

## PROGRESS UPDATE: MEASURING PROGRESS ON GFF'S APPROACH TO GENDER EQUALITY

### OVERVIEW

This paper provides an update of the Global Financing Facility's (GFF) approach to gender equality and measurement of progress. The paper includes a review of the GFF partnership's progress and challenges to date on implementing the gender roadmap and serves as the basis for discussion on potential opportunities and adjustments that may be required to accelerate the GFF's impact on advancing gender equality.

### ACTION REQUESTED

The Investors Group (IG) is requested to share feedback on the investments, reflections on lessons learned and the progress to date, including to provide guidance for the GFF Secretariat on the remainder of the current GFF strategy period through 2025.

## CONTEXT

Every year, more than five million women and children die from preventable or treatable diseases. More than 800 women and adolescent girls die *every day* from preventable reasons associated with pregnancy, childbirth, and lack of access to reproductive health care. These statistics underscore the profound gender inequality that undermines the health and well-being of women, adolescents, and children. To ensure that the GFF takes a concerted, evidence-based approach on gender equality, the IG developed and endorsed the GFF [roadmap for advancing gender equality](#) in 2020. The roadmap subsequently fed into the GFF's [2021–2025 strategy](#) and specifically *Strategic Direction 2: Prioritize efforts to advance equity, voice, and gender equality*. The roadmap laid out six action areas for gender equality as summarized below and guides GFF engagement on gender transformative actions.

### Six Action Areas for the GFF Roadmap for Advancing Gender Equality

1. **Prioritize** analytical and technical support demonstrating the relationship between gender inequality and poor health outcomes, and gender equality and improvements in health and well-being.
2. **Increase** country investments in gender-responsive monitoring and data systems.
3. **Support** the foundations for gender-transformative reforms to remove the barriers for the integration of SRHR and gender equality into UHC policies and programs.
4. **Intensify** engagement with local women's organizations, youth groups and other national gender equality actors to inform and support GFF country platforms.
5. **Create** a supportive environment to empower women and girls as leaders in the GFF process at country and global levels.
6. **Strengthen** country-level engagement beyond the health sector.

To support country implementation and monitoring, the GFF Data Portal now includes an expanded [Gender Key Thematic page](#) that includes time trends on gender indicators for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) drivers and outcomes covering all GFF countries. Additional visuals on progress over time focus on the intersection of gender and other equity domains, including age, residence (urban/rural) and wealth, to provide decision makers with a more precise understanding of progress for important subgroups, such as poor women or adolescent girls.

Since the launch of the strategy and to further the efforts to measure progress the GFF created a dedicated key performance indicator (KPI) to assess the effective integration of gender equality in its support to countries, with the roadmap as a key input to guide measurable progress.

Unlike a “gender tag” in development projects that sometimes assesses gender integration only at the investment stage, the GFF KPI for gender equality tracks progress on gender integration and results *through the lifecycle* of

GFF investments and support to partner countries using a cascade approach. In Fall 2023, a preliminary analysis was undertaken to assess progress for the first time using a five step cascade:

**Step 1:** *One or more gender equality gaps, barriers, or challenges related to RMNCAH-N identified.*

**Step 2:** *One or more strategies to address the identified gender equality gaps, barriers, or challenges prioritized.*

