



Gender Champions in Health Systems

Building a Community of Practice for Advancing Gender Equity in Health Systems

10th January 2024 | India Habitat Centre, New Delhi

DOCUMENTATION

GenderCollab is a Community of Practice that brings together partners to work towards advancing gender intentionality within the health systems. GenderCollab was set up by Oxford Policy Management in partnership with Quicksand as part of a project on 'Adaptive Learning for Gender Responsive Health System' supported by the Bill & Melinda Gates Foundation (India Country Office).

Gender champions are identified as persons who have played a crucial role in advancing gender equality and promoting inclusive decision-making processes. Building gender champions within health systems is a strategic way where health system personnel become agents of change, and advance gender intentionality. To further this opportunity, GenderCollab organised a one-day in-person Roundtable in New Delhi on '**Gender Champions in Health systems**' to share learnings and build a community of practice. The key objective was to **discuss the purpose and potential of building a community of practice of Gender Champions within the health system.**





Gender Champions in Health Systems Roundtable Attendees, New Delhi, 10 January 2024

Bringing together practitioners who have been championing gender within their capacities across health systems in India, we focused on 'what has worked' and 'what hasn't worked' so far; and **how gender championship within the health system can be supported and promoted through building a strong community of practice.**

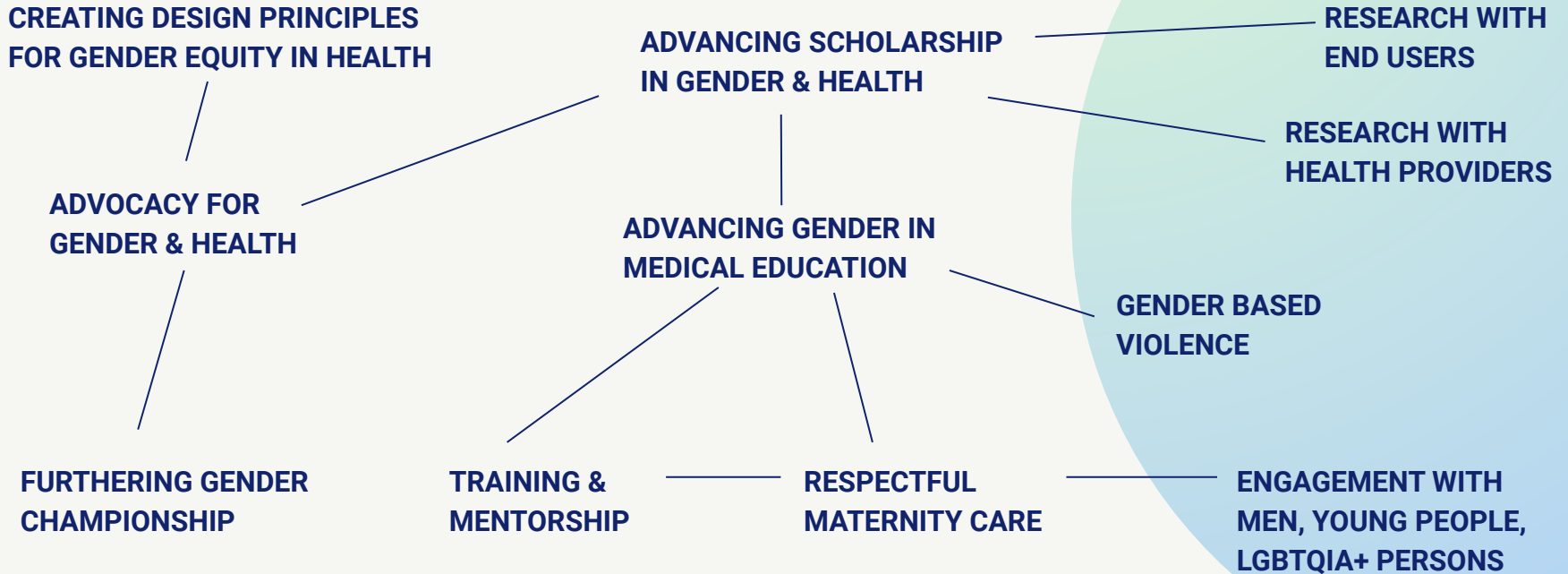
- Learning and sharing of experiences by gender champions within health systems with emphasis on practical experiences
- Discussing the feasibility and usefulness of building a community of practice of Gender Champions within the health system
- Exploring next steps on taking forward the community of practice and knowledge exchange

Objectives for the Roundtable



The practitioners represented a broad range of professional experiences and interests within gender and health –

Themes Mapping



Representative Diagram of the themes that the participants are working in.

The practitioners represented a broad range of professional experiences and interests within gender and health –

Community Mapping

CREATING DESIGN PRINCIPLES FOR GENDER EQUITY IN HEALTH

- Deepening scientific understanding of gender and health.
- Sharing personal experiences for personal transformations
- Rights based approaches
- Building sensitization for continued engagement
- Looking at everything from a gender lens.

