Integrating Gender Considerations in the Zika Response: Activities of WI-HER, LLC on the USAID Applying Science to Strengthen and Improve Systems Project
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DISCLAIMER
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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

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Abbreviations

ANC  Antenatal care
ASSIST  USAID Applying Science to Strengthen and Improve Systems Project
CSaZ  Congenital Syndrome associated with Zika
FGD  Focus group discussion
FP  Family planning
GBV  Gender-based violence
IHSS  Instituto Hondureño de Seguridad Social
iDARE  Identify, Design, Apply/Assess, Record, Expand
FGD  Focus group discussions
FP  Family planning
HIV  Human immunodeficiency virus
IHSS  Honduran Institute of Social Security
KII  Key informant interview
LAC  Latin America and the Caribbean
MOH  Ministry of Health
NACS  Nutrition Assessment, Counselling, and Support
NCD  Non-communicable disease
OVC  Orphans and vulnerable children
PDSA  Plan-do-study-act
PHFS  Partnership for HIV-Free Survival
PMTCT  Prevention of mother-to-child transmission of HIV
PPFP  Post-partum family planning
PSS  Psychosocial support
QI  Quality improvement
RMNCH  Reproductive, maternal, newborn, and child health
URC  University Research Co., LLC
USAID  United States Agency for International Development
VMMC  Voluntary medical male circumcision
I. INTRODUCTION

The Zika virus, transmitted through mosquito bites, through mother-to-child transmission during pregnancy and breastfeeding, through sexual contact, or possibly through exchange of bodily fluids\(^1\), spread rapidly during 2015 through 2017 across the Western Hemisphere. Zika during pregnancy was linked with the sudden increase in cases of Congenital Syndrome associated with Zika (CSaZ) in 27 countries in 2015 and 2016, and its symptoms include microcephaly and a range of other brain defects and developmental delays.

International recommendations on Zika prevention, early detection, care and support, and public health response efforts rarely take gender and social context into account. Gender refers to the social norms, roles, relationships, and behaviors attributed to individuals within societal norms or cultural practices. Gender is often linked to sex (male or female or other characterization), ethnicity or race, religious or cultural affiliation, age, or other distinguishing characteristics that separate one group from another. Gender looks at expectations that society has of an individual or group and the expectations that individuals and groups have of themselves. Gender can influence a person’s exposure to Zika infection and subsequent risk of disease and his/her access to prevention and care, so it is essential to be taken into account within plans and strategies to prevent, treat, and eliminate Zika. Government recommendations that encourage women to avoid or delay pregnancy, practice safer sex, and use condoms or abstain from sex during pregnancy assume that women have high levels of reproductive control and access to contraception. However, these recommendations do not reflect the realities in Latin America and the Caribbean, where some women have limited access to contraceptives and other sexual and reproductive health services, there are high rates of sexual and gender-based violence (GBV), and barriers to autonomous reproductive health decision-making result in high rates of unintended pregnancies, particularly among youth. Understanding the needs and vulnerabilities of women, men, girls, and boys helps us tailor responses and dedicate resources where they are most needed.

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project has worked globally since 2012 to improve the quality and outcomes of health care and other services by enabling host country providers and managers to apply quality improvement evidence. ASSIST seeks to build the capacity of host country service delivery organizations in USAID-assisted countries to improve the effectiveness, efficiency, client-centeredness, safety, accessibility, and equity of the health and family services they provide.

As part of USAID’s emergency response to Zika, ASSIST implemented health systems strengthening efforts in Latin America and the Caribbean from 2016 through early 2020. ASSIST worked to improve the capacity of Zika-related health services to deliver consistent, evidence-based, respectful, high-quality care with a focus on pregnant women, newborns, and women and girls of reproductive age.

ASSIST achieved improved capacity by supporting Ministries of Health and Social Security Institutions in the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, Peru, St. Vincent and the Grenadines, St. Kitts and Nevis, Antigua and Barbuda, and Dominica to:

- Increase health care provider and client knowledge about Zika risks and prevention measures, such as condom use to prevent sexual transmission during pregnancy;

\(^1\)There have been some reports that when the Zika viral load is high, there is possibility that transmission can happen through sweat and tears. Swaminathan S, Schlaberg R, Lewis J, Hanson KE, Couturier MR. Fatal Zika Virus Infection with Secondary Nonsexual Transmission. *N Engl J Med* 2016; 375:1907-1909. DOI: 10.1056/NEJMc1610613.
- Improve clinical screening for microcephaly and other manifestations of Congenital Syndrome associated with Zika in newborns and increase the number and proportion of affected infants receiving recommended care; and
- Strengthen the provision of high-quality psycho-emotional support services for women and families affected by Zika.

WI-HER, LLC was the gender partner for the USAID ASSIST Project since its inception in 2012 and through its Zika extension to July 2019. WI-HER is an economically and socially disadvantaged, woman-owned small business based in the Washington, DC area. WI-HER partners with international donors, national governments, local non-governmental organizations, and others to identify and implement creative solutions to complex development challenges to achieve better, healthier lives for women, men, girls, and boys. Established in 2008, the company has extensive experience in gender and social inclusion, capacity building, knowledge management, and monitoring and evaluation across multiple sectors.

Under ASSIST, WI-HER provided technical assistance to integrate and mainstream gender in Zika emergency response programs in affected Latin American and Caribbean countries. This included conducting gender assessments, gender integration capacity building activities with local ASSIST staff, Ministry of Health staff, and other partners in country, providing ongoing technical support for scale-up of gender integration trainings and implementation of gender-transformative interventions, and developing knowledge management products. Across all countries, WI-HER aimed to strengthen systems in the context of emergency preparedness for Zika and any future outbreaks related to mosquito-borne or sexually transmitted diseases. In addition, our work in Zika in gender was closely related to reproductive, maternal, newborn, and child health (RMNCH), and we worked to advance RMNCH service delivery. Finally, WI-HER aimed to build sustainable systems. Gender work helps us address root causes and transforms the way individuals see themselves and how communities look at equality and equity of services. Our gender approach (iDARE) enables sustainability by building local capacity in teams and communities to monitor progress and broaden their ability in quality improvement (QI). Through this process, WI-HER is committed to changing today, but also contributes to the journey to self-reliance and sustainability, working with local partners and governments to lead to transformational change.

**Scope of Work for WI-HER on the Zika Extension**

This final report aims to summarize the major activities and lessons learned of WI-HER, LLC in the USAID ASSIST Project Zika extension. Figure 1 provides a timeline of WI-HER’s activities in the ASSIST Zika extension. WI-HER’s scope of work under the ASSIST Zika extension fell into three categories:

- Support to Dominican Republic, Honduras, Ecuador, El Salvador, Guatemala, Nicaragua, Paraguay, and Peru to integrate gender in Zika prevention and care and support activities, including male engagement, condom use among pregnant couples, and integration of gender in psychosocial support training.
- Support to Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines to integrate gender in improving newborn and well-baby care and in care and support of children and families potentially affected by Zika.
- Support to Jamaica to make recommendations for gender integration in Zika programming and for addressing gender considerations in psychosocial support guidelines, neurodevelopmental screening curricula, and referrals, including supporting training in gender-sensitive psycho-emotional support and mentoring, integration of gender
considerations and gender-sensitive language in job aids, and supporting the use of sex-disaggregated data.

**Figure 1. Timeline of WI-HER Contributions to the ASSIST Zika Extension**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender analysis in DR</td>
<td>Aug 2018</td>
</tr>
<tr>
<td>Gender integration training in DR</td>
<td>Oct 2018</td>
</tr>
<tr>
<td>Male Engagement Activities Evaluation in Honduras</td>
<td>Dec 2018</td>
</tr>
<tr>
<td>Gender integration in ‘Learning sessions’ in 4 Islands</td>
<td>Jan 2019</td>
</tr>
<tr>
<td>Gender integration training in Ecuador</td>
<td>March 2019</td>
</tr>
<tr>
<td>Gender integration training in Paraguay</td>
<td>April 2019</td>
</tr>
<tr>
<td>Presentation at regional meeting in St. Kitts</td>
<td>May 2019</td>
</tr>
<tr>
<td>Gender analysis in Dominica</td>
<td>June 2019</td>
</tr>
<tr>
<td>Gender analysis in Jamaica</td>
<td>July 2019</td>
</tr>
</tbody>
</table>

- **Gender analysis**
- **Capacity building/training activity**
- **Knowledge management activity**

**Key Personnel**

- **Dr. Taroub Harb Faramand** - Founder and President of WI-HER: Taroub leads innovation development and gender integration and mainstreaming strategy. Her clinical expertise gives her a deep understanding and knowledge of integrating gender into Zika response and RMNCH and family planning (FP) programming. She brings depth of understanding of how gender integrates effectively in primary health care. She led gender integration capacity building activities in the Dominican Republic and Jamaica.

- **Allison Annette Foster** – Vice President of WI-HER: Allison oversees all projects and deliverables to uphold high quality standards. She conducted gender integration capacity building activities in Peru and within the four Caribbean islands.

- **Elga Salvador** – Senior Gender Advisor for the Latin American region: Elga was the lead technical advisor for gender integration activities in the Latin American countries and head trainer. She conducted gender analyses in the Dominican Republic and Guatemala and an evaluation in Honduras; led capacity building activities in the Dominican Republic, Guatemala, El Salvador, Ecuador, Honduras, Nicaragua, and Paraguay; provided ongoing technical support for all countries during scale-up; and authored knowledge management products.

- **Tisa Barrios Wilson** – Program Associate: Tisa supported gender integration and mainstreaming activities in the Spanish-speaking countries and was responsible for monitoring and evaluating capacity building activities. She conducted gender capacity building activities in Guatemala, El Salvador, and Nicaragua; conducted gender analyses in Guatemala, Honduras, and Dominica; provided ongoing technical support during scale-up; and authored knowledge management products.

- **Morgan Mickle** – Gender Specialist: Morgan led gender integration and mainstreaming activities for Jamaica, the four Caribbean islands, and Peru. Morgan conducted gender analyses in Antigua and Peru; conducted capacity building activities in the four Caribbean islands, Jamaica, and Peru; provided on-going technical support; and authored knowledge management products.

- **Maddison Hall** – Intern: Maddison conducted extensive background research and literature...
reviews on gender gaps and issues in Zika response. She provided background research for training materials for Nicaragua and El Salvador and co-authored desk reviews for Honduras, Ecuador, Peru, and Paraguay.

**Accomplishments and Lessons Learned from WI-HER Activities under the Prior Subagreement**

In the first five years of the USAID ASSIST Project, WI-HER supported 15 country teams in Africa, two country teams in Eurasia, one in Latin America, and one in Asia in integrating gender issues and considerations in the planning and implementation of improvement activities; documented the impact of addressing gender issues and gaps on improving care quality and outcomes; and developed technical resources to inform the integration of gender considerations in improvement.

WI-HER conducted onsite gender integration in quality improvement training in Uganda, Lesotho, Botswana, South Africa, Malawi, Mali, Democratic Republic of the Congo, Kenya, Tanzania, Ukraine, and Georgia. While content and format varied depending on the needs of the country, all trainings included sessions on defining gender and related concepts; addressing GBV; defining gender analysis; understanding how to develop, analyze, and report on sex-disaggregated data and gender-sensitive indicators; the importance of identifying and addressing gender issues in program planning; and documenting and sharing results. Additional gender integration sessions were conducted at meetings in Burundi, Cote d'Ivoire, and Niger, and trainings were conducted for adolescent girls and young women, along with their male partners, family members, and community leaders under the DREAMS program in Uganda.

