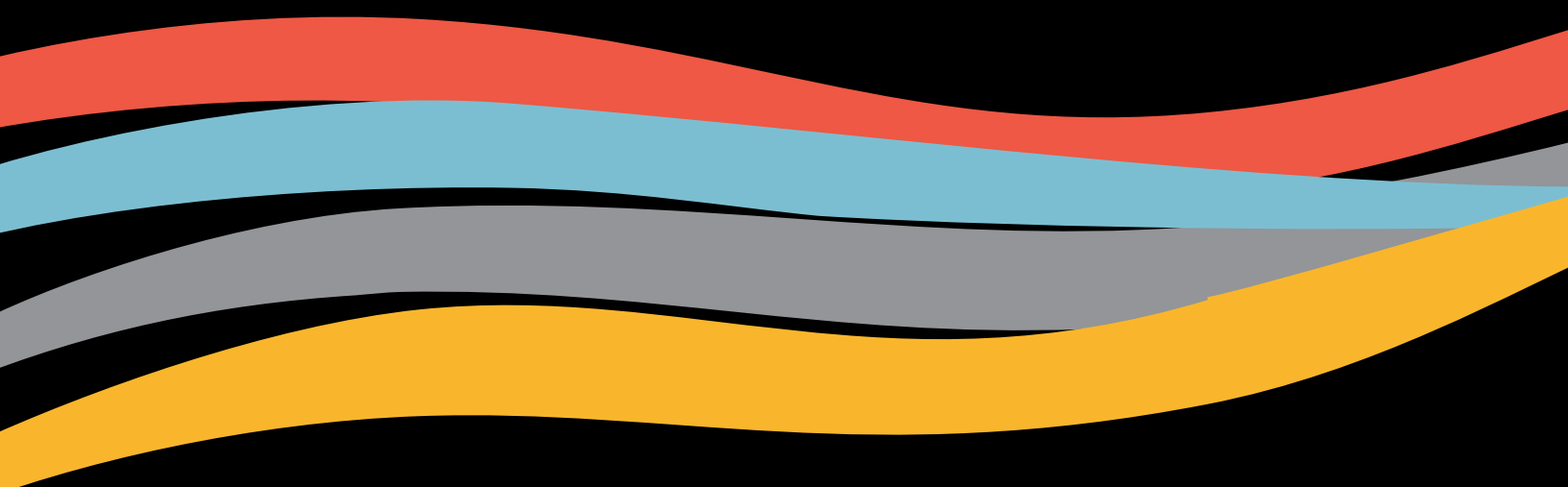


REACHING FURTHER



ANNUAL
REPORT
2021



Achievements

- Supported 21 communities to identify and address gender equity and social inclusion (GESI) gaps through quality improvement and social and behavior change interventions to improve health outcomes, directly impacting over 56,000 individuals.
- Co-designed and co-conducted gender audits and evaluations in 10 countries with local partners.
- Co-designed and co-developed locally-owned tools to assess gender equality in over seven countries.
- Co-conducted GESI and gender, youth, and social inclusion (GYSI) trainings with local governments, both at the community and national levels, on three continents.
- Led gender mainstreaming into various national policies, programs, and guidelines in six countries, improving health outcomes in over eight health areas, including multiple neglected tropical diseases.
- And more; check each country for more detailed information on our team's achievements.

A person wearing a white t-shirt, a black baseball cap, and grey pants is bending over to tie their black sneakers. They are standing in a narrow, unpaved path that has been constructed from a dense arrangement of vertical wooden sticks or branches. The background shows more of the same stick structure, creating a tunnel-like effect. The ground is dry and dusty. In the bottom left corner, there are three overlapping diagonal bars in red, grey, and yellow. The text 'Letter from the President' is overlaid in a large, white, serif font on the right side of the image.

Letter from the
President



In 2021, WI-HER celebrated its 10th anniversary and the beginning of a dynamic new decade of great promise. 2021 was an exciting year for us here at WI-HER and a critical time for the future of development work for the United States and partner countries worldwide.

Ten years ago, I would never have imagined all that we have accomplished over the past decade. We started as a team of two — and now we are a diverse team of more than 40 (and growing) individuals with deep knowledge across sectors, including health, education, and energy. I am also proud that more than 75% of our team is based in the global south, and our team members' experience extends to more than 50 countries.

I could not be more thrilled with the launching of USAID's new [Local Capacity Development \(LCD\) Policy](#) in 2021. In WI-HER's 10 years of experience, we have become leaders in advancing social inclusion, gender equality, youth voices, and local-led development. Our local teams shift norms and transform systems through locally-led and inclusive, sustainable approaches. WI-HER's innovative iDARE methodology underscores all our work and our success trademarks. Through the use of iDARE, solutions to complex, locally identified issues are wholly

defined by context and tailored by local actors. WI-HER advances the capacity of local partners and the agency of all communities, especially youth, women, ethnic or religious minorities, persons with disabilities, and the poor.

As I studied the seven principles of the new LCD Policy, I saw such promise for achieving USAID's goals and finding new ways to sustainably support the advancement of our local partners. I am also thrilled at how closely the seven principles of the LCD Policy mirror WI-HER's mission and vision as well as reflect the values that have always stood at the core of our work. This Annual Report will share vivid highlights of localization in our work and glimpses of what we have planned for 2022.

With our partners, we have weathered the difficulties of the COVID-19 pandemic and have grown more robust and more resilient. I am so proud of WI-HER's achievements and growth, and I look forward to significant advancements for our company, our local partners, and our global community!

Dr. Taroub Harb Faramand
President & Founder

Who are we ...

WI-HER, LLC is a small, woman-owned and disadvantaged business working to support locally-led development. We are a diverse team of professionals committed to enabling people to drive locally-led and co-designed solutions for equitable and sustainable development.

Since 2011, we have supported our local partners to design and implement contextually appropriate creative and integrated solutions to complex development challenges across 56 countries. Anchored by our innovative [iDARE methodology](#), which drives localization, our resulting interventions are community-owned, data-driven, transparently managed, sustainably delivered, and thoroughly documented. WI-HER's focus on tailored capacity development and rigorous monitoring and evaluation processes ensure excellence, impact, and sustainability in all of our programs.

Our Mission

is to employ an integrated, multi-sectoral approach that links health with education, the rule of law, and agriculture to improve outcomes and achieve sustained development, leading to better, healthier lives.

Our Vision

Capable Individuals Reaching Further



Scan to learn more about
iDARE methodology

In every project and program, WI-HER:

- Is results-oriented, and always uses the most recent local data and evidence to inform and drive change.
- Closes gender gaps to achieve impact across the various community, country, and global sectors.
- Fosters and embeds a culture of localization, equity, and inclusion.
- Establishes a foundation for solid monitoring and evaluation; and collaboration, learning, and adaptation within and between programs and teams.
- Facilitates south-south learning and cooperation.
- Brings the tenacity, innovation, and flexibility of a small business to solve any problem.
- Is responsive and adaptive to changing contexts.
- Deeply understands the requirements of various donors, particularly US government funding mechanisms.

WI-HER Team



2021 Countries of Implementation

A silhouette of a tree and a gazelle against a sunset sky. The sky is filled with orange and yellow clouds, and the horizon is visible in the distance. The tree is on the right side of the frame, and the gazelle is on the left side, standing on a grassy plain.

Africa

Uganda

Kenya

Nigeria

Tanzania

Rwanda

Malawi

Ethiopia

Ghana

Asia Pacific

Fiji

Nepal

Caribbean

Haiti

Eastern Europe

Kosovo

North Macedonia

Serbia

South America

Bolivia





Uganda

PROJECT

USAID Social and Behavior Change Activity (USAID SBCA)

PARTNERS

Johns Hopkins Center for Communications Program (CCP), The Medical Concierge Group (TMCG), The Busara Center for Behavioral Economics, and World Vision, Inc

KEYWORDS

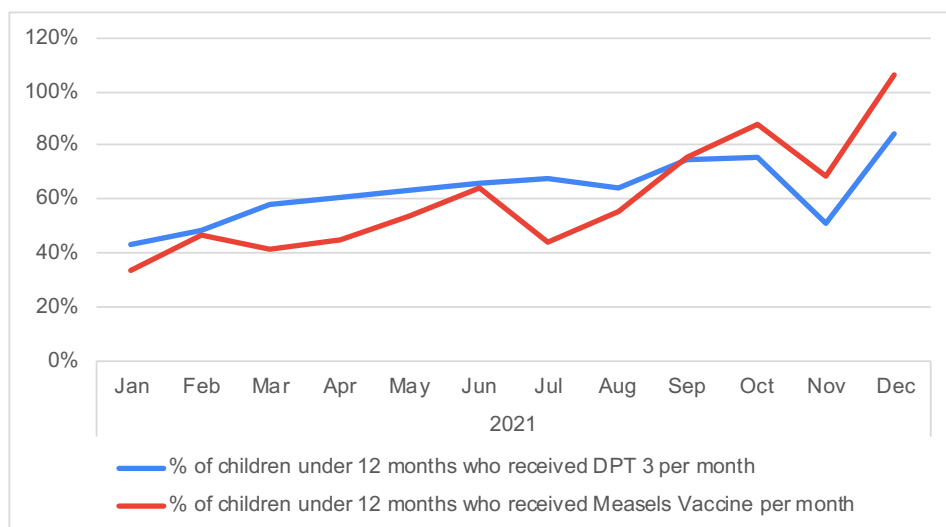
Social and behavior change; gender, youth and social inclusion (GYSI); HIV; tuberculosis; family planning; maternal, newborn, and child health

WI-HER is the lead GYSI partner on USAID SBCA led by prime, CCP. Using available government and facility data, WI-HER supports local communities to identify and address GYSI-related social and behavior change challenges faced in their communities using WI-HER's iDARE methodology. In 2021, WI-HER supported the expansion of iDARE implementation from one district and health area to five additional districts and a total of five health areas. In addition to direct behavior change work, we supported USAID SBCA to develop a GYSI Action Plan for the entire duration of the activity to further advance GYSI integration across all project activities and deliverables.

"I used to offer herbs to pregnant women to clean the uterus for fetus to grow. I did not understand the dangers/side effects of those herbs, but since I have been incorporated into the team of SBC community influencers at Kabeywa learning site, now I refer mothers to get skill ANC and maternity services at health facility. I only offer them emotional/ psychological support."

- Jennifer, Traditional Birth Attendant, Kabeyewa HCIII

Increasing Measles and DPT3 immunization among children under 12 months, Alwa HCIII



Achievements

Health workers are working in partnership with community influencers in seven communities to design culturally and contextually appropriate solutions to locally-identified GYSI barriers to achieving health outcomes using WI-HER's iDARE methodology. In 2021, they have achieved:



915



men achieved viral load suppression in three communities (out of 943/97% actively enrolled in care).

197

children and young adults (under 20 years) achieved viral load suppression in three communities (out of 199/ 99% actively enrolled in care).

3

communities improved TB case notifications.



2



communities supported women attending their first antenatal care visit within the first trimester.

40%



increase in access to family planning information, counseling, and methods among adolescent girls and young women.



