

IMPROVING RMNCAH-N OUTCOMES BY ADVANCING GENDER EQUALITY

A GFF BRIEF FOR OPERATIONALIZING MEASUREMENT

November 2020



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INTRODUCTION

The aim of this brief: This brief aims to provide operational recommendations for country-driven actions for increased measurement on the contribution of gender equality to improved Reproductive, Maternal, Neonatal, Child, Adolescent Health and Nutrition (RMNCAH-N) outcomes for priority populations across the country investment cases and support the operationalization the [GFF Roadmap for Advancing Gender Equality](#).

Who this brief is for: The primary audience for this brief is the GFF country platforms, Liaison Officers and Secretariat Focal Points who are involved in operations, including the support teams for the investment case's results and monitoring frameworks. This brief may also be useful to a broader scope of partners working on the interlinkages between gender equality and RMCNAH-N.

What is included in this brief: This brief provides the context for the importance on how and why to measure gender equality in the GFF process. It suggests an operational framework with a strong focus on data and results monitoring to complement the GFF's Roadmap for Advancing Gender Equality and its six action areas. The brief does not seek to be exhaustive brief but to provide initial contributions for deeper country reflections and dialogue. The annex offers suggestions for additional definitions tools and resources to help implement concrete actions for measurement of gender equality and RMNCAH-N in country investment cases.

CONTEXT

This problem statement, which underlies all of GFF's work, reflects the profound gender inequality that undermines the health and wellbeing of women, adolescents and their children around the world. The limited access of women and girls to education and economic assets, the challenges to exercise their voice and fully engage in political participation and the prevalence of discriminatory laws and social norms create a cumulative disadvantage that is reflected in reproductive, maternal, neonatal, child and adolescent health and nutrition (RMNCAH-N) outcomes.

“Every year, in 50 countries across the world, more than 5 million mothers and children die from preventable conditions and their economies lose billions of dollars to poor health and nutrition.”

The GFF Roadmap acknowledges the importance of addressing the social roots of poor health and disparities in RMNCAH-N and provides a rationale and priority areas for action for addressing gender inequality to ensure improved RMNCAH-N outcomes in GFF supported countries. Operationalizing the GFF Roadmap in the country investment cases will require integrating gender equality measures and indicators relevant for each country setting to monitor the progress in this area. Furthermore, it will require going beyond existing measurements to think through new investments, new partnerships and new ways of working that bring gender equality to the forefront of global and country-led processes.

This brief proposes approaches to identify contextually relevant, national and sub-national data across the six action areas laid out in the GFF Roadmap for advancing gender equality.

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PRIORITIZING AND STRUCTURING ACTIONS AND MEASUREMENTS THAT TAKE GENDER EQUALITY AND EQUITY INTO ACCOUNT

The GFF process is framed through its overall logic model (see Annex 1). Ensuring that actions to address gender inequality through the GFF process at country level contribute to increased RMCAH-N outcomes requires the ability to answer two questions in the affirmative:

1. Is it measurable?
2. Does it capture outcomes that the GFF process can influence?

Measuring progress in women's, children's, and adolescents' health and equality requires advances in the data systems that document who and how people are

BOX 1. EQUITY AND EQUALITY: RELATED CONCEPTS

Equity refers to fairness of treatment for different groups according to their respective needs, which include treatment that is considered equivalent in terms of rights, benefits, obligations and opportunities. It is obvious how inequity is manifested in health systems and access to services; the GFF has strongly emphasized increasing equity, especially through investments in neglected geographies, priority populations, and neglected groups that are hard to reach.

Equality implies that all human beings are free to develop their personal abilities and make choices without limitations imposed by social or cultural expectations based on their gender or other identity.¹ Gender reflects the culturally defined roles, responsibilities, attributes, and entitlements associated with being male or female in a given setting, along with the power relations between and among women and men, and boys and girls and people of all gender identities.² Gender inequality has a fundamental bearing on how power and privilege are distributed and maintained and is a key determinant of every person's health and wellbeing.³

¹ *ibid*

² Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., and D. Zewdie (2019). Gender inequality and restrictive gender norms: framing the challenges to health. *The Lancet*.

³ *Global Health 50/50, 2020 Report*, p. 10

accessing health services, and that identify the challenges to access these services so that these may be addressed. Gender-responsive results and monitoring frameworks should be in place to support governments to track progress on these issues.

It is key to situate equity and equality within a measurement framework, and, while the two are related, these concepts have slightly different implications for RMNCAH-N interventions and can be understood as overlaid on each other.⁴ These interlinkages are discussed in further detail in the Roadmap (see short definition in Box 1).

Inequity in access to health services emerges from and is further undermined by gender inequality and restrictive gender norms. Gender inequality therefore undermines health status and limits other aspects of women's, children's and adolescents' lives in interlinked ways.

The SDG equity commitment that no one be left behind carries with it a mandate for disaggregated data. While the MDGs tracked national averages, the SDGs call for tracking the experience of underserved populations, as defined by place of residence, wealth, or other characteristics. Equity cannot be achieved without tracking data on underserved communities.

It is essential for GFF-supported countries to monitor the health of its priority populations with disaggregated data for a number of key dimensions. For example, sex, age, wealth and place of residence are important elements of equity that are visible only through data disaggregation. Box 2 offers considerations on applying an equity and equality lens to disaggregated data.

While data disaggregation can be challenging, it is essential to collecting meaningful information. For example, a national percentage reduction in the maternal mortality ratio may indicate overall improvement, but it may conceal disparate progress among rural and urban populations. A national decline in neonatal mortality may conceal large differences between babies born to adolescent mothers and babies born to women 20 and over. Similarly, the percentage increase in registered infants and children aged under 2 years receiving specified nutrition services in Bangladesh may reveal quite different patterns if disaggregated by sex.

Tracking changes in the system through which gender inequality is maintained thus requires taking a structural view of health, one that goes beyond the health system and health system data. Immense progress has been made in the ability to track changes in the gender norms that uphold systems of inequality, and specifically, that undermine health.⁵ Many GFF partners countries have made significant investments in expanding the evidence available on best practices for changing gender and social norms and on expanding measurements of the impacts of gender norm change on access to health and improved health outcomes. The Demographic and Health Surveys (DHS) for instance, include multiple kinds of questions of relevance to gender equity and equality, making it possible for the countries to integrate these measures into the results and monitoring framework of the investment cases.

⁴ Definitions drawn from Michalos, A. C. (Ed.). (2014). Encyclopedia of quality of life and well-being research. Dordrecht: Springer Netherlands

⁵ List derived from Improving Gender Equity and Health Outcomes: By Addressing Gender in Health Information Systems and Factors Affecting Sex- and Age-Disaggregated Data in Health Information Systems

BOX 2. EQUITY, EQUALITY AND DATA DISAGGREGATION

SEX-DISAGGREGATED DATA

According to MEASURE evaluation, "data that health information systems (HIS) produce can perpetuate inequalities or promote health equity." Sex disaggregation of data can help influence health and health-seeking behaviors and allow program managers and decision makers to examine service-delivery, treatment, and health outcome data in depth, so that they can detect differences between the sexes and develop approaches to achieve positive health outcomes accordingly.

Sex-disaggregated data should be a minimum requirement for all indicators. Sex disaggregated data can provide insights into gender inequities in outcomes of interest, but as we analyze how gender inequality influences health, it is necessary to look at sex disaggregation alongside other disaggregation and forms of data. Sex-disaggregated data are thus often a key starting point for understanding the impact of gender inequality on health outcomes of interest.

GAVI's experience provides a relevant example: they focused early on collecting data to document the disparities between vaccination rates of boys and girls. After several years, however, they noticed that the disparities by sex were small compared to the disparities among children whose mothers were more or who were less empowered. Thus, GAVI's early focus on sex-disaggregated data thus gave way to a focus on the barriers that caregivers and recipients face in obtaining vaccines.

AGE DISAGGREGATION

At a minimum, age disaggregation should allow to identify whether the patient is between 10-19 or older than 19. GFF will ultimately ideally include five-year quintiles (10-14 years) and (15-19 years) where possible to distinguish between younger and older adolescents, a period of intense change with regard to RMNCAH-N, but acknowledge the operational challenges this poses with data collection.