WI-HER also provided technical support for several countries to help integrate gender into data collection and analysis processes (all countries), immunization activities (Mali), nutrition activities (South Africa, Zambia), HIV testing, care, and treatment activities (Swaziland, Burundi, Nicaragua), voluntary medical male circumcision (VMMC) and malaria activities (Malawi, Kenya, Uganda), male involvement in PMTCT (Burundi, Mozambique, Kenya), orphans and vulnerable children programming (Kenya, Uganda), RMNCH programming (Kenya, India), family planning programming (Niger), and non-communicable diseases programming (Georgia, Ukraine) (see Table 1 below).

WI-HER and ASSIST teams also developed diverse technical materials and tools as well as knowledge management products and activities to support teams and to disseminate and institutionalize best practices around gender integration. Examples include quarterly webinars, presenting at international conferences (International Forum on Quality and Safety in Healthcare, USAID’s Global Health Mini-University), gender integration workshops (Regional Psychosocial Support Initiative Forum), publishing videos on gender integration in improvement, integrating gender supplements to online courses (Improving Health Care eLearning Course), publishing A Guide to Integrating Gender in Improvement, integrating gender into training materials (ASSIST QI Training Course Participant Guide), and producing blogs, tools, and gender briefs.

**Table 1** summarizes the key gender integration activities along with illustrative examples of gender gaps in country programming that were identified and addressed in the first five years of ASSIST.

**Table 1. Gender Support Provided by WI-HER, LLC in the First Five Years of ASSIST**

<table>
<thead>
<tr>
<th>Country</th>
<th>Key Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td><strong>Capacity building:</strong> ASSIST technical staff participated in a three-day gender sensitization and gender integration in QI training.</td>
</tr>
<tr>
<td>Country</td>
<td>Key Accomplishments</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td><strong>HIV</strong>: Onsite training and technical assistance visit on gender integration, from which the coaching guide was edited to include questions on sex-disaggregated data and gender issues. One community improvement team tailored its house-to-house testing drive to successfully mobilize and test men with high-risk behaviors.</td>
</tr>
<tr>
<td></td>
<td><strong>Burundi</strong> Prevention of mother-to-child transmission (PMTCT)**: With WI-HER support, the ASSIST team conducted and analyzed the results of a gender-related study, “Factors Associated with HIV Testing among Male Partners of Women in Antenatal Care.” The team tracked male partner involvement in PMTCT and tested initiatives such as sending invitation letters to male partners to visit the health care facility, giving desirable incentives to couples, and educating male community leaders on the advantages of HIV testing and counseling among couples. By September 2014, male partner testing rates reached 51% at women’s antenatal care (ANC) visits, an increase from 0% at the beginning of improvement work in July 2012.</td>
</tr>
<tr>
<td></td>
<td><strong>Cote d’Ivoire</strong> HIV: The ASSIST team adapted existing data collection tools to include sex-disaggregated data. The team discussed the importance of gender integration, sex-disaggregated data, and gender-sensitive indicators with the national HIV/AIDS program and implementing partners.</td>
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<tr>
<td></td>
<td><strong>Democratic Republic of the Congo</strong> Nutrition assessment, counseling, and support (NACS)**: ASSIST collected sex-disaggregated data and identified that women were more likely to be seen at the clinic monthly, but the percentage of females whose nutrition status was accurately calculated was lower than the percentage for males. HIV: One facility QI team implemented added clinic hours on Saturday and Sunday afternoons in an effort to increase HIV testing for men (the hours were not only for men but meant to make it more convenient for people who work during normal business hours during the week, of which a high proportion of men do).</td>
</tr>
<tr>
<td></td>
<td><strong>Kenya</strong> Maternal, newborn, and child health (MNCH)<strong>: ASSIST identified gender-related barriers to ANC, initiated male partner testing, and worked to involve and educate male partners during couples’ visits to antenatal care (ANC) clinics. Orphans and vulnerable children (OVC)</strong>: The team identified and addressed gender issues including early marriage, female genital mutilation/cutting, unequal nutritional access, and late/no birth registration. The team promoted changes to respond to the needs of girls and to educate and sensitize parents, caregivers, community health volunteers, and older children on preventive methods, basic treatment, and referrals to health clinics. The team collected and analyzed sex-disaggregated OVC data and supported QI teams to provide gender- and age-appropriate psychosocial support to children. Voluntary medical male circumcision (VMMC)<strong>: The ASSIST team identified that boys who had undergone VMMC had dropped out in high rates in part due to the cultural norm that they were now men. In response, the team began working with community leaders and creating a mentoring program between male college students and boys undergoing circumcision, which contributed to a decrease in dropout rates. PMTCT</strong>: Male partner involvement was encouraged and tracked to improve health outcomes for mothers and children as well as increase male partner health service utilization. NACS**: Sex-disaggregated data were collected for the baseline assessment on determinants of engagement, adherence, and retention to treatment and community resources to support self-management for persons living with HIV.</td>
</tr>
</tbody>
</table>
|                               | **Lesotho** Capacity building: ASSIST staff were trained in gender integration and conducted a gender analysis. Partnership for HIV-Free Survival (PHFS)**: The ASSIST team identified gender-
Malawi

**Capacity building:** ASSIST staff were trained in gender integration; two trainings were conducted for improvement teams in OVC; an integrated QI and gender training was conducted for teams from OVC targeted districts; and an integrated QI and gender learning session was conducted for community QI teams.

**OVC:** The team integrated gender by collecting and analyzing sex-disaggregated data and conducting root cause analysis to identify the underlying gender-related gaps in educational performance between girls and boys and proposed changes to test to overcome the issues. They also integrated gender into the QI trainings and education indicators.

**VMMC:** The team integrated gender into the VMMC baseline assessment and monitoring tools and integrated gender in the QI training.

**Malaria:** Data collection tools were partially sex-disaggregated.

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Mali

**Capacity building:** ASSIST staff were trained in gender integration and conducted a gender analysis to identify gender-related issues affecting the program and to develop activities and use improvement approaches to respond to gender issues.

**MNCH:** The ASSIST team identified a gender-related barrier to women’s low ANC attendance: lacking transportation money from their male partners. To improve access to health services, ASSIST worked with two villages to initiate a social funding program to support ANC and delivery costs for women at health centers.

The team also authored a case study on their anemia work and how gender was integrated in working with communities to reduce anemia. Due to the power relationship within the family, community committees targeted husbands and mothers-in-law with prevention messages to raise their awareness on the importance of ANC in the first trimester of pregnancy and get their support for access to services (financial and family support to treatment). A gender improvement plan was shared with the project team in order to confirm gaps identified and develop a work plan for implementation. The team also examined experiences with GBV among women accessing family planning services.

**Immunization:** The team conducted a gender analysis for an immunization activity to identify gender issues affecting the different immunization rates of boy and girl infants and children.

**Integrated people-centred health services:** Used customized gender integration materials in trainings and learning sessions.

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Mozambique

**PMTCT:** The team identified that the non-participation of male partners affects early testing, enrollment, and retention of pregnant mothers in the PMTCT program and identified mothers-in-law as key decision-makers within families. They developed activities to reach mothers-in-law to improve retention of mother-baby pairs. ASSIST staff also sensitized religious leaders to the importance of ANC and recruited religious leaders to share the message with their congregations.

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Niger

**Post-partum Family Planning (PPFP):** The ASSIST team identified gender-related issues affecting PPFP uptake and sensitized health facility teams on gender. The team responded to gender-related issues by involving husbands at the Konni District Hospital team, where new initiatives were tested: designation of a special space for counseling, making family planning (FP) services available 24 hours a day instead of only in the morning, taking advantage of post-partum women’s discharge day to conduct couples’ counseling on PPFP, and sending an invitation to husbands (by phone) to be present at
<table>
<thead>
<tr>
<th>Country</th>
<th>Key Accomplishments</th>
</tr>
</thead>
</table>
| South Africa | **Capacity building:** ASSIST staff were trained on integrating gender and GBV concerns into VMMC and NACS quality improvement activities.  
**VMMC:** Female involvement was identified as an issue, and they conducted a gender assessment to better understand it. |
| Swaziland | **TB/HIV:** A gender analysis of the health facility statistics was conducted, and the team addressed gender-related challenges to strengthen implementation of TB/HIV prevention, care, and treatment. Through collecting and analyzing sex-disaggregated data, the team identified that uptake was lower among males, so they designed changes to test to overcome barriers that prevent men from remaining in treatment. The team also designed innovative community mobilization and health promotion awareness campaigns targeting most at-risk groups, such as young men and elderly women. An evaluation of the TB/HIV collaborative revealed that more women than men accessed care (which is in line with known health-seeking behavior patterns), and that more female than male eligible clients start isoniazid preventive therapy but that once on treatment, especially anti-TB treatment, more male than female clients achieved treatment success (more female clients failed or defaulted on treatment). |
| Tanzania | **Capacity building:** Conducted gender trainings on how to collect and analyze sex-disaggregated data and gender-sensitive indicators and how to conduct a gender analysis to identify gender-related gaps.  
**PHFS:** The team tested involvement of male partners to improve maternal and newborn retention and also to improve male patients’ health by testing and enrolling them in care if they tested positive. Changes tested resulted in an increase in male partner testing in sites integrating gender compared to data for sites not integrating gender.  
**Community health:** The team collected sex-disaggregated data and implemented a community system approach to improve testing rates in the community.  
**OVC:** Two sex-disaggregated OVC databases were designed to support the field office to collect and analyze gaps affecting girls and boys to better meet the needs of vulnerable girls and boys.  
**HIV/TB:** Teams disaggregated TB screening and loss to follow-up results by sex. HIV clinic attendance reflected that four times as many women were receiving ART care. Teams tested changes to ensure men were enrolled and retained in care which resulted in closing a gap related to the number of HIV-positive male and female patients on ART that are lost to follow-up per month in Morogoro Region.  
**NACS:** Sex-disaggregated data were collected for the baseline assessment on determinants of engagement, adherence, and retention to treatment and community resources to support self-management for PLHIV.  
**PMTCT:** The team tested involvement of male partners to improve maternal and newborn retention and also to improve male patients’ health by testing and enrolling them in care if they tested positive. Changes tested resulted in an increase in male partner testing in sites integrating gender compared to data for sites not integrating gender. |
| Uganda | **Capacity building:** WI-HER led trainings and coaching sessions on integrating gender into Partnership for HIV-Free Survival, Continuum of Response at the community level, and OVC program activities.  
**Continuum of Response (TB/HIV):** The team collected and analyzed sex-disaggregated data, identified that more women than men were being initiated on ART. |

Integrating gender in the Zika response: Activities of WI-HER, LLC on the USAID ASSIST Project
### Country Key Accomplishments

**Zambia**
- **Capacity building:** Staff were trained in gender integration.
- **NACS:** NACS-related sex-disaggregated data were collected and analyzed to identify gaps in how males and females access and benefit from nutrition services, to identify differences in the rates and types of malnutrition between males and females, and to respond appropriately towards improving nutrition and health outcomes. Sex-disaggregated data were collected for the baseline assessment on determinants of engagement, adherence, and retention to treatment and community resources to support self-management for people living with HIV.