70%

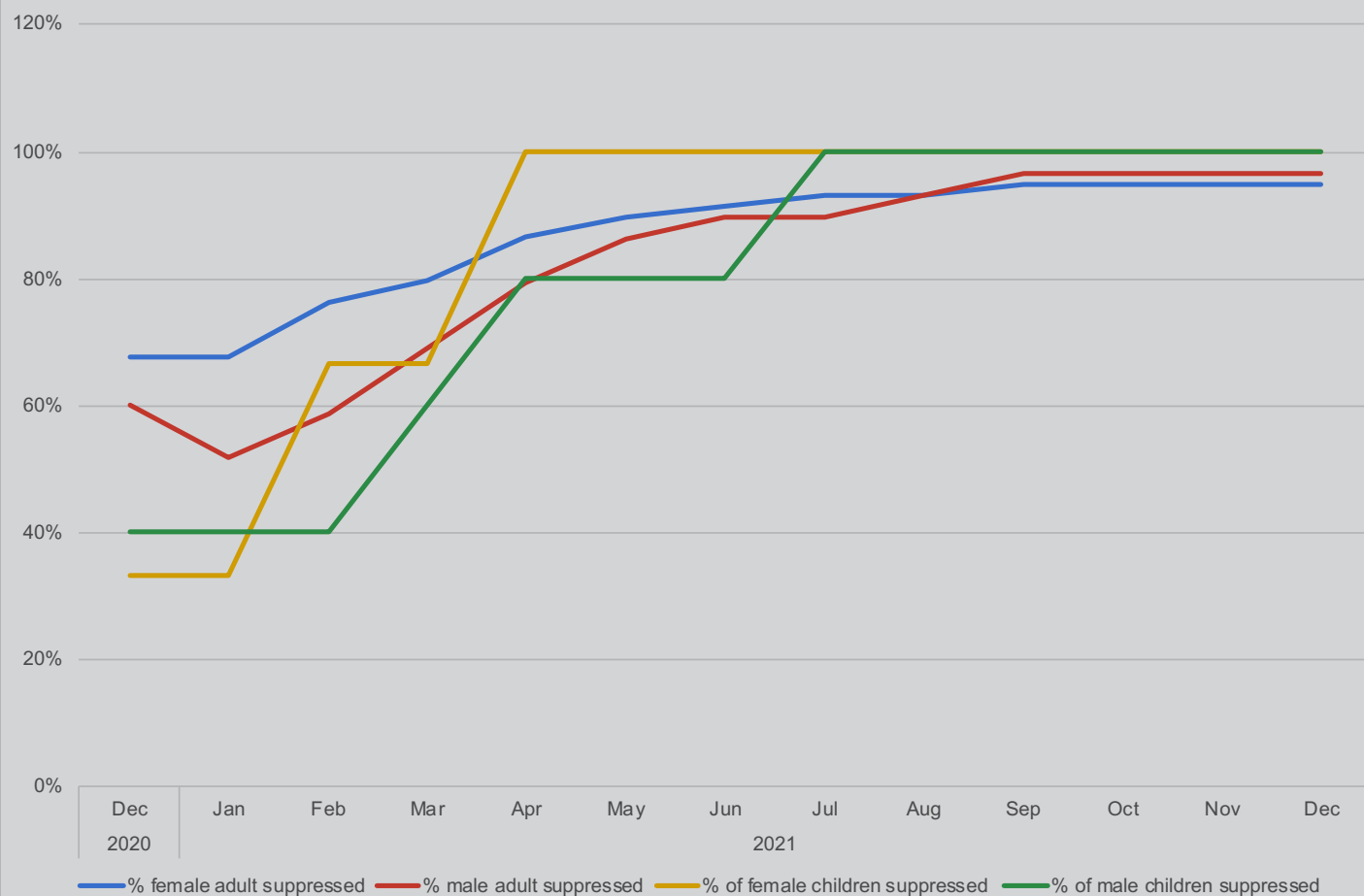
increase in DPT3 vaccine administration for children under 12 months, improved from 50% (baseline) to 85%.

158%

increase in measles immunization for children under 12 months, improved from 41% (baseline) to 106%.



Improving VLS among adults and children, disaggregated by sex, Kabeywa HCIII, Kapchorwa District



iDARE Drives Locally-Led Behaviour Change

At the start of the USAID-funded activity in 2020, WI-HER supported local district government leaders

to review the District Health Information System (DHIS)2 data to identify their greatest challenges in achieving public health goals and targets in various health areas. In the beginning, WI-HER worked with local leaders to prioritize areas using the iDARE methodology, starting small and scaling rapidly once they felt comfortable in implementing the methodology to drive local change.

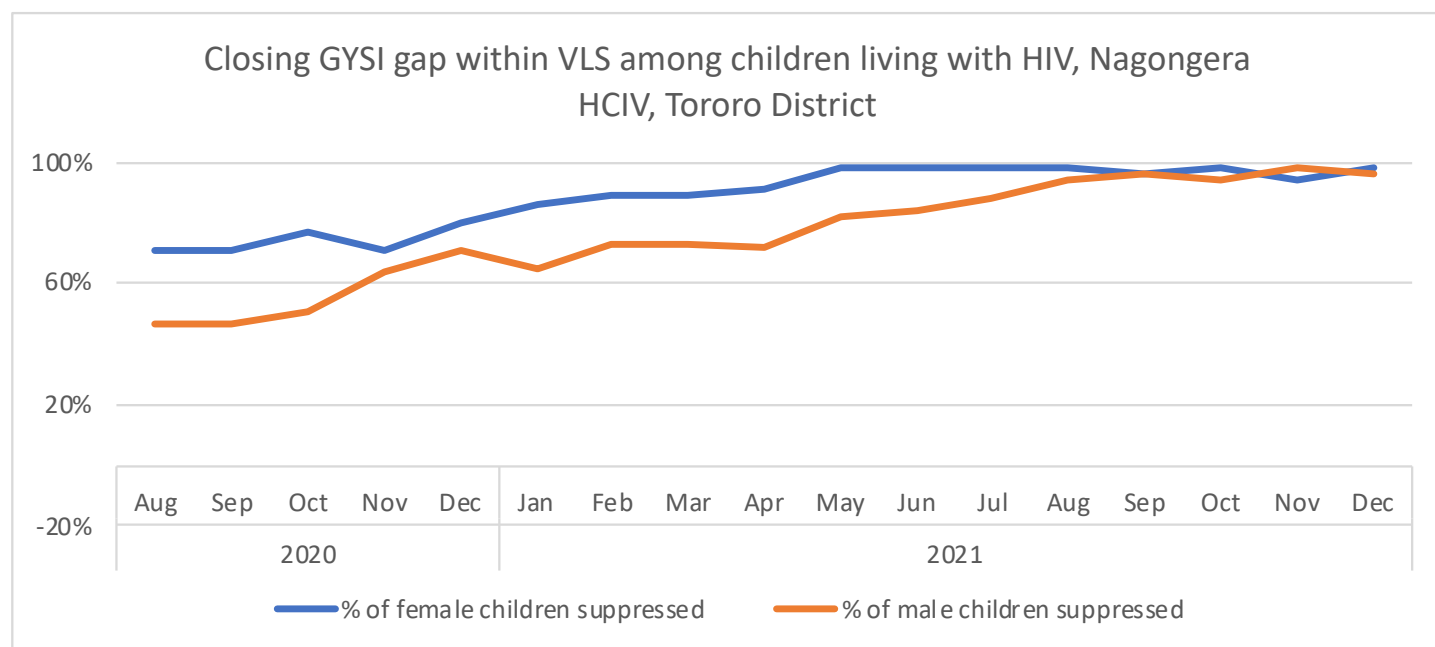
The first identified priority for immediate intervention was HIV viral load suppression (VLS) among men and children active in care in the district. A review of baseline data at a larger facility indicated that 92% of women active in care were virally suppressed; however, only 65% of men and 60% of children (19 and

under) active in care were virally suppressed. Due to the vast gap in VLS among men and children, the district leadership selected Nagongera Health Centre IV as the first facility to serve as a base for supporting locally-led behavior change efforts to improve VLS in the community. Specific emphasis was put on addressing GYSI barriers that impacted retention and adherence behaviors in the first selected testing site.

WI-HER supported district leadership and local stakeholders to work with the facility health workers, or root agents (RAs), to form an initial iDARE team and design a way to improve VLS within their catchment area. The RAs line-listed clients using the facility data to form cohorts of consenting men and children who were not suppressed. WI-HER then supported the RAs to meet with the cohort members (and in some cases their caretakers) to understand the gaps, barriers, and issues, with particular emphasis on GYSI, which impacted their attitudes, beliefs, opinions, and overall health-seeking behavior.

The RAs also asked cohort members questions to gain insight into who influenced their day-to-day behavior, looking beyond just health-seeking and utilization behavior. WI-HER supported the RAs to analyze the information shared by cohort members and identify common barriers impacting VLS as well as key influencers to join the iDARE team.

The RAs formed a consenting cohort of 16 children and 14 men (enrolled in HIV treatment and care but not virally suppressed). The iDARE team formed by the RAs had cohort-selected influencers, which included teachers, a preacher, and village health team members (community health workers). They worked together to design and test culturally sensitive and contextually appropriate solutions to support the cohort practice behaviors that aimed to improve VLS. WI-HER provided coaching to the iDARE team to navigate existing and emerging challenges; monitor and record progress; and ensure that solutions always adhered to the principle of do no harm.



PROJECT

USAID's Act to End Neglected Tropical Diseases | East (Act | East) program

PARTNERS

RTI International (prime), The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, and Save the Children

KEYWORDS

GESI, social and behavior change, NTDs, health systems strengthening, Monitoring, Evaluation Research and Learning (MERL), localization and capacity development

WI-HER conducted a GESI analysis in August 2019, which revealed that GESI barriers impacted exposure and vulnerability to NTD infection as well as access to and uptake of NTD services, including mass drug administration (MDA).

Through Act | East, WI-HER supported the Ministry of Health (MoH) to facilitate a two-day workshop in February 2021 to review all MDA training materials and create a GESI training package to be incorporated into the NTD training materials. The workshop resulted in a draft GESI MDA training package, which was applied during 2021 pre-MDA training at multiple levels.

WI-HER also supported the MoH to implement WI-HER's iDARE methodology in a pilot district, Moroto, to improve MDA coverage for trachoma among migratory communities, which were frequently missed or refusing MDA. iDARE implementation is

evidence-based, and WI-HER supported national, district, and community stakeholders to rapidly collect existing qualitative and quantitative data from 2019 to date to identify gaps and barriers to MDA access and uptake among migratory populations. WI-HER, working with national GESI trainers, trained local stakeholders, including district local government and health facility officials, on GESI integration. After the training, the district teams led the review of existing data to identify two priority catchment areas to begin behavior change efforts. They then worked with local communities to identify consenting community members of migratory populations, who previously did not take MDA, to form two cohorts. These cohorts allowed the behavior change teams to further identify gaps and barriers experienced by the population themselves, as well as for additional community influencers to join the behavior change team. Together, the teams analyzed local gaps and barriers and designed local solutions to test that addressed identified issues among the cohorts.

Act | East-supported stakeholders in Moroto had a short-term goal of improving MDA coverage during the 2021 trachoma MDA. **At the end of the 2021 MDA, the behavior change teams in both communities achieved 100% access to and uptake of MDA by the 60 cohort members. Behavior change team (BCT) members also reported that all people in their villages, beyond the cohort members, took MDA, in addition to visible improvement in hygiene and sanitation.**

Act to End NTDs

E A S T


As a partner on USAID's Act to End Neglected Tropical Diseases (NTDs) | East program, WI-HER leads Act | East's strategy for GESI. By helping to identify barriers and design solutions for the hardest-to-reach, we provide critical support to governments and partners as they reach the 'last mile' in NTD elimination and control in 13 countries supported by Act | East.

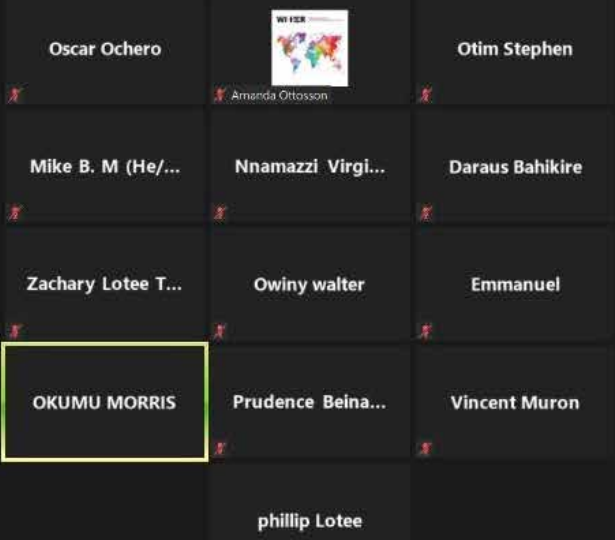
To drive community-led sustainable change, the BCTs are comprised of influencers from these communities. The district GESI team mentored them to understand the reasons for behavior change around trachoma and MDA. The influencers will continue influencing their communities and acting as role models as well.