UNDERSERVED POPULATIONS

Equity affects access to health services and supplies across multiple dimensions including wealth, ethnicity, migration status, marital status, and other factors. The GFF routinely analyzes care-seeking behavior by income quintile and type of provider, for example.

SUB-NATIONAL DISAGGREGATION (INCLUDING WEALTH AND GEOGRAPHIC LOCATION)

Looking solely at national level data can be limiting. Collecting and analyzing regionally and urban/rural disaggregated data is essential for targeting resources where they are needed most. Geographic differences can unveil important differences in access to health facilities, wealth, political and cultural norms and religious beliefs that may impact both health care access and health seeking behaviors.

BOX 2. (CONT.)

CONSIDERATIONS FOR DISAGGREGATING DATA

There are many aspects to consider when disaggregating data. Many HIS are only capturing disaggregated data in a limited way. Others capture it at the facility level, then roll it up at the national level where the disaggregation information is lost and not available for analysis and action. Aspects of disaggregation to consider and actions to take include:⁶

AVAILABILITY OF DATA

- Ensure that sex and age disaggregation in data collected at health facilities is maintained at all levels of data aggregation
- As needed, introduce new systems to track gender disaggregated data and gender norms
- Routinely monitor for quality and availability of data
- Continue to expand EMRs when possible for ease and accuracy of maintaining disaggregated data, especially regarding retention data
- When collecting sex- and age-specific retention data among all paper-based facilities is impossible, conduct spot checks or data verification at selected facilities in locations without EMRs

ANALYSIS AND USE OF DATA

- Retain a gender focus in visualizations, tools, and reports aimed at providing easy access to information needed by decision makers
- Improve facilities' capacity to use gender-related data for decision making, by improving feedback mechanisms and training on data analysis
- Develop guidelines or materials showing how data can and should be analyzed to reveal important gender related findings
- Increase awareness of how disaggregation will help meet program and epidemic goals

LEADERSHIP AND GOVERNANCE OF DATA

- Diversity in representation and increased advocacy training with M&E program and policy decision makers
- Increase advocacy and awareness at all levels of the importance of sex and age disaggregation in national HIS
- Include gender officers/focal persons in national HIS working groups, decision-making meetings, and regular communication to allow opportunities for gender advocacy and technical assistance
- Incorporate gender-based violence and sexual violence indicators in routine data collection and analysis to inform policy and programming

⁶ www.alignplatform.org; Heise and Cislaghi 2019

STRUCTURING GENDER EQUALITY THROUGHOUT THE GFF PROCESS: IMPLEMENTATION & ACCOUNTABILITY

Gender equality can be integrated into each country's Investment Case results and monitoring framework through the populations it prioritizes, the programs and services it provides, and the processes that structure its work. While each GFF country Investment Case and results framework is unique and presents challenges for tracking standardized measures of progress across the entire portfolio, multiple opportunities exist to integrate gender equality measurements at national and subnational level.

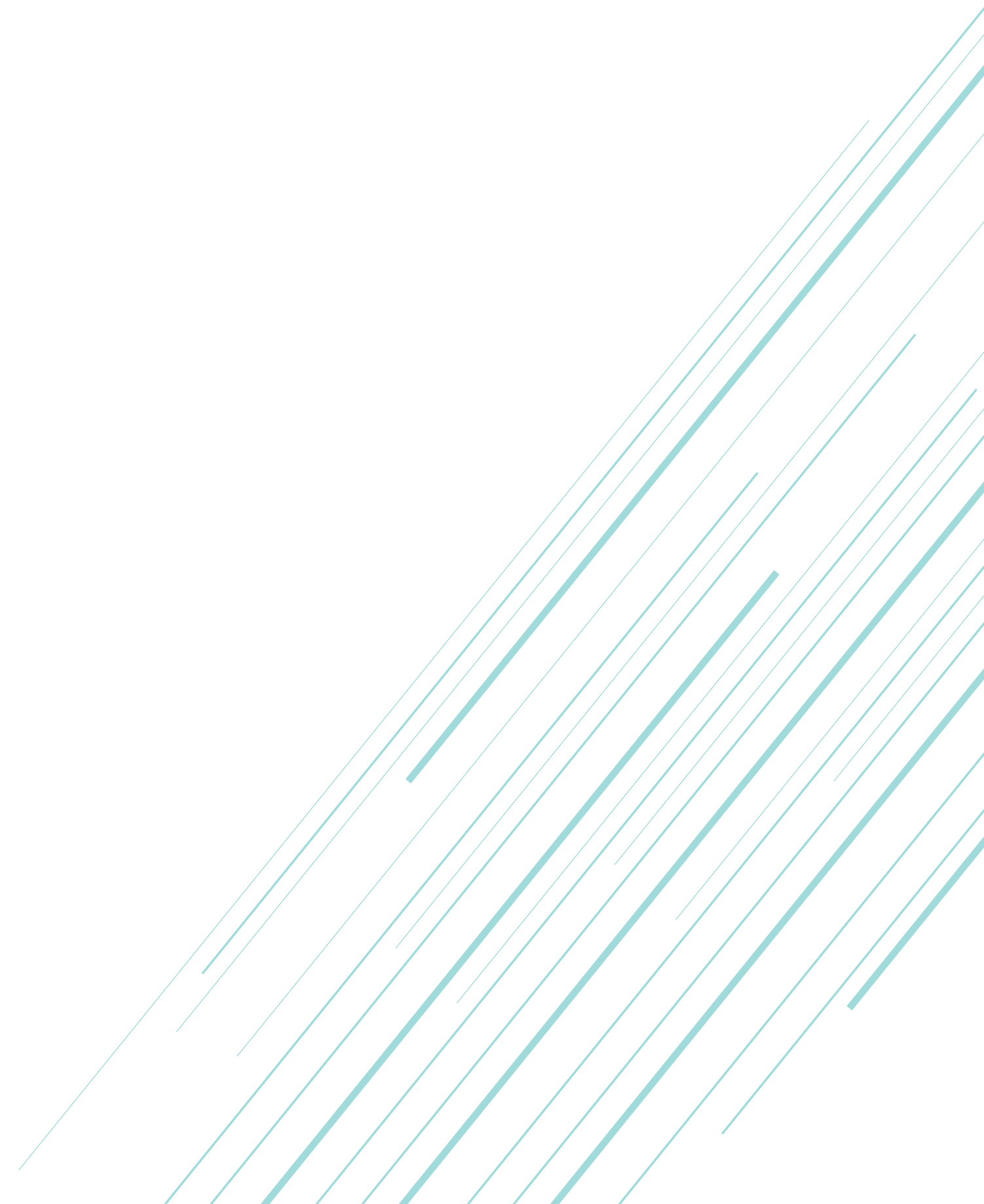
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“Men and boys can play a crucial role in demand creation for women and girls via their support (or resistance) to access and use of health services.”

- **Populations:** In the majority of countries where the GFF works, adolescent girls stand out for both the disadvantages they face and their squandered human capital potential when investments in their health and education are not fully realized. Men and boys are also too often overlooked, failing to recognize their crucial role in demand creation as they may support or resist women and girls' use and access of services, or may themselves seek out services. Men and boys can play a crucial role in demand creation for women and girls via their support (or resistance) to access and use of health services. However, men and boys are too often overlooked in programming and thereby causing a 'gender blind-ness' in demand creation.

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- **Programs and services:** Aligned with existing efforts to prioritize universal access to SRHR services, there are important opportunities to address gender inequality. Investments should integrate and respond to measurements and indicators that reflect how obstacles to accessing those services will be addressed, differences in the quality of care received based on gender or other forms of discrimination, and how demand will be cultivated for those services.
- **Processes:** The results and monitoring framework within each country Investment Case should reflect existing data on gender equality and equity in the country setting as it bears upon the achievement of RMNCAH-N outcomes. Participation in the country platform for developing the Investment Case and structuring accountability for its implementation represents essential processes through which bottlenecks for gender equalities may be addressed. Specific processes into which enhanced gender equality measurement can be integrated include:
 - include **process and participation indicators** focused on equity and representation, especially of women's rights groups and youth groups;
 - integrate a gender lens on **expenditures** into existing annual resource mapping and expenditure tracking (RMET);
 - focus on **user experience** including respectful maternity care, quality of family planning counseling and user experience and consistent gaps in quality of care standards; and
 - increase investment for strengthening and developing **accountability mechanisms and qualitative measurements** that contribute to gender equality.



