



Photo: Jonathan Torgovnik/Getty Images/Images of Empowerment

Technical Brief

ADDRESSING GENDER IN GLOBAL HEALTH AND DEVELOPMENT

Insights From USAID's Flagship MOMENTUM Project

OVERVIEW

The role of gender (Box 1) in determining the success of global health and development projects cannot be underestimated. Gender inequalities—exacerbated by the COVID-19 pandemic—adversely affect myriad aspects of well-being and persist at the individual, relationship, community, health-system, and sociopolitical levels.^{1, 2, 3} How we address these inequalities within technical programming and project operations can profoundly affect outcomes for individuals, families, and communities.

MOMENTUM is a dynamic suite of six global awards working collectively to support partner country goals to improve maternal, newborn, and child health, nutrition, voluntary family planning, and reproductive health (MNCHN/FP/RH) service delivery, access, and quality. Drawing from each award's gender strategies, this brief provides an overview of how MOMENTUM focuses on gender from the outset and within program areas where gender has often been overlooked. Given the project's scale and scope, insights from these efforts may be useful to a variety of global health and development implementers seeking to ensure that gender is effectively integrated within their projects. Future MOMENTUM resources will describe the realities of implementation, reflections and lessons learned, and key outcomes.

RATIONALE FOR ADDRESSING GENDER

Gender equality is the state or condition that affords women, men, girls, and boys equal enjoyment of human rights, socially valued goods, opportunities, and resources.⁴ There is strong evidence that gender *inequality* adversely affects a variety of health and development areas, including maternal, newborn, and child health, family planning, and reproductive health (MNCH/FP/RH) outcomes.⁵ For example, gender norms, beliefs, and expectations can limit women's and girls' control over family planning and child immunization decisions.^{6, 7, 8, 9} Intimate partner violence can negatively affect women's and girls' mental and physical health outcomes, including adolescent or unintended pregnancy.^{10, 11} Because men are often not adequately reached by FP/RH services, they may not have access to the information or care they need to use contraception or support their partners' use.^{12, 13, 14}

The COVID-19 pandemic has exacerbated many existing gender inequalities, spurring increases in household gender-based violence (GBV) and the burden of unpaid care work and decreases in access to sexual and reproductive health services.¹⁵ Gender inequity—the process of being unfair to women and men and boys and girls—and discrimination also contribute to women's limited mobility in the health workforce.¹⁶ A [World Health Organization analysis of 104 countries](#) reported that although women comprise 70 percent of workers in the health and social sector, they earn less than men and have fewer opportunities for full-time employment and advancement.¹⁷

A growing body of research suggests that addressing gender at all stages of the project cycle can improve MNCH/FP/RH outcomes.^{18, 19} For example, engaging men and boys in reproductive health, maternity care, and child care can improve men's, women's, and children's health outcomes; however, men's and boys' participation in these services is typically limited and, in some cases, unsupportive.²⁰ Efforts to improve gender equality must consider the interconnected nature of individuals' social identities that can result in further discrimination.^{21, 22} Inclusive gender programming also considers the specific gender needs of young people and adolescents, people with disabilities, people living in poverty, and other marginalized groups.²³

MOMENTUM'S VISION FOR GENDER

[MOMENTUM](#) is a five-year, \$800-million, USAID-funded suite of interrelated awards working collectively to improve MNCH/FP/RH services (Table 1). It is designed to strengthen country commitment and capacity, address the unique needs of countries, tackle persistent challenges, and share learning globally.

MOMENTUM is developing a strong foundation for overcoming gender-based barriers throughout the project cycle using an intersectional lens. The approach aligns with the [United States National Strategy on Gender](#)

Box 1. Gender, Defined

Gender refers to a culturally-defined set of economic, social, and political roles, responsibilities, rights, entitlements, and obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls.¹ The definitions and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race, class, age, and sexual orientation. Transgender individuals, whether they identify as men or women, are subject to the same set of expectations and sanctions.

¹ Interagency Gender Working Group (IGWG). *Handout: Gender-Related Terms and Definitions*. Washington, DC: IGWG. 2017. <https://www.igwg.org/wp-content/uploads/2017/05/HandoutGenderTerms.pdf>.

