Technology Action:** As participants agree on the missing/additional information, write it on a sticky note on the second Jamboard frame under the relevant domain. (Spend no more than 3 minutes on this step).
14. Next, explain Step 1C (frame 3) using the following discussion points (spend no more than 2 minutes on this step):
    - Step 1C: Gender-based constraints
      - – These are gender relations that **inhibit** men's and/or women's access to resources or opportunities of any type. We will need to identify gender-based barriers faced by women and men in Country Z, specifically those barriers that could hinder the success of the project we're designing. This analysis is also done across the four domains.
15. After you've explained step 1C, ask participants to agree on one example of a gender-based constraint for each of the four domains that would be important to take into account during the design of the project. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
16. **Technology Action:** As participants agree on the constraints, write them on a sticky note on the third Jamboard frame under the relevant domain. (Spend no more than 3 minutes on this step).
17. Finally, explain step 1D (frame 4) using the following discussion points (spend no more than 2 minutes on this step):
    - Step 1D: Gender-based opportunities

- These are gender relations that **facilitate** men's and/or women's access to resources or opportunities of any type. We will need to identify gender-based opportunities for women and men in Country Z, specifically opportunities that could contribute to the success of the project. This analysis is done across the four domains.

18. After you've reviewed the fourth column, ask the group to agree on one example of a gender-based opportunity for each of the four domains that would be important to take into account during the design of the project. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
19. **Technology Action:** As participants agree on opportunities, write them a sticky note on the fourth Jamboard frame under the relevant domain. (Spend no more than 3 minutes on this step).
20. Explain that based on the gender analysis completed in step 1, we can now begin identifying specific subobjectives, activities, and indicators for PMTCT programs.
21. **Technology Action:** Screen share the fifth frame of the Jamboard.
22. Review the various components of Step 2-5 using the following talking points, starting with step 2 (frame 5); (spend no more than 2 minutes on this step):
    - Step 2: Gender-integrated objectives
        - This step is directly linked to step 2 of the program cycle (Strategic Planning), which has to do with developing program objectives that strengthen the synergy between gender equity and health goals; and identifying program participants, clients, and stakeholders.
        - In this step, we need to formulate program objectives to address some of the gender-based opportunities and barriers that were uncovered during the gender analysis. The objectives should relate to a change we would like to see with respect to specific gender-based barriers, and they should leverage identified gender-based opportunities. The objectives should also be formulated by domain.
23. After reviewing step 2, ask the group to agree on one example of a gender-integrated objective for each of the four domains. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
24. **Technology Action:** As participants agree on objectives, write them on a sticky note on the fifth frame of the Jamboard under the corresponding domain. (Spend no more than 3 minutes on this step)
25. Next, explain step 3 (frame 6) using the following talking points (spend no more than 2 minutes on this step):
    - Step 3: Activities
        - This step is related to step 3 of the program cycle (Design), and involves identifying key program strategies by domain to address gender-based constraints and opportunities. In this step, we will need to identify activities that could help achieve each of the gender-integrated objectives we've formulated. Activities should also leverage identified gender-based opportunities.
26. After reviewing step 3, ask participants to agree on one activity example per domain for each of the objectives identified. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
27. **Technology Action:** As the group agrees on the activities, write them down on a sticky note on the sixth frame of the Jamboard under the appropriate domain. (Spend no more than 3 minutes on this step).

28. Next, explain steps 4-5 (frame 7) using the following talking points (spend no more than 2 minutes on this step):
    - Steps 4 and 5: Indicators
        - These steps also correspond to steps 4 and 5 of the program cycle (monitoring and evaluation). Step 4 has to do with the development of indicators that measure gender-specific outcomes, and monitoring implementation and effectiveness in addressing program objectives. Step 5 involves measuring the program's impact on health and gender equity outcomes, and adjusting program design to enhance successful strategies and mitigate any unintended harmful results. In these steps, we will need to identify indicators that would point to a decrease in, or removal of, the gender barriers our program seeks to address. As with the objectives and the activities, indicators will be formulated across the four domains.
29. After discussing steps 4-5, ask participants for one indicator per domain for each of the objectives identified. Refer to **Facilitator Resource: Gender Analysis and Integration Table - Complete** for examples.
30. **Technology Action:** As participants agree on the indicators, write them down on a sticky note on the seventh frame of the Jamboard under the relevant domain. (Spend no more than 3 minutes on this step).