"Another lesson is that to understand how we offer services; we must understand the level of vulnerability in our communities—not giving services equally but equitably. If we do not do that, we might be helping those who are already well off, ignoring those that need our services the most."

-Participant, Moroto District stakeholders training on GESI integration.

Localization across all levels





At the national level, the MoH provided overall leadership, taking care of the communication with the district through a designated GESI focal point at the Ministry. There was a five-person District level GESI team comprised of the District NTD focal point, District Health Educator, District Biostatistician, District Community Development Officer, and the district-based GESI trainer. At the Sub-County level, root agents supervised the community-based activities. There were BCTs at the community level comprised of community influencers identified by cohort members themselves. The BCTs implemented the GESI behavior change activity and worked directly with cohort members to address their MDA access and uptake barriers. WI-HER provided overall GESI technical guidance, while Act | East provided general project support and NTD technical guidance.

Localization in the context of COVID-19

After all plans to conduct the Moroto District stakeholders training on GESI were complete, the government announced a total country lockdown to control COVID-19 infections. Waiting until the end of the lockdown was a significant setback as it did not allow for sufficient time to implement the behavior change activity ahead of the planned MDA. The WI-HER team worked with RTI and the MoH to rapidly adjust the in-person training to virtual training using Zoom, although this was entirely new for most training audience members. All facilitators and some members of the training audience stayed in their homes in various parts of Uganda. In contrast, members of the training audience with very poor internet access were brought to a hotel in Moroto City with better internet. Here, the participants used their devices,

sometimes sharing while strictly observing the COVID-19 standard operating procedures. The virtual training was very successful and set a good foundation for the behavior change activity tasks that were done physically.

At the start of the virtual training, the Act | East team oriented the participants on the basics of using Zoom for training and meetings. This built local capacity as exhibited during the training, and the participants will continue to use these skills for other development activities conducted virtually. The successful experience of running this training provided local stakeholders with another option of continuing development work in circumstances such as those brought about by COVID-19 and related restrictions.



Kenya

PROJECT

USAID HIV Service Delivery Support Activity (HSDSA), Cluster 2

PARTNERS

FHI 360

KEYWORDS

GESI, iDARE, service delivery, quality improvement, capacity building, gender-based violence (GBV)

WI-HER applied the innovative iDARE methodology to support health workers to improve the identification, care, and management of GBV cases in the USAID Afya Nyota ya Bonde project (contractual name USAID's HIV Service Delivery Support Activity) in Kenya. The activity's goal was to build the capacity of national and county governments to plan, coordinate, and manage high-quality, cost-effective HIV services that are readily accessible to those who need them in four selected counties. WI-HER joined the consortium as a partner to improve

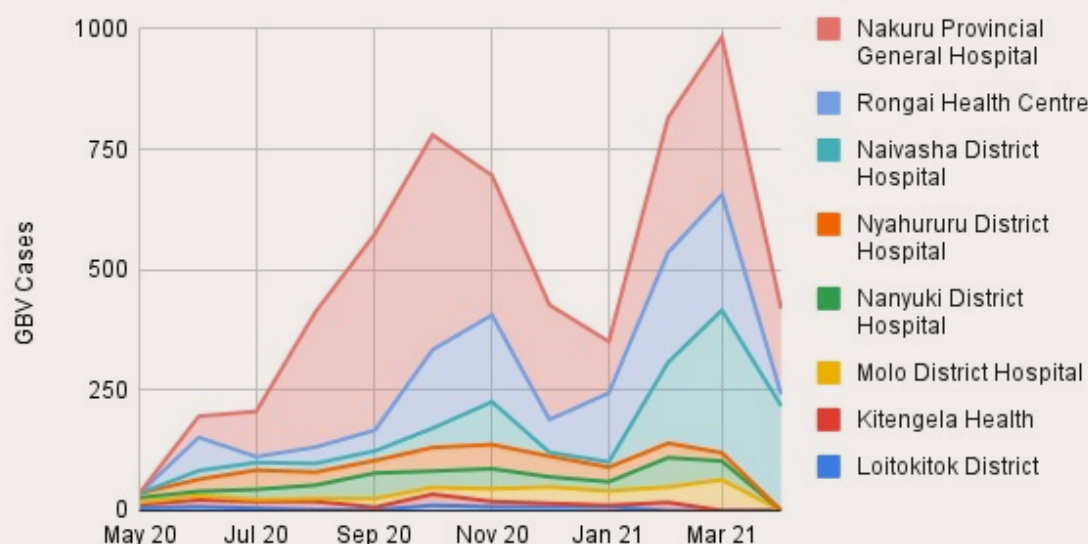
GBV services during the peak of the global COVID-19 pandemic.

Within the USAID-funded Afya Nyota ya Bonde project, WI-HER managed GBV implementation in eight facilities in the Kakamega, Laikipia, Kajiado, and Nakuru counties. Our team supported health workers in the identification, care, and documentation of GBV survivors. Using the iDARE methodology, WI-HER built community-driven iDARE teams within the facilities to identify barriers in GBV identification and management; we then co-designed solutions to address the gaps. In addition to improving service delivery and documentation, WI-HER worked with the local governments to develop and test new tools for facility use, including expanding the registry definition of GBV. In the original document, GBV was only used in terms of sexual GBV, excluding physical, emotional, and

financial GBV from the definition, care, and reporting. Subsequently, WI-HER and the Kenyan health administration worked to institutionalize a minimum standard of care for GBV service delivery.

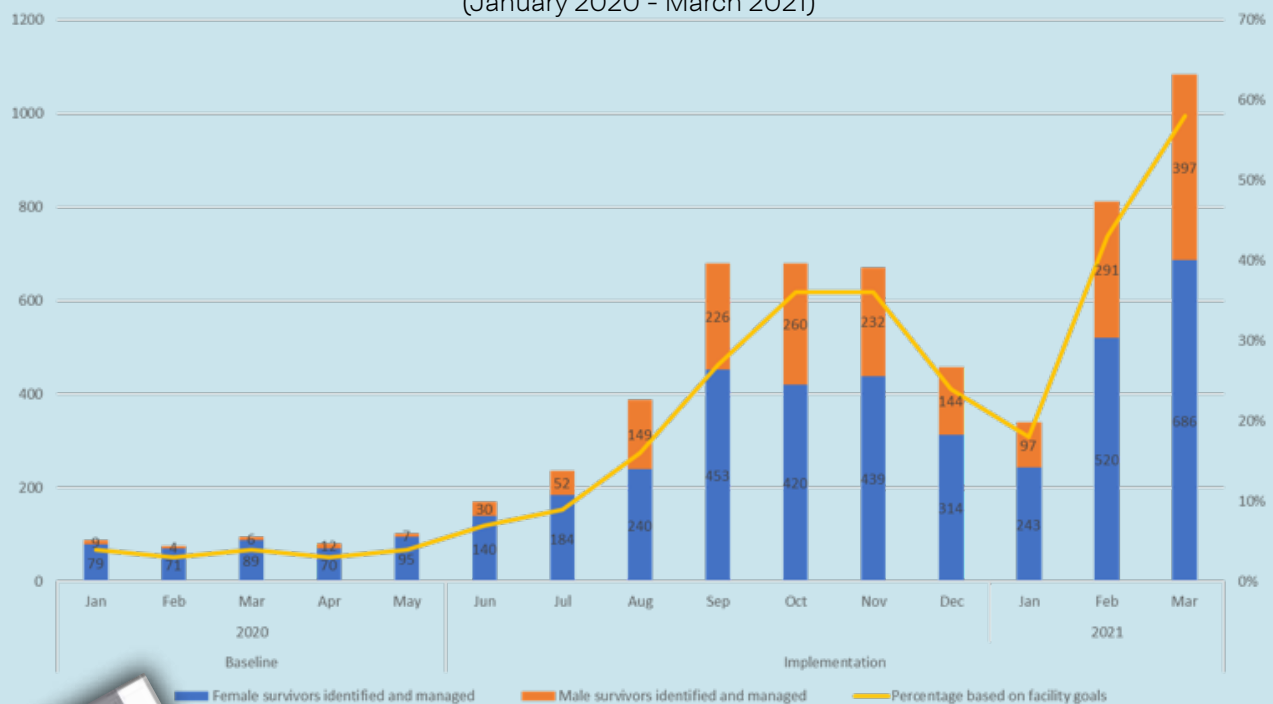
WI-HER adopted the following approach: conducted training-of-trainers and cascading training; and co-designed localized training materials as well as standards of practice for screening clients for possible GBV and indicators to monitor progress in closing gender-related gaps in reporting and care. This approach was developed to reach the USAID/PEPFAR Gender and GBV Technical Priorities for HIV Programs. To increase collaboration and coordination efforts in GBV response, our team supported facilities to link with existing governmental, private, and donor-funded programs that support GBV survivors.

Gender Based Violence Survivor Identification, Care and Documentation at 8 Health Care Facilities in Kenya



Due to the global COVID-19 pandemic, in-person training of county government trainers—to cascade training and transfer knowledge to facilities—was not possible as planned. Therefore, WI-HER adapted in-person GBV training to online training using an innovative, phased approach that considered contextual dynamics in order to achieve rapid improvements in GBV identification, clinical care, and management in select facilities.

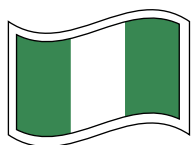
GBV Cases Identified and Managed by Sex in 8 Facilities in Nakuru, Laikipia, and Kajiado Counties (January 2020 - March 2021)



Resources available:

- [Final project report](#)
- [Service delivery tools \(GBV pocketbook guide for health workers, quality assurance tool, GBV identification and management checklist\)](#)





Nigeria

PROJECT

USAID Integrated Health Program (IHP)

PARTNERS

Palladium (prime), Jhpiego, Viamo, PharmAccess, Avenir

KEYWORDS

Health systems strengthening, gender-based violence (GBV), quality improvement, gender equity and social inclusion (GESI), male engagement, health utilization

WI-HER is responsible for gender integration and social inclusion within USAID's IHP. IHP aims to reduce child and maternal morbidity and

mortality and increase the capacity of public and private health systems to sustainably support quality primary health care services in Bauchi, Kebbi, Sokoto, Ebonyi, and the Federal Capital Territory (FCT) in Nigeria. Our work focuses on mainstreaming gender into policies, program designs, and guidelines at the State level across the five Task Orders, focusing on gender equality and equity in access to and quality of social services, gender integration at the facility and community level, and targeting the integration of gender issues that impact service delivery and clinical care.



Achievements

Systems strengthening

64



State-level staff members responsible for GESI recruited and trained at every local government area (LGA) in Bauchi, Kebbi, and Sokoto

67



Gender and Youth Ambassadors (GYAs) recruited and trained in **3 states**

55



gender-responsive activities conducted across **18 LGHAs**

8



critical GESI governance laws, policies, and strategies developed contributing to strengthening of the national and state health systems' leadership, governance, and equitable service delivery



GESI governance laws, policies, and strategies

- FCT GESI in Health Strategy
- FCT Male Engagement in Health Action Plan.
- Affirmative Action Bill under review by the Executive Governor in Kebbi.
- Incorporated gender-sensitive indicators into the Bauchi 2021 Annual Operational Plan.
- Executive Governor approved the Child Protection Law, which proceeded to the House of Assembly for passage in Sokoto.
- Violence Against Persons Prohibition (VAPP) Act was signed into law in Kebbi and Sokoto.
- Domestication of the Child Right Bill.
- Adapted the national policy on integrating Adolescent and Youth-Friendly Services in primary health centers (PHCs).

