



U.S. Centers for Disease Control and Prevention

Implementation Strategy

for the U.S. National Action Plan on
Women, Peace and Security

September 2012

Statement of National Policy¹

The goal of the U.S. National Action Plan on Women, Peace, and Security is as simple as it is profound: to empower half the world's population as equal partners in preventing conflict and building peace in countries threatened and affected by war, violence, and insecurity. Achieving this goal is critical to our national and global security.

Deadly conflicts can be more effectively avoided, and peace can be best forged and sustained, when women become equal partners in all aspects of peace-building and conflict prevention, when their lives are protected, their experiences considered, and their voices heard.

As directed by the Executive Order signed by President Obama entitled Instituting a National Action Plan on Women, Peace, and Security, the Plan describes the course the United States Government will take to accelerate, institutionalize, and better coordinate our efforts to advance women's inclusion in peace negotiations, peacebuilding activities, and conflict prevention; to protect women from sexual and gender-based violence; and to ensure equal access to relief and recovery assistance, in areas of conflict and insecurity. It is guided by the following five principles:

First, the engagement and protection of women as agents of peace and stability will be **central** to the United States' efforts to promote security, prevent, respond to, and resolve conflict, and rebuild societies.

Second, by building on the goals for gender integration described in the United States National Security Strategy and the Quadrennial Diplomacy and Development Review, the United States' efforts on Women, Peace, and Security will **complement** and enhance existing initiatives to advance gender equality and women's empowerment, ensure respect for human rights, and address the needs of vulnerable populations in crisis and conflict environments.

Third, in executing this policy, the United States will be guided by the principle of **inclusion**, seeking out the views and participation of a wide variety of stakeholders— women and girls, men and boys, and members of marginalized groups, including youth, ethnic, racial or religious minorities, persons with disabilities, displaced persons, indigenous peoples, lesbian, gay, bisexual and transgender (LGBT) individuals, and people from all socioeconomic strata.

Fourth, in order to maximize the impact of the Plan, the United States will ensure that activities in support of Women, Peace, and Security are **coordinated** among all relevant departments and agencies of the government, integrated into relevant United States foreign policy initiatives, and enhanced by engagement with international partners.

Finally, United States Government agencies will be **accountable** for the implementation of the policies and initiatives endorsed in this Plan.

Above all, the National Action Plan and this Implementation Plan express the United States' unqualified commitment to integrating women's views and perspectives fully into our diplomatic, security, and development efforts – not simply as beneficiaries, but as agents of peace, reconciliation, development, growth, and stability. We welcome this opportunity to work with our international partners to make the promise of this commitment real, to advance implementation of United Nations (UN) Security Council Resolution 1325, and to make significant progress toward the goal of sustainable peace and security for all.

¹ [http://www.whitehouse.gov/sites/default/files/email-files/US National Action Plan on Women Peace and Security.pdf](http://www.whitehouse.gov/sites/default/files/email-files/US_National_Action_Plan_on_Women_Peace_and_Security.pdf)

The Context of Women, Peace and Security within the U.S. Centers for Disease Control and Prevention

“Implementing the U.S. National Action Plan on Women, Peace and Security is a natural fit for CDC. The health of women and girls has long been an important area of focus for us. CDC’s strategy for advancing this National Action Plan will build on our strengths and core activities that allow translation of research into public health policy.” ~ Dr. Kevin De Cock, Director of the Center for Global Health

The U.S. Centers for Disease Control and Prevention (CDC) works consistently to protect the health of women and girls throughout the world, including countries affected by conflict and disaster. This work is accomplished through a number of CDC’s Centers, Institutes, and Offices, all supporting efforts to be more responsive and effective in improving the status of women and girls. As a public health agency, CDC has a key role to play in implementing the U.S. National Action Plan on Women, Peace and Security. The outcomes to be advanced by CDC are listed below:

National Integration & Institutionalization

- Enhance staff capacity for applying a gender-sensitive approach in conflict-affected environments
- Establish mechanisms to promote accountability for implementation of gender-related policies
- Evaluate and learn from activities supporting Women, Peace, and Security initiatives