Small group work on gender analysis and integration (1 hour 20 minutes)

> **Facilitator Note:** If you do not have sufficient time, this activity may be skipped.

1. **Technology Action:** At any time during the session, you may begin to prepare the breakout rooms for this activity.
    - 4 groups (randomly distributed participants)
    - Check "Breakout rooms automatically close after"
        - 30 minutes
    - Check "Notify me when time is up"
    - Countdown after closing breakout room: 30 seconds
2. Tell participants that they will now work in small groups to complete another gender analysis and integration exercise like the one they just completed in the large group.
3. Explain that participants will be divided into four groups, and each group will be assigned the same case study, along with one of the four gender analysis domains. In their small groups they will have 30 minutes to:
    - Read the case study.
    - Complete Steps 1A through 1D (Frames 1-4 on the Jamboard) with information specific to the domain assigned to their group (identify key gender relations, missing information, gender-based constraints, and gender-based opportunities).
    - Complete Steps 2 through 5 (Frame 5-7 on the Jamboard) with information specific to the domain assigned to their group (identify gender-integrated objectives, activities, and indicators).
4. **Technology Action:** Copy and paste into the chat links to each Jamboard/Document. Materials should be clearly labeled Group 1, Group 2, etc. (see example below).

- Example:
  - Group 1: [Link to Jamboard/Document]
  - Group 2: [Link to Jamboard/Document]
  - Group 3: [Link to Jamboard/Document]
  - Group 4: [Link to Jamboard/Document]

5. Explain that each group's Jamboard/Document has their domain listed within the first page/frame.
6. **Technology Action:** If you are using the Jamboard templates, upload a copy of the Participant Handout: MCHIP Yemen and Participant Handout: Gender Analysis Framework.
7. Remind participants that they can also access these documents through their email.

> **Technology Note:** If you are using the Google Document, both handouts have already been added to the template. Let participants know that they should reference both handouts from their group's document.

8. Explain that you have just shared links to the document on which groups will take notes in the chat. Explain that, as they are being moved to a breakout room, participants will see on their screen to which numbered room they are being moved. Once they are in their breakout rooms, their room number will appear at the top of the Zoom screen. Their breakout room number will represent their group number and should be used to know which document to open.
9. Let the group know that they will have 30 minutes to complete this task. Ask groups to take the last few minutes to elect a spokesperson who can share their group work with the larger group.
10. Make sure participants understand the instructions. Remind them that they should use the "Ask for Help" button if they have questions for a facilitator while in their breakout room. (Spend no more than 5 minutes on steps 1–9).
11. **Technology Action:** Open the breakout rooms.
12. **Technology Action:** Open each Jamboard/Google Document on a different tab in your computer. Regularly review each document to ensure that at least one participant has opened the board and, eventually, that groups have added sticky notes/text. Join any groups where no one is on the document after 30-40 seconds, or where no sticky notes/text have been added a few minutes.

> **Technology Note:** Anonymous circles at the top right corner of the Jamboard/Google Document will indicate whether or not participants have opened the document.

13. **Technology Action:** Send a broadcast message reminding participants when they have 5 minutes and 1 minute left. Additionally, remind groups to select a spokesperson.
14. **Technology Action:** After approximately 30 minutes, close the breakout rooms.
15. **Technology Action:** Screen share Group 1's document.
16. Ask for the spokesperson from the first group to present their group responses. (Allow 5 minutes for the presentation).
17. After the first group representative has presented, allow other participants to ask questions and/or comment on the group's work. (Spend no more than 5 minutes on this step).
18. Repeat steps 15–17 for the remaining three groups. The total debrief time should be no more than 40 minutes.

19. After all four groups have presented, facilitate a 5-minute debrief by asking the following questions:
    - What did you think of this framework and exercise? Do you think this is something you can do or work with Monitoring, Evaluation, and Research (MER) staff to do?
    - How will/can you apply this framework to your current project?

Closing (1 minute)

End the activity by stating that a gender analysis allows for the identification of underlying causes of specific health and development issues and as such is key for achieving programmatic impact. During their design and implementation, programs must be mindful not only of the ways in which gender-based constraints and opportunities might influence programs’ ability to achieve sustainable results, but also the ways in which programs might impact (intentionally and unintentionally) the participants they are intended to serve.

