

Gender

Jhpiego's work to promote gender equity

Jhpiego is an international, nonprofit health organization and Johns Hopkins University affiliate. For 50 years and in more than 155 countries, Jhpiego has been innovating to save the lives of women and families worldwide. Jhpiego works with health experts, governments, and community leaders to provide high-quality health care. Currently (2020–2025), Jhpiego leads the Moving Integrated, Quality Maternal, Newborn, Child Health and Family Planning and Reproductive Health (MNCH/FP/RH) Services to Scale (MOMENTUM) Country and Global Leadership (MCGL) project, funded by the U.S. Agency for International Development (USAID), which holistically improves FP and reproductive, maternal, newborn, child, and adolescent health (RMNCAH) in partner countries around the world. MCGL builds upon existing evidence and best practices and catalyzes innovations that enable government-led partnerships to deliver high-quality, evidence-based interventions that accelerate reductions in maternal, newborn, and child mortality and morbidity at scale. Jhpiego also leads the Reaching Impact, Saturation, and Epidemic Control project (RISE). RISE, a 5-year (2019–2024) global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and, allows USAID missions to access direct service delivery and technical assistance to achieve their PEPFAR targets. RISE mobilizes Jhpiego's in-country teams to help USAID achieve country operational plan targets across the HIV prevention, care, and treatment cascade.

Across its projects, Jhpiego works to transform harmful gender norms that inhibit people from accessing health information and services. Gender inequality limits the use of contraceptive methods and women's ability to decide if, when, and how often to become pregnant. It reduces women's ability to safely give birth in a health facility or with a skilled birth attendant and to take a child to a health facility. Health services often exclude men, unmarried clients, adolescents, and lesbian, gay, bisexual, transgender, and intersex clients. These are just a few examples of how gender prevents optimal health outcomes.



Photo by Karen Kasmauski, MCSP

Through its work on gender, Jhpiego aims to create gender-equitable and inclusive health systems so that all health workers and their clients have the power and opportunity to reach their dreams.

This document summarizes Jhpiego's programs and achievements toward these objectives and is presented the following sections:

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Addressing Gender-Based Violence

Worldwide, one in three women experiences gender-based violence (GBV), leading to devastating impacts on their health and well-being. These include death, disability, HIV and other sexually transmitted infections, miscarriage, late entry into antenatal care (ANC), low-birthweight babies, depression, and suicide. Jhpiego works to prevent GBV and link survivors to high-quality care through community engagement, skills building for providers, monitoring of services, improving the quality of GBV services, and incorporating appropriate GBV screening into health services. In 2017, Jhpiego collaborated with the Johns Hopkins School of Nursing, the Johns Hopkins Bloomberg School of Public Health, and the University of Michigan to write the World Health Organization (WHO)'s global health worker training curricula for responding to violence against women in the health setting ([Caring for Women Subjected to Violence](#)). In addition, from 2015–2017, Jhpiego adapted its Mozambique GBV tool (see below) for global use (now WHO's [Gender Based Violence Quality Assurance Tool](#)), through PEPFAR funding.

- Jhpiego has been implementing the first GBV risk mitigation services in World Bank-funded infrastructure projects (National Roads Administration [ANE] since July 2020 and Temane Regional Electricity Transmission Project [TREP] since April 2021). The aim is to prevent and mitigate GBV risk that may be initiated or exacerbated by the influx of more than 5,000 contractors working on these infrastructure projects, especially against adolescent girls and young women (AGYW) and others vulnerable to abuse. Jhpiego developed comprehensive and holistic GBV action plans and strategies that include:
 - Community workshops and community radio sessions and debates to sensitize community members on what constitutes GBV
 - Codes of conduct on which contractor personnel were trained, and then required to sign
 - Safety audits in worker camps to assess risk related to GBV
 - A nationwide grievance reporting mechanism to report GBV incidents,

including grievance reporting boxes, community representatives and a 24-hour free helpline available in local languages

As a result of this work:

- 326,648 community members participated in GBV sensitization sessions
- 6,161 contractor personnel were trained in GBV and signed the code of conduct
- More than 100 grievance boxes were installed and 80 community grievance officers were trained and allocated
- In **Mozambique**, through the U.S. Centers for Disease Control and Prevention (CDC)-funded HIV prevention programs, Jhpiego trained 2,940 health care to deliver post-GBV care. Eleven public health facilities for post-GBV care were established as demonstration sites, where Jhpiego is integrating GBV into HIV services and using voluntary medical male circumcision (VMMC) as an opportunity to raise awareness among clients of the dangers of GBV. Jhpiego is also screening participants, including AGYW, in HIV testing services for GBV to ensure disclosure of their HIV diagnosis only takes place if it is safe to do so, and to link survivors to post-GBV care.