[Equality and Equity](#), USAID’s gender-related policies, and other global health frameworks such as the [Sustainable Development Goals](#) and the [Immunization Agenda 2030](#). The project recognizes that gender context—including social and economic conditions, norms, and power dynamics—matters. Because MOMENTUM works on several health issues in varying geographic and sociopolitical contexts with a range of community and sector-wide stakeholders, the project is uniquely positioned to address and heighten attention to gender within program areas like immunization that have traditionally been overlooked, in addition to more conventionally prioritized areas such as MNCH/FP/RH.

TABLE 1. MOMENTUM AWARDS’ UNIQUE FOCUS AREAS AND VISIONS FOR GENDER

Award	Unique Focus	Vision for Gender
Integrated Health Resilience	Improving MNCH/FP/RH in fragile and conflict-affected settings.	Secure women’s and girls’ rights to make informed decisions about their health, better positioning them to realize economic and political opportunities that afford them equal status with men and boys.
Country and Global Leadership	Strengthening country capacity and contributing to global technical leadership and policy dialogue in MNCHN/FP/RH.	Increase knowledge and capacity of local government and civil society stakeholders to implement evidence-based, gender-equitable, and gender-transformative solutions that mitigate GBV, engage men, and empower women to reduce maternal, newborn, and child mortality and morbidity.
Private Healthcare Delivery	Strengthening private provider contributions to MNCHN/FP/RH.	Build the capacity of private providers to effectively implement evidence-based strategies that support gender equality in supply and demand and create an enabling environment for MNCH/FP/RH services.
Safe Surgery in Family Planning and Obstetrics	Improving access to and use of safe surgery for maternal health and voluntary family planning.	Transform gender-based and intersecting social norms and power inequalities at all levels of the health system so that all women, men, boys, and girls can access high-quality, gender-equitable, youth-friendly, socially inclusive, and respectful sexual and reproductive health information and services.
Routine Immunization Transformation and Equity	Strengthening routine immunization programs to reach all who are eligible with high-quality vaccination services.	Demonstrate knowledge, commitment, and capacity to design, advocate for, and implement effective evidence- and gender-based solutions to overcome new and entrenched obstacles to immunization over the life course.
Knowledge Accelerator	Facilitating learning, adaptation, innovation, knowledge sharing, and strategic communication for MOMENTUM.	Foster a MOMENTUM-wide culture that recognizes and addresses gender disparities and, where possible, applies gender-transformative solutions to data use, knowledge generation, knowledge management, innovation and adaptive learning, and strategic communication.

GENDER ANALYSIS: A CRITICAL FIRST STEP

Gender analysis is a systematic way of examining gender-related differences in roles and norms, levels of power, and needs and opportunities—and the impact of those differences on people’s lives.²⁴ It is a crucial part of program activity and design.

MOMENTUM conducts gender analyses at the global level, using a country-specific lens when possible, to understand the unique contexts and needs related to each award’s area of focus, such as private health care delivery (Box 2). Awards use tools and findings from these analyses to inform their gender strategies, which in turn guide the integration of gender at each stage of the project cycle. For example, MOMENTUM Safe Surgery in Family Planning and Obstetrics staff use [EngenderHealth’s Gender, Youth, and Social Inclusion \(GYSI\) Analysis Framework and Toolkit](#) to examine how gender, sex, age, and other social inequities contribute to health and development outcomes while designing, implementing, and monitoring programs.

Box 2. Supporting Private Providers to Deliver High-Quality Care *Insights from MOMENTUM Private Healthcare Delivery*

Results from MOMENTUM Private Healthcare Delivery’s gender analysis suggest female health providers face barriers to entering the profession or starting businesses; men and boys are typically less involved in reproductive health, maternity care, and child care due to gendered social norms and perceptions of masculinity; and there are significant opportunities to contribute to the dual goals of improved health and women’s empowerment through investing in the female health workforce.^{i,ii} Aligned with these findings, programming includes:

- Improving private providers’ ability to screen and support GBV survivors.
- Delivering quality care by providing pharmacists with easily understandable literature on FP/RH topics for men and boys, who may feel embarrassed to discuss these topics when receiving care.
- Offering support and mentorship opportunities to local leaders in private health care, with an emphasis on identifying and cultivating female talent.
- Proactively seeking out women business owners for enterprise training and support.

ⁱ Hardee, Karen, Melanie Croce-Galis, and Jill Gay. 2017. “Are Men Well Served by Family Planning Programs?” *Reproductive Health* 14 (1): 14. <https://doi.org/10.1186/s12978-017-0278-5>.