Sources

- Interagency Gender Working Group (IGWG). n.d. *Introduction to Gender Analysis and Integration*. https://www.igwg.org/training/gender-analysis-and-integration/. Accessed December 21, 2016.
- Population Reference Bureau. 2009. *A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action*, 2nd ed. Washington, DC: Population Reference Bureau.

Participant Handout: Gender Analysis and Integration Table – Blank

(*Adapted from* IGWG. n.d. *Gender Analysis and Integration*. Gender Integration Table 1: Data Collection and Analysis. https://www.igwg.org/wpcontent/uploads/2017/05/GendrIntegrExercisTbl1.pdf).

Program goal and/or overall health objective: ____

Instructions: Conduct a gender analysis of your program by answering the following questions (in the table).

- Be sure to consider these relations in different contexts—individual, partners, family and communities, health care and other institutions, policies.

Step	Gender Analysis Question	Domain	Notes
1.	A. What are the key gender relations inherent in each domain that affect women and girls, men and boys?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	
	B. What other potential information is missing but needed about gender relations?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	
	C. What are the gender-based constraints to reaching program objectives?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	
	D. What are the gender-based opportunities to reaching program objectives?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	

2.	What gender-integrated objectives can you include in your strategic planning to address gender-based opportunities or constraints?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	
3.	What proposed activities can you design to address gender-based opportunities or constraints?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	
4-5	What indicators for monitoring and evaluation will show if (1) the gender-based opportunity has been taken advantage of, or (2) the gender-based constraint has been removed?	Practices and participation	
		Beliefs and perceptions	
		Access to assets	
		Institutions, laws, and policies	

Participant handout: Preventing mother-to child transmission of HIV in Country Z

(*Adapted from* IGWG. 2010. IGWG Gender, Sexuality and HIV Training Module. Case Study: PMTCT Programming in Country Zed. http://www.healthpolicyinitiative.com/Publications/Documents/1408_1_IGWG_GSHIV_Module_Oct_2010_acc.pdf).

Like many countries, Country Z continues to find it difficult to facilitate women's access to PMTCT services. These services include testing to determine HIV status, access to drugs to prevent HIV-positive mothers from transmitting the disease to their children, information on exclusive infant feeding options, health care for infants, family planning, and care and treatment for the woman's own health.

Available background information

The most recent Demographic and Health Survey (DHS) for Country Z reported high utilization (90%) of antenatal care (ANC) by pregnant women, but only 47% delivered at a health facility. Most women completed at least some primary schooling. More than half of the women reported having a partner or husband. Only 40% had access to piped water or electricity. More than half reported no independent income.

Data from the World Health Organization (WHO) Multi-Country Study on Domestic Violence report that for Country Z, 41%–56% of ever-partnered women ages 15–49 had ever experienced physical or sexual violence from an intimate partner, and 17%–25% had experienced severe physical violence. Of the latter group, one-third to one-half had experienced severe physical violence within the past year. Some recent poster campaigns with slogans such as "Test for the Health of the Next Generation" picture a pregnant woman holding a newborn baby. Although ANC use is high, recent focus groups show that women have limited knowledge of specific PMTCT interventions or their availability at the local health clinic. When asked about the importance and availability of specific medicines and recommended exclusive infant feeding practices, women expressed uncertainty about the effect of these recommendations on their pregnancy and the health of the infant.

A number of women expressed the belief that women who are HIV-positive should not have more children. Regarding testing, women were more interested in knowing their HIV status for the purpose of protecting themselves from infection if they tested negative, or for seeking care if they were HIVpositive. Significantly, only 11% identified concern about infecting their child as a primary reason to learn their HIV status.

Gender norms

Women are expected to seek permission from their male partners before testing. They believe that testing without a partner's permission will increase conflict. Men feel free to make their own decisions about whether to test or not and rarely disclose their HIV status to their partners. However, men are reluctant to use testing sites near their communities, fearing lack of confidentiality. Men also believe that by the time a woman is pregnant, it is too late for themselves and their partners to be tested. They argue that a woman who is HIV-positive should not have any more children. If a man is HIV-positive, however, he is unlikely to disclose, and will still desire more children. Men say that access to antiretrovirals (ARVs) to prevent transmission would be a great incentive for them to agree to testing for themselves and their partners, even if ARVs were only provided to mothers and babies.