**Step 3:** *A measurement approach to track implementation of the prioritized strategies in place.*

**Step 4:** *Implementation of prioritized gender strategies assessed.*

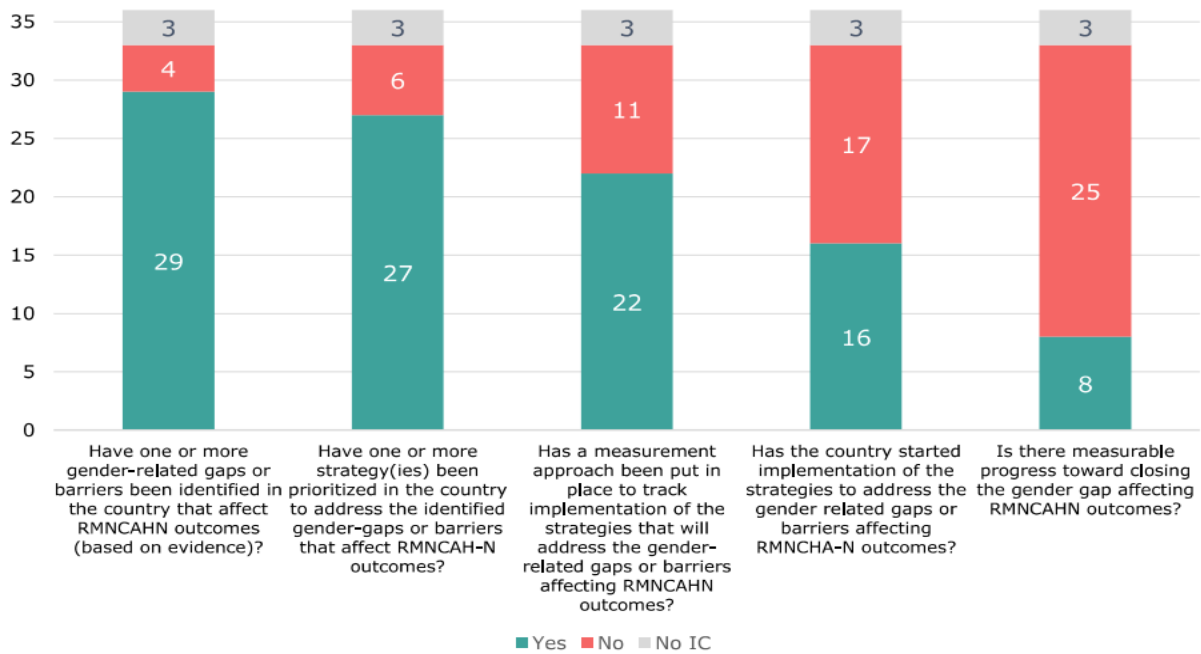
**Step 5:** *Measurable progress in closing the RMNCAH-N-related gender gaps and barriers assessed.*

## OVERVIEW OF PROGRESS TO DATE

### As of October, 2023:

- GFF partner countries have demonstrated progress on the first two steps of the gender KPI cascade: health-related gender equality gaps have been identified in the majority of partner countries (29 out of 33) that have completed their GFF investment cases, while strategies to address those gaps were prioritized in 27 of 33 of those countries.
- GFF investments in building systems, capacity and metrics on gender results have also yielded progress on the third step of the gender KPI. Two-thirds of GFF partner countries with completed investment cases (22 of 33) now have a measurement approach in place to track implementation of the prioritized gender strategies.
- Step 4 on implementation of gender priorities, however, remains a challenge; implementation had progressed in only 16 of the 27 countries with identified priorities, and measurable results (step 5) were evident in only 8 of these countries (**figure 1**).

**Figure 1. Gender Equality KPI Gender Gap Cascade: 2023 Baseline Year**



**Source:** Survey of GFF Focal Points, Q4 2023 (data); GFF IG Report 2023 (graphic).

**Note:** RMNCAH-N = reproductive, maternal, newborn, child and adolescent health and nutrition; IC = investment case.

**The limitations on implementation and measurable results on the gender KPI to date have been mainly due to three reasons:**

- Gender integration in several GFF partner countries is only at the beginning stages, therefore it is too early for substantial implementation milestones or significant results.
- Political instability, conflict, and/or other crises in fragile states have led to broad-based implementation challenges not limited to gender-related reforms.
- Some GFF partner countries lack adequate capacity and data to effectively execute and track progress on gender-related reforms.

Based on this initial analysis, the GFF has further refined the KPI measure and begun developing more context-specific support to countries for progressing along the cascade to achieve gender results.

The next section covers the actions taken by the GFF to advance this work and address some of these challenges.