ADVOCACY FOR GENDER & HEALTH

- Building strategic connections with government priorities
- Identifying budgets for training and care provision
- Integrating gender with legal lens of health
- Influencing leadership by sharing progress regularly
- Building on laws that enable gender equity in health.

ADVANCING SCHOLARSHIP IN GENDER & HEALTH

- Adding gender equity into health research frameworks
- Publishing about gender in health systems research
- Supporting early career women scholars
- Building evidence on the need for women leaders

The practitioners represented a broad range of professional experiences and interests within gender and health –

Community Mapping

RESEARCH WITH HEALTH PROVIDERS

- Educating community based health workers on their key role in improving informed consent practices in family planning.
- Addressing the work environments that prevent women to take leadership & stay in it.
- Identifying areas for gender interventions that will impact health service delivery.
- Building capacity in gender sensitivity for health providers.
- Strengthening career pathways for CHWS within the system.
- Creating standards for delivering quality of care.

RESEARCH WITH END USERS

- Understanding the gender aspects uptake of new vaccines, women influencers, specific populations such as spinal cord injury survivors, victims of GBV, organ donors, migrants.

ADVANCING GENDER IN MEDICAL EDUCATION

- Creating gender sensitive lesson plans based on ground realities of patients & providers.
- Leveraging the influence of social media
- Mapping how gender in medical education will shape medical practice
- Improving the number of women doctors in forensic medicine.
- Moving beyond extrapolating personal experiences.
- Ensuring uptake of gender sensitive curriculums across all national institutes for health & family welfare.

FURTHERING GENDER CHAMPIONSHIP

- Building capacity of counselling services from feminist perspectives.
- Building capacity of providers to provide care for the survivors of violence and abuse.
- Creating medical educators as gender champions.

The practitioners represented a broad range of professional experiences and interests within gender and health –

Community Mapping

TRAINING & MENTORSHIP

- Addressing gender in health trainings across all levels with UNFPA
- Revising medico-legal protocols to be adopted in rape cases.
- Creating video based E-modules on gender for health providers that they can navigate independently.
- Transforming mindsets of students and young practitioners.
- Creating gender neutral and intergenerational programming for early childhood development programmes at Anganwadis.

RESPECTFUL MATERNITY CARE

- Highlighting gender issues in health provision that have an impact on the quality of care women receive.
- Adopting respectful maternity care— birth companions, free abortion service, etc.
- Advocating for demedicalising pregnancy and promoting midwifery.

GENDER BASED VIOLENCE

- Addressing GBV related mental health concerns of migrant populations
- Adding information about GBV in provider trainings
- Working with Bhoomika centres for medical care for victims of GBV/social abuses
- Addressing deep seated perceptions about survivors.
- Innovations in provisioning of safe kits

ENGAGEMENTS WITH MEN

- Understanding the role that men and boys play in better quality of care.
- Engaging men in conversations about the shortcomings of existing gender norms.

YOUNG PEOPLE

- Transforming messaging around gender in schools
- Documenting menstrual hygiene practices at the school level to inform policy.

LGBTQIA+

- Engaging link workers for making health systems inclusive for transgender persons.

Workshop Participants

**Sangeeta Rege (Director) & Amruta Bavadekar (Research Officer)
at CEHAT, India.**

For the past decade, Ms Rege and Ms Bavadekar have been working on integrating gender in medical education— creating curriculums to be delivered in undergraduate public medical colleges in several states including Maharashtra and Madhya Pradesh. Through their years, the interest towards their work has expanded from community medicine to forensics and internal medicine. Their work has **created champions not just among educators, but also students who graduate into gender sensitive clinical practitioners**. Their work in gender based violence has also led to the institutionalisation of hospital-based GBV crisis centres with government support in many states.

Founded in 1994, Centre for Enquiry into Health and Allied Themes (CEHAT), initiates new ways of imagining and engaging with health systems to promote gender sensitive care and pro-people practices.

Dr Arjunker Jakasania, Associate Professor, Public Health, Mahatma Gandhi Institute of Medical Sciences, Sewagram, Maharashtra

Dr Jakasania works as an educator specialising in immersive community based education practices. He's been working on **specific lesson plans for Gen-Z students that work on behaviour change from a gender lens**. This includes understanding the influence of social media on young people, adding gender equity language in early childhood development modules, and intergenerational programming.

Founded in 1969, Mahatma Gandhi Institute of Medical Sciences has a vision to develop a replicable model of community oriented medical education which is responsive to the changing needs of our country and is rooted in an ethos of professional excellence.

Workshop Participants

Dr Sundari Ravindran, Ex-Professor of Public Health at the Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum.

