



Paula Sebastião, Co-founder and President of *Arquivo de Identidade Angolano (AIA)*, an LGBTQI organization. Sebastião, a LINKAGES/MSH staff member from 2015 to 2018, came up with the idea of founding AIA during her tenure at MSH.
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GENDER AND EVIDENCE-BASED DECISION MAKING

GENDER SHAPES EVERYONE'S EXPERIENCE OF HEALTH CARE, their access to and use of services, and their interactions with health care providers. Gender is the social roles, behaviors, activities, attributes, and opportunities that any society considers appropriate for girls and boys; women and men; and lesbian, gay, bisexual, transgender, queer, and intersex life populations.

At Management Sciences for Health (MSH), gender is a key cross-cutting consideration in our global and country programs. We look to promote gender equity within health systems; invest in women's leadership; and ensure that high-quality health services are accessible to marginalized and/or hard-to-reach populations, such as sex workers and transgender individuals.

MSH prioritizes monitoring and evaluation efforts to garner health information and facilitate evidence-based decision making. These efforts include disaggregating data by sex, identifying women and girls in need, and ensuring that project designs incorporate appropriate strategies for reaching them.

Ample evidence across sectors demonstrates that gender inequity is a major impediment to development. In the health sector, women often confront more barriers—including cultural, economic, and physical—to accessing the care that they need, when and where they need it, than do men. In some instances, men also have difficulty accessing the services they need; for example, stereotypes about masculinity and traditional gender roles can hamper men's willingness to seek certain services. While such barriers are present at the individual level, they are frequently the result of systemic gender imbalances. At MSH, we work to understand not only what immediate barriers women and men face, but also their roots in the local political, cultural, and economic contexts.

OUR APPROACH

Our programs include gender analyses that examine gender dynamics in five areas:

- Legal, regulatory, and institutional practices
- Cultural norms and beliefs
- The roles and responsibilities of women and men
- Access to and control of assets and resources
- Patterns of power and decision making

OUR PROGRAMMATIC WORK

Strategies our projects have introduced to promote gender equity within health systems include:

Reaching marginalized populations: In **Angola**, MSH partnered with civil society organizations and community groups to develop tailored HIV programming for key populations—female sex workers, men who have sex with men, and transgender people—in recognition of the differentiated needs and preferences of each group. Representatives of key population groups were involved in creating and implementing their own solutions to barriers to getting tested for HIV and initiating and adhering to antiretroviral therapy. Between 2015 and 2019, 59,528 individuals at community hotspots were reached with HIV prevention, testing, and care services.

Advancing youth-friendly health services: In **Malawi**, under the USAID-funded Organized Network of Services for Everyone's (ONSE) Health Activity, MSH supports the Ministry of Health and Population to ensure that youth are able to access health services that meet their needs. Through strategies such as youth-centered mobile outreach clinics, more than 1.2 million Malawians ages 10–24 access youth-friendly services in facilities and communities in ONSE-supported districts. Services include condom promotion; human papillomavirus vaccine counseling, vaccination, and peer education; antenatal care, deliveries, and postnatal care for youth; substance abuse services; postexposure prophylaxis for HIV; HIV counseling and testing services; sexual abuse counseling; and voluntary male circumcision.

Transforming gender norms: Under the Care and Treatment for Sustained Support (CaTSS) project, MSH led activities to respond to incidents of emotional violence among pregnant women going to antenatal care check-ups in select health facilities across Kwara State, **Nigeria**. Between October 2017 and September 2018, 424 people (121 males and 303 females) participated in gender norms workshops that examined and addressed harmful sociocultural practices that prevent women, especially adolescent girls, from accessing health and social services.

Empowering adolescents to challenge harmful gender norms: In **Nigeria**, also under the CaTSS project, MSH worked with community leaders to identify adolescents who could serve as youth champions and trained them to champion HIV prevention, the promotion of girls' education, and economic empowerment for women. These young champions served as role models among their peers and helped to counter outdated and harmful gender norms.

Inspiring social and behavior change: Debbo Alafia, a consortium led by MSH and the Malian nongovernmental organization *Conseils et Appui pour l'Education à la Base* ("Advice and Support for Basic Education"), worked to advance women's and girls' sexual and reproductive health and rights in **Mali**. In 2018 the consortium hosted an event to raise awareness around the harmful consequences of female genital mutilation, child marriage, and gender-based violence (GBV). Theater troupes, students, and radio hosts performed skits and music, recited poetry, and delivered messages in local languages to inspire change.

Fighting GBV: The FCI Program of MSH implemented projects in the Mopti region in central **Mali** to prevent GBV and provide support to survivors. Leading a coalition of sexual and reproductive health advocates, the program urged traditional, religious, and community leaders to speak up for women's and girls' health and rights and for the abandonment of GBV, female genital mutilation/cutting, and early and forced child marriage—all of which contribute to maternal mortality and the poor health of women and girls. The program mobilized community-based organizations and citizens to call for an end to harmful practices, formed "protection teams" that interrupted female genital mutilation/cutting and child marriage ceremonies, and referred GBV survivors to medical and psychosocial care. Yet, many survivors refrained from or delayed seeking care, including emergency contraception and HIV

postexposure prophylaxis. The FCI Program of MSH led a study to better understand the barriers that survivors faced in accessing care; the type of care, if any, they received; and where they received it. The study also assessed the availability and quality of care at local facilities.

Advocating for funding for women's and children's health programs: MSH works with civil society groups to advocate for increased funding for priority reproductive, maternal, newborn, child, and adolescent health services. In 2015, a civil society coalition, led by the FCI Program of MSH, analyzed **Burkina Faso's** 2015 budget and shared its findings with the Ministry of Health. As a result, Ministry officials approved additional funding for emergency obstetric care in the following year's budget. Advocacy with communes in Burkina Faso's Sahel region, where contraceptive prevalence remains very low, resulted in first-time allocations for family planning and leaders' recognition of the importance of family planning activities.

Promoting gender equity at the country level: In **Afghanistan**, the MSH-led Leadership, Management, and Governance (LMG) Project conducted a gender audit to ensure that gender issues were understood and addressed in the project's design and activities. In **Ethiopia**, MSH worked with the Gender Directorate of the Ministry of Health to increase leadership skills and develop a curriculum on gender mainstreaming for Ministry staff.

Targeting women with disabilities: In cooperation with USAID's Democracy, Conflict, and Humanitarian Assistance Bureau's Programs for Vulnerable Populations, MSH supported efforts to help those with disabilities, particularly women. Through the LMG Project and by applying its gender approach, MSH helped to ensure that these vulnerable populations would have equitable access to essential health services and would be able to participate in all aspects of the health system.



For more information on MSH and our programmatic approach to gender equity, please email communications@msh.org.
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