**Key Investment Areas**

**1. Demonstrating the relationship between gender inequality and poor health outcomes**

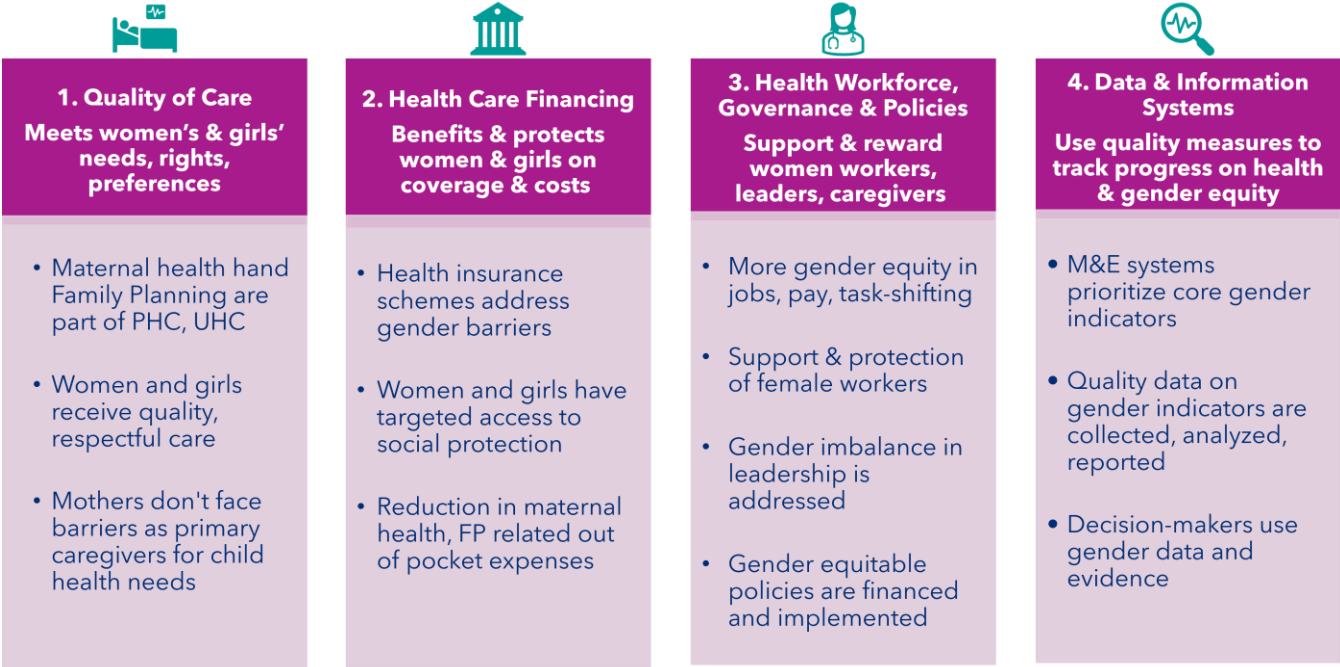
Since 2022, the GFF Secretariat has been systematically providing analytical and technical support to GFF countries, through the World Bank Group (WBG) teams, and other partners, to inform the design and

**implementation of their strategies and projects to improve gender equality.** For example, this work has included an evidence review of the implementation chain of legal and policy reforms to guide future investments. Another example, a collaboration with Johns Hopkins University (JHU), is an analysis of women’s leadership in health and the impact on health outcomes in 14 GFF countries. The GFF Secretariat has also partnered with experts in the [WBG Governance Global Practice](#) to incorporate and analyze gender dimensions in surveys of male and female civil servants in multiple sectors, including health (see more information on both of these projects later in this paper). The emerging evidence from this analytical and technical work will inform ongoing roadmap implementation, the GFF engagement in design of World Bank financed projects as well as the next GFF strategy—and will help identify the areas where the GFF can have the greatest impact on advancing gender equality and health outcomes.

