

Gender Integration Case Study: A Policy Implementation Analysis of USAID Health Sector Programming

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Abstract: U.S. foreign assistance programs in the health sector do not adequately and consistently address gender norms, roles and inequities present in many developing countries, despite the growing body of evidence that suggests doing so makes for better health and development results. Seeking to determine whether current gender-related policy pertaining to U.S. foreign assistance is being implemented effectively in USAID's health sector, and if not, why, the study employed a conceptual framework developed by Sabatier and Mazmanian for top-down policy implementation analysis. The framework identifies six conditions for effective implementation of policy, equally divided between statutory variables (relating to the statute itself, such as language, rationale, and the structure of implementation) and non-statutory variables (leadership commitment, advocates, and vulnerability of the policy to changes in the political, social and economic environment).

Purposeful sampling was used to recruit key informants from among USAID senior staff and program officers within the Bureau for Global Health. Data from the semi-structured interviews were analyzed vis-à-vis the six conditions, to identify strengths and weaknesses associated with three policies.

Results of the analysis suggested that weaknesses in the statutes themselves diminished their impact in spite of high levels of support from senior leadership and active advocacy from gender champions and key sovereigns. The dampening effect is most notable on the Percy Amendment, which was vaguely worded, poorly structured and had minimal exposure in the last 10 years within the Bureau; and the ADS regulations, which, in spite of recent advances in the specificity of the language, lack a sufficiently sound causal theory and any consequences for non-compliance. PEPFAR rated higher than the other two policies on statutory conditions but could be further strengthened by giving more jurisdiction to implementing officials and better structuring the implementation process. Overall, implementation of the policies was vulnerable to changes in the political environment. Improving the statutory framework for gender-related policy will make it more resilient to external influences and ensure more consistent implementation over time. The study ends with a proposal for policy change, based on the research results, public policy theory and the principles of public health leadership.

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