SIX ACTION AREAS FOR INCREASED RESULTS ON GENDER EQUALITY AND RMNCAH-N OUTCOMES

This section provides an operationalization framework for the six priority areas for action as defined in the GFF Roadmap and suggests illustrative actions and outcomes and the enabling environment to meet the Roadmap's objectives. Each action area explains how the GFF Secretariat measures progress. It is not meant as a comprehensive list of actions, but rather a source of inspiration that provides examples for concrete steps that can be taken towards increased investment in and measurement of progress on gender equality for improved RMNCAH-N outcomes.

ACTION AREA 1

Prioritize analytical and technical support demonstrating the relationship between gender inequality and poor health outcomes, and gender equality and improvements in health and wellbeing

ACTION 1: Suggested Interventions for the Country Investment Case Process

- Identify needs and provide technical support for national and sub-national gender-analyses to generate evidence on bottlenecks that can be addressed through the country Investment Case. Or alternatively, integrate evidence from existing gender assessments into the Investment Case;
- Include country-level gender equality measurements and evidence within the Investment Case development processes and involve national gender experts for country platform dialogue. The Investment Case theory of change should include the evidence-base that clarify pathways towards interlinked areas of high impact for gender equality and RMNCAH-N;
- Provide support to analyze gender-responsive budgeting in GFF countries, for example, how resources for gender-sensitive actions are collected and allocated within national and sub-national budgets; and



- Ensure outreach and engagement with donors for gender equality to increase shared commitments and funding for gender equitable investments for improved RMNCAH-N outcomes. This could be done for instance through expanded collaboration with World Bank Human Capital Project.

EXAMPLES OF GENDER-RESPONSIVE OUTCOMES FOR THE COUNTRY INVESTMENT CASE PROCESS

- The GFF platform is in possession of evidence base on the links between gender equality and RMNCAH-N;
- The Country Investment Case includes a theory of change to improve gender equity and equality for improved RMNCAH-N outcomes;
- The Country Investment Case include input and process indicators related to gender equity and equality;
- GFF country platform meetings include gender-focused agenda items using recent country-level data; and
- Partners have been invited to engage with the country platform on its gender equity and equality efforts.

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HOW IS THIS MEASURED BY THE GFF SECRETARIAT?

The GFF portfolio tracker includes an indicator that captures the technical assistance and estimated costs and indicates whether technical assistance included a gender focus. Data are captured once per year and updated quarterly.

ACTION AREA 2

Increase country investments in gender-responsive monitoring and data systems

ACTION 2: Suggested Interventions for the Country Investment Case Process

- Ensure gender and age disaggregation are included in the investment case results frameworks to measure achievement, where relevant (ex. family planning, GBV, HIV status, etc.). Gender and age disaggregation should have baseline and target values;
- Consider piloting the collection and reporting of disaggregated data and conducting rapid quality of care assessment through support to community-led measurement of client experience and quality of care in country-level investments;

- Propose community engagement standards and indicators that country platforms constituents can tailor to their context to track and monitor gender equality and its impact on health outcomes in order to reflect accountability to women, children, adolescents; these should align with the [UNICEF minimum quality standards](#) and Indicators for Community Engagement;
- Include funding for impact evaluations on gender equality and RMNCAH-N outcomes within the programmatic budget for each GFF country; and
- Support national ministries to align health and violence measurements and indicator tracking at the country level, for example through expanded DHS collection efforts on gender-based violence and/or integration of gender-based violence indicators into country HMIS.

EXAMPLES OF GENDER-RESPONSIVE OUTCOMES FOR THE COUNTRY INVESTMENT CASE PROCESS

- Investment case documents impact on desired RMNCAH-N outcomes at the country and sub-national level;
- Investment case results framework includes results indicators that are gender and age disaggregated, where relevant;
- Gender and age-disaggregated data have baseline and target values that are measurable and achievable;
- Exploratory grants are allocated to support gender-responsive data systems; and
- An impact evaluation has been funded and completed for the country.

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HOW IS THIS MEASURED BY THE GFF SECRETARIAT?

The GFF country self-assessment includes the following indicators:

1. Does the investment case prioritize the most at risk or underserved populations and/or geographic locations?
 - No, this was not considered;
 - No, this was considered but not included in the investment case;
 - Yes, this is included in the investment case;
 - Yes, this is included in the investment case and results have been achieved to improve regional and/ population equity.

2. Does the investment case have a gender analysis or gender strategy?

- No, this was not considered;
- No, a gender strategy or analysis was considered but not included in the investment case;
- Yes, a gender analysis was conducted but no gender strategy is included in the investment case;
- Yes, a gender analysis was conducted and informed the gender strategy included in the investment case;
- Yes, a gender strategy is included in the investment case and results have been measured to close gender gaps and improve gender equity.

3. Does the country platform have access to subnational, sex and age disaggregated data?

- No, presently not available;
- Yes, subnational data are currently being collected but not yet used to improve regional equity;
- Yes, subnational data, sex and age disaggregated data are currently being collected but not yet used to improve regional or gender equity;
- Yes, subnational data are currently being collected but not yet used to improve regional equity;
- Yes, subnational data, sex and age disaggregated are available (at least annually) and used to improve regional and gender gaps and inequities.

The GFF portfolio tracker collects data on the following:

1. Does the investment case include a gender analysis or gender strategy? [No, gender analysis conducted; Gender analysis conducted but no gender strategy included in the Investment Case; Gender strategy is included in the Investment Case and being used to close Gender gaps.]

ACTION AREA 3

Support the foundations for gender-transformative reforms for the integration of SRHR and gender equality into Universal Health Coverage (UHC) policies and programs

ACTION 3: Suggested Interventions for the Country Investment Case Process

- Analyze opportunities within the national legislative and policy frameworks which could foster greater equality within RMNCAH-N and UHC policies and programs and lay the foundation for gender-transformative reforms (e.g. produce country specific legal analysis);
- Integrate support to legislative reforms that promote gender equality and equity in access RMNCAH-N services and as part of the core investment case reforms; and
- Expand coordination between country platforms and other country-level civil society and government platforms working on SRHR, HIV, gender-based violence, and gender equality to advocate for the potential legislative reforms.

EXAMPLES OF GENDER-RESPONSIVE OUTCOMES FOR THE COUNTRY INVESTMENT CASE PROCESS

- Reforms that include a gender-specific focus at the national or sub-national level;
- Presence of female legislators in Parliament or regional/sub-national councils;
- GFF country platform meetings include gender-focused agenda items using recent country-level data;
- Investment monitoring frameworks include community engagement indicators that meet the [UNICEF minimum quality standards](#), where relevant; and
- Investment case results framework includes gender-responsive indicators.

HOW IS THIS MEASURED BY THE GFF SECRETARIAT?

The portfolio tracker includes three indicators that collect information on the focus of the Investment Case as follows: SRHR and/or GBV and/or gender focus.

ACTION AREA 4

Increase engagement with local women's organizations, youth groups and other national gender equality actors to inform and support GFF country platforms

ACTION 4: Suggested Interventions for the Country Investment Case Process

- Support country platforms to include representatives of priority populations in decision-making and accountability (women, youth, and affected populations) to identify opportunities and bottlenecks for measuring progress for these population groups, and include sufficient resources to support community attendance and participation in country platform meetings where relevant;
- Develop a stakeholder map of community-based and civil-society organizations and advocates who can engage in gender equality and equity efforts and engage with these through a knowledge exchange system on the results and monitoring process;
- Encourage national investment in community-led measurement and accountability for quality of care and gender-responsive services as part of results frameworks and investment case; and
- Leverage bilateral funding programs and other partners to complement the process of GFF to strengthen efforts to build civil society capacity, representation and voice.

EXAMPLES OF GENDER-RESPONSIVE OUTCOMES FOR THE COUNTRY INVESTMENT CASE PROCESS

- Equitable male-to-female ratio of GFF country platform constituents is ensured as well as youth representatives;
- Investment monitoring frameworks include community engagement indicators that meet the [UNICEF minimum quality standards](#), where relevant;
- A two-way information and knowledge exchange system has been established to communicate local strategies to officials and to provide local communities with information, resources, etc.; and
- There has been an increase in domestic resource allocation for gender-responsive community engagement since the prior year.