**Europe and Eurasia**

**Georgia**
- **Capacity building:** WI-HER provided technical assistance and led a training session on integrating gender into the non-communicable diseases (NCD) improvement work.

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**Country** | **Key Accomplishments**
---|---
| | among TB/HIV co-infected clients, and identified gender issues causing this gap. Appointment keeping among women and men was assessed over three weeks to identify solutions in response to findings.
| | **VMMC:** The team identified lack of female partner involvement as a barrier affecting outcomes and worked with implementing partners to create an awareness-raising campaign about the importance of female partner involvement and to provide education sessions and services tailored to females in addition to male patients. By September 2014, the proportion of VMMC clients who attended group education with their partners reached 35%, an increase from 0 when the intervention began in April 2013.
| | **PHFS:** 20+ clinics utilized gender-related interventions: encouraging male partner involvement, involving male community leaders/volunteer health workers, utilizing family support groups, and offering male-focused services. Across all clinics, the overall retention rate of mother-baby pairs increased from 2.2% at baseline to 60.8% in April 2014. In addition, gender content was incorporated in the national QI training materials.
| | **Saving Mothers Giving Life:** Maternal and perinatal deaths were found to be high due to gender-related issues: Late referral to facilities, lack of financial resources for delivery at a facility, lack of transportation, and decision-making power to access and utilize care being held by the male partner. Sites tracked male involvement through improved couple counseling and male involvement at maternity and young child/postnatal care clinics. In addition, once gender was integrated, antenatal visits increased by 80% in one community in Lira District.
| | **OVC:** The team identified gender gaps in school re-integration for male and female vulnerable children and worked to address the issues. The team also identified challenges in economic strengthening efforts, including the potential increase in gender-based violence.
| | **DREAMS:** Onsite visits and trainings on gender integration and GBV prevention. Provided remote and onsite support for DREAMS activities, including ensuring sensitization happens before training, training of trainers on healthy parenting, GBV prevention for parents and sexual partners of adolescent girls and young women, and designing a new approach to ensure continued support to the targeted girls.
| | **HIV:** Provided remote and onsite support to increase the number of newly identified HIV+ males and enroll them in care, focusing on new strategies to address gender-related gaps affecting testing, enrollment in care, adherence to treatment, and retention in care among men in three main categories: fisherfolk, males engaging in commercial sex work, and male sexual partners of HIV+ index patients.
| | **NACS:** Sex-disaggregated data were collected for the baseline assessment on determinants of engagement, adherence, and retention to treatment and community resources to support self-management for PLHIV. Some program indicators were collected and analyzed by sex.

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**NACS**

- NACS-related sex-disaggregated data were collected and analyzed to identify gaps in how males and females access and benefit from nutrition services, to identify differences in the rates and types of malnutrition between males and females, and to respond appropriately towards improving nutrition and health outcomes. Sex-disaggregated data were collected for the baseline assessment on determinants of engagement, adherence, and retention to treatment and community resources to support self-management for people living with HIV.
Country | Key Accomplishments
---|---
**NCD**: The Georgia team integrated gender into the program by collecting and analyzing sex-disaggregated data and identified a gender-related gap in CVD risk factor calculation. The team addressed this challenge and improved the screening and management of CVD risk factors in primary care. Continuous monitoring of sex-disaggregated indicators revealed that by the end of the project, no gaps were detected in the quality of care provided to men and women.

**Ukraine**

**Capacity building**: ASSIST staff were trained in gender integration. In addition, WI-HER conducted a gender integration and sensitization training for trainers of trainers.

**Non-communicable diseases**: The team analyzed the results of a survey to determine the gender-related factors influencing tobacco and alcohol use among pregnant women and girls and developed a brief about role of gender related to alcohol and tobacco use among pregnant women and adolescents and presented the brief to QI teams during a learning session. As a result of training and technical assistance, the team modified their educational materials to reflect a family approach in order to engage male partners.

**NCD**: The team implemented a survey to determine the gender-related factors influencing tobacco and alcohol use among pregnant women and girls.

**Asia**

**India**

**Capacity building**: Three ASSIST staff members participated in a USAID Gender, Policy and Measurement Program workshop about topics which included gender integration and combating gender-based violence.

**Community health**: The ASSIST team conducted a qualitative research study to determine the effects of family, community, and gender norms on the work of Indian community health workers. The findings contributed to the planning of a training of trainers on gender and social inclusion for community QI teams.

**RMNCH**: The team identified gender-related challenges leading to inadequate postpartum detection of early signs of complications. The team responded by engaging and educating family members about warning signs and informed male family members about the importance of ANC and PPFP. ASSIST also engaged male family members when conducting home visits. The team organized a planning session on gender integration in the community to inform improvement work.

**Latin America**

**Nicaragua**

**HIV/AIDS**: Training for medical and nursing students addressed gender-related issues including stigma, discrimination, sexual diversity, and gender-based violence. The trainings were designed to address the strong sentiments of discrimination and stigma directed towards persons living with HIV among students and faculty. A gender, gender-based violence, and human trafficking module was also completed, and three universities have been trained in the new curriculum.

**Key Lessons to Apply in the Zika Response**

Under the first five years of ASSIST, there was a vast portfolio of gender integration activities; ASSIST and WI-HER were committed to taking key lessons learned and applying them in Zika response strategies. Below is a summary of key lessons learned.

**Sex-disaggregated data to identify gender gaps in programming:**
- Collecting and analyzing sex-disaggregated data is a powerful tool to identify the quantifiable differences between women, men, girls, and boys. Disaggregating data by sex helps improvement teams to understand how each group accesses care differently and highlights when they have different development outcomes. It is critical to identify and address barriers to equal access and use of services.
- For example, the ASSIST team in the Democratic Republic of the Congo identified in the NACS program that women were more likely to be seen at the clinic monthly, but the percentage of females whose nutrition status was accurately calculated was lower than the percentage for males. This allowed them to develop programming to address these gaps and raise aggregate nutrition status.

- Collecting sex-disaggregated data such as the proportion of male and female infants with suspected or confirmed Congenital Syndrome associated with Zika (CSaZ) who are referred to adequate clinical services in accordance with the national guidelines, will be key to identifying whether there is gender equity in access and use of services.

**Gender-sensitive indicators for monitoring gender gaps in programming:**

- Gender-sensitive indicators are central to the monitoring and evaluation of improvement activities. They help us know if we are on track to achieve what we have planned. They can be a measurement, number, fact, opinion, or anything that provides a signal and enables the measurement of changes in the status and role of men and women in a society over time. In health improvement activities, gender-sensitive indicators can be used to assess the impact of changes or interventions that address gender-related barriers in care.

- For example, the ASSIST team in Burundi tracked male partner involvement in their PMTCT program though male partner testing for HIV to reflect constructive engagement.

- In Zika, developing and implementing gender-sensitive indicators such as tracking the number of male partners that accompany their pregnant partners to antenatal care services or well-baby care services, will determine whether changes tested are actually working.

**Before gender can be addressed, local partners must first be sensitized to gender issues in their own lives:**

- Local partners, health providers, and MOH representatives cannot effectively identify and address gender gaps in their programs, if they don’t first understand the difference between gender and sex, equity and equality, and link these concepts with gender norms within their own lives and experiences. During all capacity building activities, we must first start with interactive activities that allow participants to reflect on how gender norms affect their lives and work.

- Throughout all on-site gender integration training activities, participants participated in sensitization activities such as reflecting on a childhood experience where they were treated differently because they were a boy or a girl.

- Capacity building activities in Zika also need to include a sensitization element to facilitate understanding and reflection on these concepts, before other gender issues can be identified and addressed.

**Capacity building to identify and address gender-gaps:**

- To build sustainable, lasting change, it’s important to build the capacity of local partners, health providers, and MOH representatives to identify and address gender gaps using the Plan-Do-Study-Act (PDSA) cycle in QI. By teaching local partners how to do the process, they can apply it continuously to iteratively improve their programming.

- For example, the ASSIST team in Niger identified gender-related issues affecting PPFP uptake and sensitized health facility teams on gender. The team responded to gender-related issues by involving husbands at the Konni District Hospital team, where new initiatives were tested: designation of a special space for counseling, making family planning services available 24 hours a day instead of only in the morning, taking advantage of post-partum women’s discharge day to conduct couples’ counseling on PPFP, and sending an invitation to husbands (by phone) to be present at their wives’ hospital discharge (and thus use this opportunity to conduct PPFP couples’ counseling).
This process will also be critical in providing sustainable solutions in the Latin American and Caribbean countries when developing gender-sensitive Zika programming.

**Constructive male engagement:**
- When working on improving gender equality, it is critical to recognize that working with both women and girls, and men and boys is fundamental to improving gender equality and positively impacting the health of all. If gender norms in a society prevent women from accessing health services without their partner’s approval, then it is important to work with both men and women to change this dynamic. In many instances, major progress on gender equality in health will only be made when both men and women participate in working to shift gender norms.
- Examples of the application of successful male engagement programs include partner involvement in PMTCT activities in Mali and Kenya and family planning activities in Niger.
- In Zika, male engagement strategies will be critical when promoting condom use among pregnant women as a prevention strategy and promoting male participation in ANC counseling and well-baby care services to promote more equitable child care practices with children with CSaZ.

**Addressing gender-based violence:**
- In quality improvement activities, gender-based violence (GBV) is an important gender consideration that needs to be taken into serious consideration when identifying gender-related gaps. In simple terms, GBV is *violence done to a person because of their gender*. This violence can be physical, sexual, emotional, or financial. Social stigmas impact both women and men’s ability to effectively report GBV and receive support services. Gender plays a significant role in the ways survivors of GBV are perceived, the ways they seek or do not seek health treatment and/or legal support, and the ways perpetrators of violence are treated and perceived within both social and legal contexts.
- For example, GBV prevention was integrated in the QI training for the ASSIST team in Lesotho. The training included defining GBV; understanding the scope of GBV in Lesotho; understanding trauma-informed care and the cycle of violence; analyzing the support services and reporting mechanisms for GBV in Lesotho; discussing how GBV affects individuals, families, and communities; and discussing how GBV affects ASSIST OVC community QI activities.
- In the context of Zika, GBV screening and prevention is also important to integrate into programming because GBV may be linked with condom negotiation in stable couples and might be linked with having children with disabilities and CSaZ.

**“Do no harm”:**
- In quality improvement, the “do no harm” principle is to never intentionally or unintentionally harm participants. To do this, it is vital to consider how a change idea will affect different groups of people—and whether it might harm one group. For example, to increase male partner involvement in ANC, a QI team decided to test prioritizing couples for services—that is, if a couple came to the facility, they would receive services before any pregnant woman who came by herself to the facility. Though this change idea did have the desired effect of increasing the number of women who brought men with them to the facility, it also harmed single women and women whose male partners could not come to the facility. It left those women at an unfair disadvantage and gave them a lower quality of service. This harm was unintentional, but still harmed patients. If the QI team had followed a “do no harm” principle, it would have brainstormed how the change idea would affect different groups of people and may have realized that women without male partners present would be treated unfairly. Another effective method to “do no harm” is to gather participant perspectives, to hear from
participants themselves what they think the effects of an activity or project are—both good and bad.
- The concept of “do no harm” was integrated into all gender integration capacity building activities in the first five years of ASSIST and in the Zika extension.

