A principal strategy for MSH’s gender-sensitive programming is engaging and empowering women and girls as both consumers and suppliers of health services. Engaging women and girls in the design of health project ensures that activities respond to their actual and expressed needs, rather than perceived needs. In some cases, this means collaborating with local organizations that recognize and understand the gender dynamics at the local level, whereas in other cases, this may include incorporating gender assessments into planning efforts (see supporting evidence-based decision-making below for more on this). We also work directly with women working in the health sector—i.e., health leaders, managers, technical experts, clinicians, and community health experts—to build technical and leadership skills, to enable women to become proactive in advocating for their own health and that of their families and communities. Our training of these professionals has also supported increased job opportunities, which can further help women participate in household and community decision-making related to a number of other development challenges faced by women and girls.

**Programming highlights**

With funding from USAID, MSH is actively implementing the Ethiopia Network for HIV/AIDS Treatment, Care, and Support project. This project, funded for $40M over 5 years, seeks to improve the quality of life for people living with and affected by HIV/AIDS. As a part of this work, MSH is specifically targeting HIV-positive pregnant women with family-focused, comprehensive HIV/AIDS services in order to increase the uptake and adherence to prevention of mother-to-child transmission (PMTCT) services. One successful approach that MSH has undertaken in this project has been the use of “mother mentors,” who are HIV-positive women that have received PMTCT services and who support HIV-positive pregnant women and new mothers with peer counseling and group support, psycho-social support, family engagement, and accompaniment for clinic visits. Through this initiative, these pregnant women and new mothers become better educated on issues associated with family planning, antenatal care, family testing, HIV-exposed infant enrollment, and infant feeding options so that they may take better care of themselves and their families.

MSH recognizes that people living in rural areas have more difficulty accessing medicines and fewer opportunities for education or employment than those living in towns and cities. To address this problem, MSH worked with the Tanzania Food and Drugs Authority to develop an accredited drug dispensing outlet program as part of its 1-year, $126K Using Associations to Assure Sustainability in Private Sector Drug Seller Initiatives. This innovative program created a new category of healthcare facility and provider to serve communities, which has, in turn, created new business and employment opportunities. Since 2003, more than 1,300 shops have been accredited and almost 4,000 dispensers trained and certified in 8 of the country’s 21 mainland regions. Women comprise nearly 40% of ADDO
owners in some regions, and over 90% of licensed dispensers are women—empowering these women economically while improving health in their communities by making medicines significantly more available and affordable. The Ministry of Health and Social Welfare has approved nationwide expansion of the model, which is also now being replicated in Uganda and Liberia and introduced in Zambia.

In Nigeria, through the 5-year, $20M, USAID-funded Community-Based Orphans and Vulnerable Children project, MSH is improving the well-being of orphans and vulnerable children (OVC) through scaling up and improving service delivery, offering new approaches for enhancing service outreach, building community ownership, addressing gender discrimination, and increasing OVC involvement and advocacy. Recognizing the critical role of caregivers to this end, and the fact that many such caregivers are women, one strategy that MSH employed and which proved effective involved training female heads of households and caregivers to better manage their resources (homes and businesses) in order to better provide for themselves and the OVCs in their care. Through the project’s household economic strengthening interventions in 11 states, 1,261 caregivers received support, including 1,110 women who were trained in some form of income-generating activity and 151 who received grants.

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