Jhpiego developed the following resources with Mozambique's Ministry of Health (MOH):

- Mozambique's first national strategic plan against GBV, introduced in 2014 and updated for 2019–2022
- First training materials on post-GBV care, with a special focus on children and adolescents under the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program, a multi-donor-funded program to empower adolescent girls (based on the WHO and CDC framework, [INSPIRE: Seven Strategies for Ending Violence against Children](#))
- First protocol for GBV screening in clinical settings in Mozambique
- First evidence-based, GBV quality assurance (QA) standards to assess and improve integrated GBV care through supportive supervision

- First national policy on male engagement to address gender disparities in HIV service delivery
- Awareness-raising materials to prevent GBV
- A good practice note for medico-legal assistance for children surviving violence

As a result of this work:

- 20,984 people screened for GBV through community screenings, with 100% of GBV survivors referred to a health facility and 100% followed up at the community level
- 19,328 people screened for GBV at a clinical health facility and 1,229 individuals receiving post-GBV care, principally psychosocial support
- 100% of demonstration sites achieving at least 80% of performance standards of post-GBV services
- In **Nepal**, with support from the United Nations Population Fund, Jhpiego has built the country's capacity to provide GBV care to survivors since 2015. In partnership with the Nepal Ministry of Health and Population, Jhpiego developed these resources:
 - A national clinical protocol on GBV in 2015
 - A competency-based national training package on the health response to GBV, targeting frontline health workers in 2016
 - A GBV pictorial toolkit developed in 2017 to orient female community health volunteers (CHVs) on how to identify and refer GBV cases

Through these resources, Jhpiego developed nine master trainers and 103 district trainers for GBV across seven districts of three provinces between April 2016 and February 2018.

As a result of this work:

- 410 service providers from 11 districts were trained on the provision of post-GBV care. These providers then reached more than 2,027 survivors of GBV with health services between 2016 and 2018
- Jhpiego helped establish GBV service rooms and training sites in 10 hospitals

- Quality of services improved by more than 20% among one-stop crisis management centers in Nepal between 2016 and 2018
- Between 2018 and 2019, Jhpiego trained 384 female CHVs to become advocates for positive gender norms, identify GBV survivors at the community level, and link GBV survivors to available health services. A total of 1,389 GBV survivors were identified and 38 sought care in health facilities

Other key global GBV achievements include:

- In **Guinea**, through the USAID-funded Health Service Delivery Project (2015–2022), Jhpiego supported facilities and community groups working to address GBV and provide care for survivors in Conakry, Boké, and Labé regions. From October 2017 to June 2022, Jhpiego supported the clinical management of 690 GBV cases, and 200 GBV survivors with judicial or mediation support through the local nongovernmental organization (NGO) “Même Droit pour Tous.” Support included training 169 providers from 55 health facilities, as well as 327 community educators, 33 paralegals, and 93 police/military personnel. Jhpiego also helped revise Guinea's national gender policy and the national strategy to prevent GBV, and developed communications tools to support these policies for use at the national level. In addition, the project established 29 community committees working to prevent GBV and support survivors; created GBV WhatsApp groups in each of the three regions to support health care providers and health managers in their daily practice; and convened several roundtables, which were broadcast to public and private, rural and urban media channels.
- In **Nigeria**, through RISE (2019–2024), Jhpiego has trained 1,100 facility gender champions, state gender and HIV testing services (HTS) focal persons, case managers, data clerks, and Government of Nigeria staff/stakeholders across Adamawa, Akwa Ibom, Cross River, Niger, and Taraba States on gender-sensitive service provision, person-centered and empathic care, male- and adolescent-responsive services, and the importance of gender in HIV programming. RISE provided post-GBV care and referral support to 12,365 survivors in supported states. A total of 10,731

survivors reported experiencing physical/emotional violence; 1,634 experienced sexual violence, with 759 given post-exposure prophylaxis; 336 referred for pre-exposure prophylaxis; 300 survivors identified to be HIV reactive; and 270 linked to antiretroviral therapy (ART) (90% yield of newly linked ART clients via the GBV intervention).

- In **Nigeria**, through MCGL (2020–2024), Jhpiego trained and mentored 396 health care providers in Ebonyi and Sokoto States to strengthen capacity to provide high-quality GBV first-line response in family planning (FP) and ANC services. From October 2021–June 2022, the providers screened 260,402 clients in FP, ANC, and outpatient services. Of these, 98% received at least one form of post-GBV care. Jhpiego staff, in collaboration with Raising Voices, started adapting the SASA! Together, a community mobilization intervention aimed at preventing violence against women and girls and child early forced marriage. They have trained key local partners NANA Girls and Women Empowerment Initiative, Rural Women and Youth Development, Helping Hands and Grassroot Support Foundation, on the fundamentals of implementing the intervention. Jhpiego also supported the Federal Ministry of Health and the Ministry of Women Affairs to launch the national communications strategy on ending all forms of violence against women and girls in Nigeria; MCGL is supporting the MOH to develop the National GBV Action Plan for the Health Sector.
- In **Nigeria**, under a World Bank financing agreement with the Government of Nigeria through the Rural Access and Agricultural Marketing Project (RAAMP) in 2019, the Ibadan Urban Flood Management Project(IUFMP) in 2020, the North East Development Commission-Multi Sectoral Crisis Recovery Project (NEDC-MCRP) in 2021, and the Nigeria for Women Project (NFWP) in 2021/22, Jhpiego completed statewide formative assessments and mapping of GBV services in the states of Abia, Akwa Ibom, Bauchi, Ogun, Oyo, Borno, Adamawa, Yobe, Kebbi, Niger, and Taraba. The assessments and mapping examined all sectors providing post-GBV care services and identified gaps to address. GBV service referral directories and maps were produced to identify where quality services are available and enhance coordinated post-GBV service provision through a multi-sectoral approach in the states. The mapping exercises established the basis to develop a statewide GBV action plan to mitigate or minimize potential risks of sexual exploitation and abuse and other forms of GBV during program implementation by RAAMP, IUFMP, NEDC-MCRP, and NFWP.
- In **Namibia**, the USAID-funded Adolescents and Children, HIV Incidence Reduction, Empowerment, and Virus Elimination (ACHIEVE) project (2019–2024) reached 3,532 AGYW with post-GBV clinical services.
- In **Ghana**, through USAID’s Maternal and Child Survival Program (MCSP), Jhpiego partnered with the MOH to develop an e-learning module for health care providers and students on the basics of post-GBV care. In **Madagascar**, this module was subsequently adapted and translated into French.
- In **Rwanda**, through MCSP, Jhpiego adapted Mozambique’s GBV QA standards for national use to improve the delivery and gender sensitivity of GBV care for survivors. These standards improved performance by 20% among 12 Isange one-stop centers. Jhpiego built the capacity of 173 trainers and 1,500 clinicians to provide post-GBV care, reaching more than 14,938 GBV survivors with health services between October 2016 and March 2018.
- In **Kenya**, through the Afya Halisi project, Jhpiego offered technical support in developing sexual and GBV (SGBV) policies for Kisumu and Kakamega counties to guide GBV prevention and response. From 2019–2020, more than 150 health care workers were trained on intimate partner violence (IPV)/GBV first-line response. To enhance and scale up reporting of GBV data in the Kenya Health Information System, 60 human resource information officers and gender focal persons in the four focus counties were oriented on GBV data tools, documentation, and reporting. Afya Halisi also supported Migori County in developing a child protection policy to guide child protection interventions, including child survival rights such as being free from violence and access to health care. A total of 1,751 survivors of SGBV received support to access

