Gender Equality, Women's Empowerment and Health: Meeting Global Family Planning and Reproductive Health Priorities Through Improved Evidence

Patty Alleman[i], Avni Amin[ii], Shelly Abdool[iii], Michal Avni [iv]

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[ii] WHO, Department of Reproductive Health and Research
[iii] PAHO, Gender, Diversity and Rights
Objectives

To understand:

1. What is a measurement framework to generate better evidence on gender equality, women's empowerment and family planning/reproductive health?

2. How can we make gender and health data more meaningful for program and policy makers?

3. How can we strengthen the systems and support the use of the evidence for policies and programs?
Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle

Through the Global Health Initiative (GHI), the United States is helping partner countries improve health outcomes through strengthened health systems and integrated services, with a particular focus on improving the health of women, newborns and children. Programs aim to achieve sustainable health impact by addressing infectious disease, nutrition, maternal and child health, family planning, HIV/AIDS and safe water. The first principle of the GHI is a “focus on women, girls and gender equality.” This guidance provides clarification on the goals and programming options related to women, girls and gender equality while acknowledging the critical synergies with other GHI principles such as country ownership, integration, health systems strengthening, and monitoring and evaluation.

Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women. - WHO

Gender-related inequalities and disparities disproportionately compromise the health of women and girls and, in turn, affect families and communities. The GHI will focus on women and girls—excluding adolescent and pre-adolescent girls—in the planning, implementation, and monitoring and evaluation of health and development programs and policies.

Gender equality as health means that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Achieving gender equality will require specific measures designed to eliminate gender inequities. - PAHO Gender Equality Policy

Requirements for Country Strategies on Women, Girls and Gender Equality

A. Gender Analysis: Each country team—with the input of local civil society organizations, donors, government counterparts and other partners—should conduct a gender analysis, which includes an assessment of the priority needs of women and girls at the community level, to inform the design of projects and activities. The analysis should identify age-specific gender roles and norms that affect access to and control over resources and that create differences in power among and between women and men, girls
EVIDENCE
## 1. Health Status

<table>
<thead>
<tr>
<th>Well-being</th>
<th>Illness, Injury and Health Related Status</th>
<th>Human Function</th>
<th>Sexual and Reproductive Health</th>
<th>Life Expectancy and Death</th>
</tr>
</thead>
</table>

Key Gender Equality and Equity Issues

## 2. Determinants of Health

<table>
<thead>
<tr>
<th>Environmental Factors</th>
<th>Socioeconomic Factors</th>
<th>Gender-Based Violence</th>
<th>Social and Community Factors</th>
<th>Household Factors</th>
<th>Health-Related Maternal Health Behaviour and Psychosocial Factors</th>
<th>Biomedical Factors</th>
</tr>
</thead>
</table>

Key Gender Equality and Equity Issues

## 3. Health System Performance

<table>
<thead>
<tr>
<th>Accessibility/Availability</th>
<th>Effectiveness</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordability</td>
<td>Service/Program Effectiveness</td>
<td>Technical Efficiency</td>
</tr>
<tr>
<td>Service Access</td>
<td>Safety</td>
<td>Allocative Efficiency</td>
</tr>
<tr>
<td>Acceptability/Responsiveness</td>
<td>Appropriateness</td>
<td>Sustainability</td>
</tr>
</tbody>
</table>

| Continuity/Continuity | | |
| Competence/Capability  | | |

Key Gender Equality and Equity Issues

## 4. Community and Structural Factors

<table>
<thead>
<tr>
<th>Economic Resources</th>
<th>Human Settlement</th>
<th>Governance</th>
<th>Health and Welfare Systems</th>
</tr>
</thead>
</table>

Key Gender Equality and Equity Issues
## 1. Health Status

- Well-being
- Illness, Injury and Health-related States
- Human Function
- Sexual and Reproductive Health
- Life Expectancy and Death

### Key Gender Equality and Equity Issues

## 2. Determinants of Health

- Environmental Factors
- Socioeconomic Factors
- Gender-based Violence
- Social and Community Factors
- Household Factors
- Health-related Mediators: Health Behaviours and Psychosocial Factors

### Key Gender Equality and Equity Issues

## 3. Health System Performance

<table>
<thead>
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<tr>
<td>Acceptability/Reponsiveness</td>
<td>Continuity/Continuous</td>
<td></td>
</tr>
<tr>
<td>Competence/Capability</td>
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</tr>
</tbody>
</table>