HOW IS THIS MEASURED BY THE GFF SECRETARIAT?

The portfolio tracker asks:

1. Which stakeholders are engaged in the development and monitoring of the investment case?
 - CSOs
 - Donors and financiers
 - Government
 - Technical agencies

The country platform assessment (CPA) asks:

1. Please select the following constituencies that you feel or know are represented on the multi-stakeholder country platform in your country (select as many as you feel are represented):
 - Private sector
 - Donor or foundation
 - Global financing mechanism
 - Bilateral or multilateral
 - United Nations agency
 - Other civil society not included in this list
 - Other type of organization not included in this list

ACTION AREA 5

Create a supportive environment to empower women and girls as leaders in the GFF process at country and global levels

ACTION 5: Suggested Interventions for the Country Investment Case Process

- Partner and engage with Ministries of Women and Gender or equivalent to participate in country platforms;
- Advocate for the country platform terms of reference to explicitly define the role of constituents from the Ministry of Women and Gender or equivalent;
- Encourage national counterparts to work towards gender parity in country platforms; and

- Foster interest in recruitment, training, leadership and mentoring programs for female health workers at all levels through health workforce strengthening to cultivate long-term women’s leadership in the health sector.

EXAMPLES OF GENDER-RESPONSIVE OUTCOMES FOR THE COUNTRY INVESTMENT CASE PROCESS

- There is regular presence of Ministries of Women and Gender or equivalent representatives at GFF country platform meetings;
- The country platform is seeking to achieve gender parity; and
- Commitments for recruitment, training, leadership and mentoring programs for female health workers at the sub-national level.

HOW IS THIS MEASURED BY THE GFF SECRETARIAT?

This is measured as part of the country platform assessment (CPA):

1. Do you find that the multi-stakeholder country platform in your country has a gender balance? [No, it has more women than men; No, it has more men than women; Yes, it is well gender-balanced; Unknown]

ACTION AREA 6

Strengthen country-level engagement beyond the health sector

ACTION 6: Suggested Interventions for the Country Investment Case Process

- Ensure that gender and equity measurements outside the health are included in the Investment Case results framework, for example, DHS indicators related to girls’ education, civil registration and vital services (CRVS), WASH and gender-based violence;
- Advocate for the country platform terms of reference to explicitly define the role of constituents from beyond the health sector, such as education, economic empowerment, WASH, etc.; and
- Ensure that the Investment Case includes integrated gender-responsive multi-sector interventions that have a measurable impact on RMNCAH-N outcomes, such as:
 - Integrated school health (including health education, nutrition, health services referrals, school related gender-based violence)

- Country-specific comprehensive sexuality education/life skills education (formal and/or extra-curricular based)
- Expanded investments into the CRVS systems
- WASH-related activities, such as Menstrual Health and Hygiene (MHH)

EXAMPLES OF GENDER-RESPONSIVE OUTCOMES FOR THE COUNTRY INVESTMENT CASE PROCESS

- Presence of representatives from beyond the health sector at country platform meetings;
- GFF country investment case prioritizes integrated multisector actions to improve RMNCAH-N;
- Dialogue on national policies guarantee the provision of facilities and materials for adolescent girls and female teachers to manage menstrual health and hygiene safely and with dignity at school; and
- School health and nutrition indicators are integrated within a management information system (HMIS, EMIS, etc.) and part of the IC results and monitoring framework.

HOW IS THIS MEASURED BY THE GFF SECRETARIAT?

From the GFF Portfolio tracker data is collected on:

- Multisectoral approach of the investment case and includes sectors such as health, social protection, WASH, education, governance
- Whether CRVS is prioritized within each country’s investment case

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USING EXISTING EXTERNAL INDICATORS TO TRACK PROGRESS IN GENDER EQUALITY

Multiple resources are available to countries interested in monitoring their progress on gender equality and, in particular, as it relates to RMNCAH-N outcomes. Within the SDG framework and monitoring processes, for example, the United Nations has agreed on a [minimum set of gender indicators](#) which are fully aligned with the Sustainable Development Goal (SDG) indicators and already tracked by countries. Most international and country level monitoring processes, including the SDG indicators, use the Demographic and Health Surveys (DHS) as a primary source of data.

For example, UNFPA recommends this composite indicator for women's autonomy to measure progress against SDG target 5.6 on universal access to sexual and reproductive health and reproductive rights:

- Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.⁷

To construct this composite measure, UNFPA uses three common questions from the DHS:

- Who usually makes decisions about health care for yourself?
- Who usually makes the decision on whether or not you should use contraception? and
- Can you say no to your husband/partner if you do not want to have sexual intercourse?

⁷ UNFPA (2020). [Tracking Women's Decision-Making for Sexual & Reproductive Health and Reproductive Rights](#). New York: UNFPA.

Many other questions in the DHS can be used by country governments to measure gender inequality and its potential impact on RMNCAH-N outcomes. The DHS sections on Women's Empowerment, Domestic Violence, Marriage and Sexual Activity, Reproductive Health, Family Planning, Maternal and Child Health, Nutrition and HIV all have relevant indicators that can be disaggregated to learn more about differences based on gender inequality or inequity. Included below is an illustrative, non-comprehensive list of specific DHS indicators with relevance to GFF's Roadmap:

1. EDUCATIONAL ATTAINMENT (BY AGE, SEX, WEALTH QUINTILE, LOCATION)

DHS: Percent distribution of women and men by highest level of schooling attended or completed

2. PROBLEMS IN ACCESSING HEALTH CARE (BY AGE, MARITAL STATUS, QUINTILE...)

DHS: Percentage of women who reported serious problems in accessing health care for themselves, by type of problem

3. PARTICIPATION IN DECISION MAKING (DISAGGREGATED BY AGE, SEX, QUINTILE)

DHS: Percentage of currently married women and men who usually make specific decisions either alone or jointly with their husband/wife

4. ATTITUDE TOWARDS WIFE BEATING (DISAGGREGATED BY AGE, SEX, MARITAL STATUS, QUINTILE)

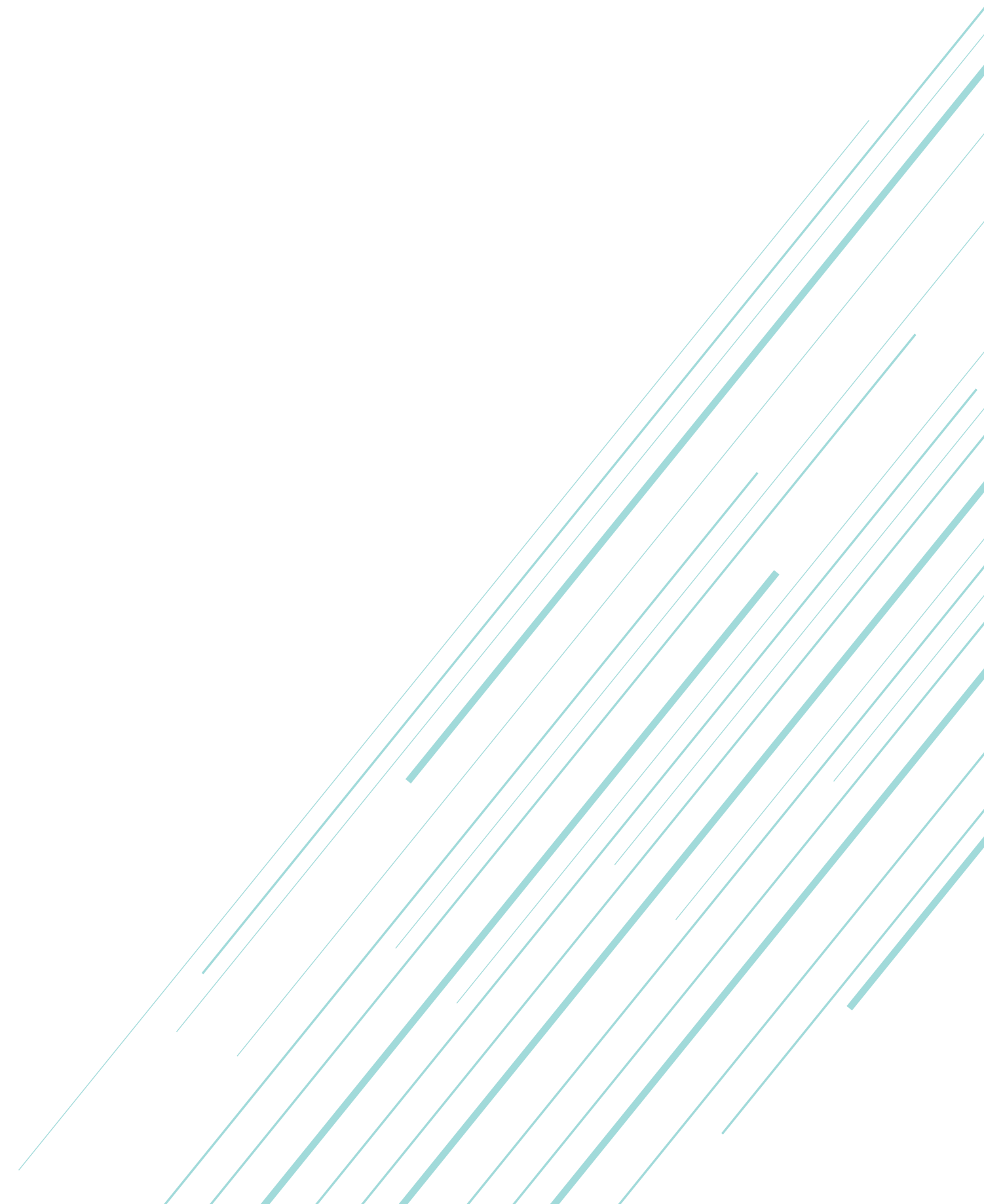
DHS: Percentage of all women and men who agree that a husband is justified in hitting or beating his wife for specific reasons