GBV prevention and response

6



State GBV Task Forces/ Technical Working Groups/ Committees established and functioning in Bauchi, Kebbi, Sokoto, Ebonyi, and FCT

61



GBV survivors received full support, including referrals for medical services, mediation and counseling, legal services, safe housing for minors and adults, and directing law enforcement to pursue perpetrators in 3 states

4



State-level GBV referral service directories established in Bauchi, Kebbi, Sokoto, and Ebonyi

3



Sexual Assault Referral Centres established in 3 states

1,189



GBV survivors in FCT identified and managed. This is an increase from 0 in quarter 1

Service improvements

474



Family Planning trainers trained in GESI-responsive GBV care in 5 states

100%



of PHCs in FCT's Sexual and Gender-based Violence (SGBV) Referral List trained on improved reporting, documentation, and referrals for healthcare and non-medical services within the Territory

Impact Highlights by State


Bauchi

1,980 

adolescents provided with health service information and referrals to health facilities by GYAs


77% 

increase of men accompanying their partners to monthly antenatal care (ANC) consultations

72% 

increase in adolescent girls using services


Sokoto

28% 

increase in adolescent utilization of services


810 

adolescents (330 males, 480 females) received adolescent-friendly health messages in Sokoto


762 

adults (236 males, 516 females) reached with health messages in Sokoto state

Ebonyi

1 

community of practice (CoP) established using WhatsApp for first-time mothers to receive health information, establish direct access to health providers, and support career development

33% 

of CoP members were able to return to secondary school, through a partnership with the AMURT Foundation

Providers developed skills in GBV first-line support and documentation and now utilize the Out-Patient Department (OPD) register to record GBV cases.

Providers designed solutions to promote male support for maternal health, increasing male participation in ANC attendance and facility delivery.

Kebbi


2,112 

(821 males, 1,291 females) adolescents reached with health service information


2,285 

(754 males, 1,531 females) adults reached with health service information


FCT

14% 


of ANC1 visits by women were attended by a male partner. This is an increase from 0% male partner attendance in 7 months

2,000% 

increase in male participation of children immunization appointments in 7 months. Male family members accompanying children during appointments went from 2% in April 2021 to 42% in November 2021

1,100% 

increase in GBV survivors identified and managed in two quarters, from one survivor per month in Q1 to 12 average per month in Q3

267% 

increased proportion of women attending ANC visits with a male partner from 7% in the first three months of implementation to 25% after coaching providers on male engagement and establishing a male-friendly waiting area

"We need GESI mainstreaming because there are many obstructions to GESI responsive services, including a lack of GESI-sensitive education and outreach."

- Gender Desk Officer (GDO) from Bauchi





Tanzania

PROJECT

USAID Adolescents and Children HIV Incidence Reduction, Empowerment, and Virus Elimination (ACHIEVE) project

PARTNERS

Pact (prime), Jhpiego, Palladium, and No Means No Worldwide

KEYWORDS

iDARE, GESI, MERL, program design and implementation, systems strengthening and policy reform, capacity development, and GESI mainstreaming

WI-HER mainstreamed GESI in the Comprehensive Council Operational Planning for Social Welfare (CCSWOP), which is applied at the Council-level to guide all social welfare activities. Further, we integrated GESI in supportive supervision guidelines and training developed by ACHIEVE in coordination with MOHCDGEC and PORALG.

The ACHIEVE project, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the USAID and led by Pact, has a primary goal to reach and sustain HIV epidemic control among pregnant and breastfeeding women, adolescents, infants, and children in PEPFAR-supported countries. The ACHIEVE consortium works with USAID missions, national governments, and partners to identify gaps in HIV prevention and treatment programming among priority populations. WI-HER leads the implementation of the three pillars

of the USAID ACHIEVE Project Gender Strategy: social integration and gender mainstreaming, capacity development, and institutionalizing practices for transition.

In 2021, we raised awareness of GESI principles among technical working groups led by the MOHCDGEC and Presidential Office for Regional and Local Government (PORALG). We incorporated sex- and age-disaggregated data in information systems, reporting, and evaluation processes. Notably,

In 2022, we will support the government to improve service delivery as well as develop the capacity of social services organizations to apply the iDARE methodology toward recognizing GESI biases, identifying GESI-related needs or gaps in access or quality, and improving services by integrating GESI-responsive solutions.

In Tanzania, WI-HER leads GESI mainstreaming in the policies and guidelines of the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and supports organizational development within the Ministry and the social services organizations it oversees.



NEW PROJECT

PROJECT

USAID Tuhifadhi Maliasili Activity

PARTNERS

RTI International

KEYWORDS

Environment, GESI, youth, climate change, resilience, and natural resource management

Tuhifadhi Maliasili aims to address threats to animal movement and biodiversity in Tanzania. Tuhifadhi Maliasili will incorporate a series of interventions that support and strengthen the capacity of national and local government and civil society for biodiversity conservation and natural resource management (NRM). In designing interventions to achieve these objectives, Tuhifadhi Maliasili will systematically incorporate opportunities for empowerment and engagement of women, youth, and other groups historically excluded from conservation efforts.

WI-HER conducted a broad, rapid landscape assessment of gender, youth, and social inclusion factors – including gender equality, women's empowerment, and social inclusion. Findings from this assessment were used to inform the Activity's overall Youth Engagement Strategy and Gender Equality and Women's Empowerment and Social Inclusion Action Plan.

The assessment identifies and presents opportunities, challenges, and potential approaches to achieving equitable and inclusive involvement of women, youth,

and excluded groups – such as pastoralists, farmers, persons with disabilities, and the elderly – in the Tuhifadhi Maliasili Activity.

In 2022, WI-HER will provide technical support for the implementation of TM's GYSI Strategy and Action Plan. We will support local grantees, who will implement conservation and biodiversity preservation activities, to integrate GYSI across their planned activities and approaches. We will raise awareness and build capacity on GYSI integration for Activity staff, grantees, and stakeholders and support the Activity to monitor for GYSI outcomes, including identifying and responding to potential GYSI gaps, unintended negative effects, and risk of harm. Finally, WI-HER will begin phase one of iDARE implementation in one pilot corridor

Did you know?

Young people, especially young women, are often excluded from Tanzania's NRM decision-making. Youth tend to have lower status than adults and disproportionately suffer from the negative impacts of biodiversity loss and from restrictions imposed to preserve biodiversity and wildlife.

WI-HER supported the activity to develop a Youth Engagement Strategy to ensure a youth responsive approach by the Activity. In designing interventions to achieve Activity objectives, Tuhifadhi Maliasili will systematically and intentionally incorporate opportunities and co-design to meaningfully engage youth, who are historically excluded from conservation efforts.

to facilitate behavior change activities for awareness-raising on wildlife corridor importance among communities.

Resources

[Youth Engagement Strategy](#)



[Gender Equality and Women's Empowerment and Social Inclusion Action Plan](#)



PROJECT

Act | East Tanzania

PARTNERS

RTI International (prime), The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, and Save the Children

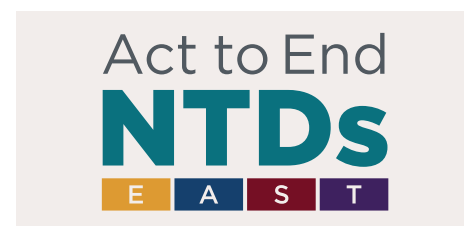
KEYWORDS

NTDs, health systems strengthening, GESI

Through Act | East, WI-HER has worked closely with national, regional, and district government stakeholders and communities to strengthen NTD programming by ensuring it is gender-sensitive, socially inclusive, and that it achieves improved results for all people. Beginning in December 2020, WI-HER supported the Tanzania Neglected Tropical Diseases Control Programme (TZNTDCP) to develop GESI materials for integration into the standard curriculum for pre-MDA training. Following this development, and as part of the standard cascade of MDA training, Act | East and TZNTDCP tested the materials and reached RTI-supported and non-supported areas to collectively include four regional hubs, 19 regions, and 130 councils. Through this process, the use of the GESI materials facilitated the training of six national GESI trainers, who could then assist in the training cascade and ensure GESI skills and sensitization reached all levels. This process culminated with the GESI behavior change pilot activity in Pangani District Council (DC) in FY21 Q2, conducted ahead of March 2021 school-based MDA. The pilot strengthened regional, district, and community-level capacity to integrate GESI, using our iDARE methodology, to address GESI-related challenges

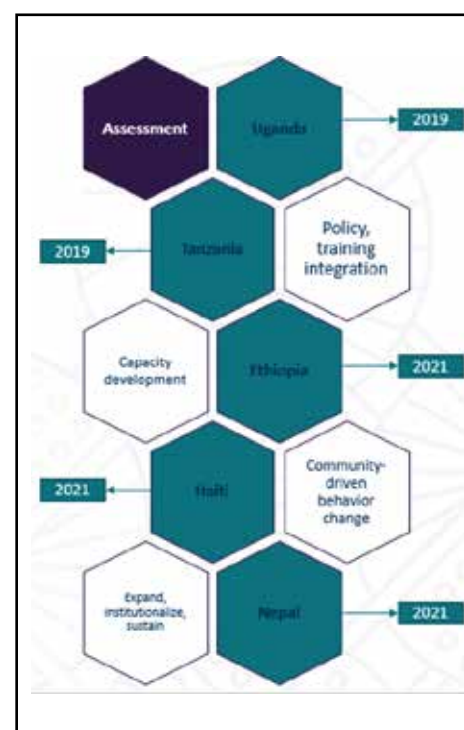
in MDA uptake and acceptance among school-age children, their parents, and within the larger community. After the pilot activity, WI-HER supported the program to review and finalize the GESI content for MDA training materials and to prepare a final package, translated into Swahili, for ongoing use in all future pre-MDA training. This finalization process also trained additional national GESI facilitators, further institutionalizing GESI skills and capacity within Tanzania. Importantly, while this training of facilitators and content development was funded by Act | East, the skills and materials will be used throughout the country, further promoting the sustainability of this work.

Concerning the GESI behavior change pilot activity in Pangani DC, we worked with the government to support the council to apply iDARE to improve MDA coverage among frequently missed and refusing populations. With WI-HER's support, Act | East worked with the government to apply iDARE to improve MDA coverage among school-age children in four schools. There were many gender-based challenges to MDA identification, including concerns among parents over infertility as a side effect of medicines used during MDA. This fear sometimes resulted in parents prohibiting children from participating in MDA. Participants also noted that the size and taste of the tablets were a problem. To counteract these fears, participants received health education messages targeting these challenges. The WI-HER-led team created and trained iDARE teams to identify issues (such as gauging/measuring intent—intention to take medicine in the