### Key Gender Equality and Equity Issues

## 4. Community and Structural Factors

- Economic Resources
- Human Settlement
- Governance
- Health and Welfare Systems

### Key Gender Equality and Equity Issues

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**Logos:** USAID, World Health Organization, Department of Reproductive Health and Research, HRP
Gender-Sensitive Health Indicators
Illustrative Indicators: FP/RH Example

1. Health Status
   - Fertility Rates
   - Life Expectancy and Death

2. Determinants of Health
   - School Enrollment of Girls
   - Physical and Sexual Violence
   - Early Marriage
   - Masculinity Norms

3. Health System Performance
   - FP/RH laws, policies, strategies
   - Availability of contraceptive mix

4. Community and Structural Factors
   - Signatory to CEDAW
   - Laws to protect against violence
   - Harmonized gov’t gender policies

Key Gender Equality and Equity Issues
MEANINGFUL and USED
Gender Analysis: Generating a Gender Story Line

We often don't progress beyond descriptive statistics.

The need is provide appropriate interpretation to generate a robust and meaningful "gender story line."

Five major steps to doing a gender-based analysis:

1. Descriptive statistics
2. Analysis involving comparisons across different sub-groups
3. Analysis involving comparisons to a norm
4. Analysis linking the pathways between measurement domains
5. Triangulation of different sources of data qualitative and quantitative
The following represent important principles to consider when selecting and implementing a set of gender-sensitive health indicators.

Gender-sensitive health indicators contextualized within – or linked to – a gender analysis.

Relevance to policymaking or program development

The ideal composite of indicators should be developed through a participatory process

Indicators derived from both quantitative and qualitative methods are equally effective and important for evaluating the health implications of gender.

The overall indicator set should be small, balanced and coherent
Next Steps and Timeline:

Finalizing framework (January 2012)

Prioritizing and mapping indicators (Feb 2012)

Pilot application in few countries (Spring 2012)
Thank You

palleman@usaid.gov
RAPID WOMEN

Mali

A New Advocacy Tool for Women Leaders
Mali
Improving Women’s Status and Achieving National Development Goals

Scott Moreland
Fofana Famory
Hannah Fortune-Greeley
Futures Group

"Get Me the Data": Strengthening and Using the Evidence Base for Gender Equality and FP/RH Programs
2011 International Conference on Family Planning, Dakar
Women in Mali

Photo by: Curt Carnemark/World Bank
Education, decision-making and violence

Low literacy and school attendance

Household decisions by husband

Prevalance of FGM

Acceptance of beating
Reproductive health

- Early marriage and child bearing
- High number of pregnancies
- High risk births
- High infant and young child mortality
- Low use of family planning
- High unmet need
What if we could change conditions to improve the lives of women and their families?
RAPID Women Model

Looks at future scenarios based on current national data

Builds on the RAPID Model, which explores the impact of population growth on society and development goals

Includes strategies focused on women’s empowerment in support of national development

- Family planning
- Girls’ education
- Equitable gender norms
What if…?

Family planning

Investments in family planning increase to improve access to and quality of services
More women breastfeed and practice postpartum abstinence

Girls’ education

Women’s literacy rate doubles
Girls’ primary school enrollment rate increases

Equitable gender norms

Norms regarding acts of violence against women change significantly
Results

Improvements in family planning, girls’ education, and gender norms interact synergistically to benefit Malian women and their families, and the country.
Family Planning

% of women currently using a family planning method

- **FP+GE+GN**
- **FP**
- **No Change**
Average Number of Children

Per woman

Number of Children

- No Change
- FP
- FP+GE+GN

Years: 2010, 2020, 2030, 2040, 2050
Female Life Expectancy

![Graph showing Female Life Expectancy from 2010 to 2050 with different scenarios: FP+GE+GN, FP, and No Change.](image)

- **FP+GE+GN** line shows a steady increase in life expectancy.
- **FP** line shows a slight increase in life expectancy.
- **No Change** line remains constant.