**2. Gender-responsive monitoring and data systems**

Over the past two years, the GFF has also made significant strides in supporting the utilization and quality of gender-responsive monitoring and evaluation data and analytics in GFF-supported countries as well as in the GFF Secretariat. A notable investment has been the establishment of the *Monitoring and Action for Gender and Equity (MAGE)* technical partnership with JHU, which has institutionalized a four-pillar framework for the GFF to prioritize and track success on gender-related reforms in GFF-supported country operations. The four pillars are: (1) quality of care; (2) financing for health care access; (3) human resources and governance for health; and (4) data and information systems. Figure 2 below provides more details on each of these four pillars. This framework is being used by GFF staff when they engage with governments and World Bank teams in the design of new projects.

**Figure 2. Four Pillars for Integrating Gender Equality in GFF-Supported Country Reforms and Results**



**To help institutionalize gender equality and measurement, the GFF is prioritizing measurable gender indicators within and across countries and building capacity for better data collection and use.** For example, the GFF is supporting the rapid-cycle phone surveys (FASTR) in countries to track “women friendly service readiness” on measures such as the availability of 24/7 delivery facilities, presence of a clean lockable washroom for females, the availability of trained female providers, and a system for ensuring women’s privacy.

**The GFF has also made progress in identifying significant barriers to uptake of health care, and ways to address them.** The GFF is generating evidence which shows lack of basic rights and dignity for significant proportions of women seeking health care, and this evidence is being communicated to decision makers in health ministries for priority policy attention. In Ethiopia and Zambia, for example, data show that one-third to one-half of women do not get their basic needs met during delivery on simple matters such as getting a provider’s attention, having their health checked, or being provided privacy. More disturbingly, surveys show that as many as one-half to two-thirds of women are not asked for consent on procedures or are not involved in decision making regarding their maternal care. The GFF is supporting ministries of health to address these challenges to quality and respectful care.

**The GFF has also helped catalyze progress on country use of gender data and analytics in health financing,** especially regarding women’s access to and use of health insurance. For example, the GFF has been supporting gender analysis of health insurance programs in both Cote d’Ivoire and Ghana. Despite being neighboring countries, Ghana has been far ahead in rolling out a national health insurance scheme that covers about 69 percent of the population, with 59 percent of active members being female, and 41 percent male. Gender-responsive analysis is helping Ghana investigate the reasons for, and implications of, these gender differences, and to understand whether the insurance benefit package—which covers maternal and reproductive health services—is more attractive to women, if men do not believe they need insurance, or if in turn they opt for higher quality, higher cost private sector insurance. In contrast, Cote d’Ivoire, which was slower to implement its universal health insurance scheme, faced significant challenges to provide just 8 percent coverage of its population. While coverage is slightly greater for men (52 percent male and 48 percent female), insurance utilization is heavily skewed in favor of men (66 percent male and 34 percent female). A rapid gender assessment by the GFF indicates that these gender disparities are driven by women’s low share of formal employment, dependence on husbands for coverage, transportation challenges, and inability to meet identification requirements for themselves and their children.

**The evidence from both Cote d’Ivoire and Ghana point to several common gender-related challenges in scaling up health insurance coverage for women and girls.** Enrollment can be especially cumbersome for women given their time, travel, and childcare constraints. Women are also paying unofficial out-of-pocket payments for maternal and reproductive health services that are supposed to be officially “free.” To address these constraints, in Ghana, the GFF Secretariat is partnering with the [WBG’s Social Protection Global Practice](#) to automatically link and enroll poor female beneficiaries of cash transfer programs in health insurance coverage. In Cote d’Ivoire, the GFF’s rapid assessment resulted in a WBG-GFF cofinanced project that aims to address these gender biases and barriers.

This work has been well received and is generating interest from other countries which the GFF will support going forward.