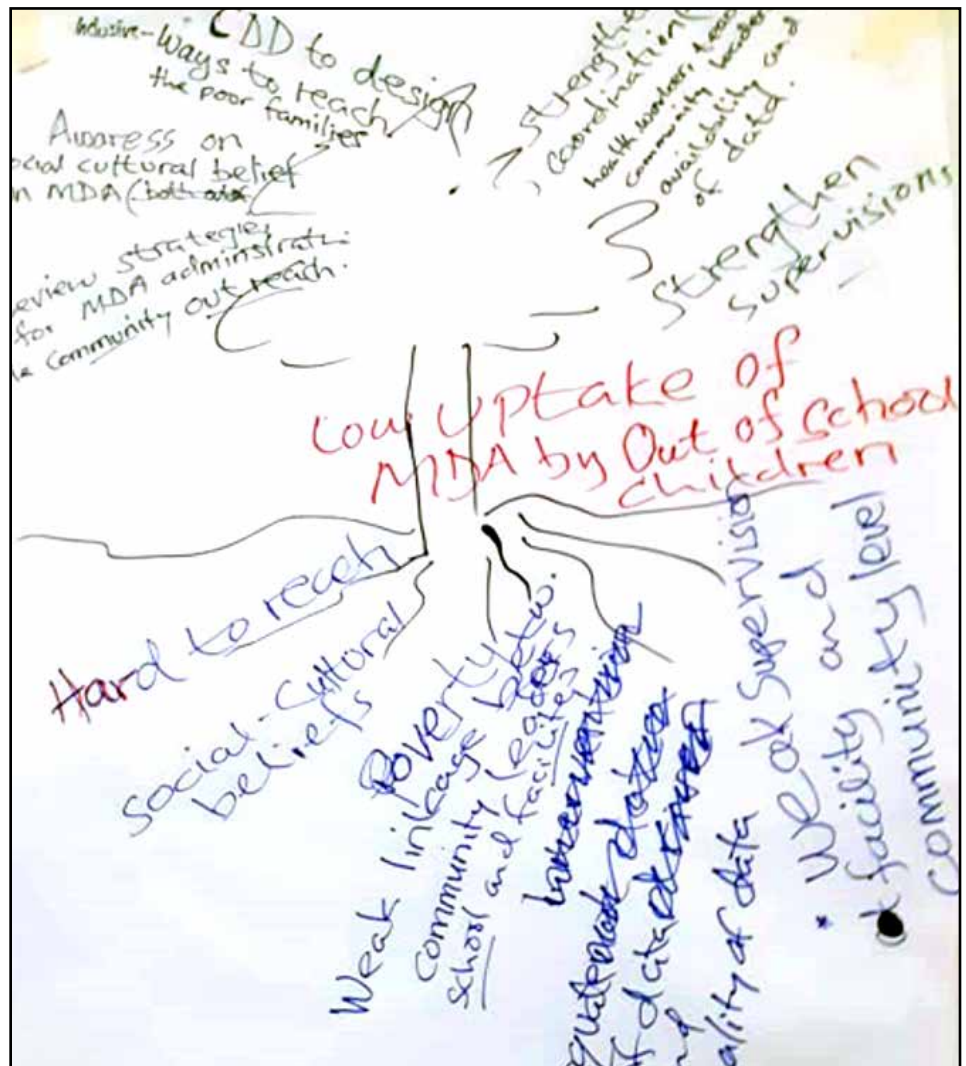
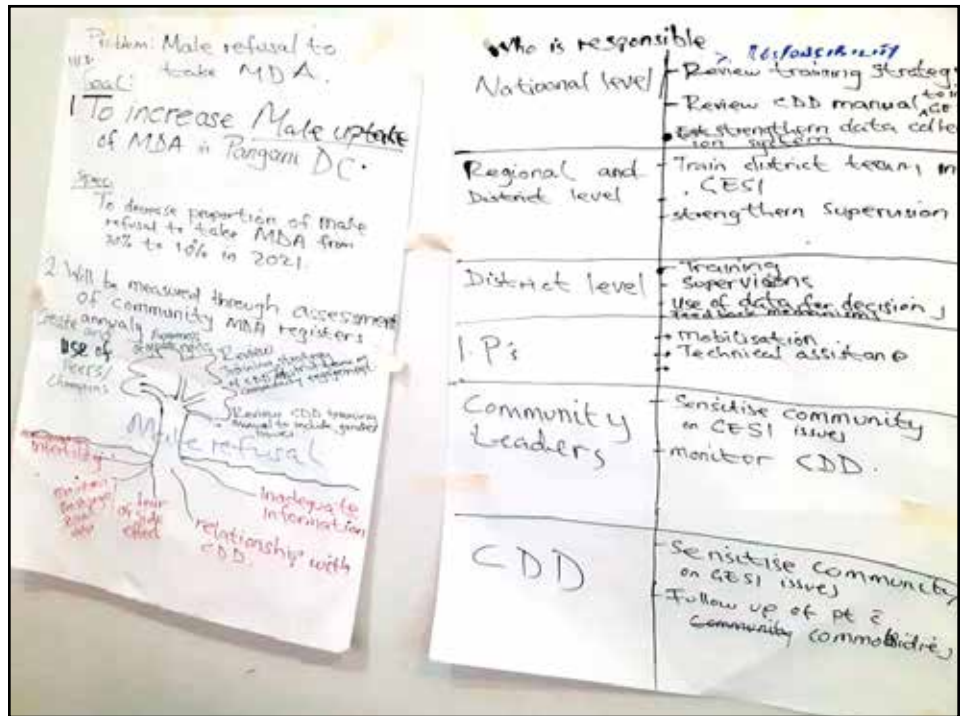
upcoming MDA) and implement solutions (such as health education) to reach those who were missed, or to reduce refusals.

The previous MDA results from the four schools showed, on average, about 20% of school-age children did not take the drugs. After applying iDARE, council leadership—in partnership with regional and national government stakeholders and community members—closed identified gaps within the schools and surrounding communities by giving a specified package of health education on NTD to school children as well as their parents and community members, and worked with their schoolteachers; furthermore, they were able to achieve an average of 99% uptake among school-age children in the four targeted schools.



Achievements

- Co-developed GESI materials and supported TZNTDCP to integrate them into the national standard curriculum for MDA trainings.
- Supported TZNTDCP to cascade GESI training materials from national to community levels.
- Trained 10 national GESI facilitators to institutionalize GESI capacity and support annual pre-MDA training.
- Conducted GESI training to orient and strengthen the capacity of NTD teams from three regions representing six DCs to oversee and lead the implementation of behavior change activities in selected communities with low trachoma and onchocerciasis MDA coverage. Each district developed a GESI action plan to address challenges that hinder uptake of MDA in their respective councils. In 2022, these action plans will be implemented with WI-HER, TZNTDCP, and Act | East support.
- In 2022, we are supporting the government to expand iDARE implementation to six councils to close gaps in MDA access and uptake among excluded, missed, and/or refusing populations.





PROJECT

USAID Adolescents and Children HIV Incidence Reduction, Empowerment and Virus Elimination (ACHIEVE) project

PARTNERS

Pact (prime), Jhpiego, Palladium, No Means No Worldwide; Local Partners: YWCA (Young Women's Christian Association), DUHAMIC-ADRI (Duharanira Amajyambere Y'icyaro), and RRP+ (Réseau Rwandais des Personnes Vivant avec le VIH [Rwanda Network of People Living with HIV])

KEYWORDS

iDARE, GESI, MERL, program design and implementation, systems strengthening and policy reform, localization and capacity development, service delivery



The ACHIEVE project, funded by PEPFAR through USAID and led by Pact, has a primary goal to reach and sustain HIV epidemic control among pregnant and breastfeeding women, adolescents, infants, and children in PEPFAR-supported countries. The ACHIEVE consortium works with USAID missions, national governments, and partners to identify gaps in HIV prevention and treatment programming among priority populations. WI-HER leads the implementation of the three pillars of the USAID ACHIEVE Project Gender Strategy: social integration and gender mainstreaming, capacity development, and institutionalizing practices for transition. In Rwanda, WI-HER leads gender integration and transformation and primary and secondary GBV prevention to strengthen the community health system response to HIV/AIDS.

WI-HER conducted a GESI analysis to inform ACHIEVE project design and implementation in Rwanda. We have supported

the project to mainstream GESI, including co-designing contextualized GBV response and prevention interventions, across project approaches, activities, and materials. We also strengthened capacities of local implementing partners, DUHAMIC-ADRI and YWCA Rwanda, to design GESI-responsive training, learning, and leadership activities for local communities where they serve.

As a result of WI-HER's technical assistance in Rwanda, YWCA Rwanda and DUHAMIC-ADRI developed and adapted gender-responsive policies—including organizational gender policies, anti-harassment policies, and GBV policies—and trained their staff on operationalization of the policies.

WI-HER contributed to the development of Standard Operating Procedures (SOPs) for GBV Case Management for the project, which were used to cascade training to YWCA and DUHAMIC-ADRI staff, DREAMS

Mentors, and Orphans and Vulnerable Children (OVC) Case Management Volunteers. As a result, YWCA Rwanda integrated GBV case identification in routine household case management visits in 2021, leading to the identification of 267 GBV cases (230 female and 37 male) during household visits in FY21.

In 2022, WI-HER will support local partners to use evidence of GESI gaps and opportunities to locally design and lead the implementation of contextually and culturally appropriate solutions.

"...my colleagues and I have learned how to identify and respond to gender gaps and we have increased our knowledge of the National Gender-based Violence Policy... we shall continue to strengthen our gender-sensitive strategies and practices at YWCA."

– Jean Pierre Sibomana, Program Manager, YWCA Rwanda

PROJECT

USAID's Health Evaluation and Applied Research Development (HEARD) program

PARTNERS

University Research Co, LLC (URC)

KEYWORDS

MERL, governance, accountability, localization, and capacity development

The project was funded through USAID's HEARD program, the purpose of which is to generate, synthesise, and use evidence to improve policy and program implementation in low and middle-income countries.

WI-HER worked with various stakeholders to co-develop a social accountability (SA) assessment tool to support citizens to claim their rights and entitlements at the national level and compare country progress towards making health systems more responsive to their citizens. As an initial pilot, WI-HER supported local stakeholders

to test and improve the tool to identify the strengths and weaknesses in Rwanda's systems for national SA in health. These included national and sub-national government members, civil society organizations (CSOs) representatives, male and female community members, and global agencies/donors who contributed to the research through key informant interviews and focus group discussions.

The local teams in Rwanda carried out data collection between February and May 2021. The data collection included a rapid desk review and field assessment in each country, including key informant interviews and focus group discussions at the national, sub-national, and community levels. From the data, scores between zero (lowest) and three (highest) were assigned to define the level of maturity of each country's SA system across five domains: structure, function, effectiveness, sustainability, and transformation.

Scoring from the social accountability tool will inform strategies and investments toward strengthening the health systems' accountability. Further using the tool will enable both country governments to continue assessing their progress going forward.

The tool has been improved in response to learnings from the two pilot applications. One insight we gained from applying the tool was that we saw where donors need to provide more robust training to CSOs to lead the SA activities within countries effectively. CSOs play a critical role in SA systems, because they guide communities in claiming agency in oversight of quality care and in developing service delivery policies and strategies. In both countries, it was discovered that CSOs need greater technical capacity and financial resourcing (with the ability to resource funds outside of donor or government contributions) to carry out their part of the SA system.

"To improve social accountability in the health sector, one of the areas I have mentioned that still needs a lot of capacity building is the capacity to track and monitor resource allocation, prioritization, and usage of the existing mechanisms. Therefore, you need to have organizations that can do budget monitoring."

- CSO Representative.



Malawi

PROJECT

USAID HEARD program

PARTNERS

URC

KEYWORDS

Keywords: MERL, governance, accountability, localization and capacity development development, service delivery

The project is funded through USAID's Health Evaluation and Applied Research Development (USAID HEARD) program, the purpose of which is to generate, synthesize, and use evidence to improve policy and program implementation in low and middle-income countries.

As more and more countries embark on institutionalizing Social Accountability (SA) as a fundamental element of good governance and a cornerstone to responsive health systems, their experiences can inform national and sub-national efforts to expand and sustain SA processes in health. Prior to this work, there was neither a framework nor common metrics (even less evidence) for assessing whether a SA program was accomplishing its intent or positioned for sustainability. As countries advance in self-reliance in their health systems and continue to sustain progress and improvements in inclusive development, it is important that

they have frameworks and tools for assessing their progress and guiding social development efforts.

WI-HER co-developed the initial assessment tool in 2021, including guidelines, interview questions, and scoring criteria. Institutional Review Board (IRB) applications were submitted to and accepted and approved by the research institutes in both Malawi and Rwanda. WI-HER worked with local researchers to lead the data collection, guided by input from USAID mission advisors and assisted by local civil society organizations. COVID-19 restrictions initially caused delays and limited the reach of the community-level focus groups. However, obstacles were overcome, and data collection was completed. Analysis was carried out during May and June, and the reports were finalized at the end of 2021.

In 2022, we expect to publish a manuscript that highlights the learnings and the updated improvements. By sharing the tool with the global community,

"For the civil society, we need to have civil society hire competent, skilled staff to champion social accountability. To do policy monitoring, you need skilled human resources."

- CSO Representative.

governments and their local and global partners can share common metrics to position their social accountability systems for effectiveness and sustainability.

"This assessment tool will put an accessible, user-friendly process in the hands of Malawi to understand where it can improve and how it can invest in strategies toward a more robust, more accountable health system."

- Thumbiko Wachizuma Msiska, CSC Consulting Group Malawi



Ethiopia

PROJECT

USAID's Act | East program

PARTNERS

RTI International (prime), The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, and Save the Children

KEYWORDS

Neglected tropical diseases (NTDs); health systems strengthening; GESI; monitoring, evaluation, research, and learning (MERL); localization and capacity development

Our team integrates GESI into program-level and country-specific activities, tools, sustainability models, and capacity strengthening initiatives. We support desk reviews, community assessments, gender actions plans and strategies, and training curricula. We also use context-specific sensitization and learning techniques to support countries down to the community level to develop their own, locally-led methods of incorporating GESI into NTD activities, including community mobilization, and reaching NTD program goals that are contextually and culturally appropriate.

