

# Scoping Review of Programmes: Learnings and Opportunities for Integrating Gender for Healthcare Providers in Health Systems

## Summary Findings

### Introduction

Addressing the gender inequities faced by healthcare providers (e.g. nurses), which result from deeply entrenched structural gender norms, can improve providers' performance, the quality of care they provide, and ultimately health outcomes. This can be achieved through gender-intentional and strategic interventions that can help address some of the gender inequities faced by women healthcare workers within the system.

In this context, the present report reviews programmes that are identified in the literature as having directly or indirectly addressed gender issues. The aim is to learn lessons about what works in terms of integrating gender into health system strengthening (HSS) for providers, and to provide donors with opportunities to support – or deepen their understanding of – gender integration specifically for women healthcare providers.

We hope that the learning and opportunities outlined in this report can be leveraged to initiate pilots, models, and experimentation in gender programming for health providers in low- and middle-income country (LMIC) settings.

### Methods

We first undertook a preliminary review of the literature on existing programmes addressing gender issues related to healthcare providers. As this did not yield much, we broadened our search to include programmes that aimed to improve quality of care, coverage, or the leadership function in health systems, and that, in doing so, addressed issues faced by women healthcare providers. This yielded a larger sample of programmes. The programmes were then selected from this sample in a multi-step process that included interviewing informants directly involved in the implementation of the programmes.

We applied the following criteria to make the final selection of the programmes: implemented in LMIC settings; the gender intentionality of the programme from a provider perspective; the gender issues<sup>1</sup> the programme addressed for women healthcare providers; and the intervention setting (public or private). We did not use the criterion of the programme having been evaluated because most of the relevant programmes are still in the process of being evaluated.

A total of eight programmes were selected: six from India and two from African countries.

<sup>1</sup> The gender issues were identified based on the findings of the 'Scoping review of gender issues faced by facility-based providers', done as a part of the Gender and HSS scoping study supported under the additional grant for BTSP.

## Findings

# Overview of programmes

### Interventions on responding to gender-based violence (GBV) in Bihar and Maharashtra

Building awareness of, and sensitization on GBV faced by providers themselves; also led to setting up complaints' committees and a helpline in some cases.

### Changing health provider attitudes and increasing respectful maternity care, Aurangabad Medical College and Hospital, Maharashtra, and Fernandez Foundation, Hyderabad, Telangana.

Training healthcare providers to move toward respectful maternity care (RMC). Also led to reflection on the treatment of nurses and making some facilities more gender responsive.

### The Gender in Medical Education (GME) project, CEHAT, Maharashtra

Aimed at integrating a gender perspective in the undergraduate medical curriculum of all government colleges in Maharashtra.

### Enabling nurse-led primary healthcare centers in under-served areas with vulnerable population groups, Basic Health Services (BHS), Udaipur, Rajasthan

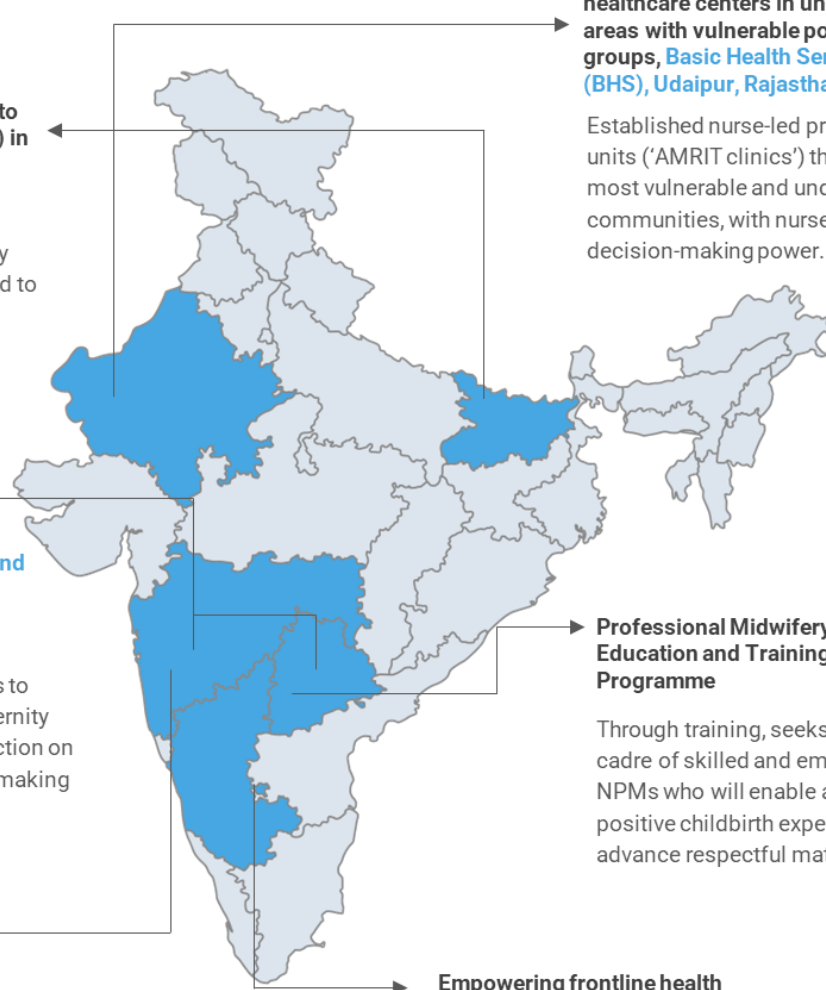
Established nurse-led primary health units ('AMRIT clinics') that reach the most vulnerable and under-served communities, with nurses having decision-making power.

### Professional Midwifery Education and Training Programme

Through training, seeks to build a cadre of skilled and empowered NPMs who will enable and promote positive childbirth experiences and advance respectful maternity care.

### Empowering frontline health workers through digital technology ASHA Kirana, Koppala, Karnataka

Enabled frontline workers to collect and use clinical assessment data using digital technologies during home visits, in a pilot project.



## Learnings from the programmes

The learnings from the program offered several insights on going programs that can be leveraged to design gender responsive micro practices for providers within facilities. The review also offered a few principles that underpin gender intentional programming within health systems and issues

related to evaluation of these programs. In our conversation with the program implementers, we also came across several opportunities that could serve as an entry point and could be leveraged by donors to initiate gender intentional programming within the ongoing health systems strengthening initiatives.

**Figure 1 Program Review: Learnings and Opportunities**



Partnerships and collaborations with partners outside the HS harness expertise and are enablers for programmes focusing on gender issues. Most of the reviewed programmes involved collaboration with, and support from, partner organisations (e.g., CEHAT for the GBV initiatives in Aurangabad and the Sajha programme in Bihar, and the non-governmental organisations that worked with government to implement the Dilaasa model).

**Support government supported programmes on GBV and RMC**, which can provide a non-threatening entry point for addressing issues related to workplace violence and harassment faced by healthcare providers; **support current and ongoing initiatives to strengthen evidence and outcomes** (e.g., BHS's work to adapt the AMRIT clinics to public health primary care can serve as a potential model for enabling more gender-equitable practices within public health systems) and **adapt existing programme models to ongoing initiatives in the public health system** (e.g., learnings from AMC can be integrated into the RMC initiative being undertaken by Pronto in Muzaffarpur).