### *3. Gender-transformative legal and policy reforms*

**The GFF is supporting the adoption and implementation of progressive policies and legal frameworks for gender and sexual and reproductive rights (SRHR) in GFF partner countries, which is expected to yield multiple downstream benefits for health and development.** Lack of protective laws and national policies remains a major obstacle for women and girls' health outcomes. The GFF is leveraging various WBG policy triggers and financing for implementation of reforms through development project financing instruments (DPFs). The GFF has hired a full-time legal gender specialist and specialized consultants to provide technical assistance for these operations and has established a cross-sectoral legal and policy task force within the WBG to increase the pipeline of gender-transformative budgetary financing projects. Other GFF activities in this area include:

- **A partnership with the United Nations Population Fund (UNFPA)** and financing to support target countries on documentation and advocacy for legal reforms to advance gender equality;
- **A partnership with the Human Reproduction Program (HRP)**, the United Nation's special program of research, development and research training in human reproduction, and financing to provide country assessments on access to legal and safe abortion and consent for family planning services;
- **A pilot collaboration with the WBG's [Women, Business and the Law \(WBL\) unit](#)** to test data collection and assess legal and policy frameworks affecting women's right to education and SRHR in 26 selected countries in Sub-Saharan Africa.

Support from the GFF to date on legal reforms has enabled three countries, Cameroun, Niger, and Benin (GFF-eligible) to successfully adopt gender-related reforms. Currently an additional five countries (Tanzania, Ghana, Sierra Leone, Liberia, and Senegal) are benefiting from GFF support with the increased technical assistance and partnership support to adopt such reforms. Another example is the GFF's support to the Ministry of Health in Ghana to revise its health sector gender policy and develop an actionable implementation plan that defines resources, roles, results, and accountability. **Effective implementation and sustainability of these gender-responsive reforms remains challenging, however, as progress is impacted by political changes, and laws and policies often lack implementation mechanisms.** Moving forward, the GFF will continue to support gender-responsive legal and policy reforms to more countries and strengthen the focus on effective implementation.

### *4. Intensified engagement with youth and women-led civil society organizations (CSOs)*

**The GFF has taken deliberate and significant steps to strengthen its engagement with women's groups and youth-led groups in many GFF partner countries to advance gender equality.** In 2020, the IG endorsed the GFF's [CSO and youth engagement framework 2021–2025](#) to facilitate more meaningful engagement of CSOs in GFF operations. Implementation of this framework has been supported by a US\$5 million project implemented by Population Action International (PAI), which provides grants to local CSOs to foster engagement in GFF partner countries. A global youth engagement platform has also been established, and dedicated seats have been created for youth-led CSOs to participate in GFF-supported country platforms, for example in Burkina, Nigeria, Zimbabwe, Niger, Mauritania, Uganda, Senegal, Malawi, and Kenya. This has translated into results like in Kenya, where the advocacy of 17 youth-led organizations led to the establishment of Kenya's first Adolescent Health Policy (2024–2030) and the removal of proposed family planning service fees. Additionally, inclusion of women-led groups has ensured increased focus on RMNCAH-N issues, such as the establishment of women-led groups in 10 rural

communities in Nigeria, which to disseminate and educate women and adolescents through the Simbihealth App, providing comprehensive sexuality education, mental health education, and life skills.

Progress is uneven across countries, however. Lessons are emerging and will be discussed further and include ensuring more youth involvement in country-level GFF processes and stronger links to World Bank operations (see the *GFF-IG18- CSO and Youth Engagement* paper for more details).

### **5. Create a supportive environment to empower women and adolescents as leaders**

**While women make up the vast majority (70 percent) of the healthcare workforce globally, and 90 percent of the global nursing and midwifery workforce, they hold only 25 percent of leadership roles in global health.** Human resources for health (HRH) are impacted by systematic gender biases in countries at all income levels. Female health workers are often found in frontline care jobs, with the least pay, autonomy, and career growth, while the management level remains male-dominated. Gender discrimination and stereotypes also prevent women from equal access to senior level or managerial positions in health sector institutions and ministries. To bring attention to these disparities, **the GFF is collaborating with JHU to generate evidence from 14 countries in Africa** on the role and impact of women’s leadership in health, including identification of the bottlenecks and opportunities to advance gender equity.