Dr Ravindran's work over the years has spanned evidence building, capacity building, and curriculum development. As a founder Member of Rural Women's Social Education Centre (RUWSEC), a grassroots women's health organisation in Tamil Nadu, founded in 1981, she has been instrumental in helping create gender champions among rural dalit women and men. She has worked with students of public health, medical educators; building training curriculum and manuals. She has also worked on **synthesising evidence, mentoring researchers, undertaking research with a gender lens**— creating factsheets on Gender and Malaria, Gender and Tuberculosis, among others. She has contributed towards creating new knowledge on the role of integrating gender in professional training in the health system, in health financing, in universal health coverage, among others.

Dr Renu Khanna, Co-director, SAHAJ-Society for Health Alternatives (SAHAJ), Vadodara

From 1993 to 2005, Dr Khanna led a project on **institutionalising gender focussed quality of care in the public health department of the Bombay Municipal Corporation**. Over the years, she has also pioneered gender and health trainings with UNFPA across all levels, that have highlighted women's experiences. She has also been teaching a course on gender, health, and rights at Azim Premji University. Her organisation SAHAJ has helped foreground gender in the city – for young men who were trained as kids and are proud fathers of only daughters, for transgender persons whose challenges in health are visibled.

SAHAJ-Society for Health Alternatives (SAHAJ) is a nongovernmental organization that focuses on health and education issues and works with children, adolescents, and women.

Workshop Participants

**Dr Jagadeesh Narayana Reddy,
Professor & HOD of Forensic
Medicine & Toxicology, Vydehi
Institute of Medical Sciences &
Research Centre, Bengaluru**

Dr Reddy's work over the years has looked at **several dimensions of integrating gender into health**— increasing the number of women doctors pursuing forensic medicine; providing holistic care to patients especially with respect to gender discrimination; and bringing a gender lens in understanding medical issues among judges, police, lawyers, NGOs.

**Dr Srinivas Gadappa, Professor & Head of
Department, Government Medical College
Hospital, Aurangabad**

Dr Gadappa has been a champion for leading GMC Hospital's work in **delivering gender sensitive services— safe women-centric abortion, prioritised and respectful treatment in case of sexual violence, respectful maternity care with practices such as birth companions**. They have been creating research publications to build evidence on these practices and as resources to motivate other institutions towards uptake. At the hospital, Sukun Kaksh has been established in 2018 as part of infrastructural measures to support survivors of Gender-based Violence for counselling and examination.

**Dr Priya Das, Principal Consultant Gender and
Health, Oxford Policy Management, New Delhi**

Dr Das is a researcher and activist whose work started with understanding menstrual hygiene and GBV from a gender perspective. She has led ethnographies in primary health centres in Bihar to understand why technical training to nurses doesn't result in effective practices. Her work has been able to **centrestage gender as a key issue that hampers health system strengthening in service delivery and quality of care**, despite the technical resources and inputs. Through GenderCollab, she has been working on creating spaces for adaptive learning on gender in the health system, bringing together diverse practitioners and thinkers.



Dr Rakhi Ghosal



Dr Shrinivas Gadappa



Ms Amruta Badvekar

Challenges & Enablers for Advancing Gender Championship in Health Systems



Dr Arjunker Jakasania, Dr Padma Bhate-Deosthali, Dr Jagadeesh Narayana Reddy

The experience of design of curriculums with gender equity and efforts to scale up this work across states, informed the following key action points:

To inspire the next generation of medical practitioners, curriculums in medical colleges across the country need to integrate gender-sensitivity actively. However, there are several challenges that come in its way.

- There are perceptions and misconceptions among the medical community— gender is a societal issue and not a medical issue, integrating gender will mean removing anatomy from the curriculum, gender work is ‘anti-men’ work etc.
- There is skepticism around adopting a gender intentional curriculums, especially when there is a perception that the health system works fine as is. There is not enough evidence from India that proves its value to providers.
- There is not enough championship and role models that connect curriculum to practice.

As a key enabling factor, **in 2018, the Medical Council of India recognised that all Indian Medical Graduates (IMG) must be gender sensitive in their approach.** There have been several progressive medical laws towards protection and compulsory treatment of vulnerable populations such as rape victims, transgender persons, persons with disabilities, persons who opt for medical termination of pregnancy, etc. There are several international partners including WHO, UNICEF, and UNFPA who have a **focus on gender that could bridge the gap between curriculums and practice. Emerging evidence on the success of gender sensitive curriculums** from the work of partners such as CEHAT has been helpful in building the confidence towards scaling up and there is a need to mainstream these efforts across medical colleges in all states in India.

Experiences of working with governments on interventions in the space of RMC, GBV, gender sensitisation, informed the following:

Speaking from their many years of experience working closely with state governments, participants shared that there is a general lack of clarity in understanding what gender means and how sex and gender are different. Often due to a normalisation of patriarchal practices, even female health workers and leaders dismiss the need for gender integrated approaches.