II. METHODS

Key Strategies of WI-HER to Integrate Gender in ASSIST’s Zika Program

Incorporating these lessons learned, WI-HER applied an innovative, results-oriented approach to gender integration and gender mainstreaming in Latin America and the Caribbean to address Zika. This approach, rooted in the science of quality improvement, is called iDARE (Identify, Design, Assess/Apply, Record, Expand) and facilitates health improvement and systems strengthening initiatives. The iDARE approach meets USAID’s Gender Equality and Female Empowerment Policy and advances Sustainable Development Goals (SDGs), particularly SDG 5. iDARE is focused on enhancing programmatic processes, strengthening systems, and ensuring that sustained efforts are gender-sensitive, socially inclusive, and achieve improved results at all levels and all target populations. Working across 14 LAC countries in the Zika response, there was a lot of variation in how ASSIST worked with the host country’s government and local partners, and WI-HER was able to adapt its approach to each country’s needs. The general program functioned as follows, but was modified for each country:

UNDERSTAND CONTEXT AND IDENTIFY NEED: DESK REVIEW AND GENDER ASSESSMENTS

WI-HER worked with in-country partners and communities to identify how gender-specific gaps in technical programs could be improved or systems strengthened. This process involved communicating with partners and constituents, including local ASSIST staff and stakeholders, to understand their organizational context, local or national systems, and service delivery objectives. We helped partners to identify what gender-related barriers or facilitators they perceived when implementing programs. For each country we conducted a thorough desk review and used available data to assess prevailing ideas about gender that influence key Zika response activities (i.e., condom use among pregnant couples, male involvement in family planning and antenatal care, psychosocial support for mothers of children with CSaZ, division of labor and child care, gender-based violence, etc.).

In addition, WI-HER conducted rapid gender assessments in the Dominican Republic, Guatemala, Peru, Dominica, and Antigua and an evaluation in Honduras that involved focus group discussions (FGDs) and key informant interviews (KIIs) with health providers, pregnant women, women of reproductive age, men, and other key stakeholders. Where it was not possible to conduct an extensive gender analysis, WI-HER interviewed and met key informants to gather information. WI-HER’s framework for gender analyses strategically links to USAID’s five identified domains of a gender analysis (laws, policies, regulations, and institutional practices; cultural norms and beliefs; gender roles, responsibilities, and time use; access to and control over assets and resources; and patterns of power and decision making). These assessments helped to facilitate a deeper understanding of gender and social inclusion issues which is critical to support our partners to create effective interventions and sustainable improvements. This process enables WI-HER to create a highly contextualized training curriculum that incorporated relevant examples, statistics, and activities taken directly from the gender analysis that captures participants’ attention and helps facilitate their learning. It helps us figure out how we can best provide technical assistance, coaching, and mentoring that will lead to autonomous application of improved knowledge skills and behaviors that continuously improve systems, services, and performance.
WI-HER conducted 22 initial trainings and directly reached 685 health providers, MOH officials, ASSIST field staff, and implementing partners in gender integration. Our unique curriculum included components of sensitization, capacity building, and co-creation and varied by country’s need. For example, Guatemala had activities that included all the components, while Jamaica integrated gender sensitization into their psychosocial support trainings, while the four Caribbean islands only integrated gender sensitization activities into broader learning sessions. While each country had a different approach, the core components included:

1) **Sensitization**: Sensitization on key gender and social inclusion issues is a critical first step before beginning to build the capacity of participants. WI-HER employs a variety of interactive, reflection activities to help country counterparts uncover and address internal biases and call attention to existing gender and social stereotypes. We sensitized health providers, MOH representatives, and implementing partners on gender, sex, gender roles and gender equality, barriers women and vulnerable populations face when seeking care, and gender-based violence. WI-HER understands the underpinning social fabric and psycho-social barriers that can impede the understanding or embracing of gender equality, so we use trust-building approaches and attitudes to create safe spaces and highlight shared themes and common values.

2) **Capacity Building**: WI-HER’s engaging adult learning techniques, with an array of media and interactive exercises, allowed training participants to practice newly developed skills and to define and develop their own concrete ways to incorporate gender into their current programming. Each training was adapted to the individual country context and our local colleagues’ needs and included modules on the iDARE approach to quality improvement through a gender lens, analyzing sex-disaggregated data, and creating gender-sensitive indicators and programs (see Figure 2).

3) **Co-creation and Accountability**: As part of the training, WI-HER employed a range of hands-on exercises where partners identified a gender gap or issue in their community, designed their own gender-responsive intervention to address this gap, and created indicators to iteratively test and measure change to understand if the intervention is effective or not. Participants left the training with a concrete plan in which they could immediately implement their intervention in their own community. As part of co-creation, we establish an accountability mechanism, to which we provide coaching and technical support to ensure that there is follow-through and that the practice of documentation and follow-through and accountability becomes habit and institutionalized. This accountability mechanism also enabled WI-HER to capture results and document application of learning, outputs, and outcomes.

4) **Co-creation of technical tools and job aids**: WI-HER and partners also co-created accompanying technical tools, job aids and other materials to facilitate on-going practice of social integration and mainstreaming in improving program processes, service delivery/performance, and systems support.

5) **Scale-up**: After initial training(s), participants had the capacity to apply learning and continue to build capacity in others from their own communities, organizations, and health facilities. WI-HER worked with local ASSIST staff and partners to create a customized scale-up guide, presentations, and accompanying training materials and offered continued technical support and coaching throughout the scale-up process. ASSIST in-country staff conducted over 47 scale-up gender integration trainings and reached over 1,415 health providers.
Developing knowledge management products and sharing learning: WI-HER believes that sharing information is not enough. Knowledge management means capturing stories, deepening understanding, building capacity, and fostering curiosity. To achieve real knowledge management, WI-HER continually documents and synthesizes evidence built and information gained through project implementation. We do this in collaboration with our local partners and global colleagues as we learn together. To share that learning with our broader constituency base, WI-HER uses a variety of platforms:

a. Case studies, blogs, and videos.

b. Interactive activities, gaming, role playing are all effective approaches to engage others to internalize new information or skills.

c. Project reports and visualized data put tested evidence in the hands of those who can apply it and advance our collective work.

d. Social media, communities of practice, and peer-to-peer mentoring continue to build capacity and promote ongoing learning.

e. Tools, guides, manuals, knowledge portals, and templates promote scale, allowing new actors to apply knowledge gained and lead transformation themselves.

As depicted in Figure 3, through this process, WI-HER aimed to support ASSIST by institutionalizing successful practices around gender integration within programs and gender mainstreaming across systems, ultimately improving quality and outcomes of health care systems in the Zika response. WI-HER also promoted gender equality and equity of service delivery performance, quality and outcomes, leading to social and economic growth.
Figure 3. Logic Model of WI-HER’s Gender Integration and Mainstreaming Approach

*Improved Zika response depends on the individual country’s needs. Examples include: Increased condom use among men and women during pregnancy, increased male involvement in ANC, and increased number of mothers and care takers of children with CSaZ receiving quality psychosocial care.

III. RESULTS

Below are the main results of WI-HER’s work in Zika on the USAID ASSIST Project by country, including deliverables and products developed by WI-HER under ASSIST in the current sub-agreement and gender integration products developed by or with country teams in each country. Please see the Annex for a complete list of knowledge management products developed by WI-HER, LLC.

Spanish-speaking Countries

DOMINICAN REPUBLIC

Conducted gender assessment:

- The ASSIST and WI-HER teams conducted a gender landscaping analysis in April 2018 across three different regions of the Dominican Republic using the following data collection methods: (1) in-depth desk review; (2) key informant interviews with four health providers and two representatives from organizations that work at the community level; and (3) nine focus group discussions with women of reproductive age, men, and grandparents (focusing on members of families with children with CSaZ), totalling 81 participants.

- The analysis focused on assessing general knowledge about Zika and its transmission; identifying gender issues affecting condom use to prevent Zika transmission and CSaZ, particularly during pregnancy; and exploring the possibility of engaging grandparents or other actors to support families that have children with CSaZ.

- Key findings were integrated into capacity building materials and a final report.
Conducted capacity building activities:
- In April 2018, WI-HER trained 22 ASSIST staff, 26 health providers from 14 hospitals, and five authorities from Regional Health Services and Health Areas in gender sensitization and the iDARE gender integration approach to identifying and addressing gender gaps in Zika programming.
- The following day, WI-HER staff conducted an additional “roll-out” training for 16 senior health professionals of a multidisciplinary team from the main maternity hospital of Dominican Republic, Hospital Universitario Maternidad Nuestra Señora de la Altagracia.

Additional training:
- WI-HER trained an additional 16 key actors from the National Health System in gender integration (June 2019).

Scale-up:
- ASSIST staff in the Dominican Republic and their MOH counterparts replicated the gender integration training in 15 national and regional hospitals. Fifteen quality improvement teams in prenatal care were trained to reach 272 health providers, including gynecologists, psychologists, maternal and child nursing staff, and paediatricians, in gender sensitization and gender integration.

 Improvement interventions tested:
- During these trainings, ASSIST staff and health providers identified several gender gaps including health providers’ lack of knowledge about gender, pregnant women’s difficulties in proposing condom use to their partners, prejudices of men for their involvement in the health issue of their partners, and “machismo” cultural norms.
- To address these issues, health providers tested the following changes: Conducting “Jornadas de Género” or “Gender Days” in hospitals to raise awareness about gender issues. In some facilities, to increase male engagement, health providers sent invitations home with pregnant women after their first ANC appointment to invite her partner to accompany her. Some facilities integrated a verbal invitation or recommendation for pregnant women to come with their partner into the ANC protocol.
- Facilities began distributing condoms to pregnant women in discrete envelopes.
- Facilities distributed Zika preparation kits with condoms and mosquito repellent to pregnant women.
- The Reynaldo Almánzar Hospital distributed informational material addressed to pregnant women and their male partners on the importance of condom use and their participation in prenatal follow-up consultations.

“These initiatives were effective because a change was achieved in the behavior of the health providers given that they are more gender-oriented and have tools to better guide the users and achieve better results. They have been effective to the extent that we observe men accompanying their partners to the consultation and pregnant women receiving condoms, parents participating more in the care of children affected by Zika.”

-- Cecilia Villaman, URC Chief of Party, Dominican Republic
- Results in terms of increased distribution of condoms to pregnant women are shown in Figure 4.

**Figure 4. Percentage of Pregnant Women Who Were Given Condoms for Zika Protection during Antenatal Care Sessions in the Dominican Republic**

![Figure 4](image)

Source: “Integración de género en el proceso de mejora de la calidad en la atención en salud en el contexto Zika: Experiencia de la República Dominicana” powerpoint presentation, Nov 2018.

- Efforts to increase male involvement in ANC counseling were associated with an increase in pregnant women taking condoms home. While this does not confirm that pregnant women actually used condoms, it shows that there was greater acceptance in them receiving them.