ⁱⁱ Krubiner, C. et al. 2016. “Investing in Nursing and Midwifery Enterprise: Empowering Women and Strengthening Health Systems-- A Landscaping Study of Innovations in Low- and Middle-Income Countries.” *Nursing Outlook* 64 (1):17-23. <https://doi.org/10.1016/j.outlook.2015.10.007>.

MOMENTUM’S GENDER STRATEGIES

Informed by comprehensive evidence reviews and building on successful approaches from other projects and organizations, each MOMENTUM award drafted a gender strategy to guide program implementers on the key steps, approaches, and priority strategies to address gender issues within their projects. Each gender strategy has a unique, overarching vision (Table 1).

The awards’ priority strategies align with the [USAID Bureau for Global Health’s priority areas for gender](#): preventing and mitigating gender-based violence (GBV), delivering respectful care, engaging men and boys, and supporting the empowerment of individuals and communities—particularly women and girls. Common priority strategies among the MOMENTUM awards include:

- Mitigating risks to MNCH/FP/RH posed by GBV, including intimate partner violence (including reproductive coercion); child, early and forced marriage; non-partner sexual violence; and lack of respectful care across the continuum of services.
- Empowering women and adolescent girls by increasing their agency in all aspects of decision-making for NCH/FP/RH, for example, as prospective or current clients, health care workers, health care business owners, and leaders in health-related civil society.

- Increasing men’s and adolescent boys’ meaningful engagement in MNCH/FP/RH by enhancing their support for women’s and girls’ use of MNCH/FP/RH services and by supporting men’s health-seeking behavior as clients and partners.

Other MOMENTUM priority strategies include:

- Transforming gender norms and power inequities that hinder access to MNCH/FP/RH information, services, and products and contribute to adverse outcomes, including for marginalized populations.
- Strengthening diverse community, national, regional, and global partnerships engaged in reducing gender inequalities and social hierarchies in the health system that affect MNCH/FP/RH outcomes, and documenting lessons and results of these efforts.
- Building the capacity of partner-country institutions to implement gender-transformative interventions.
- Strengthening the performance of health systems and health providers, for example, by addressing provider bias, beliefs, and stereotypes related to gender, age, and social marginalization in MNCH/FP/RH.
- Mitigating challenges introduced by the COVID-19 pandemic, such as understanding the impact of service disruptions and engaging men and boys in caregiving.

INTEGRATING GENDER ACROSS THE PROJECT CYCLE

MOMENTUM is working to address gender within all aspects of project operations, including: 1) program design and implementation; 2) monitoring, evaluation, and learning; 3) knowledge management and strategic communications; and 4) project management and policy.

PROGRAM DESIGN AND IMPLEMENTATION

MOMENTUM awards designed a wide range of activities at the individual, relationship, community, health-system, and sociopolitical levels associated with priority gender strategies and their project focus. Awards often selected activities in consultation with local stakeholders who will remain engaged throughout the life of the project to ensure activities are appropriate, feasible, and relevant to communities and can be iteratively refined. Within the broader MOMENTUM structure, each award is using a tailored response aligned with its unique remit, challenges, and opportunities. For example, [MOMENTUM Routine Immunization Transformation and Equity](#) addresses the impact of gender-related barriers by bringing together female caregivers with local community leaders and health personnel to increase the latter’s understanding of gender-related barriers and the design interventions to reduce them.²⁵ MOMENTUM Safe Surgery in Family Planning and Obstetrics strengthens the capacity of community health workers to facilitate community discussions about consent for interventions during labor and delivery.²⁶ MOMENTUM Integrated Health Resilience addresses gender barriers unique to fragile or conflict-affected settings (Box 3).

MOMENTUM strategies and interventions aim to be gender-transformative by strengthening gender-equitable norms and dynamics and changing unequal norms to achieve sustainable health and development outcomes. The extent to which these activities address gender can be assessed using activity planning and diagnostic tools like the Interagency Gender Working Group’s Gender Integration Continuum diagnostic and planning tool.²⁷ To the greatest extent possible, MOMENTUM awards also examine and address other inequalities that intersect across race, class, age, and sexual orientation. Table 2 presents illustrative interventions planned across MOMENTUM.