We trained our partner, Fred Hollows Foundation (FHF), on key GESI concepts and skills, including using WI-HER's iDARE methodology to conduct root cause analyses to identify GESI-related barriers to MDA access and uptake in Ethiopia. WI-HER conducted an

internal training of trainers to then equip FHF with the tools to lead the training internally for its own staff, as well as externally, with additional training support from RTI International, to train Oromia Regional Health Bureau (ORHB) representatives and zonal-level NTD focal points as part of annual pre-MDA planning.

Our team supported program partners to integrate GESI into the MDA Supervisor's Coverage Tool (SCT) — a resource that helps community-level supervisors effectively assess MDA coverage and devise solutions to ensure treatment reaches all who are eligible. With the revised tool, FHF and RTI trained regional and zonal focal points to use the tool, and FHF supported additional zonal-level training and application of the tool in 88 woredas in 2021 as part of pre-MDA training.

Additionally, WI-HER supported Act | East and the Government of Ethiopia to conduct GESI assessments in Gambella (one woreda) and Oromia regions (three woredas), which had low MDA coverage and continued high trachoma prevalence, to locally identify groups or subgroups missing or refusing MDA, understand the reasons why they were missing or refusing, and locally design programmatic strategies to improve MDA coverage.

The GESI-integrated SCT tool was tested, revised, and rolled out to

88 districts in the Oromia region. We also supported the project to further refine pre-MDA radio messages in Oromia to be inclusive of GESI-aware messaging.

In 2022, we will continue to gather feedback and refine the GESI SCT as well as expand the aligning GESI training to better equip zonal and district NTD focal points and supervisors with the skills to identify GESI gaps in MDA coverage. Furthermore, we will convene additional Act | East Ethiopia partners to expand and institutionalize the use of the GESI-integrated tool.

In 2022, we will support the program in the application of WI-HER's iDARE methodology to drive locally-led behavior change and improve MDA uptake in one district, based on locally-identified barriers and using locally-designed solutions.



Act to End
NTDs
E A S T

NEW
PROJECT

Ghana

PROJECT

USAID Quality for Health Activity

PARTNERS

Partners: URC

KEYWORDS

Quality improvement, health systems strengthening, GESI

WI-HER joined prime URC to begin the partnership for the USAID Quality for Health Activity (Q4H). Q4H's goal is to support the Government of Ghana (GoG) to strengthen institutional capacity

to promote and oversee improved quality health services in public and private health sectors. Working toward this goal will sustainably improve the quality of health service delivery and improve health outcomes in Ghana. WI-HER's role is to support URC to integrate locally-driven GESI into the project and support the GoG to improve equitable health outcomes for Ghanaians through quality improvement and behavior change approaches.

In 2022, we will work with prime, URC, to support the GoG to integrate GESI into Ghana's national quality improvement curriculum and quality improvement efforts. Our locally sourced team will provide technical assistance to national and local governments, community health management committees, and civil society organizations to advance gender equity, youth, and social inclusion in health outcomes through the existing and upcoming quality improvement initiatives.



Haiti

PROJECT

USAID's Act | East program

PARTNERS

RTI International (prime), The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, and Save the Children

KEYWORDS

Keywords: Neglected tropical diseases (NTDs), health systems strengthening, GESI

Through Act | East, WI-HER conducted a GESI assessment focused on GESI and NTDs in two communes in Haiti—Acoul-du-Nord and Gonaïves—with an aim of understanding potential strategies and approaches, improving the effectiveness of existing efforts, and better responding to the

identified GESI-related constraints and opportunities to address low MDA coverage and persistent transmission of lymphatic filariasis (LF). Together with an operational research study and a pre-MDA census, the GESI assessment contributed to an intentional collection and review of data in Haiti that informed a Pause and Reflect meeting in December 2021 and a revised MDA strategy in 2022.

The GESI assessment primarily sought to:

(1) Examine how the role and status of women, men, and persons with disabilities in Gonaïves and Acoul-du-Nord communes affect their access to and uptake of MDA for LF;

(2) Frame key GESI-related factors that influence MDA absenteeism and systematic non-compliance in MDA among specific groups in Gonaïves and Acoul-du-Nord; and,

(3) Inform the development of locally-designed programmatic strategies to respond to the identified GESI-related factors to make LF programmatic course corrections in Gonaïves and Acoul-du-Nord.

In 2022, we will begin to support one commune in the implementation of WI-HER's iDARE methodology to drive locally-led behavior change and improve MDA uptake, based on locally-identified barriers and using locally-designed solutions.

Act to End
NTDs
E A S T

10 Years of Global Impact

56

Countries with
successfully
led projects

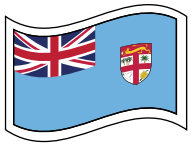
28

Active projects

5

Regions
worked in





Fiji

PROJECT

USAID RISE (Resilient, Inclusive, & Sustainable Environments) Challenge - Gender-based Violence and REDD+ in Fiji: Tackling Resource Conflict and Addressing Gender-based Risk in the Environment

PARTNERS

Marstel-Day (prime) with local counterparts: Fijian subject matter experts (Land Tenure and Law Expert, and Social Inclusion and Gender Expert), Fiji Environmental Law Association (FELA), University of the South Pacific (USP), Live and Learn (L&L) Fiji, and the Ministry of Forestry Fiji REDD+ Programme (Fiji REDD+).

KEYWORDS

GBV, environmental conservation, social accountability, governance

WI-HER worked with the Government of Fiji (GoF)'s Ministry of Forestry to expand the Feedback and Grievance Redress Mechanism (FGRM) for the Reducing Emissions from Deforestation and Forest Degradation (REDD+) Programme. Under this mechanism, WI-HER introduced localized gender-responsive approaches to resolving resource-based disputes and conflicts related to gender equity and GBV. Through a collaborative approach, WI-HER worked with government stakeholders, including Ministry of Forestry representatives; stakeholders from local NGOs and CSOs working in environmental conservation, such as FELA; existing women's groups and gender-focused organizations, including the Fiji Women's Rights Movement (FWRM); and women, men, and youth from communities participating in the REDD+ Programme in Drawa and Emalu. The resulting gender-responsive and GBV-inclusive mechanism is known as the FGRM+, which has been endorsed by the National REDD+ Steering Committee.

Furthermore, we engaged with government and NGO stakeholders to support them in the implementation of new features of the FGRM+.

Achievements

- Reviewed and validated the redesign of the FGRM+, including a FGRM+ Communications Strategy informed by local insights.
- Led the FGRM+ Training workshop.
- Developed an innovative scoring/screening system to safely identify risks of gender inequity or GBV in complaints submitted through the FGRM+. The scoring system was generated using the information we collected during our Gender and Environment Analysis about local gender-based risks experienced in the context of land use, land rights, and land lease benefits. The scoring

criteria was co-designed with community members and local organizations to ensure the questions asked were contextually relevant and responsive to the Fijian context.

- Applied the principle of do no harm to ensure the screening system did not cause additional risk to the complainant and incorporated privacy safeguards to protect complainants who may be experiencing GBV.
- Reached 53 local stakeholders with sensitization on gender, GBV, and the environment.
- Developed capacity of local stakeholders to recognize GBV-related grievances and manage grievances using tools that follow the do no harm principle.
- Created an action plan for the GoF, which guided a path toward the institutionalization of the FGRM+.



PowerPoint Slide Show - USAID RISE_Socialization Event - PowerPoint

NEXT STEPS

USAID

FROM THE AMERICAN PEOPLE

11/19/2020
22



GENDER-BASED VIOLENCE AND REDD+ IN FIJI: TACKLING RESOURCE CONFLICT AND ADDRESSING GENDER-BASED RISK IN THE ENVIRONMENT

Gender and Environment Analysis

This document was produced for review by the United States Agency for International Development. It was prepared by Harriet Day and W. H. under the USAID RISE Challenge Agency Grant #2020-CA0001, under the Center for Development Innovation (CDI) contract number T30AA18C00007. It was approved October 2020.

Resources
[Gender and Environment Analysis from 2020](#)



Nepal

PROJECT

USAID's Act | East program

PARTNERS

RTI International (prime)

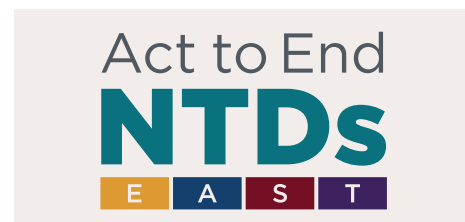
KEYWORDS

NTDs, health systems strengthening, GESI

In 2021, through Act | East, WI-HER conducted a GESI assessment to further understand low coverage and barriers to treatment in specific communities in three districts—Banke, Dang, and Kapilbastu—where low coverage led to disease survey outcomes above the threshold required for stopping MDA, which is a critical step toward reaching elimination.

The assessment (1) defined the role and status of women, men, and other religious, caste, and/or ethnic groups in the three districts and their related GESI constraints and opportunities in accessing and participating in MDA; (2) identified and articulated key GESI factors impacting MDA absenteeism and systematic non-compliance in MDA among specific groups in Dang, Banke, and Kapilbastu; and (3) informed immediate and long-term planning to ensure that LF related programming is equitable and gender sensitive.

In 2022, WI-HER will work with the Government of Nepal to utilize the assessment findings to co-design action plans that work towards



improving MDA access and uptake in one pilot district, using WI-HER's iDARE methodology to further identify GESI gaps and barriers impacting MDA access and uptake, and design locally-led solutions to change attitudes, beliefs, and behaviors that impact LF prevalence.





Kosovo

PROJECT

MCC Kosovo Reliable Energy Landscape Project Evaluation

PARTNERS

American Institutes for Research (AIR; formerly Impaq International)

KEYWORDS

STEM, GESI, energy/electricity, MERL

Under prime AIR, WI-HER leads the Women in Energy (WE) component of MCC/Kosovo's Reliable Energy Landscape Project (RELP) Evaluation (2019-2023). The purpose of the RELP Activity is to improve efficiency in energy use across Kosovo in both households and businesses and to strengthen the energy sector toward renewable energy development and advancement. The WE component focuses on advancing women's

participation in the energy and related STEM sectors (science, technology, energy, and math). WI-HER provides comprehensive analytical support to MCC and its partners, analyzing the RELP activity design to determine: 1) if and where gender and social inclusion have been integrated throughout the project in Kosovo's effort to mitigate climate change challenges, address environmental concerns, and achieve sustainable energy development and use; 2) if the WE component of RELP has clearly defined and capacitated interventions for advancing women in energy and related fields; and, 3) if interventions addressed unique obstacles that women from minority populations or lower economic levels face in entering and sustaining participation in renewable energy and related sectors. Through

our analysis, WI-HER provided thought leadership by addressing strengths, weaknesses, and risks in the implementation as well as ongoing guidance for improvement. WI-HER developed the evaluation protocol, designing both quantitative and qualitative monitoring and evaluation tools, defining sample size and selection criteria, defining indicators that demonstrate both quantitative changes and felt experiences, creating interview guides for key informant interviews and focus group discussions, and identifying secondary data resource materials.

Our contributions influenced the future design of programs for building competencies and expanding opportunities to advance women's employment in STEM sectors.

PROJECT

MCC Evaluation of the Kosovo Threshold Transparent and Accountable Governance (TAG) Project

PARTNERS

Mathematica

KEYWORDS

MERL, environment, rule of law, energy/electricity

WI-HER is conducting an independent evaluation of the TAG project. MCC's TAG project aims to improve public availability and analytical use of judicial, environmental, and labor force

data by civil society, business, and the Kosovo Government, thus promoting data-driven decision-making. The project endeavors to achieve this aim by addressing two key constraints to Kosovo's economic growth: an unreliable supply of electricity; and real and perceived weakness in rule of law, government accountability, and transparency. WI-HER's role also includes evaluating the gender-related components of the project while the project works to support the Government of Kosovo's efforts to improve decision-making and accountability by increasing the accessibility and

use of judicial, environmental, and labor force data. The information and recommendations from the evaluation will enable them to add a localized GESI lens to their efforts.