**Gender mainstreaming:**

- Gender-sensitive language and recommendations to increase male participation in maternal and child care were incorporated in the Ministry of Health and ASSIST’s “Counseling Guide: Preconception, prenatal and post-obstetric event in the context of diseases transmitted by mosquito bites.” They were also included in the material used to train in psychosocial support in the context of Zika, which reached 425 health providers.

- The Ministry of Health and the National Health Service are developing documentation and protocols for the gender units that are forming in hospitals in coordination with prosecutors to address gender-based violence.
The Honduras ASSIST team was already implementing gender and male engagement activities early on in the life of their project. WI-HER provided extra training and support to strengthen existing male engagement initiatives and materials.

**Gender assessment:**
- In November 2018, the ASSIST and WI-HER teams conducted an assessment on male engagement in Zika response activities across five health facilities in northern Honduras using the following data collection methods: (1) in-depth desk review; (2) 11 key informant interviews with hospital directors (two), pregnant women (five), and partners of pregnant women (four); and (3) five focus group discussions with health providers, two with pregnant women, one with men who participated in male engagement activities, and one with couples who participated in male engagement activities, totalling 59 participants.

These findings were used to assess male and couples’ changes in attitudes and practices around condom use during pregnancy, participation in antenatal care, and participation in infant care, as a result of ASSIST activities in Honduras. In addition, the analysis aimed to identify strengths and weaknesses in implementing male engagement activities, to inform further capacity building and training of health providers in the region, and update guides and materials.

- Key findings were also integrated into capacity building materials and a final report.

**Capacity building activities:**
- In February 2019, WI-HER conducted a two-day gender integration training for 19 participants (16 females and three males), including three ASSIST staff members, representatives of three health facilities that have Zika-focused male engagement activities, one representative of the regional level of the Honduran Institute of Social Security (IHSS), and representatives from seven health regions in Honduras.

- The average score of the pre-test was 74%, and the average score on the post-test was 90%, illustrating a (16%) significant improvement in knowledge.

- All participants agreed or strongly agreed that the training was participatory and interactive, easy to understand, useful for their work and that gender integration can improve the quality of Zika response programs.

**Scale-up:**
- ASSIST staff conducted three trainings, covering 14 health facilities, with 60 health providers (doctors, nurses, social workers, health promoters and psychologists) of both the MOH and IHSS. Trained MOH and IHSS staff committed to continue scale-up in their respective facilities.

- During the training, ASSIST staff and health providers identified several gender-related gaps and issues in their facilities that needed to be addressed: Health services in family planning and antenatal care do not include the male partner, women justify the absence of the man in prenatal care, men assume that family planning is a woman’s issue, pregnant women are not accompanied by their partners, and men do not use condoms with the pregnant woman.
Improvement interventions tested:
To address these gaps, health providers tested the following changes:
- Instituting ANC counseling as a medical appointment for men to obtain their employee’s permission to attend.
- Integrating Zika into HIV counseling and with condom demonstrations.
- Alliances with “maquilas” or factories to promote male participation and collaborate in giving employees permission to attend their pregnant partners’ ANC appointments.

Results are shown in Figure 5 and Figure 6.

Figure 5. Percentage of ANC Counseling Visits Attended by Men with their Pregnant Partner in the IHSS Hospital in El Progreso, Honduras

- The IHSS Hospital in El Progreso instituted an electronic appointment and redesigned medical records to be presented at the time of the ANC appointment. This was associated with an increase of male involvement in ANC counseling with their pregnant partners.

- Some facilities, like the Maternal Child Health Clinic in Santa Rita, implemented ‘masculinity meetings’ or presentations to men with pregnant partners or partners who have recently given birth, in the waiting room about Zika prevention, family planning, masculinity, and child care. Since April 2019 number of participating partners has been rising, with almost 50% of male partners of all women who attend postpartum care participating in the ‘masculinity meeting’ (see Figure 6).

- In addition, the clinic of Gregorio Lobo in Catacamas reported that 40% of male partners participate in ANC each week.
Figure 6. Percentage of Post-partum Women’s Partners Who Participated in Presentations on Masculinity and Zika in the Maternal Child Health Clinic in Santa Rita, Honduras

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of women who attend the clinic post partum during the time evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>marzo 19</td>
<td>10</td>
</tr>
<tr>
<td>abril 4/19</td>
<td>17</td>
</tr>
<tr>
<td>mayo</td>
<td>17</td>
</tr>
</tbody>
</table>

Implementing initiative of male engagement in postpartum
Date: April 1, 2019
% of men with partners who have recently given birth that participate in presentations on Maculinity and Zika Maternal Child Health Clinic, Santa Rita, Honduras April to June 2019

Gender mainstreaming:
- Gender-sensitive language and themes were integrated into the tool for family planning and prenatal counseling and in the flowcharts that help doctors guide pregnant women through ANC.
- Gender was also integrated into the counseling guide for family planning.
- Gender-sensitive language was introduced in the “Guide for male involvement”, which was coauthored by ASSIST and WI-HER staff and in a flipchart to promote male participation in ANC and child care.

EL SALVADOR

Capacity building activities:
- WI-HER conducted a two-day gender integration training for 10 ASSIST staff and three staff of community partners (Save the Children and ZAP) in September 2018.
- The average score of the pre-test was 74%, and the average score on the post-test was 91%, illustrating an improvement in knowledge.
- All participants agreed or strongly agreed that the training was participatory and interactive, easy to understand, and useful for their work and that gender integration can improve the quality of Zika response programs.
- Within the training, participants identified the following gender-related gaps: lack of male involvement across preconception, antenatal care, and post-partum services.

Gender mainstreaming:
- With support from WI-HER, the ASSIST El Salvador team updated the preconception,
family planning, ANC, and postpartum counseling checklists with gender-sensitive language and themes.
- W-HER supported the ASSIST team to integrate gender-sensitive language and ideas into the Zika counseling guide for preconception, contraception, antenatal, and postpartum counseling.
- They included the “Circles of Influence” activity (an interactive group role-play about Zika, condom use, and gender-based violence) in their psychosocial support workshops.
- Gender and social inclusion approaches have been integrated into psychosocial support training curricula, and concepts from the workshops are being applied in counseling and basic psychosocial support activities.

GUATEMALA

Gender assessment:
- In August 2018, the ASSIST and WI-HER teams conducted a gender landscaping analysis across three regions of Guatemala (Amatitlán, Santa Rosa, and Zacapa) using the following data collection methods: (1) in-depth desk review; (2) 14 key informant interviews (KIs) with health providers; and (3) 15 focus group discussions (FGDs) with pregnant women, women of reproductive age, and men, totalling 134 participants.
- The analysis focused on factors influencing condom use among men and women during pregnancy (barriers in access, use and negotiation with partners) and ways to reach men in Zika prevention.
- Key findings were integrated into capacity building materials and a final report.

Capacity building activities:
- WI-HER conducted an accelerated one-day gender integration in Zika response training in September 2018 for 10 ASSIST staff members.
- With support from ASSIST staff, WI-HER conducted a two-day gender integration training for 26 health providers and regional MOH representatives in the Department of Zacapa.
- The average score of the pre-test was 68%, and the average score on the post-test was 83%, illustrating an improvement in knowledge.
- All participants agreed or strongly agreed that the training was participatory, interactive, easy to understand, and useful for their work and that gender integration can improve the quality of Zika response programs.

Scale-up: ASSIST staff conducted gender integration trainings for 486 health providers (including doctors, nurses, psychologists, rural health technicians, and sanitary inspectors) representing 31 health centers, seven hospitals, and 236 health posts.

Improvement interventions tested:
- During these trainings, local partners identified the following gender gaps: Men do not participate in the pregnancy because they believe that this is only the responsibility of
the wife, therefore, they do not have enough information and do not want to use the condom.

- To address these gaps, the QI teams implemented the following interventions:
  o Presentations and workshops with community leaders and councils (COCODES and COMUDOS) about the responsibility of shared pregnancy and condom use.
  o Invitations to partners of pregnant women to ANC counseling. Some health centers issued formal invitations to couples, some issued verbal invitations through the pregnant woman or to partners in the waiting room, some invited the partners through a home visit, and some issued invitations via community leaders.
  o To reach men who do not interact with the health system or to follow up on those who do, QI teams organized home visits and presentations outside places of work or in the communities.
  o Many QI teams instituted ‘Pregnancy Clubs’ and altered the schedules so male partners or other family members could also be involved. They utilized these clubs as opportunities to talk about Zika and the importance of the consistent and correct use of condoms.
  o Many health centers have aimed to give more comprehensive counseling, emphasizing condom use, and when possible talking about other sexually transmitted infections, such as HIV.
  o Some centered have altered their schedules to accommodate the working hours of male partners to encourage their participation in ANC counseling.
  o Giving pregnant women informational materials (such as pamphlets) during ANC counseling on Zika and condom use, to take home and to share with their partners.
  o Giving pregnant women condoms discreetly in envelopes to reduce stigma.

- As illustrated in Figure 7 below, giving invitations for partners to attend ANC, home visits to partners to talk about Zika, distributing condoms to pregnant women in discrete envelopes, pregnancy clubs with male partner participation, and written invitations to couples all contributed to the rising acceptance of distributing condoms to pregnant women during antenatal care.

"The health services have changed their mentality, using any space to talk with men about health issues that previously only with women. They have understood that a pregnancy is the responsibility of the couple."

-- Mélida Chaguaceda, Senior Technical Advisor, URC
Gender mainstreaming:
- The Health Area Directorates have incorporated and assigned funding to gender activities in the Annual Operational Plan (POA) in Zacapa.
- The ASSIST team and WI-HER co-authored a systematization of the initiative, presenting the breadth of interventions tested, best practices, lessons learned, and results.

NICARAGUA

Capacity building:
- WI-HER conducted a six-part remote training for 10 ASSIST staff members. WI-HER combined multiple technologies and engaged facilitators to lead online training with participants, real-time survey and feedback mechanisms, video feeds for learning reinforcement, and virtual and physical rooms to conduct side sessions.
- All participants agreed or strongly agreed that the training was participatory and interactive, easy to understand and useful for their work and that gender integration can improve the quality of Zika response programs.

Scale-up: ASSIST staff conducted gender integration training in six universities, reaching 60 medical and nursing students and professors.
Gender mainstreaming:
- The ASSIST team designed a methodological tool called the ‘Pedagogical Package’ with all the information and materials to teach about Zika response in universities (methodological designs, technical notes, power point presentations etc.) to be integrated into the university’s curriculum. The Pedagogical Package consists of six modules, one of which was the gender module.

The ASSIST team integrated gender-sensitive language and ideas into:
- Flipchart on comprehensive and balanced counseling in the context of Zika.
- Flipchart on early neurodevelopmental stimulation of children with CSaZ.
- Manual for home care of children with CSaZ.

PARAGUAY

Gender assessment:
- WI-HER conducted a desk review on Paraguay-specific gender issues in Zika response including norms around the division of labor and child care (particularly of children with CSaZ and other disabilities), norms around family planning and condom use, gender-based violence, and trends in attendance of ANC and well-baby care counselling (July 2019).