Box 3. Special Considerations for Fragile and Conflict-Affected Settings

Insights from MOMENTUM Integrated Health Resilience






Results from MOMENTUM Integrated Health Resilience’s gender analysis suggest that gender inequalities both influence the capacity of women, girls, men, and boys to respond and cope with shocks and stresses and affect access to resources, assets, and decision-making at all levels.^{i, ii} Aligned with these findings, programming includes:

- Developing gender-responsive disaster risk reduction plans that strengthen the capacity of men and women of different age and social groups to engage in risk reduction planning.
- Adapting couples-based interventions for fragile settings, such as for first-time parents.
- Promoting and supporting more equitable roles and agency that adolescent girls and women may have gained in the aftermath of conflict and disasters, such as staying in school or serving as political leaders, economic contributors to their families, or community health promoters.
- Building on humanitarian services that work with survivors of sexual violence during conflict.

ⁱ Tabaj, K. and T. Spangler. Integrating Gender into Resilience Analysis: A Conceptual Overview. Save the Children, Resilience Evaluation, Analysis and Learning (REAL) Associate Award. 2017.

ⁱⁱ Shean, A. and S. Alnouri. 2019. Rethinking Resilience: Prioritizing Gender Integration to Enhance Household and Community Resilience to Food Insecurity in the Sahel. Mercy Corps. 2017. https://www.mercycorps.org/sites/default/files/2019-12/Rethinking_Resilience_Gender_Integration.pdf.

TABLE 2. ILLUSTRATIVE MOMENTUM ACTIVITIES TO PROMOTE GENDER EQUALITY

 <p>Individual</p>	<ul style="list-style-type: none"> • Promote positive gender norms for men and boys alongside interventions that address men’s RH needs. • Strengthen women's leadership skills and support their political participation in governance, health care, business, and civil society.
 <p>Relationship</p>	<ul style="list-style-type: none"> • Implement couples’ education and relationship skills-building to promote male engagement and encourage equitable, joint decision-making for MNCH/FP/RH care. • Counter gender-based structural constraints by including mothers and fathers in newborn, infant, and child health and nutrition activities and engage men and boys in sharing unpaid household labor to improve their own well-being, as well as reduce the burden on women and girls and improve their health.²⁸
 <p>Community</p>	<ul style="list-style-type: none"> • Include positive male and female role models and media campaigns using gender-sensitive messaging to promote desirable MNCH/FP/RH behaviors through community mobilization. • Collaborate with female and male community leaders to plan immunization sessions and develop effective talking points on gender considerations for better serving zero-dose and under immunized communities and families.
 <p>Health System</p>	<ul style="list-style-type: none"> • Train and mentor public and private providers on screening for GBV and supporting GBV survivors with comprehensive response, treatment, and referral. • Consider gender within clinical and management practices, for example, by increasing the gender competency of FP providers, adhering to respectful maternity care guidelines, training providers to mitigate unintended intervention consequences, and using tools like gender service delivery standards and provider assessment checklists.
 <p>Socio Political</p>	<ul style="list-style-type: none"> • Assess technical tools and policies, guidelines, and protocols for explicit and implicit bias or discrimination based on sex, gender, or other factors; unintended harmful consequences; and attention to gender integration strategies. • Include relevant staff, such as from Ministries of Gender, in meetings and planning sessions related to country interventions, actively engaging them as allies and supporting their gender leadership at various program activity levels.

MONITORING, EVALUATION, AND LEARNING

One critical approach to understanding the impact of project activities on gender equality and women's empowerment is to integrate gender into monitoring, evaluation, and learning (MEL). This integration is especially important during the COVID-19 pandemic, which has caused significant MEL challenges, for example, in data collection and timeliness of reporting.

MOMENTUM Knowledge Accelerator developed and implements [MOMENTUM's MEL Framework](#) to guide the measurement of progress toward achieving MOMENTUM's vision.²⁹ Gender is addressed within its five core components: a theory of change (ToC); learning agenda; measurement; analysis and synthesis; and dissemination and data use. MOMENTUM's ToC specifies actions to strengthen public and private service delivery, address social factors influencing health (including gender equality), and strengthen resilience.

MOMENTUM awards regularly review data and information to identify lessons learned and opportunities to adapt programs as part of its learning agenda. Each award developed a tailored learning agenda to identify the needs and priorities of stakeholders and target urgent evidence gaps within priority technical areas. Synthesizing qualitative and quantitative data and information captured from the awards, MOMENTUM will also explore learning topics related to gender to identify key learning questions across the suite (Table 3).