Protection from Violence

- Decrease risks of gender based violence (GBV) in crisis and conflict-affected environments to address threats and vulnerabilities associated with GBV

Conflict Prevention

- Include gender-specific data in conflict early warning and response systems
- Increase participation of women and girls in economic recovery and their access to health care and education services

Access to Relief & Recovery

- Integrate and evaluate gender and protection issues as part of responses to crisis and disaster

CDC’s strategy for advancing the outcomes committed to in the National Action Plan build on the agency’s strengths and resources including the following:

- Building public health workforce capacity,
- Developing surveillance and strategic information systems,
- Conducting monitoring and evaluation activities, and
- Translating research into public health policy.

CDC has the experience and expertise to develop, evaluate, disseminate and exchange science-based knowledge, focusing on the safety and well-being of entire populations. Public health draws on a science base that is multi-disciplinary. The field also emphasizes input from diverse sectors including health, education, social services, justice, policy, and ethics. We are committed to the National Action Plan outcomes that have always been the core of CDC’s public health approach by addressing priorities with significant public health impact through the scale up of evidence-based interventions.

NATIONAL OBJECTIVE 1

National Integration and Institutionalization: Through interagency coordination, policy development, enhanced professional training and education, and evaluation, the United States Government will institutionalize a gender-sensitive approach to its diplomatic, development, and defense-related work in conflict-affected environments.

OUTCOME 1.2

Agencies enhance staff capacity for applying a gender-sensitive approach to diplomacy, development, and defense in conflict-affected environments.

ACTION 1.2.1

Training for CDC personnel working in conflict-affected countries to mainstream gender considerations into the design, implementation, and monitoring and evaluation of CDC research and programs.

Outputs	Implementing Division(s)	Project Start & End Date
Incorporate appropriate gender-specific considerations into ongoing courses taught by CDC's International Emergency and Refugee Health Branch (IERHB), which are attended by CDC colleagues and other public health professionals (e.g. Introduction to Complex Humanitarian Emergencies, Planning in Emergencies, and Nutrition in Emergencies).	Division of Global Disease Detection and Emergency Response (DGDDER)	4QFY12/rolling
Ensure female participants are included in planning for and teaching of injury-, disability-, and violence-related courses and capacity development activities (e.g., IERHB's Field Epidemiology for Mine Action Course).	DGDDER	4QFY12/rolling
Provide training materials on gender issues and reproductive health for CDC staff deployed to work in conflict-affected settings.	DGDDER	4QFY12/rolling
Incorporate prompts about the protection of women within the scope of upcoming table top exercises at CDC Global Disease Detection (GDD) Centers to train participants on how they would respond to an emergency event with a gender perspective.	DGDDER	1QFY13
Incorporate guidance and training for CDC Floor Wardens at GDD Centers to address health and safety needs of female CDC staff including pregnant and lactating women.	DGDDER	1QFY13
Assist country programs/teams/offices to conduct gender analyses and assessments of current PEPFAR programs and portfolios.	Division of Global HIV/AIDS (DGHA)	4QFY12/rolling
Incorporate existing CDC violence prevention resources for the design, implementation, and monitoring and evaluation of violence programs in humanitarian settings (e.g. <i>Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence</i>).	Division of Violence Prevention (DVP)	4QFY12/rolling

