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USAID ASSIST PROJECT
Applying Science to Strengthen and Improve Systems

Steps to Identify and Close Gender-Related Gaps Using an Improvement Approach: Examples for HIV Care

These step-by-step instructions detail how to use an improvement approach to identify and respond to gender-related gaps in services or programs to close gaps and improve outcomes. The guidance is divided into actions that program staff should take, and includes an explanation of how to achieve the action and examples that illustrate the types of actions that could be taken for a specific project. The examples are separated into three technical areas of the USAID ASSIST Project: HIV and Chronic Care, Orphans and Vulnerable Families (OVC) programs, and Nutritional Assessment, Counseling and Support (NACS), which include indicators that should be disaggregated by sex (in contrast with indicators that cannot be disaggregated by sex, such as maternal health or medical services focused specifically on males). This guidance compliments the USAID ASSIST Project's approach to integrate gender.

Action	How it will be achieved	Examples	When
1. Conduct a gender analysis to inform program design and implementation	• Review existing gender analysis or assessment documents. • Conduct desk review if a gender analysis is not available. • Conduct interviews with local community members to better understand gender issues affecting males and females in specific communities where gaps exist.	**HIV and Chronic Care:** An analysis reveals that fear of stigma and gender-based violence led women to be less likely to seek care and contributes to the lower rates of females enrolled into HIV care at the facility. **Orphans and Vulnerable Children (OVC):** An analysis reveals that a few contributing factors lead adolescent girls to drop out in higher numbers than boys: families arrange for their daughters to be married in order to receive a dowry and girls begin menstruation and don't feel welcome at school any longer. **Nutritional Assessment, Counseling and Support (NACS**): Analyzing the gender-related factors leading to good nutrition in the community reveals that gender norms in the community reinforce the idea that seeking care reflects weakness, contributing to higher rates of malnutrition among males in the community. It is also identified that men tend to have better access to resources and food than women.	Ideally before the program begins or at the beginning, but can be done at any point
2a. Collect sex-disaggregated and gender-sensitive data, where appropriate	Identify 2-3 sex-disaggregated or gender-sensitive indicators per technical area related to health, education, or other outcomes. Data should be collected for a period of 3 months.	**HIV and Chronic Care:** • Number and percentage of male/female clients newly tested positive for HIV linked and enrolled into HIV care at the facility • Number and percentage of male/female clients on antiretroviral therapy (ART) seen in the past month who have shown clinical improvement • Number and percentage of male/female HIV patients screened for TB **OVC:** • Number and percentage of vulnerable girls/boys accessing children's centers for psychosocial wellbeing • Number and percentage of girls/boys enrolled in school by grade • Number and percentage of girls/boys who pass exams by grade	At the beginning of the program and also ongoing

Action	How it will be achieved	Examples	When
		NACS: • Number and percentage of HIV-positive males/females assessed for nutritional status • Number and percentage of male/female clients assessed and categorized for malnutrition using mid-upper arm circumference and/or body mass index • Number and percentage of male patients/female patients who recover from malnutrition	
2b. Analyze sex-disaggregated and gender-sensitive data	Analyze data to determine whether a gap in outcomes between females and males exists in chosen indicators. If so, continue to Step 3. If not, return to Step 1 and select 2-3 different indicators and begin to collect sex-disaggregated data.	**HIV and Chronic Care:** A gap is identified in the percentage of males and females newly tested positive for HIV who are enrolled into HIV care at the facility. The rates are 72% for males and 58% for females. **OVC:** There is a gap in the number and percentage of girls/boys enrolled in school by grade. Girls are less likely to remain in school compared to their male counterparts, and especially when they reach puberty. In the upper grades, there are twice as many boys enrolled as girls. **NACS:** A discrepancy in the percentage of male and female clients categorized as malnourished: 87% of males are malnourished compared to 70% of females.	Monthly
3. Identify gender-related gaps and issues and develop changes to test	Using results of gender analysis and data analysis, identify gaps in outcomes between males and females and issues and develop changes to test to overcome them.	**HIV and Chronic Care:** Changes to test include: 1. A community outreach component to respond to stigma and inform community members about the importance of enrolling in HIV care 2. Link with organizations working on addressing GBV at the community level 3. Involve men and improve couple communications **OVC:** Changes to test include: 1. Train teachers about the importance of keeping boys and girls in school and to be advocates both with parents and boys and girls to stay in school 2. Link girls in school with female role models in the community to act as a mentor and role model 3. Link with organizations that provide sanitary pads for girls during menstruation **NACS:** Changes to test include: 1. Educate female patients within the facility about the importance of their male partners also receiving care and to ask female patients to invite their male partner to come for testing. 2. Educate men in the community about the importance of providing certain nutritional foods for their female partners and girls in the family. 3. Conduct community advocacy activities to address myths about food consumption among males and females.	Quarterly or as needed
4. Implement and monitor gender-related changes over time to determine	Select a few sites to test changes to address gender-related gaps affecting outcomes among females and males. Identify sites that have a large gap and that	**HIV and Chronic Care:** Three sites are selected to address the lower rates of females enrolled into HIV care at the facility. Results include: 1. The community outreach component to respond to stigma and inform community members about the importance of enrolling in HIV care leads to improved enrollment in HIV care among female and male patients and also closes the identified gap.	Monthly