post-GBV care in 18 supported health facilities in Kakamega and Kisumu Counties.

- In **Kenya**, through the Afya Kamilisha project, Jhpiego partnered with the Kenyan NGO LVCT Health to strengthen 16 health facilities to offer post-GBV care. By August 2020, 3,398 AGYW had completed group-based HIV and GBV prevention at these sites through the evidence-based interventions of Shuga and Health Choices for a Better Future.
- In **Tanzania**, under the More and Better Midwives program (2016–2021), focused on improving the quality of education, training, and services of midwives, a midline assessment found that midwifery students and professionals face sexual harassment and abuse in clinical settings. In response, the program collaborated with the MOH to update the code of conduct of health training institutes to include clear policies and response mechanisms for sexual harassment. They also developed posters and discussion guides to build awareness and a culture of mutual respect to prevent sexual harassment.
- In **India**, the Special Cell and Community Approach (SCCA) is being implemented across 11 districts of Assam. SCCA focuses on preventing GBV at the community level, strengthening states' GBV response, and increasing knowledge of pertinent sexual and reproductive health (SRH) issues faced by young people. Under SCCA, a cadre of trained social workers have been placed within selected police stations to provide a comprehensive response service package. The package includes psychosocial counseling, negotiating non-violence with stakeholders, engaging with perpetrators, conducting advocacy for financial entitlements, fostering



A young mothers group and frontline health workers pledge to focus on early identification of GBV cases in the community, Sivasagar district, Assam.

police assistance, securing legal aid, etc. for survivors of GBV. Between February–July 2022, 1,150 individuals have accessed relevant services. More than 990 young people and 735 mothers—members of self-help groups—have been reached with group sessions on addressing issues related to GBV and promoting SRH care.

- In **Zambia**, via the Zambia Defense Force Partnership for Sustainable HIV Epidemic Control (2021–2025), Jhpiego has implemented capacity-building activities focused on improving GBV services. These have included facilitating a Training of Trainers of 23 Zambia Defense Force staff on stigma and discrimination and conducting a five-day index testing and GBV response training to over 100 facility- and community-based providers. Thus far, more than 70 GBV survivors have been provided with quality post-GBV care services.

Empowering Women and Girls

Studies show that when women and girls are empowered to make decisions about their bodies and futures, families are healthier, happier, and more prosperous. Jhpiego combats inequalities that act as barriers to optimal health outcomes for women and girls, including lack of knowledge about health risks and options, choice, agency, and decision-making power; GBV and other discriminatory treatment; limited male engagement in health; and mistreatment in health facilities. Jhpiego provides young women and girls with life skills, comprehensive sexuality education, and non-stigmatizing adolescent RH services.

Health workers themselves also face gender inequality. Women make up 75% of the global paid health workforce, yet they face discrimination in compensation and workforce advancement compared to male counterparts. Challenges include gender discrimination resulting in unequal pay, violence, sexual harassment, restricted mobility outside the home, and the burden of balancing pregnancy and family care with their jobs. Jhpiego works to overcome these barriers by empowering female health workers and students, fostering supportive working environments for women, and working with schools to create sexual harassment and pregnancy policies. To address these challenges, Jhpiego developed [Gender Transformative Leadership: A Participatory Toolkit for Health Workers](#), which aims to strengthen

existing leadership development curricula for pre- and in-service health workers and managers through a suite of gender-transformative sessions. These sessions challenge participants to identify and respond to unique considerations for women in leadership. Rather than expecting women to “lean in” to professions and organizations that have largely excluded them from leadership and senior roles, gender-transformative leadership addresses discrimination, bias, and inequities in the system (both formal and informal), so that women are included on an equal basis to men. In this way, gender-transformative leadership can be used by and benefit decision-makers, the institutions they work in, and the health system itself.