Life Expectancy at Birth

- **2010**: 49
- **2020**: 51
- **2030**: 55
- **2040**: 55
- **2050**: 55
Population Size

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Population [millions]</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10</td>
</tr>
<tr>
<td>2020</td>
<td>20</td>
</tr>
<tr>
<td>2030</td>
<td>30</td>
</tr>
<tr>
<td>2040</td>
<td>40</td>
</tr>
<tr>
<td>2050</td>
<td>50</td>
</tr>
</tbody>
</table>

Legend:
- **No Change**
- **FP**
- **FP+GE+GN**
Mothers’ Lives Saved

Cumulative

Lives Saved [thousands]

<table>
<thead>
<tr>
<th>Year</th>
<th>FP</th>
<th>FP+GE+GN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2030</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>2040</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td>2050</td>
<td>57</td>
<td>152</td>
</tr>
</tbody>
</table>
Infants’ Lives Saved

Cumulative

Lives Saved [millions]

<table>
<thead>
<tr>
<th>Year</th>
<th>FP</th>
<th>FP+GE+GN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>2020</td>
<td>0</td>
<td>0.2</td>
</tr>
<tr>
<td>2030</td>
<td>0.2</td>
<td>0.5</td>
</tr>
<tr>
<td>2040</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>2050</td>
<td>2.7</td>
<td>2.7</td>
</tr>
</tbody>
</table>

FP
FP+GE+GN
Children’s Lives Saved
Cumulative

Lives Saved [millions]

<table>
<thead>
<tr>
<th>Year</th>
<th>FP</th>
<th>FP+GE+GN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>2030</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>2040</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>2050</td>
<td></td>
<td>4.9</td>
</tr>
</tbody>
</table>

- **FP**
- **FP+GE+GN**
Human Development Index

**Mali's Rank**

- **Human Development Index (HDI) 2010**: 160
- **Projected HDI 2050**: 121

Graph showing:**
- **HDI 2010**: Mali's rank is 160.
- **Projected HDI 2050**: Mali's rank is projected to be 121.

**Axes:**
- **Y-Axis**: Mali's Rank
- **X-Axis**: HDI 2010 and Projected HDI 2050

**Legend:**
- **FP+GE+GN**
What can we do now to bring about these improvements?
Family Planning Actions

Increase the use of family planning services

Ensure that family planning services are convenient, affordable, and of good quality

Improve knowledge about existing family planning methods

Promote the Lactational Amenorrhea Method (LAM) to encourage women to breastfeed
Family Planning Actions
(Continued)

Improve family planning education in schools and integrate FP education in literacy centers and *madrasas*

Inform men and boys of the advantages of family planning and encourage their involvement

Engage grandmothers, mothers-in-law, women leaders, traditional leaders, opinion leaders, and religious leaders in promoting family planning
Girls’ Education Actions

Improve the level of education for women and girls

Raise awareness among parents on the advantages of educating their daughters

Increase girls’ school enrollment and keep girls in school longer

Bolster literacy programs for women and girls who are not in school
Gender Norms Actions

Improve the status of women and girls

Improve women’s knowledge about human rights

Increase couple communication as a means of reducing physical, sexual, and emotional violence against women

Support programs that work to eliminate harmful traditional practices such as FGC and ritual scarring

Strengthen income-generating programs and access to microcredit for women
Investments in women’s empowerment including family planning can help to improve the health and well-being of Malian women and their families.

These benefits continue to grow in the next generations enendering improved access to education, employment, and greater autonomy in decision making.

Targeted solutions that respond to the challenges facing Malian women and girls have far-reaching benefits for girls and women, their families, and their country.

Conclusions
The photographs in this material are used for illustrative purposes only; they do not imply any particular health status, attitudes, behaviors, or actions on the part of any person who appears in the photographs.
Validating the GEM’s Inequitable Gender Norms Scale for FP/HIV/GBV Programmatic Outcomes

Dominick Shattuck, PhD, Holly Burke, PhD, Greg Guest, PhD
Measuring Gender Norms

• Gender Norms Impact:
  – Unintended pregnancy,
  – maternal health,
  – STI infection,
  – barrier to health services for men and women.

• Currently, there are multiple scales measuring a variety of topics associated with gender dynamics.
  – C-Change developed a compendium of scales (below)

• Gender Equity Men (GEM) scale most widely used of the gender measures.
  – Administered in Malawi, Brazil, Tanzania, China, Ethiopia, Kenya, and others

• GEM was developed in Brazil (Promundo).
  – (Pulerwitz & Barker, 2008)

http://www.c-changeprogram.org/content/gender-scales-compendium/index.html
GEM Origins

• Two sub-scales developed:
  1. Inequitable Gender Norms (IGN, 17 questions)
  2. Equitable Gender Norms (EGN, 7 questions)

• Defined Gender Norms as: “the social expectations for appropriate (and inappropriate) male behavior”.

• Components of Positive Gender Norms:
  1. Relationships with women based on quality, respect and intimacy rather than conquest;
  2. Involvement in household chores (childcare, shared financial decision-making);
  3. Assumes some responsibility for STI prevention and reproductive health in relationships;
  4. Opposed to violence against women & sexual infidelity;
  5. Opposed to homophobia and violence against homosexuals.
The goal of this project was to identify whether the Inequitable Gender Norms Scale (IGN) is a valid measurement for African contexts.