TABLE 3. ILLUSTRATIVE GENDER-RELATED LEARNING QUESTIONS

	Illustrative Learning Questions
Award-specific learning agendas	<ul style="list-style-type: none"> • How do youth-focused innovations in FP/RH, MNH, and nutrition, developed by youth, contribute to closing equity gaps, increasing access to and use of voluntary FP/RH and MNH services, and progress towards gender equality? • How can male engagement be implemented in FP/RH care and MCHN/antenatal care services in a manner that responds to men and couples' needs as clients but does not compromise women's own rights and autonomy? • What roles do gender and social norms play in achieving health resilience?
MOMENTUM learning agenda	<ul style="list-style-type: none"> • How are MOMENTUM efforts supporting positive gender norms and women's and girls' empowerment?

To ensure the gendered impacts of programming are measured and documented, it is essential to capture and report sex-disaggregated quantitative and qualitative data, as well as data on intersecting demographic and sociocultural factors (including age, class, ethnicity, and race). Beyond the cross-cutting indicators included in the MOMENTUM MEL Framework (Box 4), awards also capture a tailored set of project-specific sex-disaggregated and gender-sensitive indicators unique to their focus areas and contexts. Where possible, awards carry out assessments or qualitative research studies, employ complexity-aware monitoring approaches, implement process and impact evaluations, and use adaptive learning strategies to gain a deeper understanding of gender constraints and opportunities and meet evolving programming needs.

Additionally, MOMENTUM is strengthening the capacity of local partners to pilot and evaluate their own gender interventions through collaborative learning and adapting. Emerging insights will be shared across the MOMENTUM suite and with key partners to inform needed adaptations and improvements to the project's technical programming. Learning will also be shared with the global MNCH/FP/RH community to guide potential adaptations that may improve their work.

Box 4. MOMENTUM Gender Indicators

Insights from MOMENTUM Knowledge Accelerator

To guide the measurement of progress toward achieving the MOMENTUM vision, awards are encouraged to regularly capture core indicators that highlight gender-related activities and outcomes, including:

- Number/percent of MOMENTUM-supported activities that integrate gender/include a component to support gender programming.
- Mean respectful/person-centered or family-centered care (received respectful care) in MOMENTUM-supported areas (facilities).
- Percent of women who report they communicate and share their opinion with their partners about MNCHN/FP/RH topic(s) (couple communication) in MOMENTUM-supported areas.
- Percent of women who report their partners provide support for their MNCH/FP/RH practices in MOMENTUM-supported areas (facilities).

KNOWLEDGE MANAGEMENT AND STRATEGIC COMMUNICATIONS

Knowledge management (KM) and strategic communications (SC) are powerful tools in sharing projects' insights and successes. Addressing gender within KM and SC activities is essential—whether in developing resources, hosting events, contributing to communities of practice, sharing technical information, or crafting strategic messages.³⁰ MOMENTUM emphasizes addressing and overcoming gender barriers in *how* we communicate as well as in *what* we communicate (Box 5). Specific approaches used to develop, package, and share information with a gender lens include:

- Highlighting gender-related data and information, including evidence that gender differences or barriers affect program performance, by elevating the topic in events and resources.
- Documenting and sharing instances of unintended consequences in gender-related intervention implementation and their impact on health and project outcomes.
- Selecting images for products that are not negative, objectifying, or stereotypical regarding gender or other sociodemographic characteristics.
- Ensuring gender-equitable representation of speakers, facilitators, and moderators in events such as webinars, panels, trainings, and conference presentations to highlight diverse perspectives.
- Considering the gender balance of authors and reviewers for written resources such as manuscripts and briefs to foster equitable ownership of the knowledge-creation process.
- Featuring and quoting technical experts across all genders in media or social media communications.
- Sharing knowledge through diverse communication channels to overcome gender barriers such as unequal access to specific platforms.
- Piloting approaches to improving the reach, uptake, and use of MOMENTUM's gender resources and information by others working in MNCH/FP/RH programming.
- Leading and engaging in global communities of practice focused on gender and drawing on the knowledge of gender experts, women-led and youth-led civil society organizations, and those working on gender equality and health to ensure existing best practices inform project work.
- Using internal, informal knowledge-exchange mechanisms such as working groups and newsletters to share real-time insights and data that can inform gender-related program adaptations.

Box 5. Building and Sharing Global Knowledge on Immunization and Gender *Insights from MOMENTUM Routine Immunization Transformation and Equity*

Results from MOMENTUM Routine Immunization Transformation and Equity's gender analysis suggest there is far less evidence and documentation on gender and immunization than on gender and MNCH/FP/RH. Therefore, the award will aim to overcome gender barriers to improve immunization outcomes by documenting and sharing its work.ⁱ Programming includes:

- Ensuring products and documentation consider gender and highlight gender data, where applicable.
- Joining forces with key global immunization partners to develop coordinated strategies and exchange experience on increasing visibility and addressing gender barriers.
- Leading a technical coordination group on immunization to share information with other MOMENTUM awards.
- Developing infographics and talking points for civil society organizations to use in training, distribute to community members, or display publicly to raise awareness on gender and immunization.