Promoting Economic Empowerment

- In **South Sudan**, through ACHIEVE in 2021/2022, Jhpiego trained 13 health care providers and 41 DREAMS and 30 OVC community volunteers in Juba County on GBV first-line response (LIVES: Listening, Inquiring, Validating, Ensuring Safety), equipping them with practical care and response skills and knowledge on the emotional, physical, safety, and support needs of children and AGYW. Using Empowerment and Livelihood for Adolescents (ELA), a program that offers AGYW the opportunity for a better life through livelihoods, mentorship, life skills, microfinance, and economic-strengthening training, ACHIEVE supports 2,452 AGYW in 48 safe spaces. Of the active AGYW, 2,000 completed the primary social asset-building package delivered by DREAMS facilitators and supervisors, 2,055 AGYW completed training on the DREAMS ELA and 10-hour gender norms and violence prevention sessions, and 1,895 AGYW participated in the economic-strengthening primary package of basic financial literacy training, with 634 of them receiving training in sandal making, liquid soap and juice making, beauty therapy/hair dressing, and tailoring. Of the girls trained, 318 are engaged in income-generating projects and 91 employed in wage-paying jobs.
- In **Namibia**, through ACHIEVE, 1,532 AGYW have participated in economic-strengthening interventions, including financial literacy, as a part of their primary package to strengthen the self-efficacy and decision-making power of AGYW in relationships.
- Under the Sauti project in **Tanzania** (2015–2020), Jhpiego and partners built the capacity of 1,322 young female empowerment workers to mentor 3,630 economic empowerment groups for AGYW. The project reached 103,626 group members, who saved TZS 3,112,315,913 (USD 1,353,180) to start small businesses. The mentors also provided counseling on life skills, SRH, positive parenting, and nutrition. Economic support activities, which began in fiscal year 2018, enrolled 763 AGYW ages 15 to 19 years from Kyela and Temeke in the Vocational Educational and Training Authority, through partnership with the Kizazi Kipya project and Plan International; and enrolled 18,163 WORTH+ group members to the national community health fund.
- In **Nigeria**, through MCSP, Jhpiego helped establish 36 mothers’ savings and loans clubs with 594 members. Between January and March 2018, the clubs disbursed NGN 2.5 million (USD 7,000) in zero-interest loans; 10% of the loans were used for health emergencies. The funds have helped hundreds of rural women access necessary health care, including ANC and access to facility birth.
- In **India**, Jhpiego is working in the states of Jharkhand and Odisha to mobilize faith-based community leaders to prevent child, early and forced marriage (CEFM) and protect the rights of girls; empower youth champions to promote girls going back to school; activate existing health communications platforms used for COVID-19 to increase awareness of the importance of keeping girls in school and preventing CEFM; and link those exposed to or at extreme risk of violence to available protection services and psychosocial support. Between March and August 2022, 11,085 girls were linked to health services; 1,640 girls were linked with social protection schemes; 5,575 girls were linked with life skills sessions; 122 girls were linked with employment opportunities; 499 girls were enrolled in academic enrichment courses; and 123 girls who had dropped out of school were supported to re-enroll.

Changing Harmful Gender Norms

- As part of the USAID-funded Integrated Health Services project (2021–2026) in **Burkina Faso**,

Jhpiego conducted a sociocultural and gender analysis, which highlighted gender norms and sociocultural barriers that impact the access and utilization of health services in three regions (Centre-Est, Centre-Ouest, and Sud-Ouest). The study revealed that due to some pregnancy misconceptions, women in the project zones attend health centers late for ANC visits, and some men/boys consider maternal and newborn health as the sole responsibility of women/girls. Using this information, the Integrated Health Services project developed messages promoting gender equitable roles, working with Viamo to disseminate 45 messages at the community level through the mobile platform 3-2-1. In June 2022, 10,896 people received the messages. The project also trained 36 community facilitators on gender-transformative approaches and strategies to engage men and boys in the health of mothers and children.

- Under the Sauti project in **Tanzania**, Jhpiego trained 30 male trainers and more than 600 men's support groups on gender-transformative education (adapting the community-based SASA! model) to build knowledge, positive attitudes, and skills related to gender inequity, a core driver of violence against women and HIV. The SASA! intervention reached 65,340 males and females with gender norms messaging related to GBV and HIV/AIDS.
- Under the Uzazi Salama project (2016–2020) in **Tanzania**, 132 female community resource persons were trained to facilitate gender dialogues. They then sensitized 72 groups of mothers and women through such dialogues (1,444 total individuals). In addition, 84 girls were trained as peer educators, and 923 girls received peer education on harmful gender norms.
- In **Tanzania**, under MCSP and Boresha Afya, Jhpiego developed an RMNCAH community guide on gender dialogue for CHVs to use to change social norms and behaviors that hinder healthy behaviors, such as poor communication around FP, birth planning, and use of resources for ANC and skilled delivery. In the Mara region, CHVs reached 13,116 couples, with 91% of men indicating a willingness to educate others about

transforming harmful gender norms and 60% receiving FP counseling with their partners.