5. EXPERIENCE OF PHYSICAL OR SEXUAL VIOLENCE BY ANYONE (PHYSICAL AND SEXUAL, DISAGGREGATED BY AGE)

DHS: percentage of women who have experienced physical violence only, sexual violence only, physical and sexual violence and experienced physical or sexual violence

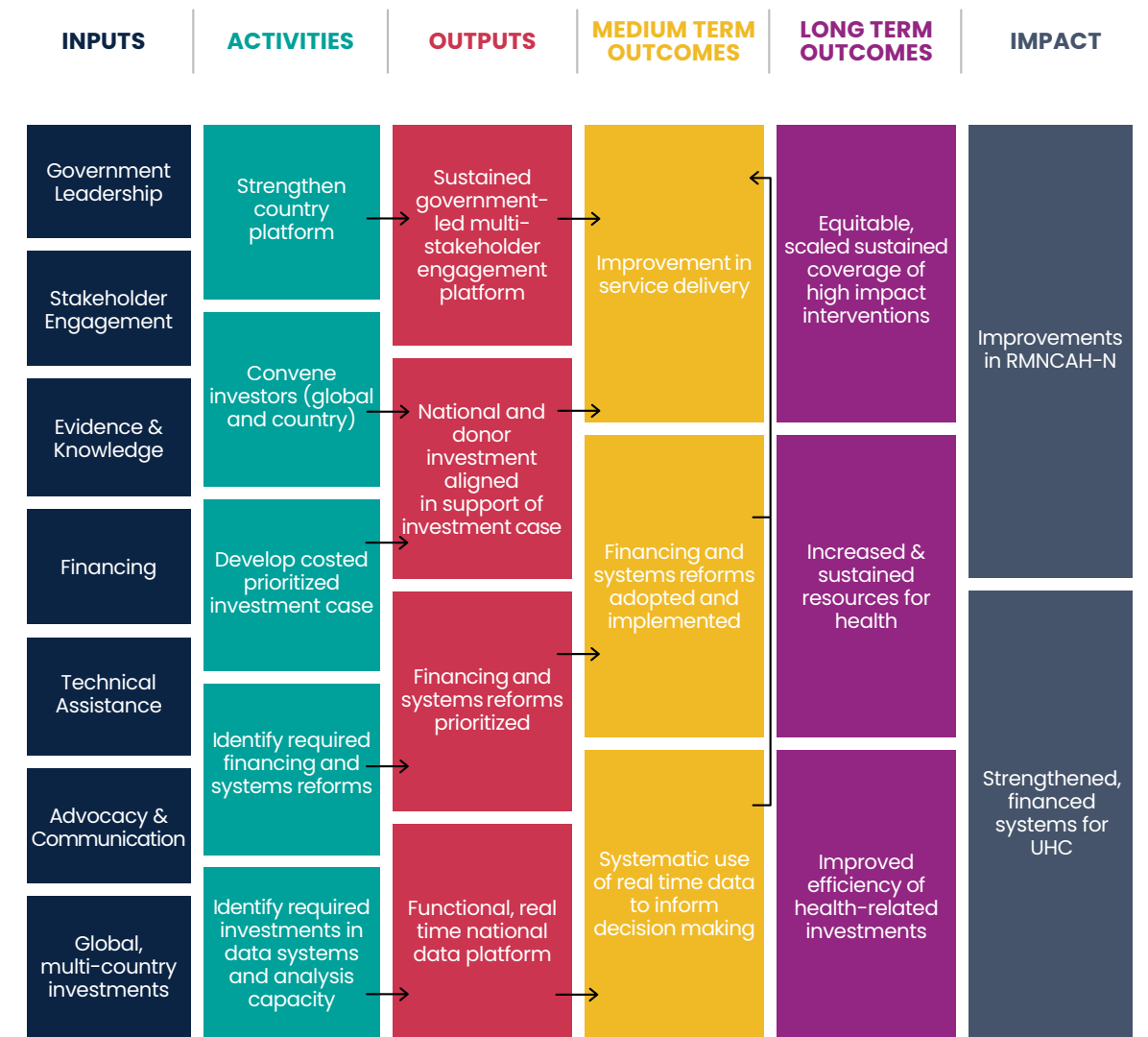
6. ACCESS TO WASH FACILITIES

DHS: Percentage of households with in which a place used for handwashing was observed



ANNEXES

ANNEX I. GFF LOGIC MODEL



ANNEX II. ILLUSTRATIVE EXAMPLES OF GENDER EQUALITY “ENTRY POINTS” ACROSS THE SIX ACTION AREAS

ACTION AREAS	SAMPLE ACTIVITIES	OUTPUTS	SHORT/MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
ACTION 1: Prioritize analytical and technical support demonstrating the relationship between gender inequality and poor health outcomes and gender equality and	Obtain gender expertise to inform country investment plan	Gender experts engaged to provide input into country investment plan	National data and research on gender shared with planning team and knowledge built on gender-health linkages	Country investment plan recognizes, documents and incorporates theories of change to address national gender-related challenges
ACTION 2: Increase country investments in gender-responsive monitoring and data systems.	Government includes gender-responsive monitoring and data systems in national plan	Data and measurement team trained in identifying gender-related measures	Data and measurement team tracks gender-related measures	Gender-related data and measures reported routinely and used to align resources to address reported gaps
ACTION 3: Support the foundations for gender-transformative reforms to remove the barriers for the integration of SRHR and gender equality into UHC policies and programs.	Ensure UHC policies and programs reflect gender as a barrier to public health	UHC policies and programs address SRHR and gender equality	Access to key services increases following rollout of UHC policies Measurement of policy implementation is included in country platform meetings	Disparities in SRHR measures decrease
ACTION 4: Increase engagement with local women’s organizations, youth groups and other national gender equality actors to inform and support GFF country platforms.	Include gender equality actors throughout investment for community accountability	Accountability committees established at local level	Accountability committees provide critical input on service quality and develop quality of care indicators	Quality of services increases in response to local input and accountability
IMPACT: IMPROVED HEALTH AND SOCIOECONOMIC STATUS OF WOMEN, ADOLESCENTS AND CHILDREN				

ANNEX II. (CONT.)