**Additionally, to leverage and use more quantitative data on the public healthcare workforce, the GFF is producing analysis on female vs. male demographics in several GFF partner countries to help drive efforts for women’s professional progress in health in collaboration with the WBG’s Governance Global Practice.** As an example, analysis from Madagascar shows a clear gender divide in training and skills development among health professional staff, with male doctors and nurses 10 percent more likely to receive training compared to their female colleagues. Without a gender lens to this data, the project design would likely overlook this gender bias. The GFF is continuing to strengthen its gender-responsive lens for HRH and technical assistance on how to bolster women’s leadership in the health sector.

**As part of its broader commitment to strengthen women’s leadership in countries, the GFF has also piloted the “Greater Leaders Program” to coach current and upcoming women leaders in the health sector.** Group and one-on-one advisory sessions have enabled participants to tap into their individual leadership capacities in health, overcome obstacles, leverage their networks, and gain greater self-awareness and confidence in their management skills to apply lessons learned at work. The pilot program is currently being evaluated to assess the impact of this program on women leaders in GFF-supported countries. Findings will be shared with IG members at a later date.

### **6. Strengthen country-level engagement beyond the health sector**

**The GFF has fostered an array of strategic alliances and partnerships beyond the health sector, designed to advance gender equality.** The GFF collaboration with the **WBG Governance Global Practice** also includes partnering at country level, for instance in Pakistan, where the GFF and the WBG teams are co-analyzing health sector gender differentials in compensation for male and female government employees in the Punjab province, using millions of records from the Accountant General’s office and with the government’s buy-in, and assessing how these differentials compare across grade levels and with other sectors. The GFF has also stepped up its



support for the **WBG's two regional flagship programs on women's empowerment—the [Sahel Women's Empowerment and Demographic Dividend \(SWEDD\)](#) and [East Africa Girls' Empowerment and Resilience \(EAGER\)](#)**, with the aim to better understand the determinants of economic opportunities for women and girls and their linkages with SRHR, and ensure that the design of these flagship programs take these factors into account. In some countries, such as Mozambique and Niger, the GFF is supporting school health platforms to make sexual and reproductive health (SRH) information available to adolescent girls and boys at secondary schools. In addition, the GFF Secretariat worked with the [WBG's Gender Global Practice](#) to ensure that SRHR and women's leadership in health were highlighted as priorities in the [WBG's new gender strategy 2024–2030](#), which in turn will help the GFF better position and advance gender equality and women's, children's and adolescent health outcomes in future WBG operations. Overall, multisectoral collaboration and programming can be challenging to implement as they are carried out across different line ministries with different interests and strategies, whereas GFF country partners, platforms, and investments are primarily situated within the health sector. However, the GFF is making concerted efforts to raise awareness and reach stakeholders in different sectors, stressing the linkages between different interests and ultimate benefits across the board if health is considered and prioritized across sectors.

## CONCLUSION AND WAY FORWARD

The activities, findings, and lessons learned to date outlined in this paper point to both the challenges and the opportunities ahead. Some of the key lessons are as follows: (1) the investment in more robust data, indicators, and analysis has been an important catalyst in identifying and addressing more specific and larger scale gender challenges to RMNCAH-N outcomes that are core to GFF cofinanced projects; however, more effective tracking of progress of relevant indicators is still needed; (2) depending on countries' contexts, capacity building is needed on gender skills with relevance for HRH and women's leadership, health financing and data analysis; (3) better support for the establishment of effective implementation mechanisms of legal and policy reforms for gender equality is necessary to ensure the intended impact on progress for women, children and adolescents.

These levers will continue to be used by the GFF as staff engage in the design of future GFF cofinanced projects. As the GFF continues the implementation in all six action areas under the roadmap, the emerging evidence and lessons generated will inform ongoing GFF operations and the development of the next GFF strategy in 2025.