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whether desired results are achieved	are able to address gender issues. Consider sites that have community-based activities to help address gender gaps. Field staff monitor changes to overcome gender-related issues affecting outcomes for both females and males to determine whether the change leads to an improvement in outcomes and that closes gap.	2. Linking with a local organization working on addressing GBV at the community level led to an increase in awareness surrounding GBV in the community and contributed to women coming forward to receive services 3. Involving male partners did not have the intended impact of decreasing stigma and gender-based violence because women were not consulted about whether they wanted to involve their partners. **OVC:** Two schools in the same community are selected to respond to the high dropout rates among girls in upper primary school. Results include: 1. Training teachers about the importance of and how to advocate for keeping girls in school is effective at closing the gap between enrollment rates of girls and boys. 2. Linking girls with female mentors was successful in helping girls set educational and professional goals about what they can achieve. 3. The availability of sanitary pads encouraged girls to attend schools. **NACS:** One or two facilities are selected to address gaps leading to higher rates of malnutrition among males. Results include: 1. Educating female patients about the importance of their male partners also receiving care led to an increase in male partners receiving care and therefore decreased their rates of malnutrition. However, it was not successful in completely closing the gap and other changes will be tested together with this change. 2. Implementing community outreach and education activities led to improved nutrition among females. 3. Conducting community advocacy activities did contribute to a decrease in the acceptability of myths about food consumption among males, but did not contribute to a decrease among females. Separate messaging for women will be developed to reach women.	
5. If effective, scale up to other facilities	When a change tested leads to an improvement, the next step is to identify new sites to scale up the effective gender-related activities. It's important to identify any new gender-related issues or differences in the community in which the scale up would occur which might affect the scale up.	**HIV and Chronic Care:** The community outreach component to respond to stigma and inform community members about the importance of enrolling in HIV is scaled up to three other communities. **OVC:** Training teachers about the importance of and how to advocate for keeping girls and boys in school is scaled up to two additional schools with improvement shown in both additional schools. **NACS:** Implementing community outreach and education activities to improve nutrition among females is scaled up to four additional communities.	Beginning after 6 months of demonstrated improvement
6. Document and share learning	If a change is successful, or even if it has not been successful but there is learning, it's recommended to document and share that	**HIV and Chronic Care:** A case study about responding to stigma to improve enrollment in HIV care is developed and a blog about raising awareness about GBV in one community is shared on the USAID ASSIST Knowledge Portal.	Ongoing, including during scheduled

Action	How it will be achieved	Examples	When
	learning, which can be done through: blogs, case studies, improvement stories or videos. Include discussion about gender gaps and how to address them in learning sessions as an integral component of improvement process. Develop adaptable learning questions and tool for tracking gender-related learning to include in learning sessions as part of improvement activities. Possible learning session questions include: • Has your team become aware of any differences in the way women or men (or girls or boys) are able to access of benefit from services? Why do you think that is? • Are there any specific barriers that women, men, girls, or boys tend to face in the community that puts them at greater risk for poor health?	**OVC:** A training module about how to train teachers about the importance of and how to advocate for keeping girls in school is designed. **NACS:** An improvement story about gender equitable improvement in nutrition among HIV positive patients is developed, and a compilation of videos featuring interviews with female and male patients is created. **Examples of questions to ask in learning sessions:** **HIV and Chronic Care:** 1. What is the impact of stigma on HIV enrollment rates and to what extent does stigma impact women, men, girls and boys differently? How? 2. What was your team's experience using a community outreach strategy to improve enrollment in HIV care? What did you learn from this and how can the learning be translated into action to improve the intervention? 3. How was the program to involve males implemented and how could it be modified to ensure the wishes of female patients are considered? **OVC:** 1. What have been your major takeaways from training teachers to advocate for keeping girls and boys in school? How can the training and capacity building be improved? 2. What aspects of the mentoring program made it most effective? Could anything have been done differently to improve the project? 3. What was learned about the use of sanitary pads to increase girls' school attendance? **NACS:** 1. What has your team learned about working with female patients to increase male partners receiving care? 2. What did the team learn about working with men to educate them about the importance of good nutrition among females? 3. What were your major takeaways from using advocacy strategies to respond to myths surrounding food consumption leading to poorer health outcomes? Which approaches have work or have not worked with males and females and why?	learning sessions

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