- Under the Afya Halisi project in **Kenya**, in an effort to increase care-seeking and healthy behavior, Jhpiego conducted 1,288 community dialogues between October 2017 and September 2020 on a variety of health topics, reaching 39,489 people with programming focused on increasing utilization of FP/RMNCAH/nutrition and water, sanitation, and hygiene services. By establishing 104 young mothers clubs targeting adolescents and teenagers, the project linked 11,916 adolescent/teenage mothers to various services such as voluntary FP/RH, ANC, and postnatal care (PNC).
- Under the Afya Kamilisha project in **Kenya**, Jhpiego facilitated dialogues with 28,325 people from September 2018 to June 2019 regarding imbalances of power between men and women as root causes of violence and HIV risk using the SASA! methodology. An additional 1,512 parents were reached through the Families Matter! Program, which is an evidence-based, parent-focused intervention. It is designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction, including risk of child sexual abuse and GBV, for parents or caregivers of 9–12-year-olds in Africa.

Promoting Gender Equity in the Health Workforce

- In **Liberia**, through MCSP's Human Resources for Health program, Jhpiego integrated a module on [Gender-Responsive Teaching Methods](#) into the midwifery and medical laboratory curricula for pre-service education institutions in 2016. The sessions equipped faculty and preceptors with knowledge, skills, and attitudes to ensure equal participation and opportunities for all genders.
 - In March 2018, the gender focal points trained 45 students as peer FP providers. These peer providers reached 219 people with FP counseling and modern contraceptive methods. They also trained 10 students from the Tubman National Institute of Medical Arts as gender ambassadors. The gender ambassadors educated 150 students and staff about FP

methods, sexual harassment prevention, and available school support for pregnant students.

- In 2017, the project worked with pre-service institutions to enroll female students in laboratory schools and male students in midwifery schools, upending traditional gender roles. Laboratory pre-service institutions experienced a 100% increase in student enrollment in 2019, with female students representing 26% (three times greater than 2016 enrollment). From 2016 to 2018, male enrollment increased in midwifery institutions from 20 to 80 males out of 528 total students.
- In **Liberia**, with support from the German Agency for International Cooperation, between January and November 2019, Jhpiego equipped 75 county health facility managers with leadership skills to improve facility management and thus service delivery. The program prioritized female managers for enrollment and adapted the existing leadership development curriculum to include a gender-transformative lens. In total, 49 females and 23 males participated. Key activities included three multiday workshop sessions; three one-on-one coaching sessions to support participants in applying what they learned into their roles at facilities; and three management circle meetings, which are women-led peer networks designed to offer a protected space to share mutual advice, support, and experience.
- In **Tanzania**, under the More and Better Midwives project, Jhpiego conducted a gender analysis to inform activities. Activities included scholarships for 76 women; training on gender and leadership for 102 tutors, preceptors, and health training institution leaders in December 2017 and June 2018; development of a sexual harassment bylaw for the midwifery schools; integration of gender standards into the clinical quality improvement (QI) tool; and training of 58 tutors on gender-responsive teaching methods in November 2017 to ensure equal opportunities in learning and practice, especially for female students. Jhpiego conducted a gender orientation with 531 nursing and midwifery students in January 2019 to address gender norms and perceptions surrounding midwifery, leadership roles, and

service provision. In addition, the Jhpiego gender, respectful maternity care (RMC) and male engagement training modules were used to integrate gender in the tutor's guide for the National Technical Award (NTA) levels 4 and 5. The NTA testifies that the holder of the award is able to competently apply the knowledge and skills described in the relevant occupational sector. Previously, the gender assessment revealed that there was no gender inclusion in the nursing and midwifery curriculum; however, after advocacy, it was possible to add gender training materials in the tutor's manual.

- In **Ethiopia**, Jhpiego addressed gender disparities in pre-service health education through the Strengthening Human Resources for Health project (2012–2019) to improve performance, retention, and graduation rates of female students. For example, the competence of female anesthesia students increased from 56% to 66% over a three-year period and the gender gap disappeared (male anesthesia student competence was measured at 65% at endline). High-impact interventions that contributed to this achievement include the establishment of gender offices in 51 higher education institutions. These offices have benefited more than 13,000 female students with a variety of gender-transformative interventions including life skills training, counseling services, material assistance, stipends, and recognition for the best-performing students. Gender offices also engaged teachers and male students, developed sexual harassment policies, and organized awareness creation events. These gender offices have been integrated into institutional organograms and will be sustained past the life of the project.
- In **Guatemala**, to promote local development and leadership capacities of women, the USAID-funded Health and Nutrition Project (2020–2025) facilitated the inclusion and participation of 83 women in health commissions, including 45 female community facilitators, and 27 Mayan traditional birth assistants.

Promoting Male Engagement and Equitable Decision-Making among Couples

Jhpiego is actively engaging men and promoting partnerships for healthy decision-making among

couples for health care. Men play a key role in their own and their family's health, yet they are often neglected in outreach and service delivery. The involvement of fathers before, during, and after the birth of a child has been shown to have positive effects on violence reduction and improved maternal survival, breastfeeding, use of contraceptives and health services, and fathers' long-term support for their children.



A father practices kangaroo care with his newborn. Photo by Karen Kasmauski, MCSP

In 2013, WHO identified engaging with fathers as a global priority for maternal health care. Jhpiego works with women and men together to question and change gender norms and, ultimately, address the imbalance of power in relationships that result in negative decisions and impacts for health.