ACTION 1.2.2 Provide technical assistance to decision-makers in headquarters and in the field on how to develop gender-sensitive programs.		
Outputs	Implementing Division(s)	Project Start & End Date
Provide training lectures on GBV to foreign military personnel through collaboration with the Defense Institute for Medical Operations (DIMO), a dual service agency comprised of Air Force and Navy personnel committed to providing class, regionally-focused, healthcare education and training to partners around the world.	DGDDER	1QFY13
Provide public health technical guidance to decision-makers in headquarters during the review of USG-funded proposals to ensure the scope of GBV, reproductive health, and maternal and child health programming meets existing international guidelines.	DGDDER	4QFY12/rolling
Conduct an assessment of vulnerabilities for CDC female country staff specific to the CDC country office and adopt a set of procedures in CDC Emergency Action Plans to protect the health and safety concerns of these staff.	DGDDER	FY13
Adapt training curriculum, currently used with CDC PEPFAR staff, to integrate gender into the design, implementation, monitoring, and evaluation of programs in conflict-affected countries.	DGHA, DGDDER	4QFY12/rolling
Expand existing agency capacity for gender programming in PEPFAR by conducting training of trainers (TOT) with IERHB staff on gender programming in humanitarian settings, as requested.	DGHA	4QFY12/rolling
Build on existing research to develop technical area documents on benefits of gender integration in existing PEPFAR and other health area programs/initiatives.	DGHA	1QFY13
OUTCOME 1.3 Agencies establish mechanisms to promote accountability for implementation of their respective gender-related policies in conflict-affected environments.		
ACTION 1.3.1 Incorporate an assessment of gender integration into after action reviews (for USAID, those after action reviews pertaining to crisis response), and establish processes for addressing cases where gender issues are not being adequately considered in crisis response and conflict prevention environments.		
Outputs	Implementing Division(s)	Project Start & End Date
After action debriefings will be conducted on gender integration in IERHB's emergency response using standard guidelines.	DGDDER	FY13/rolling
Conduct joint monitoring missions with DOS and USAID to assess USG-funded programs to document strengths and gaps in gender programming.	DGDDER	FY13/rolling
Ensure and/or advocate for data collection, analysis and use of data in humanitarian settings to include gender indicators and sex-disaggregated data where appropriate.	DGDDER	4QFY12/rolling

OUTCOME 1.4

Agencies establish processes to evaluate and learn from activities undertaken in support of women, peace and security initiatives.

ACTION 1.4.1

Utilize innovations in foreign assistance coordination and tracking systems where appropriate, including gender cross-cutting indicators, sector-specific gender-sensitive indicators, and revised gender key issue definitions to support budgeting, operational planning, and performance management related to the NAP.

Outputs	Implementing Division(s)	Project Start & End Date
Collaborate with USG agencies to identify high-priority innovative programs targeting gender issues in emergencies that received USG funding.	DGDDER	4QFY12/rolling
Design, conduct and report on evaluations of specific innovative approaches for violence prevention to develop an evidence-base around their implementation to inform public health policy.	DGDDER	4QFY12/rolling
Continue workshops/trainings on gender integration and developing ways to measure gender-related activities in PEPFAR.	DGHA	4QFY12/rolling
Develop and finalize results framework and draft indicators which align with GHI's Women, Girls and Gender Equality Principle to guide country teams on monitoring programs and policies related to gender and health under GHI.	DGHA	4QFY12 - 1QFY13
Work with GHI Monitoring and Evaluation subgroups to disseminate results framework and indicators to GHI countries and provide technical assistance to support monitoring and evaluation activities	DGHA	4QFY12 - 1QFY13

NATIONAL OBJECTIVE 3

Protection from Violence: The United States Government will strengthen its efforts to prevent – and protect women and children from – harm, exploitation, discrimination, and abuse, including sexual and gender-based violence and trafficking in persons, and to hold perpetrators accountable in conflict-affected environments.

OUTCOME 3.1

Risks of SGBV in crisis and conflict-affected environments are decreased through the increased capacity of individuals, communities, and protection actors to address the threats and vulnerability associated with SGBV.

ACTION 3.1.1

Work to improve the capacity of the UN system and key protection and humanitarian actors, including members of the Humanitarian Cluster system, to prevent and respond to SGBV in conflict affected and crisis settings, to include development and implementation of training, guidance, and other operational tools; and promote better coordination and sharing of information across UN country teams in order to develop and implement holistic strategies on SGBV.