Capacity building activities:
- In February 2019, WI-HER conducted a two-day gender integration training for participants (nine females and four males), including 10 ASSIST staff and three representatives from the Ministry of Health (the head of the technical area for the health of men and women; the head of the integrated health unit for men and women and the director of the gender unit).
- The average score of the pre-test was 77%, and the average score on the post-test was 93%, illustrating a (16%) significant improvement in knowledge.
- All participants agreed or strongly agreed that the training was participatory and interactive, easy to understand, and useful for their work and that gender integration can improve the quality of Zika response programs.

PERU

Gender assessment:
- In April 2019, the ASSIST and WI-HER teams conducted a gender landscaping analysis across two different regions of Peru (Piura and Tumbes) using the following data collection methods: (1) in-depth desk review; (2) six facility-level questionnaires; (3) nine key informant interviews with health providers; and (4) eight focus group discussions with pregnant women, male partners of pregnant women, women of reproductive age, and community health workers, totalling 76 participants.
- The analysis focused on identifying key gender-related barriers and gaps that influence prenatal, newborn, and child care and development services with a focus on babies and families potentially affected by Zika. Additionally, it identified challenges, best practices, approaches, and opportunities related to family dynamics and well-child care in the context of Zika in Peru.
- Key findings were integrated into capacity building materials and a final report.
**Capacity building activities:**

- Gender Integration for Improvement Programs: WI-HER conducted two two-day trainings (Piura and Tumbes) of regional health authority managers and health providers, reaching a total of approximately 34 participants from Piura and 26 from Tumbes. The training sensitized participants to gender issues, built their skills to identify gendered barriers and opportunities in accessing and utilizing health services, and strengthened skills in providing gender-sensitive health care in the context of Zika. The average score of the pre-test in Piura was 68%, and the average score on the post-test was 87%, and in Tumbes 64% (pre-) to 78% (post-), illustrating an improvement in knowledge at both training sites (April-May 2019).

- Data Collection Methods Virtual Course: WI-HER conducted a virtual training for ASSIST Peru staff to strengthen their skills in data collection, particularly running focus group discussions and key informant interviews. Eight key staff attended the training, and WI-HER provided a facilitator’s guide and illustrative materials (June 2019).

**Scale-up:** ASSIST staff conducted six more trainings reaching 96 additional participants across 13 health facilities in Piura and Tumbes within a two-month period. WI-HER provided the ASSIST team with tools including 1-day, 2-day, and 3-day scale-up training options, activity design worksheet, and worksheet for tracking improvement activities.

**Improvement interventions tested:**

- Through the scale-up trainings health facility staff proposed to: raise awareness through dissemination of information and meetings on the importance of condom use as interventions to address gender gaps, provide invitations to partners of pregnant women, strengthen Zika counselling in prenatal counselling adding counselling about correct use of condoms, create a checklist for the correct use of the condom, which would be used with pregnant women and their partners during the prenatal consultation, and implement a men’s database.

**Gender mainstreaming:**

- Regional guidelines: WI-HER provided critical input into the update for regional guidelines in both Piura and Tumbes – “Regional counselling guide for women of childbearing age and pregnant women in the context of Zika” – incorporating gender-sensitive and inclusion language.

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**ECUADOR**

**Gender assessment:**

- WI-HER conducted a desk review on Ecuador-specific gender issues in Zika response including norms around the division of labor and child care (particularly of children with CSaZ and other disabilities), norms around family planning and condom use, gender-
based violence, and trends in attendance of ANC and well-baby care counselling (July 2019).

**Capacity building activities:**
- In January 2019, WI-HER trained 13 participants including ASSIST staff and representatives from the Ministry of Health and implementing partner CARE.
- The average score of the pre-test was 72%, and the average score on the post-test was 81%, illustrating an improvement in knowledge.
- All participants agreed or strongly agreed that the training was participatory and interactive, easy to understand, and useful for their work and that gender integration can improve the quality of Zika response programs.

**Scale-up:** ASSIST staff conducted 15 more trainings reaching 381 additional participants across Quito, Manta, Manabí, Quinindi, Esmeraldas, and Sucumbíos within a two-month period.

**Improvement interventions tested:**
- During these trainings, local partners identified the following gender gaps: lack of male involvement and lack of condom use as a Zika prevention method. To address these gaps, the QI teams tested the following interventions:
  - Inviting male partners to the ANC consultation, and including specific information on condom use as Zika prevention method with co-responsibility of action.
  - Inviting the partner to postpartum counselling (in the postpartum period before discharge from the hospital), including in post-natal care.

**Gender mainstreaming:**
- ASSIST staff updated the content of the counselling checklist with 16 new criteria including gender-sensitive messaging to the woman and the couple.
- Inclusion and update to the psycho-emotional support guide to include the gender component.
- Inclusion of a gender component in the overall counselling guide.

**English-speaking Caribbean Countries**

**JAMAICA**

**Gender assessment:**
- WI-HER conducted a desk review on Jamaica-specific gender issues in Zika response including a look at the health system, contraceptive uptake and family planning, gender norms and power dynamics, child care and family support systems, mental health and psychosocial support, and gender-based violence (April 2019).

**Capacity building activities:**
- Gender Integration in Psychosocial Support: WI-HER and ASSIST colleagues conducted five three-day trainings of Ministry of Health and Wellness staff reaching a total of approximately 130 participants from different regions of Jamaica including four senior Ministry of Health and Wellness staff from the Family Health Unit and health providers.
The USAID/Jamaica Zika Health Advisor also attended one of the trainings. The trainings were focused on sensitization and skills building in gender-sensitive psychosocial support. Across all trainings, the majority of participants agreed or strongly agreed that the training was overall positive, easy to understand, relevant to their work, and they would recommend it for colleagues. Additionally, providers felt strongly that after the training they were better able to provide psychosocial support to patients and families (October 2018-January 2019).

- Gender Integration for Improvement Programs: WI-HER conducted a three-day training for Ministry of Health and Wellness staff reaching a total of approximately 34 participants from different regions of Jamaica including five senior Ministry staff from the Family Health Unit, the Ministry’s health planner and gender focal point, and health providers. The training sensitized participants to gender issues, built their skills to identify gendered barriers and opportunities in accessing and utilizing health services, and strengthened skills in providing gender-sensitive health care in the context of Zika. The average score of the pre-test was 68%, and the average score on the post-test was 79%, illustrating an improvement in knowledge (March 2019).

- Learning sessions: WI-HER and co-facilitators from three health facilities presented on considering gender in neurodevelopmental surveillance and referral processes as part of learning sessions. Sixty health providers from across the island participated in the session. WI-HER also facilitated gender-themed tables at the learning session’s knowledge café (July 2019).

Scale-up:

- Immediately following the gender integration for improvement programs training, WI-HER provided technical support (coaching) to two new trainers/champions on conducting trainings at their respective facilities. A total of 47 health providers and professionals between the two facilities received colleague-led gender sensitization training (March 2019).

Gender mainstreaming:

- Psychosocial Support (PSS) Guidelines and Annexes: WI-HER provided critical input into the update for the national guidelines “Psychosocial support for pregnant women and families/caregivers affected by Zika virus” incorporating gender-sensitive and inclusion language. In addition, WI-HER developed two annexes – applying a gender lens and understanding GBV – for the guidelines to strengthen provider understanding of gender-related themes in the context of Zika.

- National Consultation Meeting: WI-HER actively participated in a meeting for Jamaica’s medical community and presented on gender issues influencing outcomes in Zika response and recommendations for integrating gender into programming of activities related strengthening health services in the context of Zika. The meeting also served as a launch for the PSS guidelines. (March 2019)
- PSS Curriculum: Pulling from its capacity building library, WI-HER developed and submitted three activities to be included in the psychosocial support training curriculum that will be shared with the MOH upon project completion. The activities include, scenarios for provider-client interactions, question framing for effective communication, and review of evidence in support of integrating a gender lens in health programs.

**ANTIGUA AND BARBUDA**

Gender assessment:
- Conducted a regional desk review and country-level gender analysis (May 27-31, 2019) through qualitative data collection through five focus group discussions (antenatal couples, women of reproductive age, parents of children under five year, parents of children with disabilities, and high-risk antenatal couples), and 13 key informant interviews with health providers, totalling 70 participants.
- The aim was to identify key gender-related barriers and gaps that influence newborn health services and well-baby care systems with a focus on babies and families potentially affected by Zika. The analysis identified challenges, best practices, approaches, and opportunities related to family dynamics and well-baby care in the context of Zika in Antigua, in order to make recommendations.
- Findings were presented to the MOH, documented in a one-page summary, and summarized in a report.

Capacity building activities:
- Learning sessions: As part of learning sessions in country, WI-HER conducted gender sensitization activities and content training on inclusion principles. The training helped highlight key gender gaps and barriers that influence quality care and health outcomes. In Antigua, 33 health providers from Antigua and Barbuda were trained to provide gender-sensitive services (December 2018).

**DOMINICA**

Gender assessment:
- Conducted a regional desk review and country-level gender analysis (May 8-14, 2019) through qualitative data collection through six focus group discussions (three with pregnant women and women with children under five, two with men and women, and one with men only), and 14 key informant interviews with health providers from both the district and central levels and with teachers of children with disabilities.
- The aim was to identify key gender-related barriers and gaps that influence newborn and well-baby care systems with a focus on monitoring child development and providing care and support of babies and families with neurodevelopmental issues, including those potentially affected by Zika, and make recommendations to improve the program and health outcomes.
- Findings were presented to the MOH, documented in a one-page summary, and summarized in a report.
Capacity building activities:
- Learning sessions: As part of learning sessions in country, WI-HER conducted gender sensitization activities and content training on inclusion principles. The training helped highlight key gender gaps and barriers that influence quality care and health outcomes. In Dominica, 33 health providers were trained to provide gender-sensitive services (December 2018)

ST. KITTS AND NEVIS
Capacity building activities:
- Learning sessions: As part of learning sessions in country, WI-HER conducted gender sensitization activities and content training on inclusion principles. The training helped highlight key gender gaps and barriers that influence quality care and health outcomes. In St. Kitts, 65 health and education providers from St. Kitts and Nevis were trained to provide gender-sensitive services (December 2018).

ST. VINCENT AND THE GRENADINES
Capacity building activities:
- Learning sessions: As part of learning sessions in country, WI-HER conducted gender sensitization activities and content training on inclusion principles. The training helped highlight key gender gaps and barriers that influence quality care and health outcomes. In St. Vincent, 48 health providers were trained and their skills built to provide gender-sensitive services (November 2018).
- Gender analysis observation: Two members of the St. Vincent and the Grenadines Ministry of Health participated in the Dominica gender analysis exercise in an observer capacity to build their skills to conduct such analyses. St. Vincent and the Grenadines plans to conduct their own gender analysis in December 2019.

REGIONAL
Capacity building activities:
- Regional Meeting: As part of the three-day Regional Meeting of Eastern and Southern Caribbean Countries to Advance Regional Zika Response led by ASSIST staff, WI-HER conducted a two-hour gender session, exercise, and discussion for the 46 participants from Antigua, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines. Participants were sensitized to gender and data themes related to breastfeeding, documentation, and referrals for the islands; and engaged in participatory group work to identify sustainable solutions to regional-specific gender-based challenges (March 2019).
- Data Collection for Community Assessments Webinar: WI-HER facilitated an introductory webinar to guide participants in conducting community-level landscaping and assessments including qualitative data collection methods like focus group discussions with community members and key informant interviews with service providers. The webinar was co-facilitated by colleagues in the field (Antigua and St. Vincent and the Grenadines) working on similar efforts in the Eastern and Southern Caribbean and engaged participants in collaborative learning; 20 participants attended the live webinar broadcast (July 2019).
IV. EXPENDITURES

WI-HER expenditures for this technical assistance program totalled $561,248, including: $358,718 for the eight Spanish-speaking countries; $114,139 for Jamaica; and $88,392 for the four Eastern and Southern Caribbean countries.