Both men and women in the community report that health information is supposed to be brought into the family by the man. Women are not regarded as reliable sources of information. Men are viewed as the family decision-makers. Men regard health care providers as legitimate sources of information, yet they generally do not accompany their partners to family planning, ANC, or postnatal care (PNC) visits

and would not be expected to attend the labor or birth of their child. Birth, delivery, and infant care are seen as exclusively the responsibility of women, although men are increasing their involvement in childrearing responsibilities once children become toddlers or older.

Responding to local beliefs

Many people in the community believe that if one parent is HIV-positive, both parents and all children born will be HIV-positive as well. HIV-related stigma in the community remains high and is directed at the person who first tests and discloses his or her status.

Because of antenatal testing, more women than men know their HIV status. It has not been uncommon for women who reveal their HIV-positive status to be abandoned, and many women fear being abused by their male partners. Women do discuss health and relationship issues with other women in the community, and find other women an important source of social support and practical information, especially as related to women's and children's health. However, this information is not brought directly into the household. Health care providers in the public sector have limited time to provide much information and counseling to their clients. Overburdened by the migration of health care staff as well as by absences due to their own and family illnesses, midwives and nurses are stretched too thin to provide even a minimum standard of clinical care.

Participant handout: MCHIP Yemen

MCHIP Yemen (excerpt)

Yemen presents a severely under-resourced and fragmented health system, where political instability and chronic and seasonal food insecurity are linked with poor maternal, infant, and young child nutrition practices. Health services were further deeply affected by the 2011 Yemeni Revolution, and the ongoing instability and uncertainties of the political situation make long-term planning difficult. Within this context, the Government of Yemen's Ministry of Public Health and Population (MOPHP) drafted the Maternal and Child Health Acceleration Plan 2013–2015 to reduce maternal and under-5 mortality. Other ratified policies and strategies include the National Health Policy 2010–2025, the National Newborn Health Strategy, the National Nutrition Strategy, and the Reproductive Health Strategy. Across the cross-cutting and technical areas relevant to health, the needs and opportunities for intervention are considerable.

USAID's global flagship Maternal and Child Health Integrated Program (MCHIP)—primed by Jhpiego and led operationally in Yemen by John Snow, Inc. (JSI), with support from Save the Children, the Program for Appropriate Technology in Health (PATH), and ICF Macro—is uniquely suited to support the Government of Yemen and USAID/Yemen to fully realize one goal: **reduce maternal and neonatal mortality and morbidity as well as rates of childhood illness and malnutrition, particularly stunting and anemia, in the next 5 years.**

MCHIP's Associate Award activities will be based on an integrated approach that spans reproductive, maternal, newborn, and child health and nutrition (RMNCH/Nut) and will be built on five key objectives: 1) foster an enabling environment to increase coverage of high-impact RMNCH/Nut interventions by leveraging and integrating with other sectors; 2) enhance human resource planning and preparedness of the workforce; 3) support staff at the district level to effectively implement and monitor high-impact health and nutrition interventions; 4) increase access to and quality of service delivery points offering high-impact health and nutrition interventions; and 5) improve health and nutrition practices by families, supported by community health workers and other community members. **MCHIP's objectives in Yemen are designed to achieve progress to meet USAID's central results pathways for decreases in maternal and neonatal mortality, infant and child mortality, and improvements in nutrition status and promote resilience by layering, integrating, and sequencing with emergency relief and other USAIDfunded programs to maximize results, reporting on a continuum toward outcomes that lay a foundation toward impact.**

To achieve these goals, MCHIP will work in partnership with the MOPHP to strengthen the existing health system through targeted technical assistance at the district and governorate levels. Consistent with the USAID Mission's vision for its other health and related programs, MCHIP will maximize the strengths of MOPHP partners at governorate levels, and with multiple public, private, and nongovernmental organizations, to improve access to and quality of RMNCH/Nut services. We will address barriers to care-seeking, access, and uptake of optimal health and nutrition behaviors, including gender-related barriers, through the scale-up of proven, evidence-based, high-impact RMNCH/Nut interventions.