Outputs	Implementing Division(s)	Project Start & End Date
Support the members of the Humanitarian Cluster system in the revision of the existing Inter-Agency Standing Committee (IASC) Guidelines for GBV Interventions in Humanitarian Settings.	DGDDER	FY13
Provide technical assistance to UN and NGO partners, including the GBV Area of Responsibility (GBV AoR) under the Global Protection Cluster, for enhancing inter-cluster coordination, data management and dissemination, surveillance, population-based surveys, program design, and monitoring and evaluation related to GBV.	DGDDER	4QFY12/rolling
Improve the capacity of the UN system by establishing minimum standards and developing an accountability tool for measuring the functionality of GBV working groups, in collaboration with the GBV AoR, to ensure humanitarian response delivers assistance through effective and timely decision-making.	DGDDER	4QFY12 – 1QFY13
Conduct a review of promising practices for GBV multi-sectoral response to identify areas for promoting better coordination and programmatic interventions to fulfill minimum standards for linking and responding to the health needs for GBV.	DGDDER	4QFY12
In collaboration with USG agencies, develop technical considerations for the delivery of clinical post-rape care for persons under the age of 18 in primary health care settings to inform work in PEPFAR on clinical post-rape care for children. Build on guidance to inform clinical management of rape among children in special populations such as refugees and internally displaced populations, in collaboration with the Inter-agency Working Group for Reproductive Health in Crises (IAWG).	DGHA	4QFY12/rolling

ACTION 3.1.2
Develop an evidence base for context-specific risk factors for SGBV using robust, scientific, qualitative and quantitative methods; and translate research findings into programs and policies.

Examine risk and protective factors for emotional, physical, and sexual violence against children to inform effective prevention and response strategies for violence prevention in Haiti. This includes the integration of gender-sensitive indicators about children’s attitudes regarding female status and empowerment in relationships as a measure of acceptability in the population towards violence against women and girls in the Violence against Children Surveys (VACS), and use findings to improve prevention of GBV.	DGDDER	FY12 –FY13
Promote the use of the VACS, as part of Together for Girls Partnership, in conflict-affected settings to document violence against girls; support national plans of action to address violence against girls; and lead global advocacy efforts to draw attention and promote evidence-based solutions.	DVP	4QFY12/rolling
Support PEPFAR countries in the collection and dissemination of scientific data on the prevalence of GBV and associated risk factors; and provide capacity building and technical assistance on development, implementation, monitoring and evaluation of GBV strategies to respond to program evaluation findings in PEPFAR countries.	DGHA	4QFY12/rolling

ACTION 3.1.3
Evaluate the impact of programs and policies to prevent and respond to SGBV to ensure that available resources are being implemented as efficiently and effectively as possible.

Support the IAWG by developing case studies to highlight promising practices for the clinical and mental health care of sexual violence survivors (e.g. mental health interventions in humanitarian settings, preparedness models for initial provision of care).	DGDDER	FY13
Conduct evaluations of psychological and social service interventions in conflict-affected populations including survivors of conflict, torture and sexual violence to enhance the evidence base for psychosocial intervention in humanitarian settings.	DGDDER	FY13
Work with PEPFAR’s GBV Scale-Up Initiative countries (DRC, Mozambique, and Tanzania) to strengthen monitoring and evaluation of activities to prevent and respond to GBV and ensure reporting of required indicators.	DGHA	1QFY12 – 1QFY15

NATIONAL OBJECTIVE 4

Conflict Prevention: The United States Government will promote women's roles in conflict prevention, improve conflict early-warning and response systems through integration of gender perspectives, and invest in women and girls' health, education, and economic opportunity to create conditions for stable societies and lasting peace.

OUTCOME 4.1

Conflict early warning and response systems include gender-specific data and are responsive to SGBV, and women participate in early warning, preparedness, and response initiatives.

ACTION 4.1.1

Provide diplomatic and development support for community-based early warning and response activities, such as empowering local communities to develop strategies to prevent and respond to outbreaks or escalations of violence and conflict.

Outputs	Implementing Division(s)	Project Start & End Date
Develop a community-based sentinel surveillance system that collect reports on mortality and components of the UNSCR 1612 grave violations against female children in situations of armed conflict from community volunteers and staff through a short message based system (SMS).	DGDDER	FY13/rolling

OUTCOME 4.2

Women and girls participate in economic recovery, and have increased access to health care and education services.

ACTION 4.2.1

Support women's and girls' increased access to health services, including reproductive and maternal health care.