ACTION AREAS	SAMPLE ACTIVITIES	OUTPUTS	SHORT/MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
ACTION 5: Create a supportive environment to empower women and girls as leaders in the GFF process at country and global levels.	Increase the share of women’s leadership in GFF process at country level	GFF leadership includes at least 40% women / (or could have procedural requirements seeking out women’s inputs)	Women in GFF platform provide perspective on the obstacles women face to health	Multisectoral programs increase in number and size, with more women accessing services provided
ACTION 6: Strengthen country-level engagement beyond the health sector.	Address obstacles to girls’ schooling	Number of CCT programs supporting girls to stay in school	Improved school retention of girls in early adolescence	Reduced adolescent birth rate and reduced rate of adolescents living with HIV
IMPACT: IMPROVED HEALTH AND SOCIOECONOMIC STATUS OF WOMEN, ADOLESCENTS AND CHILDREN				

ANNEX III. USEFUL TOOLS FOR GENDER-RESPONSIVE ACTIONS ACROSS THE SIX ACTION AREAS

RESOURCE TITLE	DESCRIPTION	RELATED ACTION AREAS
Gender Assessment Tool		
UNAIDS GENDER ASSESSMENT TOOL View Resource	Step by step guidance to conduct a gender assessment designed for use in developing national strategies and investment cases for HIV/AIDS response. This guidance also functions as a gender capacity building tool for national policy decision-makers.	1
WHO GENDER MAINSTREAMING TOOLKIT View Resource	Workshop-based training resource designed to raise awareness and develop skills on gender analysis and gender-responsive health sector planning. Aligned with WHO Gender Strategy.	1
#WOMEN2030 GENDER IMPACT ASSESSMENT AND MONITORING TOOL View Resource	A gender assessment tool designed for use by civil society partners to collect information on the gender impact of national policies and programs for use in advocacy and implementation. Available in English and French.	4
Gender Capacity Tool		
HPP CAPACITY DEVELOPMENT RESOURCE GUIDE: GENDER View Resource	Checklist of key areas for gender expertise in health policy design, implementation and monitoring and evaluation.	5
USAID HRH2030 GENERATING EVIDENCE FOR INVESTMENT IN THE HIV WORKFORCE: METHODOLOGICAL MANUAL View Resource	Tool designed to develop investment cases for expanding health worker capacity using cost, fiscal space and political economy analysis. Designed for HIV but can be adapted and used for gender.	5
BMGF GENDER EQUALITY TOOLBOX View Resource	Online resource of training materials, frameworks and assessment tools for integrating gender equality into programs and funding.	5
UNWOMEN GENDER EQUALITY CAPACITY ASSESSMENT TOOL View Resource	Assessment guidance designed for UN Agencies and partners to assess internal gender equality capacity.	5

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ANNEX III. (CONT.)

RESOURCE TITLE	DESCRIPTION	RELATED ACTION AREAS
Gender Capacity Tool (Cont.)		
GH50/50 SELF-ASSESSMENT QUESTIONNAIRE View Resource	Organizational assessment tool for groups interested in analyzing their performance on gender and diversity.	5
GLOBAL GUIDANCE: SCHOOL-RELATED GENDER-BASED VIOLENCE View Resource	Guidance on priority actions for country governments and national stakeholders to prevent and respond to school-related gender-based violence (SRGBV).	6
MINIMUM STANDARDS AND MONITORING FRAMEWORK ON SRGBV View Resource	Complementary to the global guidance on SRGBV: Whole School Approach to Prevent SRGBV Minimum Standards and Monitoring Framework	6
UNICEF GUIDANCE ON MENSTRUAL HEALTH & HYGIENE View Resource	Guidance for country governments, national stakeholders and gender specialists on program design, core interventions and learning, monitoring, reporting and evaluation considerations related to menstrual health and hygiene.	6
Gender Civil Society Engagement Tool		
GFATM ENGAGE! PRACTICAL TIPS TO ENSURE THE NEW FUNDING MODEL DELIVERS THE IMPACT COMMUNITIES NEED View Resource	Short guidance tool for implementing civil society participation in country funding and implementation mechanisms for the Global Fund.	4
USAID ENGAGING CIVIL SOCIETY IN HEALTH FINANCE AND GOVERNANCE: A GUIDE FOR PRACTITIONERS View Resource	Guidance for national governments and donors on key entry points and engagement mechanisms for civil society to improve health service delivery and evidence-based policy.	4
COMMUNITY ENGAGEMENT TOOL, UNICEF MINIMUM QUALITY STANDARDS AND INDICATORS FOR COMMUNITY ENGAGEMENT View Resource	Guidance to establish a common language among all stakeholders for defining community engagement principles, key actions, goals and benchmarks. Includes guidance for gender-sensitive community engagement approaches in high-, middle- and low-income countries, and in development and humanitarian contexts, across all sectors.	4

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ANNEX III. (CONT.)

RESOURCE TITLE	DESCRIPTION	RELATED ACTION AREAS
Gender Database		
UNWOMEN GLOBAL KNOWLEDGE PLATFORM TO END VIOLENCE AGAINST WOMEN View Resource	Online resource hub combining data on national level initiatives to address violence against women, information on relevant UN initiatives, and a collection of virtual resources for policy-makers and implementers.	1
WORLD BANK GENDER DATA PORTAL View Resource	Online collection of global sex-disaggregated and gender data with additional resources on data gaps and training materials for collecting sex-disaggregated data.	1
Gender Data Collection Tool		
UN INTEGRATING A GENDER PERSPECTIVE INTO STATISTICS View Resource	Reference manual for national statisticians and statistical organizations on integrating gender into the design of data collection tools, and the production, analysis and use of gender data.	2
UN GUIDELINES FOR PRODUCING STATISTICS ON VIOLENCE AGAINST WOMEN: STATISTICAL SURVEYS View Resource	Survey tools and guidance designed to assist countries in assessing the scope, prevalence and incidence of violence against women.	2
USAID GUIDE TO DHS STATISTICS View Resource	Guidance for collecting and definitions of all DHS indicators.	6
UNDP A USER'S GUIDE TO MEASURING GENDER-SENSITIVE BASIC SERVICE DELIVERY View Resource	A guide for national governments, service providers, and multi-lateral technical staff on designing and using data and indicators to improve the delivery of and accountability for basic services for women.	6
UNICEF MICS6 TOOLS View Resource	Tools to guide survey teams in collection of Multiple Indicator Cluster Survey data on women's and children's health and well-being.	6

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ANNEX III. (CONT.)

RESOURCE TITLE	DESCRIPTION	RELATED ACTION AREAS
Gender Evaluation Guide		
WB/IEG INTEGRATING GENDER INTO IEG EVALUATION WORK View Resource	Report on key considerations, indicators and progress implemented by IEG.	2
Gender Indicators		
UN MINIMUM SET OF GENDER INDICATORS View Resource	UN-agreed minimum standard quantitative and qualitative indicators set on gender, aligned with the SDGs, with downloadable country data sets.	2
MEASURE EVALUATION FAMILY PLANNING AND REPRODUCTIVE HEALTH INDICATORS DATABASE View Resource	A collection of widely-used and tested indicators for evaluating family planning and reproductive health programs in LMIC countries. The database has been updated to reflect greater need for indicators measuring accountability and gender equity.	2
Gender Knowledge Briefs		
OPEN DATA WATCH SERIES ON GENDER AND CRVS View Resource	A series of 12 papers that further our understanding of the benefits and barriers to civil registration for women, girls and other vulnerable populations.	6
Gender Quality Assessment Standards		
JHPIEGO GENDER SERVICE DELIVERY STANDARDS QUALITY ASSURANCE STANDARDS View Resource	Tool to assess facility-level provision of gender-sensitive, respectful care.	2
USAID SOCIAL ACCOUNTABILITY RESOURCES AND TOOLS View Resource	A compendium of community-led and social accountability tools for assessing RMNCAH services at all levels.	4

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ANNEX III. (CONT.)