In addition, given the sociocultural and geographic challenges of Yemeni society, MCHIP's focus throughout this project will be to support the MOPHP to **improve equity and access to quality health services**. MCHIP will support communities, district health offices, governorate health offices, and other stakeholders to develop innovative solutions to identify and address equity issues specific to the country's cultural context.

Gender: Gender inequalities remain a fundamental constraint to improving health outcomes. Yemen places **last** out of 136 countries ranked according to the World Economic Forum's Global Gender Gap Index, which measures women's economic participation and opportunity, educational attainment, health and survival, and political empowerment (JICA 2009). The low status of women in society is underpinned by gender and cultural norms that devalue women and restrict their freedoms. Poverty exacerbates matters by forcing families to choose whether to invest in a girl child or boy child and whether or not to raise a girl or sell her off to be married. Inequalities are also entrenched within the legal structure: for instance, the personal status law dictates that a woman may not leave the house without the permission of her husband, there is no minimum age of marriage and there are no laws against female genital mutilation or domestic violence (UNICEF 2011, UNFPA 2013).

These norms and practices, often linked to deeply held religious beliefs, affect children and women's health in multiple ways. In particular, they 1) hinder access to and demand for family planning services; 2) undermine the quality of services; and 3) increase various associated causes of health risk, namely early marriage and gender-based violence (GBV). Men generally are the gatekeepers for women's access to health services: they make decisions with respect to health care in general and to family planning (FP) in particular; and they must accompany their partners to the health facilities. Women, on the other hand, have low levels of literacy and formal education, which are correlated with lower levels of awareness and care-seeking behavior. Cultural norms lead women to deliver at home without a skilled birth attendant and those who deliver in a facility leave health facilities within 2 hours of giving birth. In this context, implementation of the World Health Organization's (WHO's) new guidance in Yemen (which includes a postpartum stay of 24 hours and a home visit for all women) has been challenging. Women are discouraged from leaving the home during the first 40 days after childbirth, and in many places male resistance is an obstacle for women to utilize FP services. Similarly, when a child is sick, the decision to seek help outside the household often belongs to the father or to other family members. In addition, women usually have to be accompanied by a male relative (*muharram*) to bring a sick child to a health facility, particularly if the provider is male.

Adolescent pregnancies linked to early marriage remain a widespread phenomenon in Yemen, underpinned by poverty and religious and cultural norms. About 16% of girls ages 15–18 are married in Yemen (World Economic Forum 2013). Early marriage is not only a major development challenge because of its negative impact on girls' education, women's literacy, and women's economic empowerment, it also results in high fertility rates and poorer health outcomes for mother and newborn.

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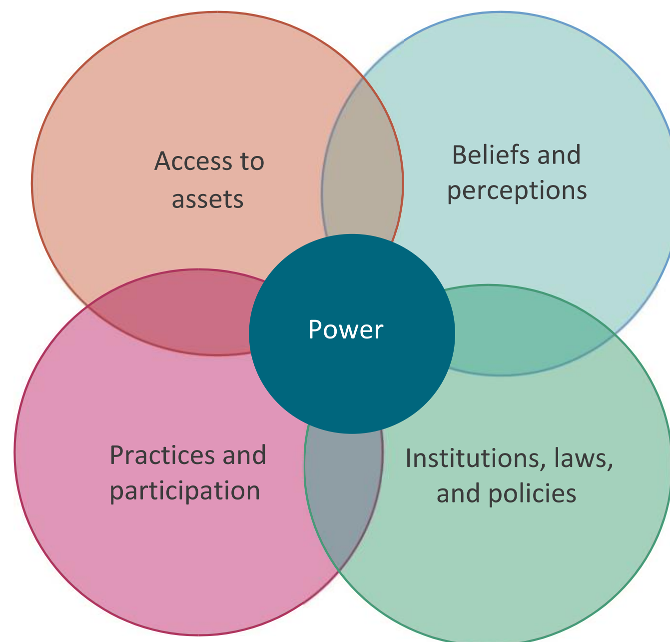
Participant handout: Gender analysis framework



Access to assets

This domain of the Gender Analysis Framework refers to how gender relations affect access to the resources necessary for a person to be a productive member of society. It includes both tangible assets (e.g., land, capital, tools) and intangible assets (e.g., knowledge, education, information, employment, benefits).