ⁱ MOMENTUM Routine Immunization Transformation and Equity. *M-RITE Gender Strategy*. 2021.

PROJECT MANAGEMENT AND POLICY

While attention to gender typically focuses on technical programming, it is equally important to ensure that organizational systems, management, and culture help promote gender equality.³¹ Projects should consider gender in staff recruitment, training, and budgeting and organizational processes, as MOMENTUM strives to do. MOMENTUM also convenes a quarterly gender working group to share program updates and align gender metrics and dissemination.

It is particularly important to foster shared responsibility among *all* project staff for supporting and implementing gender integration. For example, job descriptions for activity managers or technical staff can include tasks like updating gender analyses and supporting regular reflection on project gender integration efforts. Within MOMENTUM, this approach is enhanced by hiring gender advisers to lead global gender activities, liaise with in-country gender focal points, guide coordination, and participate in working groups. Project leadership can communicate the importance of gender integration to staff and demonstrate commitment.³²

Beyond an intentional focus on roles and responsibilities, recruiting gender-balanced teams is important, particularly for MEL and senior management positions, which have traditionally lacked this balance. Implementing appropriate gender and equity training for staff that socializes key definitions and links between gender and health outcomes and orients staff to the project's gender strategy helps ensure *all* staff members understand it is important to address gender and how this relates to their work.³³ Fiscal management should also align with gender priorities so that sufficient funds are allocated for staff training; conducting gender analyses; and integrating gender into program design, implementation, evaluation, and learning activities.

One way MOMENTUM systematizes how gender is integrated into project work is by using checklists to track gender integration in country and global work plans (Box 6). In addition, MOMENTUM actively works to prevent unintended harm and backlash from project interventions that challenge existing power dynamics.

For example, intimate partner violence can result from contraceptive use without spousal consent. To help prevent unintended consequences, MOMENTUM will implement appropriate risk assessments and safety plans like [EngenderHealth's Do No Harm Framework](#) (see page 63). Lastly, projects can consider organizational gender parity and commitment to gender-equitable policies and programs when forming partnerships with non-traditional stakeholders, such as local political and civic leaders.

Box 6. Minimum Steps for Integrating Gender into Country Workplans

Insights from MOMENTUM Country and Global Leadership

MOMENTUM Country and Global Leadership's *Checklist for Integrating Gender into Country Work Plans* enables gender advisers and project staff to ensure systematic inclusion of gender in country work plans. Steps include:

- Conducting rapid gender analysis and collecting secondary sex-disaggregated and gender-specific data.
- Reviewing the country program description and project gender strategy to identify areas of alignment for priority gender interventions.
- Working with country program management staff to write activities into the work plan and budget.
- Integrating appropriate indicators and learning questions from the project MEL plan in country.
- Considering whether proposed interventions need in-country staffing and participating in recruitment as appropriate.
- Working with program management and contracting staff to write gender equity considerations into the procurement plan and budget.

KEY TAKEAWAYS

In summary, global health and development projects like MOMENTUM can take the following steps to ensure gender is prioritized within MNCH/FP/RH programming and other organizational and project functions:

- Conduct a gender analysis and create an evidence-based gender strategy to guide program design, implementation, and evaluation that addresses intersecting constraints and inequalities across dimensions of diversity, such as race, class, age, and sexual orientation.
- Design and implement programmatic activities that address gender through complementary interventions at the individual, relationship, community, health-system, and sociopolitical levels and target multiple environmental influences of gender dynamics.
- Identify and coordinate with global, national, and subnational partners on gender-related efforts.
- Heighten attention to gender issues in overlooked areas (such as immunization, maternal and newborn care, provider gender bias, efforts in fragile settings, and gender-transformative efforts with very young adolescents) to the extent possible, expanding the scope for action within MNCH/FP/RH.
- Evaluate, document, and broadly disseminate work to address gender in MNCH/FP/RH projects—especially gender-transformative interventions—to help fill critical measurement gaps and contribute to the global evidence base.
- Promote and model gender-sensitive visuals and content when producing and communicating technical information and strategic messaging.
- Incorporate gender into all management processes and policies that underpin program design, implementation, and evaluation, like recruitment, training, work planning, and budgeting, while staying attuned to gender dynamics within the project or implementing organization.