- Jhpiego co-chairs the **Interagency Gender Working Group (IGWG)'s Male Engagement Task Force**. In this role, Jhpiego facilitates dialogue and exchange of learning on male engagement, highlighting successful approaches and lessons in engaging men as clients, partners, and champions for change. The task force grew from being inactive in 2016 to having more than 200 members in 2022. In November 2019, the task force published [Do's and Don'ts for Engaging Men and Boys](#)¹ in health and gender equity. As a co-chair, Jhpiego's Gender Director, co-published [two commentaries: Men and COVID-19: Adding a Gender Lens](#) and [Meeting men's mental health needs during COVID-19 and beyond: a global health imperative](#).
- Jhpiego, under MCGL, led the development of an infographic on ["How to Engage Men in](#)

[Nurturing Care Across the Early Life Stages."](#)

which shows how men can be supported to provide nurturing care for their children from pregnancy to early childhood.

- From October 2016 to December 2018, Jhpiego, through MCSP, trained 1,367 providers in 86 health facilities in **Mozambique** to counsel couples on male involvement in birth preparedness and complication readiness planning. Men are encouraged to help ensure that their families eat nutritious food; discuss using postpartum FP with their partner; practice positive gender norms, such as sharing household labor and caregiving; and prevent GBV.
 - At the community level, from October 2016 to June 2018, Jhpiego built the capacity of 10,597 community health workers (CHWs) in 29 districts to integrate gender into health promotion activities. This resulted in 30,982 couples developing joint birth plans, including choosing a health facility at which to deliver, saving money and arranging transport, and selecting a supportive birth companion.
- In **Côte d'Ivoire**, through MCGL, Jhpiego adapted Bandebereho, an intervention that promotes gender equitable attitudes, behaviors, and skills with fathers and their partners through critical reflection and dialogue and positive role modeling in order to increase male engagement in RH, equal caregiving, and violence prevention. Jhpiego oriented 13 local NGOs, targeting 84 program focal points serving 48 districts on this male engagement methodology and assisted the NGOs to integrate these approaches into their action plans.
- In **Guatemala**, the USAID-funded and Jhpiego-led Health and Nutrition Activity designed and validated a toolkit for the facilitators of Program P, an intervention that consists of group education sessions for men and women with the goal of engaging men in fatherhood, caregiving and maternal and child health and promoting non-violent, positive discipline. Thus far, 298 health workers from Quiché, Ixil, and Huehuetenango health districts have been trained on Program P.
- In **Togo**, through MCSP, Jhpiego collaborated with the Department of Maternal and Child

¹ IGWG. 2020. DO's & DON'Ts for Engaging Men & Boys. <https://www.igwg.org/resources/dos-donts-for-engaging-men-boys/>

Health and FP to test three community-level approaches to promote male engagement, couples communication, and contraceptive uptake in the Klotu Health District. These approaches included CHW home visits to provide couples counseling, guided group discussions, and video screenings, and working with husbands schools (*école de maris*) to promote positive male engagement, gender equity, and joint household decision-making (including around the use of FP methods). Findings from USAID's evaluation of MCSP's work highlighted that couples counseling improved couples' communication by identifying relationship strengths and areas for improvement. Home-based counseling and group discussions provide the opportunity for couples to rethink inequitable gender roles within the household and raise men's awareness of the benefits of sharing the workload. In addition, couples counseling enhanced men's awareness, knowledge, and support for their partners' SRH, while also facilitating contraceptive decision-making and agreement. MCSP also gathered reports from local health care providers that highlighted an increased attendance at health services by male partners.

- In **Nigeria**, through MCSP, Jhpiego developed [awareness-raising posters, a pamphlet, and a job aid](#) to help providers counsel clients on how men can contribute to their family's health. Jhpiego also built the capacity of 101 pre- and in-service providers as training facilitators on male engagement in March 2018 and provided privacy screens to 10 key facilities. As a result of these interventions, male participation in FP, ANC, and labor and delivery increased by nearly four times in one year—from 1,483 men accompanying their female partners to FP, ANC, and labor and delivery in June 2017 to 5,487 men doing so in June 2018.
- In **Kenya**, through Afya Kamilisha, Jhpiego trained 123 health care providers between December 2018 and February 2019 on a framework for reaching male clients at HIV service delivery points. Jhpiego also mentored 106 providers on how to engage men and counsel couples in the prevention of mother-to-child transmission of HIV and other HIV services from May 2019 to September 2019. Involving male partners in testing during ANC, delivery, PNC, and six weeks postnatal has

been shown to increase identification of HIV-positive pregnant women, increase uptake of services for the prevention of mother-to-child transmission of HIV, increase adherence to antiretroviral treatment, and reduce new infections among infants. Male engagement has also been shown to reduce stigma and discrimination and improve retention of HIV-positive mother and baby dyads in care.

- In **Kenya**, through Afya Halisi, Jhpiego held targeted community dialogues with men as leaders to improve their knowledge about FP/RH and MNCH. Jhpiego conducted small group sessions with 1,052 young and adult men to address gender-related beliefs and practices around FP, MNCH, and partner support for ANC and skilled birth attendance.
- In **Tanzania**, through Boresha Afya, Jhpiego supported CHWs to facilitate community dialogues that challenge gender norms and behaviors that negatively influence health. From April to September 2019, 4,334 community members graduated from these community dialogue sessions. In the same period, the percentage of couples counseled and tested for HIV during ANC visits improved from 70% in October 2017–September 2018 to 75% in October 2018–September 2019 in Mara, Kagera, and Geita.
- In **Tanzania**, under the Uzazi Salama project, Jhpiego worked with Plan International and local partners to establish 155 fathers clubs, which enrolled 2,314 men, and 166 mothers clubs, which enrolled 2,398 women, all of whom participated in group education and dialogues on gender and RMNCAH. Fathers clubs promote men's equitable and nonviolent engagement in RMNCAH, while mothers clubs continue to promote empowerment of women and girls in decision-making on their own health.

