



# WOMEN & GIRLS AT THE CENTER OF HEALTH SYSTEMS

PHOTO: MSH STAFF

**Women and girls confront many gender-related barriers**—cultural, economic, structural, and physical—to accessing health care when and where they need it. Access to essential sexual, reproductive, and maternal health services is impacted by gender inequality and discriminatory socio-cultural norms and policies. Exclusion from educational, political, and economic participation and vulnerabilities to gender-based violence (GBV) and other harmful traditional practices also lead to poor health outcomes for women and girls.

**MSH is dedicated to promoting gender equity and investing in women’s leadership.** MSH supports national health systems to provide person-centered primary health care, designed around women and girls’ needs, with integrated packages of health services. This approach considers people’s rights and needs as the foundation for how health services are designed, managed, and monitored. We focus on improving quality of care, increasing availability of integrated services, and championing women’s leadership in the health sector by leveraging our leadership, management, and governance approaches.

For over 50 years in more than 150 countries, MSH has been committed to strengthening health systems and empowering individuals, households, communities, and organizations to prioritize gaps and find sustainable local solutions. Working at every level of the health system and across the public and private sectors, we support national and local partners to develop resilient health systems and cross-sectoral partnerships that improve health outcomes. Building sustainable systems that respond to the needs of women and girls and provide equitable services, without discrimination, is core to our work.



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## WHERE MSH WORKS TO IMPROVE WOMEN’S, CHILDREN’S, AND ADOLESCENTS’ HEALTH

MSH works with partners to strengthen national and local health systems to improve the health of women, children, and adolescents worldwide, including in fragile contexts, where women and girls face increased vulnerabilities.

Recent projects have made an impact in sub-Saharan Africa (**Benin, Burkina Faso, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, The Gambia, Guinea, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, South Sudan, Uganda**); Southeast Asia (**Afghanistan, Bangladesh, Nepal**); and Latin America and the Caribbean (**El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Peru**).

## IMPACT AT SCALE



The **USAID Integrated Health Services Activity (IHSA)** in Benin increased access to antenatal and postnatal care and use of modern contraceptive methods. IHSA has been instrumental in advancing new protocols criminalizing GBV and child marriage.

Scan the code below to view our Women’s, Children’s, and Adolescents’ Health page.



## INNOVATIONS BROUGHT TO SCALE



Under IHSA, MSH supported the **Ministry of Health** in **Benin** to develop and institutionalize a model of integrated support for GBV survivors that engages local health centers, social promotion centers, and judicial services to provide comprehensive care. More than **11,000 GBV survivors** were connected to services and empowered with income-generating activities.

## MAINSTREAMING GENDER

To mainstream gender and promote women's leadership, we address gendered barriers to accessing quality health care. Through the **US President's Malaria Initiative for States (PMI-S)** project in **Nigeria**, gender ambassadors in six Nigerian states led orientation sessions on gender integration with local government officials. These ambassadors engage with state malaria officials to mitigate gendered barriers to care, including access to early antenatal care (ANC) and uptake of intermittent preventive treatment of malaria during pregnancy.

## PERSON-CENTERED PREGNANCY CARE



Our person-centered model of group ANC in **Afghanistan, Bangladesh, Guatemala, Kenya, and Uganda** invites pregnant women to join pregnancy clubs that offer peer support, health information, and patient-midwife bonds that contribute to safer childbirth and essential newborn care and make women active participants in their prenatal care.

## ADDRESSING STIGMA

In **Uganda**, USAID's **Strengthening TB and HIV & AIDS Responses in Eastern Uganda (STAR-E)** project found that women and girls often felt stigmatized and were reluctant to seek medical help related to reproductive health concerns. STAR-E addressed these cultural and societal taboos surrounding sexuality in targeted rural communities and worked with schools to introduce comprehensive sexuality education and parent-to-child communication about health. The project enlisted local leadership support through advocacy, using community volunteers for sensitization and mobilization.

## Enhancing access to quality essential services

MSH supports and builds the capacity of national health systems to provide **person-centered, integrated primary health care designed around individuals' health care needs over their lifetimes**. We use context-specific gender assessments to inform and redesign health services to mitigate gender-specific barriers to care and provide care closer to communities. MSH strengthens capacity for integrated service delivery, integrating high-impact services in sexual and reproductive, maternal, newborn, child, and adolescent health (SRMNCAH); nutrition; and water, sanitation, and hygiene, including in fragile settings. Integrated service delivery enables patients to address multiple needs with a single visit, which is crucial for lessening women's time burden that often prevents care seeking. We improve delivery of these services through task shifting and task sharing, improving referral networks, and bringing self-care practices to scale.

We focus on improving the quality of services through sensitizing health workers to recognize and respect the unique needs of women and girls and supporting the design of services that do not discriminate against clients for any reason. Recognizing that women make up 70% of the health workforce worldwide, our programmatic work and policy efforts focus on improving equity and leadership opportunities for women health workers, and addressing discrimination, harassment, and the gender pay gap that make it challenging for health workers to provide quality, respectful care.

## Encouraging active and meaningful participation

An important part of our health systems strengthening approach is ensuring the active engagement of women and girls in shaping health services that are responsive to their needs. MSH employs patient engagement methods and human-centered design approaches across our programs and interventions, which range from health service redesign to the introduction of self-administered care approaches. **We empower women and communities to hold health systems accountable for quality, respectful SRMNCAH services, and participate in policy dialogues for responsive health programming and budgeting**. We partner with women, girls, and communities on social and behavior change activities to change norms and attitudes about women and girls' sexual and reproductive health and rights, including promoting access to modern family planning methods and building political commitment to end female genital mutilation and other forms of GBV.

## Advocating for stronger health systems

Globally, MSH **strengthens the capacity of civil society and local public-sector partners to advocate** for equitable policies and interventions that reduce discrimination and expand opportunities for women and girls. We support multisectoral civil society alliances to design, implement, and monitor programs that promote equal opportunities for women and girls around common health goals, aligned with national universal health coverage goals and the UN Sustainable Development Goals. MSH partners with health and gender ministries to negotiate with finance ministries for higher national budget allocations to implement policies and programs for the prevention of GBV and child marriage.

For more information about MSH's work in women and girls' health, contact [communications@msh.org](mailto:communications@msh.org).