Outputs	Implementing Division(s)	Project Start & End Date
Develop surveillance for chronic disease conditions that negatively impact women's ability to participate in economic activities and document the gap in knowledge as to the burden of chronic diseases in women and girls.	DGDDER	FY13/rolling
Continue ongoing efforts to assess barriers for treatment of acute malnutrition (severe and moderate) among female caregivers.	DGDDER	4QFY12/rolling
Develop meaningful infant and young child feeding (IYCF) indicators which can be assessed in the short term to improve programming on the promotion, education and utilization of appropriate infant and young child feeding.	DGDDER	FY13
Disseminate findings from reproductive health surveys, surveillance, operational research and program evaluations to a wide audience to improve public health action and evidence base for emergencies and humanitarian settings.	DGDDER	4QFY12/rolling

Support CDC country offices addressing gender equality in HIV prevention, care, and treatment by providing technical assistance to enhance gender integration in existing and future programs and expand to reproductive health (e.g. PMTCT) and family planning services.	DGHA	4QFY12/rolling
Disseminate results of systematic reviews on approaches to increase gender-equitable access to HIV services and provide support to PEPFAR country teams in adapting these approaches.	DGHA	4QFY12/rolling
Strengthen applied field epidemiology capacity to understand and respond to reproductive, maternal, and newborn health issues to contribute to the development of a sustainable, in-country RH workforce.	DRH	4QFY12/rolling
Enhance monitoring and evaluation activities to better understand and address measurement issues and the impact of interventions to reduce maternal mortality.	DRH	4QFY12/rolling
Strengthen maternal and neonatal measurement systems, including death surveillance & response and Health Management Information Systems (HMIS) to reduce duplication and harmonize indicators.	DRH	4QFY12/rolling
NATIONAL OBJECTIVE 5		
Access to Relief and Recovery: The United States Government will respond to the distinct needs of women and children in conflict-affected disasters and crises, including by providing safe, equitable access to humanitarian assistance.		
OUTCOME 5.1		
Gender and protection issues are explicitly and systematically integrated and evaluated as part of responses to crisis and disaster.		
ACTION 5.1.1		
Support capacity building for local and international NGOs and multilateral organizations involved in disaster and crisis response to address the specific protection needs of women and girls, including preventing and responding to SGBV.		
Outputs	Implementing Division(s)	Project Start & End Date
Deploy staff to UN and NGO partners during humanitarian emergencies to improve access to and coordination of reproductive and maternal health care, including GBV, by providing technical assistance to enhance surveillance, rapid assessments, and program monitoring and evaluation.	DGDDER	4QFY12/rolling
Build the capacity of global partners working in RH in humanitarian settings to prioritize operational research to improve health outcomes for women and girls.	DGDDER	4QFY12/rolling
Support the IAWG to conduct a global review on reproductive health in humanitarian settings to assess the current state of access, availability, and coverage to identify gaps in RH and GBV services to improve health outcomes.	DGDDER	4QFY12 – FY13
Support partners to ensure reproductive health indicators are included as part of the indicators normatively collected, analyzed and used in emergencies to improve targeted interventions.	DGDDER	4QFY12/rolling
Continue to provide technical assistance to USG agencies, UN and NGOs in nutrition in emergencies and participate in global working groups such as the Global Nutrition Cluster with a focus on females and children.	DGDDER	4QFY12/rolling