RESOURCE TITLE	DESCRIPTION	RELATED ACTION AREAS
Gender Policy Tool		
WHO HUMAN RIGHTS AND GENDER EQUALITY IN HEALTH SECTOR STRATEGIES: HOW TO ASSESS POLICY COHERENCE View Resource	Assessment tool designed for national health sector policy planning actors to identify gaps and opportunities in the review or reform of health sector strategies.	3
Gender Quality of Care Framework		
WHO AND UNFPA FRAMEWORK AND IMPLEMENTATION GUIDE FOR ENSURING HUMAN RIGHTS IN THE PROVISION OF CONTRACEPTIVE INFORMATION AND SERVICES View Resource	A framework and guidance for policy-makers and program managers including core minimum actions to be taken at different levels of the health system to ensure human rights-based service delivery.	3
USAID HRH2030 DEFINING AND ADVANCING GENDER-COMPETENT FAMILY PLANNING SERVICE PROVIDERS View Resource	A framework and technical brief for assessing gender competence among service providers. Can be used to define and enhance competency frameworks across health systems.	3
USAID HRH2030 DEFINING AND ADVANCING GENDER-COMPETENT FAMILY PLANNING SERVICE PROVIDERS View Resource	A framework and technical brief for assessing gender competence among service providers. Can be used to define and enhance competency frameworks across health systems.	3
Gender Responsive Budgeting Tool		
UNFPA GENDER RESPONSIVE BUDGETING AND WOMEN'S REPRODUCTIVE RIGHTS: A RESOURCE PACK View Resource	A framework and technical brief for assessing gender competence among service providers. Can be used to define and enhance competency frameworks across health systems.	3

ANNEX III. (CONT.)

RESOURCE TITLE	DESCRIPTION	RELATED ACTION AREAS
Gender Responsive Budgeting Tool (Cont.)		
UNFPA/UNIFEM GENDER RESPONSIVE BUDGETING IN PRACTICE: A TRAINING MANUAL View Resource	Training manual designed for increasing capacity on the use of gender budget analysis tools as a tool for promoting gender equity. The manual was designed to build teams of experts to support national partners on gender responsive budgeting. Available in English, French and Spanish.	3
OXFAM A GUIDE TO GENDER RESPONSIVE BUDGETING View Resource	Guidelines and training toolkit for civil society advocates interested in analyzing and influencing national budget processes. Available in English, French and Spanish.	4

ANNEX IV. SUMMARY OF APPROACH TO COUNTRY LEVEL GENDER INDICATORS

The following provides some of the more tangible examples of how countries should approach developing gender indicators as well as sample indicators from health and nutrition programs.

Gender equality indicators should measure the following:

- Differences in participation, benefits, outcomes and impacts for women, men, boys and girls;
- Changes in gender relations (positive or negative)—that is, changes toward equality, or changes toward inequality between men and women, and between girls and boys; and
- How these changes impact on the achievement of development objectives, particularly economic growth, poverty reduction and sustainable development.⁸

Identify Gender Related Obstacles

The sample of indicators below, taken from the “Framework to Identify Gender Indicators,”⁹ starts with considering the gender-related obstacles that women and girls face in accessing health and nutrition services. This general list may be useful in constructing a “Gender-Related Obstacles” grid for a particular project or program. Such a grid might include the following obstacles:

- Lack of awareness among policymakers or service providers of the definition of gender or its importance to achieving health and nutrition objectives;
- Lack of dialogue between providers and clients on sexual and reproductive health and rights issues due to cultural constraints;
- Provider bias toward clients based on such client characteristics as sex, age and marital or economic status;
- Cultural bias against certain family planning methods or health services;
- Differential access to education between girls and boys;
- Differential access to sources of health knowledge between men and women;
- Differential participation in decision making at the household and community levels between men and women;
- Differential access to household resources between men and women;

⁸ J. Hunt. 2011. Introduction to Gender Sensitive Monitoring and Evaluation. Unpublished training notes

⁹ http://www.policyproject.com/policycircle/documents/a_framework_to_id%20gender_indicators_for_reproductive_health.pdf

- Cultural constraints on discussing sexual and reproductive health and rights issues with spouse or partner;
- Lack of time to access services, due to multiple responsibilities in the household; and
- Restrictions on women’s mobility (not relevant in all countries).

From this grid, countries can then develop a set of activities and related indicators to collect to measure progress. Table 1 shows sample of indicators based on activities to address gender related obstacles across a variety of RMNCAH-N programs.

TABLE 1. SAMPLE INDICATORS TO MEASURE PROGRESS ACROSS PROGRAM AREAS

OBJECTIVES OF ACTIVITY	GENDER-RELATED OBSTACLES TO ACHIEVING OBJECTIVE	ACTIVITIES THAT ADDRESS THE OBSTACLES	INDICATORS	DATA SOURCES
PROGRAM AREA: FAMILY PLANNING				
Reduce unintended pregnancy	Differential access to sources of high quality SRH information and care due to restricted mobility	Develop participatory interventions to address community norms about women traveling to seek SRH health information and services	Client volume at clinic (number of patients and/or visits and/or time spent waiting to see health provider); qualitative assessment of impact on mobility of women (do women visit neighbors? go to market?)	Clinic records; pre- and post-intervention qualitative interviews
Provide family planning in the context of integrated SRH services throughout life cycle	Gender bias of provider does not allow all clients to receive the benefits of integrated SRH health services (e.g., unmarried adolescents)	Train providers; reorient services and information to address needs of adolescents, widows, etc.	Number of restrictions on services and information; Number of adolescents accessing services	Pre- and post-activity community-based survey or quality assessment; pre- and post-activity exit interviews with clients; clinic observation

TABLE 1. (CONT.)

OBJECTIVES OF ACTIVITY	GENDER-RELATED OBSTACLES TO ACHIEVING OBJECTIVE	ACTIVITIES THAT ADDRESS THE OBSTACLES	INDICATORS	DATA SOURCES
PROGRAM AREA: FAMILY PLANNING (CONT.)				
Gender-sensitive and ICPD-appropriate family planning and SRHR policies at community and national levels are in place	Key individuals and organizations advocating for gender-sensitive policies are disenfranchised by policies and policy processes	Encourage community education and mobilization about policy process; develop guidelines for diversity of participants in drafting and finalizing policies	Number of women participants in policy process; number of agencies adopting diversity guidelines and policies	Count or survey of individuals involved in policy process; text assessment of policy guidelines
PROGRAM AREA: NUTRITION				
Improved knowledge of available nutrient rich foods	Women's differential access to sources of nutrition knowledge (e.g., restricted mobility, resources or time to travel to service site)	Address mobility norms and provide transportation; reorient and organize flow of clinic services to reduce time; build skills of clients, particularly women, to identify problems in service delivery and suggest options to resolve the same, management and service delivery; build women's skills in taking increasing responsibility for food distribution or growth monitoring; identify acceptable compensation packages for women as they take on more responsibilities	Number of women attending; reduction in overall time clients spend at clinic; client perceptions of clinic efficiency; changes in types and extent of active client participation (e.g., in making management decisions, solving operational problems, mobilizing resources, or providing services); women's satisfaction with compensation	Log system (for women's roles in service centers); observations; client records; center records, including child's growth chart and frequency of attendance, and food distribution reports; interviews (one-on-one or in groups of clients and service providers)

TABLE 1. (CONT.)

OBJECTIVES OF ACTIVITY	GENDER-RELATED OBSTACLES TO ACHIEVING OBJECTIVE	ACTIVITIES THAT ADDRESS THE OBSTACLES	INDICATORS	DATA SOURCES
PROGRAM AREA: NUTRITION (CONT.)				
Increased consumption of food, particularly nutrient-rich foods, by adolescents	Gender-related food taboos; social norms that dictate the order in which family members eat; access to high-quality food affected by social and economic roles (e.g., boys in fields or school all day do not have access to sufficient and/or high-quality food)	Conduct formative research on feeding practices; provide IEC on nutritional needs (focus on physiological differences between boys and girls); involve adolescents in community theater to model good intrafamily food distribution; provide school-based or workplace canteens; provide training programs for street vendors to improve nutritional quality of food and increase their production and income earnings (while maintaining affordability of their products)	Reduction in adherence to food taboos; better understanding of girls' and boys' nutritional needs; change in attitudes toward intrafamily food distribution; higher-quality food available; sex-disaggregated dietary intake; percent of food budget spent on boys versus girls	Dietary intake questionnaires (e.g., 24-hour food recalls)

TABLE 1. (CONT.)