Including gender in MNCH/FP/RH programs is a critical, feasible investment for global health and development projects. Confronting context-specific gender inequalities at all levels maximizes program effectiveness and improves MNCH/FP/RH outcomes. Moreover, efforts to improve gender equality and women's empowerment can ultimately strengthen other areas, such as economic growth and food security. Together, global health and development projects can contribute to improving MNCH/FP/RH outcomes and advancing gender equality in communities around the globe.

REFERENCES

1. United Nations (UN). *Gender Mainstreaming: An Overview*. New York: United Nations, Office of the Special Advisor on Gender Issues and Advancement of Women, Department of Economic and Social Affairs. 2002. <https://www.un.org/womenwatch/osagi/pdf/e65237.pdf>.
2. United States Agency for International Development (USAID). *Gender Equality and Female Empowerment Policy*. Washington, DC: USAID. March 2012. https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf.
3. UN. *The Sustainable Development Goals Report*. New York: UN Department of Economic and Social Affairs. 2021. <https://unstats.un.org/sdgs/report/2021/The-Sustainable-Development-Goals-Report-2021.pdf>.
4. Interagency Gender Working Group (IGWG). *Handout: Gender-Related Terms and Definitions*. Washington, DC: IGWG. 2017. <https://www.igwg.org/wp-content/uploads/2017/05/HandoutGenderTerms.pdf>.
5. USAID, *Gender Equality and Female Empowerment Policy*. 2012.
6. Advancing Partners and Communities. *Chapter Three: Transforming Gender Norms to Improve Health Outcomes with the Emanzi Program*. Washington, DC: USAID. 2018. https://www.advancingpartners.org/sites/default/files/apc_uganda_brief_3_emanzi.pdf.
7. Barker, G. et al. 2010. "Questioning Gender Norms with Men to Improve Health Outcome: Evidence of Impact." *Global Public Health* 5 (5): 539-53. <https://doi.org/10.1080/17441690902942464>.
8. MOMENTUM Country and Global Leadership. *MOMENTUM Country and Global Leadership Gender Strategy*. 2020.
9. Feletto, Marta, et al. *A Gender Lens to Advance Equity in Immunization*. Equity Reference Group for Immunization. 2018. <https://sites.google.com/view/erg4immunisation/discussion-papers>.
10. Promundo and Sonke Gender Justice. *Breaking the Cycle of Intergenerational Violence: The Promise of Psychosocial Interventions to Address Children's Exposure to Violence*. Washington, DC: Promundo-US and Capetown. 2018. <https://promundoglobal.org/resources/breaking-the-cycle-of-intergenerational-violence-the-promise-of-psychosocial-interventions-to-address-childrens-exposure-to-violence/>.
11. Silverman, Jay, and Anita Raj. 2014. "Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control." *PLoS Medicine* 11 (9): e1001723. <https://doi.org/10.1371/journal.pmed.1001723>.
12. Lundgren Rebecka, and Alvarez Francesca. *Gendered Approach to Scaling Up Integrated, Quality Services for Maternal, Newborn, and Child Health and Family Planning/Reproductive Health*. 2020. MOMENTUM Knowledge Accelerator.
13. Hardee, Karen, Melanie Croce-Galis, and Jill Gay. 2017. "Are Men Well Served by Family Planning Programs?" *Reproductive Health* 14 (1): 14. <https://doi.org/10.1186/s12978-017-0278-5>.
14. Ragonese, C., T. Shand, and G. Barker. *Masculine Norms and Men's Health: Making the Connections: Executive Summary*. Washington, DC: Promundo-US. 2018. <https://promundoglobal.org/resources/masculine-norms-and-mens-health-making-the-connections-executive-summary/>.
15. Fisseha, Senait et al. 2021. "COVID-19: The Turning Point for Gender Equality." *The Lancet* 398 (10299): 471-74. [https://doi.org/10.1016/S0140-6736\(21\)01651-2](https://doi.org/10.1016/S0140-6736(21)01651-2).
16. Interagency Gender Working Group (IGWG). *Handout: Gender-Related Terms and Definitions*.
17. Boniol, Mathieu et al. *Gender Equity in the Health Workforce: Analysis of 104 Countries. Working Paper 1*. Geneva: World Health Organization. 2019. <https://apps.who.int/iris/handle/10665/311314>.
18. United Nations (UN). *Gender Mainstreaming: An Overview*.
19. USAID. 2021. "Automated Directive System 205—Integrating Gender Equality and Female Empowerment in USAID's Program Cycle." <https://www.usaid.gov/sites/default/files/documents/205.pdf>

