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Gender and Health

Chemonics enables governments and local partners to address complex health problems with integrated, inclusive, and cross-sectoral solutions. Our programs advance universal health coverage through health systems strengthening, workforce optimization, private sector engagement, market development, and innovative service delivery models. With decades of experience operating in the most complex social and political environments, we know how to quickly mobilize resources and seamlessly adapt to change as we support local actors to build self-reliant, resilient, optimized, and equitable health systems that improve the health and well-being of their communities.

Chemonics is committed to building gender-responsive and gender-transformative programming by understanding and addressing the context-specific social norms, power structures, and limitations on access to resources that impact people and communities. Our health specialists partner with the multisectoral specialists from our Gender Equality and Social Inclusion (GESI) practice to position gender at the forefront of our project design, implementation, analysis, and presentation of results; we systematically co-create and strengthen the capacity of the organizations and communities we work with to promote gender equality and social inclusion.

Our Work in Gender Responsive/Transformative Programming and Promoting Gender Equality


The following examples illustrate some of our efforts to integrate gender as fundamental to and routine throughout our health programs, including those that are not traditionally or explicitly gender focused, to improve equity and health outcomes.

Frontier Health Markets (FHM) Engage (2021-2026): USAID’s global flagship project for private sector engagement in health supports local actors to improve the ability of health markets to meet supply-side capacity gaps and consumer

BY THE NUMBERS



107M
GENDER-RESPONSIVE HEALTH SERVICE CONTACTS MADE
by the Surger Hashi Network of clinics in Bangladesh



32%
INCREASE IN WOMEN'S PARTICIPATION AS IMPLEMENTERS
of malaria bed net campaigns in the Democratic Republic of Congo



6
KEY GENDER COMPETENCIES FOR FAMILY PLANNING PROVIDERS
defined by HRH2030 and e-learning course developed for gender-sensitive and transformative family planning services

preferences. FHM Engage seeks to expand health markets, contributing to more equitable provision of and greater access to high-quality family planning and other health services and products in mixed health systems.

FHM Engage's gender strategy addresses how and why women and men may participate in and benefit from program areas differently, as well as how participation and benefits can differ among other diverse social groups. Key considerations include a lack of representation of women's interests by mainstream business associations, like chambers of commerce; restrictive laws, policies, regulations, and institutional practices that limit women's ability to engage in the formal business environment; and differences in access to and use of services and capital among men and women.

To improve health market functions and bolster women's agency, decision-making power, and business opportunities, FHM Engage adopts a participatory approach to diagnose, design, deliver, and iteratively adapt gender-responsive health systems. The strategy highlights opportunities to incorporate GESI considerations into each phase of FHM Engage's core activities—from program design, to implementation, and evaluation.

DRC End Malaria (2021-2026): USAID's End Malaria Project in the Democratic Republic of the Congo (DRC) supports the National Malaria Control Program (NMCP) and the U.S. President's Malaria Initiative to achieve and sustain its goal of universal coverage of insecticide-treated nets (ITNs) through mass and school-based distribution campaigns in targeted provinces. The work facilitates changing basic behaviors, shifting norms, and increasing ITN use by men, women, and children. The project has a specific goal to meet the NMCP's standard of having at least 30 percent female representation in ITN distribution. Evidence shows that when women play a central role in preventive health activities, like raising awareness about the benefits and distribution of ITNs, everyone benefits.

In 2021, the project conducted a baseline gender analysis in 11 of the DRC's 26 provinces to identify root causes of ITN misuse and gender imbalances in ITN campaigns to inform its GESI approach. Analysis showed that women held just 9 percent of leadership roles in ITN distribution campaigns at the community and provincial levels. Social norms limit the active participation of women in ITN distribution campaigns due to lower levels of representation in decision-making, as well as competing priorities and multiple constraints on their time, such as childrearing or caring for elderly family members. Through targeted outreach, recruitment, and training activities, the project was able to increase the proportion of women among campaign actors in the first

year to an average 41.5 percent across the four targeted provinces. Notably, in Equator Province, 59 percent of all campaign actors were women.

Advancing Universal Health Coverage Activity (AUHC) (2017-2023): This six-year USAID research and development project in Bangladesh is designed to transform the Surjer Hashi Network (SHN) into a sustainable, gender-sensitive, and pro-poor social enterprise aiming to provide quality and affordable health services. A key goal is creating a gender-friendly environment and nurturing gender-responsive health services within SHN's 134 clinics. Through targeted health worker training and tailoring key services that promote the empowerment of women, youth, and marginalized communities to take charge of their own health, SHN has embedded attention to gender into its service delivery model. To date, the project has supported over 107 million service contacts at SHN clinics, providing high-quality maternal and child health, nutrition, tuberculosis, noncommunicable disease, and family planning services.

SHN responded to a significant uptick in gender-based violence (GBV) associated with the COVID-19 pandemic by adopting comprehensive, evidence-based guidelines for delivering GBV services, including counseling and referral systems. Further, all SHN clinics are dedicated to supporting women's empowerment and leadership within their own internal operational and governance structures. SHN human resource policies emphasize gender equitable hiring practices and prioritize promoting women into managerial and C-Suite level positions. Women currently lead 29 of SHN's 134 clinics (21 percent) with a 30:70 male-to-female ratio of staff across the network of clinics. These results are significant as only 36 percent of women in Bangladesh are in the formal workforce¹, making AUHC's work to promote gender equality and women's empowerment in the region all the more impactful.

Human Resources for Health in 2030 (HRH2030) Program (2016-2021): Advancing knowledge of the critical juncture between gender and health workforce employment and leadership was a critical component of the Chemonics-led flagship USAID HRH2030 Program. The program addressed significant gaps in family planning providers' understanding of gender biases that contribute to poor service quality and inequities by defining six gender competencies within a framework, and developing an e-learning course to build capacity of providers in gender-sensitive and transformative services. The six competencies are: using gender-sensitive communication, promoting women's agency, supporting legal rights, engaging men and boys as partners, facilitating positive couples' communication, and addressing GBV.