V. LESSONS LEARNED AND RECOMMENDATIONS

Gender analysis is critical to uncover root gender issues and to apply findings to make contextualized and effective capacity building activities

Conducting in-country gender landscaping analyses helped us understand deeply rooted gender and social inclusion issues, while strengthening the effectiveness of capacity building activities and tools. In the Zika extension, WI-HER conducted desk reviews and rapid gender analyses in the Dominican Republic, Guatemala, Peru, Dominica, and Antigua and an evaluation in Honduras, and integrated findings from focus group discussions and key informant interviews with health providers, pregnant women, women of reproductive age, men, and other key stakeholders. These assessments helped to facilitate a deeper understanding of cultural norms and beliefs; gender roles, responsibilities, and time use; access to and control over assets and resources; and patterns of power and decision making related to Zika prevention and response. These insights were critical to support our local partners create effective interventions and sustainable improvements. This process enabled WI-HER to create a highly contextualized training curriculum that incorporated relevant examples, statistics, and activities taken directly from the gender analysis that helped facilitate their learning. It helped us figure out how to best provide technical assistance, coaching, and mentoring that lead to improved knowledge skills and behaviors that continuously and sustainably improved systems, services, and performance. For example, in trainings where we conducted gender analyses, such as in Guatemala and Honduras, the added knowledge shifted our approach to capacity building to engage health workers in the process from the beginning, which built greater buy-in and trust.

While gender integration training is still effective, the value of adding a rapid desk review and gender analysis is high.

Take time to listen and go beyond assumptions

During gender analysis and capacity building activities, we learned that it’s important listen to the communities where we work and tailor responses to meet their needs and close health gaps. It is important that we do not assume. One example related to Zika is that we sometimes assume the men are the ones who stand in the way of women’s wish to use condoms, thus increasing women’s vulnerability and exposing them to higher risks of contracting Zika virus or other sexually transmitted diseases. In Peru, we found differently. Women in Tumbes and Piura didn’t report that they did not use condoms because of their partners. They revealed that they themselves didn’t want to use condoms. In fact, in one group of women we spoke to, 8 out of 8 women reported not using condoms, and 6 out of those 8 reported never using condoms.

Capacity building for sustainability

WI-HER and ASSIST’s approach to capacity building focused on teaching a process to iteratively improve health programming and that can be used again and again. In our trainings, we didn’t give out gender solutions, but rather taught an approach (iDARE) so that our local partners could identify gender gaps and issues, design gender-transformative solutions, and develop gender-sensitive indicators to measure change, thereby improving health service delivery and strengthening health systems on their own. Our gender approach enabled sustainability by building local capacity in teams and communities to monitor progress and broaden their ability in quality improvement. For example, local partners in the Dominican
Republic continued to utilize the IDARE process scaling it to multiple health facilities, training national level policy-makers, and creating gender units within the Ministry of Health and the National Health Service to address gender-based violence. Through this process, WI-HER and ASSIST supported the journey to self-reliance and sustainability, working with local partners and governments to lead to transformational change.

**Remote capacity building**

WI-HER was committed to serving colleagues in all areas. We understand that those in remote and challenging environments often need the greatest support. For this reason, we leveraged existing technologies and implemented innovative capacity-building strategies to meet the needs of our partners and constituents working in challenging environments. In Nicaragua, WI-HER worked with ASSIST colleagues to scale distance training in gender integration and reach medical students and health professionals with gender responsive practices that will improve Zika response and strengthen the health system. The following are lessons learned and best practices from this experience:

- Use communication platforms that allow face time with each participant. Using a video camera both in the learning rooms and on individual or shared computers or cell phones allows a platform through which each participant can contribute and be heard.
- Video reinforcement of messaging is especially useful when facilitators are virtual. Video streaming, if functional, is often erratic, slow, or low-quality. Send video links ahead that can be downloaded onto individual computers so participants can access them during sessions and assignments.
- Identify a lead on the ground in the training locations that you plan to link to remotely. This individual is tasked with managing logistics, coordinating group activities, and continuing side activities during interruptions.
- Use online tools, including surveys and questionnaires for pre- and post-tests and training evaluations, to facilitate brainstorming and solicit feedback. Many programs immediately tabulate results, some including data visualization, to inform real time discussion.
- Be flexible. Have a back-up plan to implement when emergencies or interruptions occur. Make agreements with participants at the course outset around protocols for responding to unexpected challenges, emergencies, or communication interruptions.
- Incorporate knowledge transfer as part of the training, when relevant, so that participants can continue to reach out to others. Include file shares for ongoing access to materials and include a variety of session design recommendations and content that can be mixed and matched for dynamic engagement.

**Integrating gender across activities**

Often activities are siloed, but it’s important to integrate gender across all activities to optimize resources and build sustainable systems. Gender can be integrated into other trainings and activities, for example into psychosocial support trainings in Jamaica, the Dominican Republic, Ecuador, and El Salvador, or into broader learning sessions for newborn screening and well-baby care systems like in the four Eastern and Southern Caribbean countries.

**Importance of building capacity in monitoring and evaluation using gender-sensitive indicators and utilizing sex-disaggregated data**

While WI-HER’s gender integration approach focused on helping health providers and partners identify gender gaps and develop programming to address these gaps, more emphasis needs to be placed on measuring, monitoring, and following up on gender-sensitive programming. Through capacity building efforts such as the gender integration trainings, WI-HER highlighted...
opportunities yielded from sex- and age-disaggregated data and gender-sensitive indicators. Further, through interactive activities, WI-HER helped improvement teams develop gender-sensitive objectives for activities they wanted to implement. Following initial activity development (or activity development as a result of scale-up trainings), WI-HER provided tools for teams to monitor and evaluate their programming. For example, in Peru, WI-HER developed an activity tracking sheet so that providers could develop their indicator and track output and outcome measurements over time.

**Flexibility in scale-up**

ASSIST and WI-HER’s gender integration model focused on training field staff, MOH officials, partners, and health facility representatives, while providing support as they replicated the training in the facilities in which they worked. However, working across 13 countries, we learned that scale-up of gender training needs to be adapted to country-specific needs and limitations. For example, during scale-up of training in Ecuador, health providers noted that it was important to have a full day training (around eight hours) for their staff, while trainings were much shorter in Guatemala to accommodate health providers’ schedules. In Peru, members of the ASSIST team recently trained in gender integration led scale-up efforts. They facilitated the scale-up trainings across ASSIST-supported facilities using a 1-day, 2-day, or 3-day format based on the need and availability of providers. Additionally, in Jamaica, champion participants from the gender integration training with health providers led scale-up gender sensitization trainings at their home facilities. In selecting the training duration, champions collaborated with facility leadership and adapted sessions as necessary. Where one facility allocated 3 hours, another with highly invested leadership requested 8 hours.

**Zika and male engagement**

Male engagement in Zika response activities is critical to improve uptake of preventative behaviors and to improve health outcomes. Male participation in antenatal and postnatal care is a paradigm shift that requires revised attitudes of providers, commitment from health staff, gender sensitization, and team work to implement effectively. There are instances where men are involved in their partner and child’s health, but generally we found that both clients and health providers identified male participation at health facilities as low. For example, on average in Peru, health care providers identified male involvement only 10-20% of the time. In Antigua this trend is changing, and men are starting to come increasingly with female partners and children for prenatal and well-child visits; yet still not as frequently for their own health. We found through our capacity building activities with health providers in Peru that when men were active in their own health and that of their family, they reported feeling more confident, invested, and part of health decisions. We can learn from this experience and better reach out to men directly. We also need to move beyond male engagement to shift perspective to men as clients.

**Beyond gender – Intersectionality and social inclusion**

We often focus only on gender, but there are a whole host of identities such as class, race, sexual orientation, age, religion, creed, and disability that also overlap and interact. The related forms of discrimination that accompany these identities can also be related to one another, and these relationships must be considered when working to promote social and health equity in the context of Zika. Our curriculum and programming promoted not just gender equity and equality but also social inclusion. Social inclusion is defined as the process of improving the terms for individuals and groups to take part in society as well as the ability, opportunity, and dignity of those disadvantaged on the basis of their identity to take part in society. Prioritizing gender equality and social inclusion in public health planning and programming is essential to ensure all people have equal access to knowledge about Zika prevention and treatment. For example, indigenous women across Latin America have significantly lower rates of contraception use than non-indigenous women, because they face more stigma, discrimination,
and financial barriers. Another example is that in the Eastern and Southern Caribbean islands, people and children with disabilities may face stigma and additional barrier to accessing the health and education services they need.

Beyond Zika - Improving RMNCH and preparing systems for emergency response

Integrating technical assistance and learning around Zika into related health interventions for reproductive, maternal, newborn, and child health, psychosocial support, and male engagement is important to maximize USAID investment. This has been done under ASSIST to some extent and is evident in interventions such as those done under the project in the Eastern and Southern Caribbean where Zika emergency response has been used to strengthen well-baby and well-child care, but all Zika implementing partners can push ourselves more in this regard. One way is to focus on integrating outbreak response efforts. As Irene Koek, Senior Deputy Assistant Administrator for USAID’s Global Health Bureau stated during the workshop’s opening remarks, “working to improve existing systems rather than creating parallel ones is paramount”. We can look to dengue as an example. The virus is on the rise, and many of the same vector control and messaging around Zika are applicable. According to the February 2019 Pan American Health Organization/World Health Organization Epidemiological Update for Dengue, there were 560,568 cases of dengue reported in the Americas in 2018; 336 of which resulted in death. Dengue and Zika are closely related and are passed by the same mosquito. Additionally, in 2018 a study in the *Eurosurveillance* journal found dengue virus in the sperm of a man 37 days after infection. A 2019 article – while citing dengue found in plasma, urine, saliva, and vaginal secretions – however determined that sexual transmission of dengue is rare and not of current public health significance. While the detection in semen and elsewhere is not direct proof that the virus can be passed sexually, it does show that it is a possibility and that the virus can pass through other bodily fluids—information researchers should keep their eye on in light of the Zika epidemic. Looking towards future public health emergencies we must leverage investments and adapt our interventions according to lessons learned so that we continually strengthen health systems to respond promptly and effectively.
ANNEX: KNOWLEDGE PRODUCTS DEVELOPED BY WI-HER FOR THE ZIKA RESPONSE