20. Yargawa, Judith and Jo Leonardi-Bee. 2015. "Male Involvement and Maternal Health Outcomes: Systematic Review and Meta-Analysis." *Journal of Epidemiology and Community Health* 69 (6): 604-12. <https://doi.org/10.1136/jech-2014-204784>.
21. MOMENTUM Country and Global Leadership. *MOMENTUM Country and Global Leadership Gender Strategy*.
22. MOMENTUM Private Health Care Delivery. *MOMENTUM Private Healthcare Delivery (MPHD) Gender Strategy*. 2021.
23. USAID, *Gender Equality and Female Empowerment Policy*. 2012.
24. USAID, *Gender Equality and Female Empowerment Policy*. 2012.
25. MOMENTUM. 2021. "Now Is the Time to Recognize and Reduce Gender-Related Barriers to Immunization." July 15, 2021. <https://usaidmomentum.org/now-is-the-time-to-recognize-and-reduce-gender-related-barriers-to-immunization/>.
26. MOMENTUM Safe Surgery in Family Planning and Obstetrics. *Gender Strategy*. 2021.
27. Interagency Gender Working Group (IGWG). *Handout #1: Gender Integration Continuum*. Washington, DC: IGWG. 2017. https://www.igwg.org/wp-content/uploads/2017/12/17-418-GenderContTraining-2017-12-12-1633_FINAL.pdf
28. United Nations Population Fund (UNFPA) and Promundo. *Engaging Men in Unpaid Care Work: An Advocacy Brief for Eastern Europe and Central Asia*. June 2018. <https://eeca.unfpa.org/en/publications/engaging-men-unpaid-care-work>.
29. MOMENTUM Knowledge Accelerator. *MOMENTUM Monitoring, Evaluation, and Learning Framework*. Washington, DC: USAID MOMENTUM. September 2021. <https://usaidmomentum.org/resource/momentum-monitoring-evaluation-and-learning-framework/>.
30. Aparcar, Natalie. 2021. "How Does Gender Affect Knowledge Management?" Knowledge SUCCESS. <https://knowledgesuccess.org/2021/06/29/how-does-gender-affect-knowledge-management/>.
31. Gilles, Kate. *Pursuing Gender Equality Inside and Out: Gender Mainstreaming in International Development Organizations*. Washington, DC: Population Reference Bureau. 2015. <https://www.prb.org/wp-content/uploads/2015/03/gender-mainstreaming-2015.pdf>.
32. Gilles, Kate. *Pursuing Gender Equality Inside and Out: Gender Mainstreaming in International Development Organizations*.
33. Gilles, Kate. *Pursuing Gender Equality Inside and Out: Gender Mainstreaming in International Development Organizations*.

Acknowledgments

This publication was written by Maia Johnstone, Megan Ivankovich, and Reshma Naik, with substantial strategic and technical input from: Myra Betron, Rebecca Fields, Renu Golwalkar, Margaret Kasiko, Joan Kraft, and Sarah Trautwein.

Thank are due to Afeefa Abdur-Rahman, Elizabeth Arlotti-Parish, Willow Gerber, Shawn Malarcher, Barbara Seligman, and Alexander Smith for their insightful reviews and to Kate Gilroy, Mahua Mandal, and Sarah Thurston for their valuable contributions.

Nadine Sunderland, Linda Thrasybule, and Raquel Wojnar edited the brief and Sara Staedicke and Kwame Boyce led the graphic design.

Suggested Citation

MOMENTUM Knowledge Accelerator. *Addressing Gender in Global Health and Development: Insights from USAID's Flagship MOMENTUM Project*. Washington, DC: USAID MOMENTUM. December 2021.

FOR MORE INFORMATION:  @USAID_MOMENTUM  @USAIDMOMENTUM  USAID MOMENTUM

MOMENTUM Knowledge Accelerator is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by Population Reference Bureau (PRB) with partners JSI Research and Training Institute, Inc. and Ariadne Labs under USAID cooperative agreement #7200AA20CA00003. The contents of this technical brief are the sole responsibility of PRB and do not necessarily reflect the views of USAID or the United States Government.