WI-HER is responsible for the overall design, implementation, and dissemination of the evaluation. The evaluation is expected to be completed in early 2022.



North Macedonia

PROJECT

North Macedonia Evaluation of the Civic Engagement Project (CEP)

PARTNERS

AIR (formerly IMPAQ International) and Strategic Development Consulting, North Macedonia (SDC)

KEYWORDS

GESI, social accountability, good governance, rule of law, anti-corruption

WI-HER joined AIR to conduct an end-of-project evaluation of the North Macedonia Evaluation of CEP to review the effectiveness of supported CSOs and their government transparency, anti-corruption, and rule of law interventions toward the European Union (EU) Accession. Specifically, the evaluation examines to what extent and how CEP-supported Government of North Macedonia (GoNM) agencies and CSOs helped to advance North Macedonia's EU Accession regarding improving

transparency, anti-corruption, and rule of law.

With expected completion in early 2022, the findings from this evaluation are expected to inform USAID/North Macedonia on governance activities in North Macedonia that could be replicated as well as inform activities under the new USAID North Macedonia Country Development Cooperation Strategy (CDCS) 2020-2025 on good governance leading to EU Accession.



Serbia

PROJECT

Final Performance Evaluation of the USAID Strengthening Media Systems and Cooperation for Growth Activities

PARTNERS

AIR (formerly IMPAQ International)

KEYWORDS

Economic empowerment, GESI, and MERL

In 2018, USAID/Serbia launched the four-year, \$8.8 million Cooperation for Growth (CFG) Activity to improve Serbia's private sector competitiveness through strengthening the business enabling environment and addressing regulatory constraints to private sector development, ultimately to improve conditions for broad-based, inclusive economic growth. Within this context, the CFG Activity was designed to

engage small and medium-sized enterprises (SMEs) and other stakeholders in open and effective dialogue to improve the business enabling environment, thereby increasing overall confidence in the private sector and building the foundation for increased private sector competitiveness and investment. Specifically, the CFG Activity aimed to generate (1) an improved business environment and related administrative efficiency in selected areas and (2) improved SME access to finance.

In 2021, IMPAQ International (IMPAQ) was awarded a contract from USAID/Serbia to conduct a final performance evaluation of the CFG Activity. WI-HER supported prime IMPAQ to conduct a rigorous utilization-focused evaluation that integrates quantitative and qualitative methods to enrich

USAID's understanding of the evaluation questions and provided USAID/Serbia with actionable recommendations to improve the efficiency and sustainability of its economic growth programming moving forward.

WI-HER supported the evaluations to assess the extent to which these activities have contributed to gender equity improvements, ensure the overall evaluation design and methodology are gender-inclusive, and support the data collection and analysis process, report writing, and dissemination.

[Final Performance Evaluation of Strengthening Media Systems](#)

[Final Performance Evaluation of the Cooperation for Growth Activity](#)



Bolivia

PROJECT

School of Integration Sports Training Artistic Expression and Labor Development

PARTNERS

Light for the World

KEYWORDS

GESI, audit, persons with disabilities, inclusive workplace policies, localization, and capacity development

WI-HER worked with the local Bolivia organization School of Integration Sports Training Artistic Expression and Labor Development (Spanish acronym: EIFODEC) to strengthen their capacity to advance GESI through the institutionalization of gender mainstreaming in EIFODEC's organization structures, proceedings, programs, and policies.

Our team conducted a gender audit to examine how gender was mainstreamed in EIFODEC's institutional policies, practices, and guidelines; and to explore the integration of GESI throughout the local organization's programs. To strengthen their efforts, EIFODEC requested the gender audit to include GESI knowledge and skills so that EIFODEC could become a gender-transformative organization that better served the unique needs of the populations they work with.

Persons with disabilities and other marginalized groups may experience discrimination or

stigma, which results in unmet needs, coupled with the scarcity of information or services. Due to the audit and supporting tools and the training support from WI-HER, EIFODEC wove GESI into its organizational practices. They used a gender-transformative approach to continuously improve activity implementation, leading to a sustainable change in power and choices of the populations, thereby increasing their ability to contribute to and benefit equally from social, political, and economic development.

Achievements

- Developed tools for EIFODEC to locally assess gender equality and identify gender gaps and challenges at both the organizational and program levels.
- Conducted the final gender audit of EIFODEC's institutional policies, practices, guidelines, and programs to inform locally-led gender mainstreaming and advancement of GESI.
- Led gender sensitization and integration training using the audit findings to advance institutional gender-equitable practices.

Persons with disabilities and other marginalized groups may experience discrimination or stigma, which results in unmet needs, coupled with the scarcity of information or services.

Publications & Conferences



The 6th Global Symposium on Health Systems Research January

Title: Accountability in Practice

Speakers: Beverly Johnston, USAID; Adriane Martin-Hilber, Swiss Tropical and Public Health Institute and Health Economics and HIV/AIDS Research Division (HEARD); Allison Annette Foster,

WI-HER, LLC; Sara Bandali, Options Consultancy Services Ltd (Chair); Adenike Badiora, Options Consultancy Services Ltd, Nigeria; Thumbiko Wachizuma Msiska, CSC Consulting Group Malawi; Tijjani Mohammed, Bill and Melinda Gates Foundation, Nigeria.

Join Options at the 6th Global Symposium on Health Systems Research
(satellite session)

Accountability in practice

13 January 2021, 7-9pm (GST)

Speakers:

- Adenike Badiora
Options Consultancy Services Ltd, Nigeria
- Thumbiko Wachizuma Msiska
CSC Consulting Group Malawi
- Beverly Johnston
USAID
- Tijjani Mohammed
Bill and Melinda Gates Foundation, Nigeria
- Adriane Martin-Hilber
Swiss Tropical and Public Health Institute and Health Economics and HIV/AIDS Research Division (HEARD)
- Allison Annette Foster
WI-HER, LLC (Women Influencing Health, Education and Rule of Law)
- Sara Bandali
Options Consultancy Services Ltd (Chair)

Options

GLOBAL HEALTH SCIENCE AND PRACTICE TECHNICAL EXCHANGE

Global Health TechX Conference April

Title: The Importance of Identifying and Addressing Gender Equity and Social Inclusion Barriers to Behavior: Results and Lessons Learned from Applying WI-HER's iDARE Methodology in Tanzania, Kenya, and Uganda During the COVID-19 Pandemic

Speakers: Dr. Taroub Harb Faramand, Luseka Mwanzai, Joyce Draru, Dr. Stella Mwita

After the successful session, we were invited to submit a manuscript to the affiliated Global Health Science and Practice Journal on the work - stay tuned for the publication in 2022!



NNN Conference September 2021

Title: Reaching the last mile: The importance of identifying and addressing gender equity and social inclusion in NTD programming (workshop session)

Speakers: Dr. Taroub Harb Faramand (workshop moderator); Isaac Njau, NTDCP Tanzania; Dr. Alfred Mubangizi, MoH Uganda; Breakout group facilitators: Mike Mukirane, RTI Act East Uganda; Dr. Stella Mwita; Workshop rapporteurs: Amanda Ottosson, Sara Pappa

Overview: Achieve a practical understanding in how to identify and address GESI gaps in NTD programming. Presentations sharing Tanzania's and Uganda's experiences integrating GESI into their national neglected tropical disease programs (NTDCPs), from national to sub-national and community levels, including key integration steps and milestones to-date, and plans for the way forward, kicked off the workshop. Next, representatives from Tanzania and Uganda supported participants to think through practical exercises in breakout groups to understand how to identify GESI issues and devise potential solutions to address them in their contexts.

Title: Listening to Communities and Communicating for Impact (organized by Sightsavers)

Speakers: Dr. Uche Amazigo, former Director of the African Programme for Onchocerciasis Control (2005-2011) (moderator); Debam Mark, State NTD Coordinator, Benue State NTD Programme, Nigeria; Dauda Nurudeen, Sightsavers Nigeria; Dr. Stella Mwita (presentation: "Integration of Gender Equity and Social Inclusion into NTD Programming Across Several Levels: Approaching Missed Populations in Tanzania, Pangani"); Rita Kusi Kyeremaa, Ghana Federation of Disability Organizations; Andrew Pregel, Sightsavers

Overview: Inclusive engagement and disability inclusion are critical to achieving the WHO 2030 NTD Road Map targets and should be at the core of NTD programmes. This workshop illustrated how NTD programmes have been adapted to ensure community feedback is systematically gathered to drive up programme quality, shared guidance on how to ensure that the design of communications is inclusive of and accessible to persons with disabilities through engagement, and outlined how this contributes to ensuring accessibility of NTD services.



FIGO 2021 World Congress October 2021

Title: Application of the iDARE Methodology to Strengthen Health Systems' Support for Survivors of Gender-based Violence (poster abstract)

Authors: Dr. Taroub H. Faramand, Allison A. Foster, Amanda Ottosson, Maddison L. Hall, Luseka Mwanzi, Emilia E. Okon

[This abstract was published. check out the publication here!](#)



Application of the iDARE Methodology to Strengthen Health Systems' Support for Survivors of Gender-based Violence

Dr. Taroub Harb Faramand, Allison A. Foster, Amanda Ottosson, Luseka Mwanzi, Maddison L. Hall, Emilia E. Okon
WI-HER, LLC

Background

WI-HER, through the USAID Afya Nyota ya Bonde Project, worked to build local capacity to identify gender-based violence (GBV) and provide survivor-centered care. In a baseline assessment, WI-HER identified the following key gaps in GBV identification and care in Kenya:

1. Low identification and management of GBV survivors in routine service delivery (4% average of PEPFAR estimated target per facility)
2. Only cases of sexual GBV identified and managed
3. Low identification and management of male survivors of GBV (average 8 male survivors/month)

In order to address these gaps and improve GBV services, WI-HER trained and coached facility health workers on WI-HER's iDARE methodology.

Objective

Assess the iDARE methodology's impact on identification and care of GBV survivors.

Methods

The iDARE methodology (Figure 2), based on the science of improvement and grounded in social behavior change theory, allows institutions to identify gaps, Design local solutions, Assess and Adapt as necessary, Record successes and failures, and Expand successful solutions that address stigma, bias, and discrimination. Eight health facilities across three counties in Kenya were selected due to low levels of GBV case identification, service provision, and quality of GBV care. Providers completed a six-week, phased online training followed by in-person coaching to use WI-HER's iDARE methodology to improve and expand their identification and care from sexual violence to all four forms of GBV (physical, emotional, financial, and sexual).

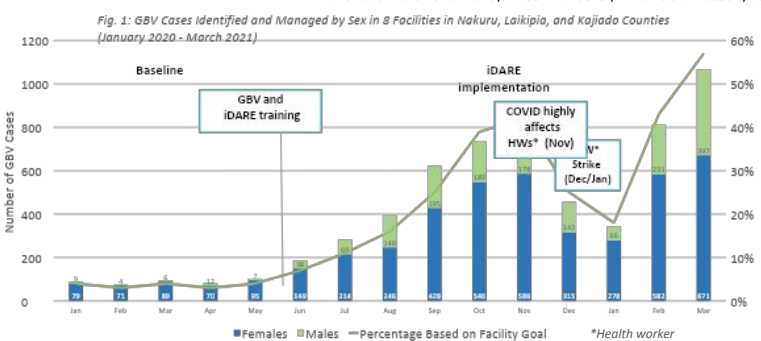


Fig. 2: iDARE Methodology

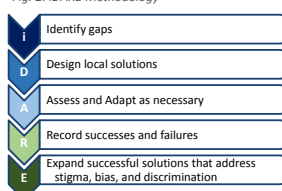
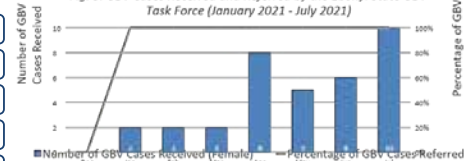


Fig. 3: GBV Cases Received and Referred by the Ebonyi State GBV Task Force (January 2021 - July 2021)



Results

At baseline (January – May 2020), facilities on average identified 88 survivors (80 female, 8 male) of only sexual GBV per month. After intensive training and coaching beginning in May 2020, all facilities improved support for GBV survivors and on average identified and supported 552 survivors (364 female, 188 male) of all GBV forms per month, reaching 1083 survivors (686 female, 397 male) identified and provided with quality care in March 2021 (Figure 1). Results represent a 624% average improvement in survivors identified and managed.