OBJECTIVES OF ACTIVITY	GENDER-RELATED OBSTACLES TO ACHIEVING OBJECTIVE	ACTIVITIES THAT ADDRESS THE OBSTACLES	INDICATORS	DATA SOURCES
PROGRAM AREA: NUTRITION (CONT.)				
Increased consumption of food, particularly nutrient-rich foods by adults, especially women (including the elderly)	Gender-related food taboos; social norms that dictate the order in which family members eat; access to high-quality food affected by social and economic roles (e.g., men in fields all day do not have access to sufficient and/or high-quality food)	Conduct formative research on feeding practices; provide IEC on nutritional needs (focus on physiological differences between men and women); use community theater to model good intrafamily food distribution; provide workplace canteens; provide training programs for street vendors to improve nutritional quality of food and increase their production and income earnings (while maintaining affordability of their products)	Reduction in adherence to food taboos; better understanding of women and men's nutritional needs; change in attitudes toward intrafamily food distribution; higher-quality food available; sex-disaggregated dietary intake; percent of food budget spent on women versus men	Dietary intake questionnaires (e.g., 24-hour food recalls)
PROGRAM AREA: HIV/AIDS/STIS				
Reduce incidents of HIV/AIDS and STIs	Stigma against female commercial sex workers	Train and sensitize providers and other clinic personnel in HIV/AIDS/STIs; train providers in RH needs specific to commercial sex workers	Providers' attitudes; counseling content, style and ability	Pre- and post-training attitudinal surveys of providers; pre- and post-training clinic observation and attitudinal surveys (exit interviews)

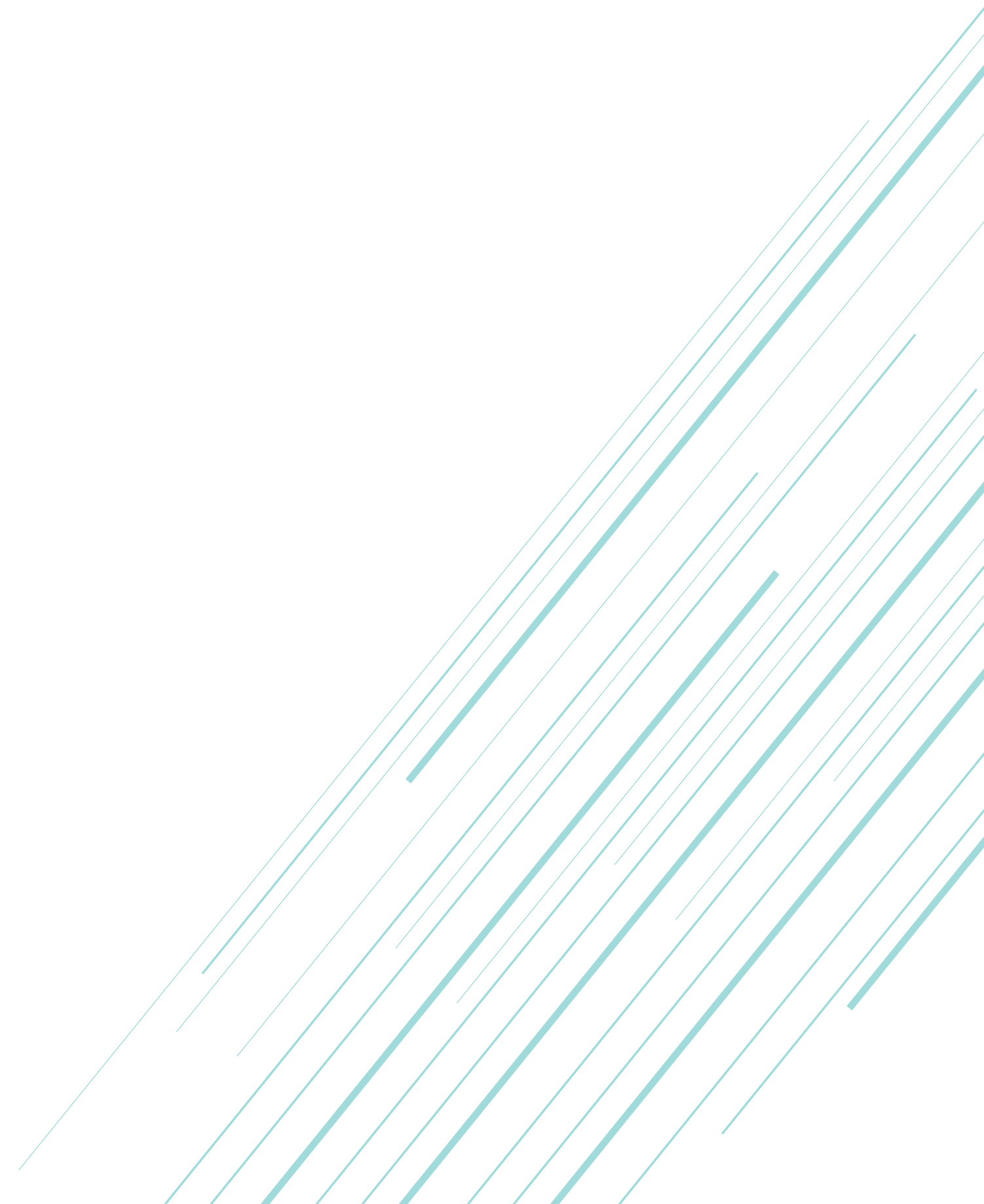
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TABLE 1. (CONT.)

PROGRAM AREA: HIV/AIDS/STIS (CONT.)				
Reduce incidents of HIV/AIDS and STIs	Women are not empowered to refuse sexual relations with their partner or to insist on condom use	Train providers in and implement couples counseling; model good couple communication (e.g., through community theater)	Providers' counseling content, style, and ability; individuals' attitudes	Pre- and post-training observations at clinics; attitudinal surveys (exit interviews) at clinics; qualitative interviews in the community
Reduce incidents of HIV/AIDS and STIs	Men do not take responsibility for spreading STIs with their female partners	Provide behavior change communications (BCC) programs on STIs to help men understand their role in supporting women's health; provide specific counseling sessions for men with STIs	Number of BCC activities and materials developed, pretested, and disseminated; men's knowledge and attitudes about their sexual behavior related to women's RH; increase in condom use; increase in demand for STI counseling services	Project records; pre- and post-intervention survey; qualitative assessments; community survey on sexual practices; survey of clinic records
PROGRAM AREA: POST-ABORTION CARE (PAC)				
High-quality PAC widely available and utilized	Bias against PAC patients leads providers to treat these women punitively	Establish protocols for high-quality zPAC; train providers in protocol; create implementation plan for protocol in clinics; sensitize providers regarding PAC	Existence of PAC protocol and implementation plan; number of providers trained in protocol and sensitized to PAC issues	Program protocol and documents; attitudinal and knowledge-based surveys of providers
High-quality PAC widely available and utilized	Bias against PAC patients causes insufficient resource allocation toward PAC services	Communicate research, analysis, and policy briefs to policymakers about the need for PAC	Policymakers' attitudes toward funding PAC programs; funds allocated for PAC services and programs	Pre- and post-intervention surveys of policymakers' attitudes; budget

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OBJECTIVES OF ACTIVITY	GENDER-RELATED OBSTACLES TO ACHIEVING OBJECTIVE	ACTIVITIES THAT ADDRESS THE OBSTACLES	INDICATORS	DATA SOURCES
PROGRAM AREA: POST-ABORTION CARE (PAC) [CONT.]				
High-quality PAC widely available and utilized	Client fears of punitive treatment from legal system lead to delay in accessing services	Provide IEC in community on availability of services; sensitize providers regarding PAC; support dialogue between providers and community to discuss fears and changes in services; establish dialogue with religious and/or legal policymakers about differences between PAC and abortion	Number of patients reporting for PAC; community awareness of need to access PAC services	Pre- and post-intervention attitudinal surveys of community; clinic surveys
PROGRAM AREA: SAFE MOTHERHOOD				
Knowledge of healthy pregnancy and childbirth shared by women and men	Differential access to information: women are excluded from modern media and men are excluded from traditional sphere	Provide community-based IEC on healthy pregnancy and delivery	Knowledge of healthy pregnancy	Pre- and post-intervention surveys; interviews
Broad-based support for safe motherhood policies	Community does not value pregnancy and/or maternity services	Provide community-wide IEC on importance of pregnancy (specifically of mother) and on essential obstetric care (EOC)	Community support for safe pregnancy and EOC	Pre- and post-intervention attitudinal surveys in community on importance of pregnancy and EOC
Knowledge of healthy pregnancy and childbirth shared by women and men	Differential access to information: women are excluded from modern media and men are excluded from traditional sphere	Provide community-based IEC on healthy pregnancy and delivery	Knowledge of healthy pregnancy	Pre- and post-intervention surveys; interviews





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