1. **Content Validity** – Confirming components of gender norms through FGDs in sample communities...not described in this presentation.

2. Face Validity – expert review and pilot test

3. Internal Validity – statistical validity using confirmatory factor analysis

4. External/Predictive Validity – predicting HIV risk behaviors
Context of Study

• Data from a cross-sectional study investigating triggers for high risk sexual behaviors.
  – 1607 men, aged 18 – 49, reported 3 or more different sex partners in the last month
  – Sites:
    • Tema, Ghana (n = 807, June, 2008)
    • Mbeya, Tanzania (n = 800, February, 2009)
      – See: Guest, Burke, Shattuck, et al., 2010 for more details.
  – IGN scale administered as one section of the larger study survey.
## Selected Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Tema, Ghana (n=800)</th>
<th>Mbeya, Tanzania (n=807)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>M (SD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>28.32 (5.96)</td>
<td>29.54 (6.25)</td>
</tr>
<tr>
<td><strong>Monthly Salary</strong></td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td></td>
<td>169.88USD</td>
<td>195.17USD</td>
</tr>
<tr>
<td><strong>STD (last 12 months)</strong></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>132 (17%)</td>
<td>167 (21%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>667 (83%)</td>
<td>636 (79%)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>Married</td>
<td></td>
</tr>
<tr>
<td></td>
<td>129 (16%)</td>
<td>194 (24 %)</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td>616 (77%)</td>
<td>484 (60%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>55 (7%)</td>
<td>129 (16%)</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td>Christian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>641 (80%)</td>
<td>560 (69%)</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td></td>
</tr>
<tr>
<td></td>
<td>107 (13%)</td>
<td>246 (31%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>51 (7%)</td>
<td>1 (0.12%)</td>
</tr>
</tbody>
</table>
Methods/Results – Step 2

• Face Validity
  – IGN pilot tested in communities.
  – Reviewed by local study staff (minimum of 3 staff).
    • In both countries: two homophobia questions removed by local staff.
      – *It disgusts me when I see a man acting like a woman.*
      – *I would never have a gay friend.*
    • Staff reported that questions were not relevant to being an equitable partner to a woman and not.
    • Questions related to homosexuality were distracting.
    • 15 remaining IGN questions administered in final survey.
Methods/Results – Step 3

• Internal Validity – Confirmatory Factor Analysis (CFA)
  – Tested the IGN scale’s hypothesized single factor structure.
  – Results indicated that this scale is a robust measure of a single factor (inequitable gender norms).
    – Ghana $\chi^2 = 133.80$, df = 70, RMSEA 0.03, CI 0.03-0.04, CFI = 0.96, TLI = 0.96.
    – Tanzania $\chi^2 = 123.06$, df = 43, RMSEA 0.05, CI 0.04-0.06, CFI = 0.98, TLI = 0.99.
Methods/Results – Step 4

• External/Predictive Validity
  – Tested Relationships between IGN factor scores and sexual risk outcomes.
    • Linear and logistic regression
• Significant relationships among men with higher IGN scores (more inequitable norms):
  – Lower levels of education
  – Greater numbers of sex partners
  – Higher frequency of paid sex
  – More likely to use condoms
  – Lower rates of STDs
Discussion

1. The modified IGN scale is a robust tool to measure the single factor of gender norms.

2. The IGN has a significant relationship with HIV sexual risk behaviors.
   - Not all identified relationships have negative outcomes.

3. In African settings, the role of homosexuality in gender norms will require additional investigation.
Discussion – Relating this to Family Planning

• More equitable gender norms may be considered a project outcome, but norms may not explicitly describe the behaviors changed from a more equitable perspective.
• Positive changes in norms are not consistently associated with
• Project staff need to identify behaviors associated with the outcome in addition to measuring changes in norms (examples):
  – Positive changes in communication (frequency and ease),
  – Collaborative planning for the future
  – Women’s ability to move freely to and from her home,
  – Shared care giving for children,
  – Resolving conflicts without violence,
  – Couple harmony.
Gender Equity and Health Policy in Afghanistan: Building on Reproductive Health and Rights in the Ministry of Public Health

Hamrah Khan, MoPH
Karen Hardee
Homayoon Ghiasi
Basir Nader
Meghan Bishop
Futures Group