Conclusion

Through the iDARE methodology, facilities developed, tested, and scaled facility-led solutions to enhance care for GBV survivors.

Efforts have now been expanded to Nigeria to apply iDARE to strengthen the Ebonyi State government's adoption and implementation of GBV referral pathways to streamline connections between the health system and legal, psychosocial, protection, and economic services. WI-HER, through the USAID Integrated Health Program (IHP), identified gaps in multisectoral coordination of GBV response efforts. In collaboration with the Ebonyi State Ministries of Health and Women's Affairs, Ebonyi launched its inaugural GBV Task Force, a multisectoral coordinating body positioned to provide referrals to GBV survivors. Mobilization of GBV support services has improved from 2 survivors (both female) supported in January 2021 to 10 survivors (all female) supported in July 2021 (Figure 3).

This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID).



ASTMH Conference

November 2021

Title: Missing No More: Understanding Health Access Barriers through Different Platforms (Symposium Session)

Speakers: Session Organizer/
Moderator: Sara Pappa; Diana Lu,
RTI; Lila Bikram, EDCD Nepal; Dr.
Stella Mwita; Luseka Mwanzi

Overview: Symposium sessions included a multi-country overview of coverage data that helps identify trends in accessing MDA to control neglected tropical diseases. A presentation from Nepal examined MDA compliance data from coverage surveys, prevalence surveys, and focus group discussions, with an aim towards improving equitable and inclusive distribution strategies. Results from a pilot activity in Tanzania highlighted an approach that reviewed local service use registers and applied a behavior change approach to a school-based service delivery platform,

whereby GESI issues were identified and addressed, in a bid to change intent to access and take future rounds of treatment. Lastly, the symposium featured results from a facility-based platform in Kenya, whereby support to health providers to improve gender-based violence identification, management, and response resulted in a marked increase in service access and uptake.

8th National Quality Improvement Conference, Uganda

November

Title: Addressing Gender, Youth, and Social Inclusion (GYSI) Issues to Improve TB case Notification for Men in Bushenyi District. (Oral presentation)

Presenter: Flavia Atoo

Title: Applying iDARE to Address Gender, Youth and Social Inclusion (GYSI) Related Determinants in the Uptake of Health Services (Poster presentation)

Author: Harriet Komujuni





Triangle Global Health Consortium, 2021 Annual Conference

November 2021

Title: Identifying gender equity and social inclusion (GESI) barriers, opportunities, and recommendations to reach the last mile in the elimination and control of neglected tropical diseases: comparative results from GESI assessments in Ethiopia, Haiti and Nepal (poster presentation)

Authors: Sara Pappa; Krista Odom; Amanda Ottosson; Wiw Gach, Gambella Regional Health Bureau, Ethiopia; Genet Admassu Kassaye, WI-HER Consultant; Kebrework Negussie, WI-HER Consultant; Teshale Yadeta, RTI Act East Ethiopia; Marc-Aurele Telfort, Ministry of Public Health and Population (MSPP), Haiti; Rose Mayerline Antoine, WI-HER Consultant, Haiti; Shova Lama, WI-HER Consultant, Nepal; Dharmal Prasad Raman, RTI Act East Nepal; Richard Killian, RTI; Elizabeth Sutherland, RTI; Dr. Taroub Harb Faramand

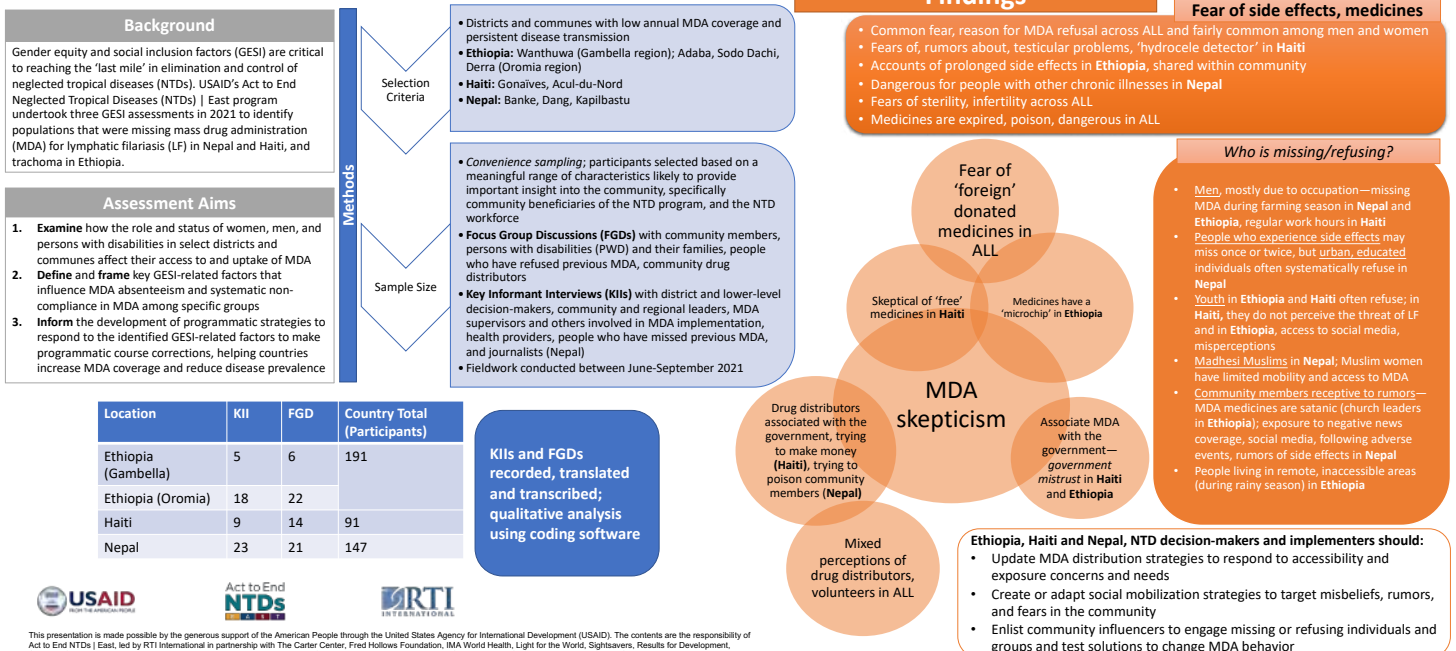
Identifying gender equity and social inclusion (GESI) barriers, opportunities, and recommendations to reach the last mile in the elimination and control of neglected tropical diseases: comparative results from GESI assessments in Ethiopia, Haiti and Nepal

November 4, 2021

Triangle Global Health Consortium, 2021 Virtual Annual Conference

Sara Pappa¹, Krista Odom¹, Amanda Ottosson¹, Wiw Gach², Hirpa Miesha³, Genet Admassu Kassaye¹, Kebrework Negussie¹, Teshale Yadeta⁴, Marc-Aurele Telfort⁵, Rose Mayerline Antoine¹, Shova Lama¹, Dharmal Prasad Raman⁶, Richard Killian¹, Elizabeth Sutherland¹, Taroub Faramand¹

¹WI-HER, LLC. ²Gambella Regional Health Bureau. ³Oromia Regional Health Bureau. ⁴RTI International. ⁵Ministry of Public Health and Population (Haiti)



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835

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(As of December 2021)

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Blogs

1. ["A Letter to My Fellow Humans on the International Day of Fraternity"](#) (Feb 2021)
2. ["International Day of Zero Tolerance for Female Genital Mutilation: Obstetric Fistula and Female Cutting in Sokoto - A Preventable Scourge"](#) (Feb 2021)
3. ["Adding Value with Inclusive Development: Involving Adolescents in Strategic Planning to Improve Health Systems"](#) (March 2021)
4. ["Gender, Social Inclusion, and Health in the Federal Capital Territory"](#) (March 2021)
5. ["Gender, Social Inclusion, and Health in Ebonyi State"](#) (March 2021)
6. ["Gender, Social Inclusion, and Health in Kebbi State"](#) (March 2021)
7. ["Gender, Social Inclusion, and Health in Sokoto State"](#) (March 2021)
8. ["Gender, Social Inclusion, and Health in Bauchi State"](#) (March 2021)
9. ["Harnessing Evidence for Impact and Inclusive Development: Announcing WI-HER's Collection of Gender, Social Inclusion, and Health Desk Reviews in Nigeria"](#) (March 2021)
10. ["Health Worker Efforts to Improve GBV Case Management in Kenya"](#) (April 2021)

11. ["Every Kid Healthy in Rwanda: Mentoring Girls to Thrive in Healthy Relationships"](#) (April 2021)
12. ["Tackling Gender, Youth, and Social Inclusion Gaps to Improve Viral Load Suppression Among Men and Children in Tororo District"](#) (May 2021)
13. ["Mental Health is a Human Right: Greater Awareness and Capacity Building Support is Needed in Ethiopia and Beyond"](#) (May 2021)
14. ["The Use of iDARE Methodology to Incorporate Community Cultural ANC Beliefs Into ANC Services at Kabeywa Learning Site in Uganda"](#) (June 2021)
15. ["Building Capacity and Resiliency in Refugees in Fragile Areas of the Middle East"](#) (June 2021)
16. ["Human Trafficking in Ethiopia: Risk Factors and Its Relation to the Wollo Sex Trade"](#) (June 2021)
17. ["Service Delivery Tools for Identifying and Managing Survivors of Gender-Based Violence"](#) (July 2021)
18. ["Improving the Identification, Management, and Care for Survivors of Gender-Based Violence in Nakuru, Kajiado, Laikipia Counties, Kenya"](#) (July 2021)
19. ["Improving Services for Survivors of Gender-Based Violence: Lessons Learned During Virtual Engagements During the Covid-19 Pandemic"](#) (July 2021)



20. ["Revitalizing and Building the Capacity of the State Gender-Based Violence Technical Working Group in Kebbi, Nigeria"](#) (July 2021)
21. ["Improving Self-Reliance in the Architecture & Engineering Sector in Haiti"](#) (August 2021)
22. ["Gender-Based Violence and REDD+ in Fiji"](#) (August 2021)
23. ["The Importance of Supporting Health Workers and Health Centers"](#) (August 2021)
24. ["Youth Engagement and Social Inclusiveness Using Gender and Youth Ambassadors in the USAID Integrated Health Program in Nigeria"](#) (August 2021)
25. ["Knowledge is Power: Protect Education From Attack"](#) (September 2021)
26. ["Health Worker is Patient Safety: It's Time to Rebuild Our Healthy Systems to Support our Health Workers"](#) (September 2021)
27. ["Advocating for More Responsive and Accessible Health Services for Persons with Disabilities in Nigeria"](#) (October 2021)
28. ["International Day of the Girl Child: Babirye's Story and a Timely Intervention"](#) (October 2021)
29. ["Adapting Tools and Considering Inclusion to Eliminate NTDs: Hirut's Story"](#) (October 2021)
30. ["The Importance of Paid Family Leave for Children, Families, and Beyond"](#) (November 2021)
31. ["Human Rights in the MENA Region"](#) (November 2021)
32. ["Empowering Gender and Youth Ambassadors as Game Changers in Bauchi, Kebbi, and Sokoto States in Nigeria"](#) (November 2021)
33. ["Grassroots Soccer: HIV Prevention Through Integrated Education Programs"](#) (November 2021)
34. ["Ethiopia's Current Civil Conflict: Three Deaf People"](#) (December 2021)



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