Ensure gender and GBV issues are integrated in upcoming SPHERE trainings with local governments and emergency response organizations.	DGDDER	4QFY12
Assess the impact of water collection on women and girls including security issues using standardized surveys in emergency and post emergency settings. This will include an assessment of women's role the collection and treatment of water during assessments, surveys and monitoring and evaluation activities.	DGDDER	4QFY12/rolling
Conduct operational research to improve hand washing practices among women in refugee and other emergency settings.	DGDDER	4QFY12/rolling
Assess the effectiveness of hygiene messages targeting female heads of households during outbreaks of cholera and other waterborne diseases.	DGDDER	4QFY12/rolling
Assess gender differences in knowledge, attitudes and practices (KAP) surveys related to landmines and other explosive devices among conflict-affected populations by disaggregating household data by sex.	DGDDER	FY13
Incorporate gender considerations (e.g. use of inclusive language and terms, inclusion of women and girls in project planning and implementation, gender-specific data analysis) into the following activities: 1) design, establishment, and evaluation of specific and all-cause injury surveillance systems, 2) development and implementation of surveys on injury, disability, and violence, and 3) evaluations of explosive device and other injury risk education programs.	DGDDER	4QFY12/rolling
Examine how gender impacts risk of injury and disability; short-term treatment following injury; and long-term physical, psychological, and socioeconomic health.	DGDDER	4QFY12/rolling
ACTION 5.1.2		
Support access to reproductive health in emergencies and humanitarian settings.		
Outputs	Implementing Division(s)	Project Start & End Date
Support a special program on reproductive health in humanitarian emergencies at the 2013 Women Deliver conference, in collaboration with the IAWG, to improve the response to reproductive health in emergencies.	DGDDER	3QFY13
Collaborate with the SPHERE Project to develop standardized methods for measuring SPHERE indicators related to reproductive health.	DGDDER	4QFY12 – FY13
Conduct a global review of RH indicators from the UNHCR Health Information System to evaluate trends in RH outcomes and improve services for refugees.	DGDDER	FY13
Co-host a workshop on neonatal health in emergencies, in collaboration with Save the Children, to prioritize interventions, develop neonatal health kits and indicators and define salient operational research that can be implemented in the acute onset of an emergency.	DGDDER	4QFY12

Contribute to the reduction of maternal mortality in Haiti through the following: 1) increasing the percent of pregnant women that have institutional deliveries, 2) improving access to quality emergency obstetric care, 3) increasing the percent of women that receive the recommended frequency and quality of antenatal and postnatal care, and 4) establishing a scalable maternal death surveillance and response system to better capture cause of maternal death data for prevention and response efforts.	DGDDER	4QFY12/FY15
Support surveillance for pregnant women and newborns to improve linkages with health service delivery programs including targeting for hygiene interventions.	DGDDER	4QFY12/rolling
Assist PEPFAR refugee partners, in collaboration with DOS/PRM and PEPFAR country teams, to incorporate gender programming in HIV programs through the following activities: 1) conduct gender analyses, 2) assess current gender programming, and 3) provide guidance on gender integration in existing HIV programs.	DGDDER, DGHA	4QFY12/rolling
Identify reasons for poor coverage of Intermittent Preventive Therapy in Pregnancy (IPTp) to protect pregnant women against malaria and develop interventions to support implementation of IPTp in conflict settings.	DGDDER	FY13
Continue conducting assessments of the nutritional status of women of reproductive age to protect the nutrition and health of vulnerable populations in crisis and conflict settings.	DGDDER	4QFY12/rolling
Enhance existing programmatic guidance on moderate acute malnutrition (MAM) in emergency settings to develop a more systematic approach for designing programs for MAM and reproductive health programs.	DGDDER	FY13
Continue evaluations of programs that prevent micronutrient deficiencies among women of reproductive age in refugee and displaced populations.	DGDDER	4QFY12/rolling
Ensure pregnant and lactating women are included in supplementary feeding programs and explore the feasibility of blanket supplementary feeding during the provision of antenatal care in protracted settings.	DGDDER	FY13
OUTCOME 5.2		
Relief and recovery assistance includes enhanced measures to prevent and respond to SGBV in conflict and post-conflict environments.		
ACTION 5.2.1		
Provide support for survivors of conflict, torture, and sexual violence, to include persons with disabilities, their families, and communities, through direct services, including trauma-informed services and sexual and reproductive healthcare.		
ACTION 5.2.2		
Encourage international organization and NGO partners to provide gender and SGBV training to staff members on existing international guidelines, such as the IASC Guidelines on GBV in Humanitarian Settings, the Sphere Project, and Standards Recommended by the IASC Task Force on Protection from Sexual Exploitation and Abuse (PSEA) in Humanitarian Crises.		
Outputs	Implementing Division(s)	Project Start & End Date
Encourage the use of existing international guidelines during the review of USG-funded proposals to ensure the scope of GBV and reproductive and maternal and child health programming meets recognized standards.	DGDDER	4QFY12/rolling