<table>
<thead>
<tr>
<th>WI-HER knowledge management products developed under the USAID ASSIST Project</th>
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<tbody>
<tr>
<td><strong>Multi-country</strong></td>
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<tr>
<td>- Technical Brief: “Responding to gender issues to improve outcomes in Zika-related health care” in English and Spanish. An overview to key gender issues in Zika response and recommendations to address them (June 2018). Available at: <a href="https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjkZTcxMjM2NDBmY2Uy&amp;rtID=NTYyNTA0&amp;inr=VHJ1ZQ%3d%3d&amp;dc=YWRk&amp;rrtc=VHJ1ZQ%3d%3d&amp;bckToL=">https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjkZTcxMjM2NDBmY2Uy&amp;rtID=NTYyNTA0&amp;inr=VHJ1ZQ%3d%3d&amp;dc=YWRk&amp;rrtc=VHJ1ZQ%3d%3d&amp;bckToL=</a></td>
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<tr>
<td>- Technical Brief: “Male Engagement in Zika-related Health Care.” Overview of the benefits and challenges of male engagement in Zika response, and recommendations to address this gap (November 2019). Available at: <a href="https://pdf.usaid.gov/pdf_docs/PA00WH8R.pdf">https://pdf.usaid.gov/pdf_docs/PA00WH8R.pdf</a></td>
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<tr>
<td>- Case Studies: “Lessons Learned from Gender Integration in Zika Response.” A series of mini case-studies highlighting the lessons learned from gender integration in the eight Latin American countries.</td>
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<td>- Webinar: “Gender Integration in ASSIST Zika Program” for the ZCN Advisory Board. An overview of the ASSIST gender integration strategy and early findings from the Dominican Republic (September 2019).</td>
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<td>- Webinar: “Integración de género en el proceso de mejora de la calidad en la atención en salud en el contexto del Zika” (with Guatemala and the Dominican Republic ASSIST teams). An overview of the ASSIST gender integration strategy and lessons learned from the Dominican Republic and Guatemala scale-up and implementation (November 2019). Recording available at: <a href="https://www.youtube.com/watch?v=OGOd4NLgJsU&amp;list=PLnKCNaCaKhoeyRE1IFIM2geP1Vxp4zBcf&amp;index=14&amp;t=0s">https://www.youtube.com/watch?v=OGOd4NLgJsU&amp;list=PLnKCNaCaKhoeyRE1IFIM2geP1Vxp4zBcf&amp;index=14&amp;t=0s</a></td>
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<tr>
<td>- Presentation: “Gender Integration in Zika Improvement Program” at the regional Zika conference in the Dominican Republic.” An overview of gender gaps and issues in Zika response (November 2017).</td>
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<tr>
<td>- Presentation: “Gender Integration in Zika Response under ASSIST Project” at the Zika Social and Behavior Change Working Group. An overview of the ASSIST gender integration strategy and lessons learned from the Dominican Republic and Guatemala scale-up and implementation (December 2018).</td>
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<tr>
<td>- Presentation: “Learning from Zika: Lessons for future public health emergencies” at the ‘Learning from Zika: Lessons for Future Public Health Emergencies’ event by USAID and K4Health (June 2019). The ASSIST and WI-HER teams shared key lessons learned from supporting emergency preparedness and response and to improving health systems to better provide for MNCH systems.</td>
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<tr>
<td>- Job aid: “Gender considerations for Preconception, prenatal, and post-partum counseling in the context of the Zika epidemic: A supplemental resource for the ASSIST Zika counseling guide” (November 2019). Available at: <a href="https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjkZTcxMjM2NDBmY2Uy&amp;rtID=NTYyNTA1&amp;inr=VHJ1ZQ%3d%3d&amp;dc=YWRk&amp;rrtc=VHJ1ZQ%3d%3d&amp;bckToL=">https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjkZTcxMjM2NDBmY2Uy&amp;rtID=NTYyNTA1&amp;inr=VHJ1ZQ%3d%3d&amp;dc=YWRk&amp;rrtc=VHJ1ZQ%3d%3d&amp;bckToL=</a></td>
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<tr>
<td>- Blog: “Gender and Zika – Part I: Gender-Based Violence.” A review of the existing literature and data linking GBV and sexually transmitted infections, including Zika (June 2017).</td>
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<tr>
<td>- Blog: “Zika, Condom Negotiation, and Gender-Based Violence in Latin America.” A review of the qualitative findings on GBV and condom negotiation from the gender analyses in the Dominican</td>
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**Republic and Guatemala (November 2018).**
- **Blog:** “The intersection of gender and disability must be urgently addressed to prevent violence in the context of the Zika epidemic.” A review of the existing literature linking violence to people with disabilities, and considerations in how this could affect the cohort of children with CSaZ (November 2018).

**Spanish-Speaking Countries**

| Dominican Republic | - **Report:** “Gender Issues Influencing Zika Response in the Dominican Republic” (Findings from desk review and gender assessment). Findings from the desk review and the gender analysis (June 2019). Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YiRmLTkxNjktZTcxMjM2NDNmY2Uy&rl=NTU5ODc0&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=.](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YiRmLTkxNjktZTcxMjM2NDNmY2Uy&rl=NTU5ODc0&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=) |
| - **Presentation:** “Gender integration in Zika Response” at the second “Learning Session” with QI teams of the Prenatal Care Collaborative (April 2019). |
| - **Blog:** “Adolescent Pregnancy and Barriers to Zika Prevention in the Dominican Republic.” A blog on the extra risk of adolescent pregnancy and Zika infection in the Dominican Republic (January 2019). |
| - **Blog:** “Gender integration strategies stand out among the best practices in prenatal care in the context of Zika in the Dominican Republic.” An out (April 2019). |
| - **Blog:** “The institutional strengthening of the Maternal-Child, Adolescent and Gender Unit of the National Health Service of the Dominican Republic advances, on the basis of the experience of gender integration in the Zika context” (July 2019). |
| - **Case Study:** La experiencia de integración de género en la respuesta al zika en la República Dominicana (July 2019). Available at: [https://pdf.usaid.gov/pdf_docs/PA00TX8Q.pdf](https://pdf.usaid.gov/pdf_docs/PA00TX8Q.pdf). |

| Honduras | - **Report:** “Evaluation from a gender perspective of the effectiveness of the strategies applied in health centers of El Progreso and Tela, Honduras to promote male involvement in Zika response activities.” Presents findings from the desk review and the evaluation of male engagement activities (July 2019). |
| - **Blog:** “Co-responsibility: Male Involvement in Antenatal Care in Zika Prevention.” A blog outlining the benefits and challenges of implementing male engagement initiatives in Zika response (October 2019). |

| Guatemala | - **Report:** “Gender Issues Influencing Zika Response in Guatemala” (Findings from desk review and gender assessment) (September 2019). Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YiRmLTkxNjktZTcxMjM2NDNmY2Uy&rl=NTYyNTA3&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=.](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YiRmLTkxNjktZTcxMjM2NDNmY2Uy&rl=NTYyNTA3&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=) |
| - **Report:** “Los asuntos de género que influyen en la respuesta frente al Zika en Guatemala” (September 2019). Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YiRmLTkxNjktZTcxMjM2NDNmY2Uy&rl=NTYyNTA4&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=.](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YiRmLTkxNjktZTcxMjM2NDNmY2Uy&rl=NTYyNTA4&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=) |
| - **Report:** “Sistematización de la experiencia de integración de género en la respuesta al Zika desde los servicios de salud de Guatemala con el apoyo de ASSIST” (July 2019). |
Nicaragua
- **Blog**: “Gender integration in Zika response at medical and nursing schools in Nicaragua” (July 2019).
- **Guide (co-authored)**: “Diseños metodológicos para el Módulo Integración de género en la respuesta al Zika” (August 2019), part of the “Pedagogical package for the development of technical skills related to prevention and quality care against the Zika virus.” Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTwxNjk5ZC0xM2M2NDBmY2Uy&rid=NTYxMTQ1&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTwxNjk5ZC0xM2M2NDBmY2Uy&rid=NTYxMTQ1&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=).

Paraguay
- **Blog**: “Children with Congenital Syndrome associated with Zika and the importance of addressing gender factors that limit their adherence” (June 2019).

Peru
- **Guide**: “Guide for Focus Groups and Key Informant Interviews” (June 2019).

Ecuador
- **Report**: “Gender Issues Influencing Zika Response in Ecuador.” The desk review of key gender issues that influence Zika response in Ecuador (July 2019). Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTwxNjk5ZC0xM2M2NDBmY2Uy&rid=NTYzNTUz&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTwxNjk5ZC0xM2M2NDBmY2Uy&rid=NTYzNTUz&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrtc=VHJ1ZQ%3d%3d&bckToL=)
- **Blog**: “Machismo as a barrier to prevent Zika in Ecuador: Fighting it is a win for all, not only for women.” A blog on “machismo” tropes and how it hurts both men and women in the context of the Zika outbreak (January 2019).
- **Blog**: “Dr. Luis Vega, a facilitator of the ASSIST team in Ecuador, recounts how the training in gender integration changed him professionally and personally” (July 2019).

**English-speaking Countries**

Jamaica
- **One-pager**: Summary findings from the Jamaica desk review on gender issues in the context of Zika (March 2019)
- **Blog**: Capacity Building in Jamaica – How Scaled Gender Trainings are Helping Inclusive Service Delivery (July 2019).

Eastern and Southern Caribbean Countries: Antigua and Barbuda,
- **Technical brief**: Addressing Provider Bias in the Context of Zika: A Four Country Analysis (March 2019).
| Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines | **- Report:** Four-Islands Desk Review, “Eastern and Southern Caribbean – Antigua and Barbuda, Dominica, St. Kitts and Nevis, St. Vincent and the Grenadines: Gender Considerations in the Context of Zika Emergency Response Programming” (December 2019). Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rlID=NTU3M0M4&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrfc=VHJ1ZQ%3d%3d&bcktLoL=](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rlID=NTU3M0M4&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrfc=VHJ1ZQ%3d%3d&bcktLoL=) | - **Report:** Gender Analysis, “Gender Issues Influencing Zika Response in Dominica.” (November 2019). Available at: [https://pdf.usaid.gov/pdf_docs/PA00W7CC.pdf](https://pdf.usaid.gov/pdf_docs/PA00W7CC.pdf)  
- **Report:** Gender Analysis, “Gender Issues Influencing Zika Response in Antigua.” (December 2019). Available at: [https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rlID=NTU3M0M4&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrfc=VHJ1ZQ%3d%3d&bcktLoL=](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rlID=NTU3M0M4&inr=VHJ1ZQ%3d%3d&dc=YWRk&rrfc=VHJ1ZQ%3d%3d&bcktLoL=)  
- **One-pager:** Summary Findings from the Desk Review on Gender Issues in the Context of Zika (November 2018)  
- **One-pager:** “Key Findings from the Dominica Gender Analysis” (May 2019).  
- **One-pager:** “Key Findings from the Antigua Gender Analysis” (June 2019).  
- **Blog:** The Road Ahead – Socio-Cultural Shifts in Antigua and the Impact on Health (July 2019)  
- **Blog:** “Working Together: A Regional Approach to Improving Skin-to-Skin Contact and Well-baby Care in the Eastern and Southern Caribbean” (May 2019)  
- **Blog:** “Two to Tango: How Men’s Health-Seeking Behaviors May Influence the Spread of Zika in the Caribbean” (March 2019)  
- **Blog:** “8 Reasons Why – Barriers to Care and Treatment in the Caribbean: What We’ve Learned since the Zika Outbreak” (February 2019)  
- **Webinar:** Data Collection for Community Assessments (July 2019) |