Beliefs and perceptions

This domain draws from cultural belief systems or norms about what it means to be a woman or a man in a specific society. These beliefs affect women's and men's behavior, dress, participation, and decisionmaking capacity. They may also facilitate or limit women's and men's access to education, services, and economic opportunities.

Practices and participation

The norms that influence women's and men's behavior also structure the type of activities they engage in, as well as their roles and responsibilities. This domain captures information on women's and men's different roles; the timing and place where their activities occur; their capacity to participate in different types of economic, political, and social activities; and their decision-making.

Institutions, laws, and policies

This domain focuses on information about women's and men's formal and informal rights, and how they are dissimilarly affected by policies and rules governing institutions, including the health system. It includes an individual's right to:

- Inherit and own property
- Legal documents (such as identity cards, property titles, and voter registration)

- Reproductive choice
- Lifesaving maternal health care
- Representation
- Due process

Power

The power domain pervades the other four domains of the framework. It refers to an individual's capacity to control resources and to make autonomous and independent decisions free of coercion. Gender norms influence the extent to which individuals can freely decide, influence, control, enforce, engage in collective actions, and exercise decisions about:

- Acquiring and disposing of resources
- Choosing what to believe
- One's own body
- Reproductive choice
- Children
- Occupation
- Affairs of the household, community, municipality, and the state; voting, running for office, and legislating
- Entering into legal contracts
- Moving about and associating with others

Facilitator Resource: Gender Analysis and Integration Table – Completed

(*Adapted from* IGWG. n.d. *Gender Analysis and Integration*. Gender Integration Table 1: Data Collection and Analysis. https://www.igwg.org/wpcontent/uploads/2017/05/GendrIntegrExercisTbl1.pdf)

Program goal and/or overall health objective: **Reduce prevalence of GBV**

Instructions: Conduct a gender analysis of your program by answering the following questions (in the table).

- Be sure to consider these relations in different contexts—individual, partners, family and communities, health care and other institutions, policies.

Step	Gender Analysis Question	Domain	Notes
1.	A. What are the key gender relations inherent in each domain that affect women and girls, men and boys?	Practices and participation	• Men are the decision-makers in the household. • Men serve as the main sources of health information in the household. • Men are the main breadwinners of the family. • Women are responsible for birth, delivery, and caring for the children.
		Beliefs and perceptions	• Men are considered more reliable sources of information than women. • There is a belief that maternal and child health should not concern men. • High rates of GBV indicate some community tolerance of GBV. • Women are believed to be inferior to men. • It seems acceptable for men to abandon their HIV-positive female partners. • HIV stigma is high. • Men's fears surrounding lack of confidentiality limits their use of testing services.
		Access to assets	• Women are able to access ANC services. • Women's use of health facilities for delivery is limited. • Women seem to have limited access to income generation activities/opportunities. (They are highly financially dependent on men). • Men restrict their female partners' access to testing sites. • Women may have limited access to PMTCT services and information. • Most women have access to primary education. • Services for GBV survivors (health, legal, psychological, etc.) may not exist, or people may not know how to access them. Even if there is knowledge about these services, men may prohibit women from accessing them.

Step	Gender Analysis Question	Domain	Notes
		Institutions, laws, and policies	• Men's abandonment of their female partners following disclosure of HIV status may indicate an absence of legal protections for married women and women in domestic partnerships. • There may be no law(s) criminalizing GBV. • Health facilities offering maternal and newborn health services may not be welcoming to men.
	B. What other potential information is missing but needed about gender relations?	Practices and participation	• What are men taught about their familial responsibilities? • Are there any household decisions that are discussed jointly by women and men? • Are there any informal spaces in which men discuss health and relationship issues with other men?
		Beliefs and perceptions	• Do women have knowledge about • available services for GBV survivors (e.g., legal counsel, shelters, psychosocial services)? • Are women who experience GBV stigmatized in the community? • Is GBV discussed?
		Access to assets	• Even though men are not expected to be involved in pregnancy and delivery, do they have any influence over decisions related to where delivery occurs? If, so what role do they play in these decisions? • Are any services available for women who experience violence? • How and where are PMTCT services and information offered? • Are any support services available for individuals who test positive for HIV (e.g., psychosocial services, financial aid services)?
		Institutions, laws, and policies	• Do women have the legal right to any sort of financial support after a marriage/domestic partnership, especially if children are involved? • What are health facility policies regarding men's participation in ANC, delivery, and birth? • Is GBV illegal? Are there legal mechanisms for justice, treatment services, etc., available to women who experience GBV?
	C. What are the gender-based constraints to reaching program objectives?	Practices and participation	• Women do not have much decisionmaking power. • The male is the main source of health information for the family. • Men are not involved during and after pregnancy.
		Beliefs and perceptions	• Social norms may discourage male involvement in maternal and child health. • Community stigma dissuades men and women from getting tested. • Fear of violence dissuades women from getting tested.