Ensuring Gender-Sensitive, Respectful Services

In many settings worldwide, health facilities fail to deal with the gendered aspects of care, access, and delivery. Gender inequalities, unequal power dynamics, and negative provider attitudes in health systems impede respectful care for clients. Due to gender norms and the low status of women in society, health care providers sometimes discriminate against their clients based on gender.

This can include physical, sexual, and emotional abuse; non-consensual care; and lack of privacy. Many providers also see RH as a woman's domain and alienate men from participating. Jhpiego helps providers take action to ensure gender-sensitive, respectful services are provided to all clients. Jhpiego's activities in this area include:

- Through the global Impact Malaria Program, Jhpiego integrated gender-sensitive supportive supervision considerations into the flagship Outreach Training and Supportive Supervision Plus system, which has been applied in **Ghana, Kenya, Cameroon, Mali, Niger, and Sierra Leone**, as well as developed into virtual training modules.
- Jhpiego built the capacity of more than 20 local partners in gender-transformative programming through MCGL in **Bangladesh, Cameroon, the Caribbean, Ghana, Kenya, Nigeria, Sierra Leone, Togo, and Zambia**.
- Jhpiego has championed RMC in **Afghanistan** by supporting the Ministry of Public Health to adapt/translate a national training package, which has been integrated into all activities with mentors/preceptors. As part of capacity-building of professional bodies, the USAID-funded and Jhpiego-led Helping Mothers and Children Survive project, known as HEMAYAT, (2015–2020) conducted workshops on mistreatment/RMC with the Afghan Midwives Association and the Afghan Society of Obstetrician and Gynecologists, and supported implementation of the Patients Charter. The current USAID-funded Urban Health Initiative in **Afghanistan** (2020–2025) continues this work and conducted a workshop to build the capacity of mentors/clinical specialists to integrate gender-sensitive, respectful care into QI processes at health facilities. The project also supported 29 female urban CHWs and 38 community outreach midwives to participate in interactive workshops focused on gender-sensitive, respectful care. Participant feedback will be used to inform iterative updates to the Urban Health Initiative's Gender, Rights, and Protection Strategy.
- In 2014, Jhpiego adapted **Afghanistan's** standards for global use, producing the [Gender Service Delivery Standards](#). These standards are being implemented and adapted across health facilities in **Kenya, Mozambique, Myanmar, Nigeria, and Tanzania**:
- In **Kenya**, October 2019–September 2020, through Afya Halisi Jhpiego oriented 45 program staff and 362 MOH staff to promote quality and gender-sensitive normative care in supported health facilities through application of gender service-delivery standards. In an effort to enhance gender-responsive and sensitive programming, Afya Halisi supported the orientation of 204 county and subcounty health management team members in Kisumu, Migori, and Kakamega counties on gender-transformative approaches, and SGBV prevention and response. The orientation aimed to equip the team members with knowledge and positive attitudes on gender-transformative leadership for gender-responsive planning, budgeting, monitoring, and evaluation.
- In **Mozambique**, through MCSP, the MOH integrated standards into the national Model Maternity Initiative. Between September 2017 and December 2018, 71 facilities completed a baseline assessment, 43 facilities followed up with a second round of data collection, and nine health facilities improved their performance by at least 50% compared to baseline.
- In **Myanmar**, through MCSP, Jhpiego built the capacity of 165 health care providers to adopt QI standards for MNCH services, including RMC standards across five state and regional government health facilities. Through the GE Foundation project, three government, tertiary, and township health facilities adopted RMNCH QI standards.

Other key achievements include:

- In **Côte d'Ivoire**, through MCGL, Jhpiego has implemented gender-focused activities at all levels of the health system. Specifically, Jhpiego collaborated with the MOH and others to develop and integrate a gender module into the training manual of National RH/FP Coordinators and CHWs. The module includes approaches to engage men in MNCH/FP and the provision of gender-sensitive community health services for adolescents and youth. As part of this initiative, Jhpiego also integrated gender standards into the integrated health district supervision tool and built the capacity of 22 national trainers in FP and emergency

obstetric and newborn care, 48 RH/FP mentor coordinators and 64 health care providers from 43 University School Health Services and Adolescent Youth Health and 21 satellite sites on key gender concepts, value clarification, and transformation of gender norms.