International Family Planning Conference, Dakar, Senegal, Nov 29-Dec 2, 2011

Photo: Papyrarri, Jan 15, 2009
Health Services Support Project (2006-2011+)

- TA and Capacity building to NGOs to improve delivery of quality Basic Package of Health Services in 13 provinces
- Train community midwives
- Provides TA to the MoPH Promotion (Information, Education and Communication) department
- Integrate gender awareness and practice into service delivery
Gender and Reproductive Rights Unit in Afghanistan’s MoPH

Minister of Health

Deputy Minister Technical

General Director Policy and Planning

Suggested location of Gender Department

Deputy Minister Health Services

Reproductive Health Directorate

Gender and RR Unit (2006-2009)

Deputy Minister Administrative

Gender Department (Jan 1, 2010)
• Progress under RH:
  – Increased staffing of female providers
  – Gender awareness training for policymakers, managers and staff
  – Research on gender barriers to health
  – Quality assurance standards that incorporate gender
  – Information, Education and Communication (IEC)/Behavior Change Communication (BCC) materials that incorporate gender equity issues
  – M&E on gender programming.
GENDER AWARENESS TRAINING
Upgraded Gender Department in the MoPH

- Minister of Health
  - Deputy Minister Technical
    - General Director Policy and Planning
      - Suggested location of Gender Department
  - Deputy Minister Health Services
    - Reproductive Health Directorate
      - Gender and RR Unit (2006-2009)
  - Deputy Minister Administrative
    - Gender Department (Jan 1, 2010)
Why have an MoPH Gender Strategy?

• National commitment to gender equity – Compact, constitution, laws, policies and national development strategy

• National Action Plan for the Women of Afghanistan (NAPWA) – coordination by MoWA – All ministries to have gender department and gender strategy

• MoPH - among the first to have a gender department and maybe the first to have a gender strategy
Health Issues Included

- Reproductive health (maternal and newborn/infant health, birth spacing/family planning)
- Child and adolescent health (including integrated management of childhood illness [IMCI])
- Expanded Program on Immunization (EPI)
- Public nutrition
- Communicable (tuberculosis, malaria, HIV/AIDS, and avian influenza) and Non-communicable (diabetes, heart disease, etc) diseases
- Disability
- Mental health
- Disaster relief
- Personal hygiene and environmental health
- Gender-based violence (cross cutting)
- Access to quality medicine (cross cutting)
Over 60 Percent Of Afghans Suffer Stress and Mental Disorders

World Mental Health Day

KABUL, Oct. 10, 2010: Acting public health minister, Dr. Soraya Dall addresses a gathering on World Mental Health Day on October 10, 2010. The event was organized by the Ministry of Public Health and the United Nations Office on Drugs and Crime (UNODC) to raise awareness about mental health issues in Afghanistan.
Gender-based Violence

Policy Environment

- International conventions
- Constitution
- Afghanistan Compact
- Afghan National Development Strategy
- NAPWA
- National Health Policy/Strategy
- Health and Nutrition Sector Strategy
- National Reproductive Health Strategy
- Law on Elimination of Violence Against Women
There is perhaps no more important determinant in regard to improving the Health and Nutrition Sector than both the health status of women and their status in society. The extent to which the interventions of the BPHS are aimed at women, and for whom women are the primary caretakers, is ample proof of this statement.

HNS Strategy, 2007/8-2012/13
For purposes of this strategy, the term “gender” refers to social roles that men and women play, because of the way society is organized.

Gender roles and relationships within societies and families are learned, vary among cultures (as well as among social groups within the same culture), and change over time.

http://www.funders-afghan-women.org/
Women and men occupy different social spaces
Health and Gender

• Good health essential for effective participation of women and men in all aspects of life
• Life expectancy 44 for both men and women – poor health conditions for both
• Lack of sex-disaggregated data affects programming, e.g.
  • 59% of children under 5 suffer from stunting – any differences between girls and boys?
  • 2004 mortality: 77% communicable causes, 18% non-communicable, 5% injuries – any differences?
Working group at MoPH
1. MoPH programs integrate gender, including a focus on GBV and mental health

2. MoPH administrative policies and procedures are gender equitable

3. Women and men have equal access to health services that are free of discrimination and address GBV

4. The MoPH creates gender-sensitive indicators and does gender M&E for all health programs
Next Steps

• Gender Strategy Approved by MoPH
• Develop a costed implementation plan
• Model for other ministries
• Strengthen the Gender Department of the MoPH
THANK YOU

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Dr. Karen Hardee, Khardee@futuresgroup.com