Step	Gender Analysis Question	Domain	Notes
			• Women are perceived as unreliable sources of information. • Men tend to mistrust health facilities (e.g., belief that confidentiality is not guaranteed).
		Access to assets	• Women are largely financially dependent on their male partners, which may limit their ability to make decisions independently. • Women's limited access to economic opportunities restricts their ability to make health decisions that would incur financial costs (e.g., funds to travel to the health facility, funds to pay for health services). • Availability of PMTCT services appears limited.
		Institutions, laws, and policies	• Men may not be legally obligated to support children they father with partners to whom they are not married.
	D. What are the gender-based opportunities to reaching program objectives?	Practices and participation	• Women seem to move about with some degree of freedom in the public sphere.
		Beliefs and perceptions	• Men view health providers as reliable sources of information.
		Access to assets	• ANC services seem to be widely available.
		Institutions, laws, and policies	• None are mentioned in the case study.
2.	What gender-integrated objectives can you include in your strategic planning to address gender-based opportunities or constraints?	Practices and participation	• Encourage increased male participation in PMTCT
		Beliefs and perceptions	• Reduce stigma associated with HIV and encourage and support disclosure
		Access to assets	• Expand women's access to a full range of PMTCT interventions
		Institutions, laws, and policies	• Health facilities are strengthened to encourage male participation in maternal and newborn health
3.	What proposed activities can you design to address gender-based opportunities or constraints?	Practices and participation	• Train male peer educators to facilitate reflection sessions with men on the links between gender norms, GBV, and SRH outcomes • Hold education sessions with fathers-to-be and couples on how men can contribute to a healthy pregnancy and delivery • Offer education sessions with men on their role in PMTCT • Encourage men's involvement in couples counseling

Step	Gender Analysis Question	Domain	Notes
		Beliefs and perceptions	• Increase community awareness on stigma and discrimination, the harm they cause, and the benefits of reducing them • Offer awareness campaigns on HIV stigma and discrimination • Facilitate group discussions with women and men on gender norms, GBV, and HIV
		Access to assets	• Train ANC health workers to systematically provide information on the benefits of HIV testing during pregnancy • Strengthen integration of PMTCT services with ANC services • Train peer counselors to provide education and psychosocial support to HIV-positive pregnant women, and follow-up after delivery
		Institutions, laws, and policies	• Support health facilities to develop and operationalize institutional policies that enable men's participation in ANC, labor, and delivery • Train health workers on the provision of malefriendly health services • Train health workers on couples counseling
4-5	What indicators for monitoring and evaluation will show if (1) the gender-based opportunity has been taken advantage of, or (2) the gender-based constraint has been removed?	Practices and participation	• Proportion of women reporting that during their pregnancy their male partner carried out at least one household task traditionally reserved for women • Proportion of women reporting that during the 6 months following delivery, their male partner carried out at least one household task traditionally reserved for women • Proportion of serodiscordant couples (male infected) who report use of a female or male condom at every intercourse occurring during pregnancy • Proportion of serodiscordant couples (male infected) who report use of a female or male condom at every intercourse during 12 month period following delivery
		Beliefs and perceptions	• Proportion of individuals in the intervention area who express tolerant attitudes toward HIV-positive individuals • Proportion of HIV-positive women who report having disclosed their status to their male partner • Proportion of HIV-positive men who report having disclosed their status to their female partner
		Access to assets	• Number of pregnant women who have been tested for HIV • Number of pregnant and breastfeeding women following a PMTCT regimen
		Institutions, laws, and policies	• Percentage of male partners accompanying female partner for ANC visits • Proportion of male partners present during labor and delivery