- In **Guinea**, the Health Service Delivery Project has been supporting the MOH to introduce RMC in health facilities since 2017. RMC was integrated in 155 health facilities, with 536 providers trained. A total of 86% of the sites saw reduced disrespect and abuse of patients, with 90% showing improvements in these three standards: women are treated with dignity and respect; women receive equitable care, without discrimination; and women are never detained or confined against their will. Lessons learned include regular use of the standards during delivery, improved quality of care in the delivery room, and improved work environment are key to improving RMC.
- In **Mali**, the Impact Malaria project integrated a module on gender as a determinant of health into the training manual for providers on malaria management. In 2022, the gender module was taught to 577 health workers from community health centers, referral centers, private facilities, military garrisons, and mutual health organizations.
- In **India**, through MCSP, Jhpiego partnered with the Indian organization Centre for Catalyzing Change to train 21,943 CHWs, nurses, and community health committee members; 2,501 facility-level providers; 546 district- and state-level officials; and 1,253 *Rogi Kalyan Samiti* (patient welfare committee) members by September 2018 on gender-sensitive FP services that respect women's autonomy, dignity, and privacy. MCSP's results in India included:
 - Improvement of privacy during counseling by supporting the establishment of counseling corners at 85% of focus facilities
 - 43% improvement in facility score with regard to inclusion of spouse or other family members during counseling
 - 47% improvement in facility score with regard to ensuring privacy during pre-operation assessment and examination.
- Through MCSP, Jhpiego assisted **Mozambique's** MOH to develop its second National Gender Strategy for the Health Sector, integrating gender into health interventions, budgets, planning processes, and data collection.
- In **Nigeria**, through MCSP, Jhpiego trained 30 core facilitators and 1,000 health care providers on the Health Workers for Change (HWFC) curriculum, which uses a participatory approach to help providers address gender inequities, attitudes, and barriers to delivering high-quality care. HWFC helps health workers build empathy with clients and expand their communication skills, and identifies ways facilities can better support employees and create inclusive working environments for women. HWFC's results in Nigeria include:
 - Improved provider attitudes, interpersonal communication, and empathy with clients
 - Improved patient privacy and confidentiality in health facilities
 - Expanded hours for emergency maternity care through additional security staff at facilities, adjusted duty rosters, and overnight accommodation for midwives
 - Improved infrastructure, including clear signage, ventilation, handwashing stations, reconstructed labor wards, and privacy screens that allow companions to attend births
- In **Nigeria**, through RISE, Jhpiego trained 100 facility gender focal points, gender champions, case managers, and data clerks across Adamawa, Cross River, Niger, and Akwa Ibom States on gender-sensitive service provision, client-centered and empathic care, male- and adolescent-responsive services, and the importance of gender in HIV programming.
- In the **Philippines**, through the Sexual Health and Empowerment project, funded by Global Affairs Canada and in partnership with Oxfam and local civil society organizations, Jhpiego trained 49 core facilitators on Jhpiego's [Gender Transformation for Health: A Participatory Toolkit](#)² between July and September 2019. The training was rolled out in health facilities with health managers and service providers in

² Jhpiego. 2020. Gender Transformation for Health: A Participatory Toolkit. <http://reprolineplus.org/resources/gender-transformation-toolkit>

six conflict-affected and disadvantaged regions of the Philippines. The toolkit includes nine modules with participatory sessions that cover gender and social norms, GBV, gender as a health determinant, sexuality and sexual diversity, responding to sexuality and sexual diversity in a health facility, gender-sensitive and rights-based care, gender analysis, couples counseling skills, and male-friendly service. The toolkit aims to build the gender responsiveness of the health workforce in the delivery of health services and information. As of early 2022, there were more than 332 providers trained in gender-responsive services, exceeding program targets. The trained providers have been instrumental in conducting FP outreach activities and facility-based FP services, serving more than 2,000 clients. At baseline, only one out of 20 facilities assessed reached a score of at least 80% of the Gender Service Delivery Standards; as of March 2022, 15 out of 20 reached at least 80% of the standards.



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- In **Rwanda**, between January 2015 and December 2019, Jhpiego, through MCSP, built the capacity of 173 trainers and 1,500 health care providers on gender, male engagement, and improving gender-sensitive RMNCAH service delivery.
- In **Myanmar**, Jhpiego worked with the Ministry of Health and Sports to update the national midwifery curriculum to include gender, gender-sensitive RMC, and GBV, and to build the capacity of health care providers to offer gender-sensitive RMC services as part of basic emergency obstetric and newborn care. From September 2017 to 2018, Jhpiego built the capacity of 64 trainers and 306 health care providers, 113 faculty members from government midwifery pre-service institutions, 347 government hospital providers through the

Three Millennium Development Goal Fund, and 20 trainers and 65 participants through a GE Foundation project on RMC services.

- In **Tanzania**, through Boresha Afya, Jhpiego supported the government to develop national guidelines for gender and respectful services across the continuum of RMNCAH care. The guidelines are now being used to coordinate gender-integrated approaches in these areas. Jhpiego also integrated gender standards in assessments and QI processes for RMNCAH in an HIV key populations project. Jhpiego also conducted a formative baseline gender assessment in 2017 in 100 facilities across five regions in health facilities and communities. The findings were used to refine gender and RMC activities, and to update facility-based gender and RMC training curricula. The integrated gender and RMC facilitator guide was used to train 177 mentors on FP and basic emergency obstetric and newborn care, and 1,674 maternal and newborn health care providers received on-the-job training. Under Uzazi Salama, Jhpiego trained 25 clinical mentors on the same guide. These clinical mentors further trained 389 health care providers via onsite coaching.
- In **Tanzania**, through MCSP and USAID's Boresha Afya, Jhpiego conducted advocacy on gender, RMC, youth-friendly services, and male engagement with 45 councils from seven project regions, reaching 1,350 district stakeholders. Stakeholders developed 1,008 action plans to integrate key advocacy messages into their routine activities. Emerging themes in the action plans included the rights of women during birth, birth companionship, male engagement in RMNCAH, and GBV prevention. All 45 councils adopted a client-provider charter to regulate interactions between service users and providers. The project then facilitated 20 expanded districts to address issues of respectful and informed care. In doing so, the project strengthened the capacity of 13 civil society organizations to implement community interventions, including facilitating community gender dialogues and village health meetings to generate demand for RMNCAH services and address harmful gender norms.