



SAMPLE 1

INTEGRATING WEEGE INTO AN ACTIVITY GENDER ANALYSIS



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This sample presents modified excerpts from a health systems activity-level gender analysis to illustrate how women's economic empowerment and gender equality (WEEGE) can be integrated. The findings are presented in two different formats: organized by Automated Directives System (ADS) 205 domains, and organized by the actors in the health activity value chain. Each finding related to value chain actors is paired with concrete and actionable recommendations that can inform the implementing partner's work.

Purpose

The goal of this activity-level gender analysis integrating WEEGE is to identify the gender-specific constraints and opportunities most relevant to the overarching objectives of this health activity. The activity aims to improve the health system's capacity to ensure that quality pharmaceuticals and health commodities are available and accessible to all people on a sustainable basis.

Excerpts of WEEGE Findings by ADS 205 Domains

Gender roles, responsibilities, and time use

Time-use surveys found that women spend approximately four times as much time on household activities compared to men, yet men typically have the final word when making decisions regarding household affairs. Women and girls spend a significant amount of time accessing health care for themselves and other family members, as doing so is considered one of their primary responsibilities. Furthermore, in times of economic hardship or emergencies, women's savings and assets are liquidated first.

Access to and control over assets and resources

Women face inequalities in the labor market, limiting their ability to generate income, be employed and access capital. When controlling for other factors, women's earnings are lower than that of men, making women dependent on their partners or spouses. Though the gap between women's earnings compared to men's earnings has decreased, it remains substantial. Furthermore, cultural norms prioritize men's access to productive paid work over women's, which reinforces gender stereotypes within labor-market segregation.

Patterns of power and decision-making

Barriers to women's participation in national and community-level decision-making subsequently prevent their full participation in and benefit from health programs. In some rural areas and more conservative parts of the country it is taboo for women and men to hold meetings together. Women often are not permitted to speak in public and therefore do not participate in community meetings, depriving them of their voice and agency as leaders and perpetuating the silencing of women's opinions.



Excerpts of WEEGE Findings and Recommendations by Sector

Public Sector

SAMPLE WEEGE RESEARCH QUESTIONS INCLUDED IN METHODOLOGY

» *What good practices exist to increase women's visibility and contributions across the health commodity supply chain?*



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Finding: Access to health commodities and resources is limited, particularly in rural areas. Community Health Workers (CHWs) are a critical element of the public health system and a direct distribution point for the social marketing supply chain. CHWs are volunteers who, with limited training, offer basic healthcare services and health education at the community level.

CHWs (mostly women selected by their own communities) reach about 9.5 million people—approximately 64 percent of the population in rural areas. They respond to a major gap in access to health clinics and hospitals for remote and often difficult-to-access regions. CHWs have long been recognized for their role in reducing mortality and morbidity and in expanding access to health services in low-resource settings, particularly in screening, early pregnancy services, prenatal care referrals, and prenatal medication distribution. As volunteers, CHWs hold a significant amount of responsibility. Not only do they consult with community members on a range of health areas, but they are also expected to do a high volume of reporting, writing and calculating for public health programs. Being a CHW also carries some risk, particularly for women. CHWs are required to transport medicines from district-level and commune-level supply points to these remote areas. In rural areas, female CHWs are not safe traveling long distances alone. When a male CHW is available, he may accompany her for safety purposes. In addition, this volunteer role places an additional time burden on female CHWs, who already have unpaid work responsibilities in their households and community. CHWs also need to transport goods, some of which pose a physical labor burden.

Recommendation: Develop a plan to train and compensate CHWs in collaboration with total market approach (TMA) stakeholders. CHWs fill critical gaps in the provision of health commodities to underserved, disadvantaged and marginalized communities. To achieve universal health care, the activity should improve the enabling environment for CHWs, who are primarily women. In collaboration with TMA stakeholders in the public and social-marketing channels, the team should consider a plan to train and compensate CHWs to ensure the long-term sustainability of last-mile health commodity distribution.





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Community-based groups

SAMPLE WEEGE RESEARCH QUESTIONS INCLUDED IN METHODOLOGY

- » Do initiatives exist to increase women's leadership and participation in networks, cooperatives, or business associations? How have or can these initiatives affect women's economic empowerment?
- » What key issues have women's business associations or groups prioritized over the past five years?

Finding: Lack of engagement and consultation with women's groups.

Overall, there is a lack of engagement and consultation with women's groups within the health commodities supply chain. To adopt a TMA, the activity should consult with advocates for the rights of women, girls and youth. The National Council of Women is one platform used for convening groups to lobby for women's increased leadership and decision-making. For example, as a result of its advocacy efforts, a woman recently was selected as the Minister of Education. The council has published an open letter in the press to the president-elect to consider gender when assembling his new administration, and is committed to working with the Ministry of Population to update the national gender equality policy and to mainstream gender in all areas of the Sustainable Development Goals. The council is represented in every region of the country through its member network, and therefore is a strategic partner for the activity.

Recommendation: Forge strategic partnerships with women's rights organizations and associations.

Strategic partnerships will help ensure balanced gender representation among the Total Market Initiative Technical Working Group, as well as members of government and the commercial sector involved in the TMA. The engagement and representation of women's organizations within activity design and implementation is essential to ensuring a gender integration approach, as women, girls and youth voices often are marginalized or excluded from decision-making processes. By including women's organizations as members of the working group and ensuring gender balance among its members, the activity will offer tangible pathways to employ a gender integration approach to TMA for government partners, technical and financial partners, implementing non-governmental organizations and donors.