Navigating power hierarchies takes time, energy, and resources. In several states, there are disjointed silos within the health system across levels— hospitals and facilities are part of the health department but medical colleges are not. Along with an already high workload with limited budgets, there is a lack of appreciation and incentivisation for people who are champions.

While working with governments, a key enabling factor is to **identify leaders who can create ecosystems that nourish future champions**. There is a **need for gender budgeting** to be able to focus on resourcing gender-specific interventions. Given that government officials understand evidence, it is helpful to **bring together research data as well as key lessons learned in the form of easy to digest publications**. Additionally, there is a need to **work closely with government officials to help them identify existing mandates and support them** in achieving them. The community will benefit from formalising/institutionalising some of the cross learning practices through jointly published resources, with co-led and co-developed research that can be situated across multiples sites and objectives on integrating gender in the health system.

Experience in advancing gender equity in research and capacity building, let to these key takeaways:

The larger challenge in advancing gendered research is a lack of its conceptualization among researchers – it is often imagined to be limited to research on women or on sexual and reproductive health. Additionally, there is a lack of clarity on the process and value of gendered research for implementers and policy makers.

Among researchers, there is a lack of capacity to effectively communicate their outputs to policymakers and implementers and a disconnect with them. Often, these stakeholders request for evidence from quick research which may not always be possible.

Despite attempts towards gender mainstreaming and gender budgeting, there are limited forums for funding gendered research. There is limited mentorship and a general devaluing of researchers that work in gender, among the research fraternity.

The solidarity and allyship of gender champions truly enables gendered researchers, along with cross-learning fora. Such **cross sectoral, cross-level exchange** can seed new ideas and help ground researchers in reality. Especially for young researchers, **finding inspiring role models and committed leaders** in their organisations can be profoundly enabling. To make inroads towards better uptake, there is a need to **align research priorities with political priorities**. While there is an emergent global momentum towards gendered research, there is a dire **need to build localised momentum across the states and deepen the ongoing conversations** in the space. A **virtual platform steered through a shared agenda as well as regular in-person meetings for knowledge exchange and perspective building** would be key steps in this direction.

Co-building an Impactful and Meaningful Community Of Practice

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Key inputs that emerged from a fireside chat between Sangeeta Rege (CEHAT), Dr Sundari Ravindran and Sapna Kedia (ICRW)

In a discussion moderated by Ms Renuka Motihar, the three panelists shared their experience of working in the space of gender and health over the years and made recommendations for the key factors that could shape the success for this community.

- A shared optimism and resilience that gender matters and it is critical to engage with it beyond a teaching and clinical practice.
- Like-minded people can be brought together in community to identify champions within and outside the health system.
- After Identifying non-negotiable priorities and what can remain open, the group can employ contextually appropriate strategies to influence key decision makers.
- For gender champions, there is a need to conceptualise training and capacity building incrementally, so that they continue to stay engaged.

Ingredients for a Successful Community of Practice



I think the beginning point really has to be some discomfort with the status quo. To be a gender champion, you have to be able to bring together people who share that discomfort, anger or frustration. Often we forget that that hat the work of gender is outward looking, but it's also very much inward looking.

Sapna Kedia (WGH India, ICRW Asia)

We would ideally go to the Department of Medical Education and Research of the state and sell them [this ready-made] gendered medical curricula saying— this is gonna be easy for your teachers. It worked in some states. In other states, what worked for us was talking to individual medical colleges. So if you ask, say for a blueprint, we don't have any, but we have used like 10 different kinds of strategies which have worked.

Sangeeta Rege, CEHAT



Key inputs that emerged from a fireside chat between Sangeeta Rege (CEHAT), Dr Sundari Ravindran and Sapna Kedia (ICRW)

The panellists identified the critical need to engage men in this conversation, because men are able to communicate safely with other men in a way that women find difficult to do. However, this must only be done once power has been consolidated among the women. Otherwise men are likely to take over and women concede power.

The panelists advised that especially to engage with a diverse member base, the **agenda for the community needs to be expansive and cross cutting across domains—research, practice, education, advocacy, government integration, policy influencing**. There is a need to **engage different stakeholders' interests—**health managers, NGOs, clinicians, medical educators. Finally, it is important for the community to have **objectives that are time and milestone bound** even though it this will be an ongoing long-term endeavour.

Ingredients for a Successful Community of Practice

I believe that it takes at least two weeks of being in a place and interacting with people to bring about that [mindset] transformation. Gender is not about the cerebral. It is about re-evaluating your lived experiences. You need the space to first become uncomfortable and then overcome that bump and then go on to OK.

TK Sundari Ravindran



What do we think is institutionalization in the context of gender and health and what are we happy to go along with? A university has put the gender modules out in the public domain. But who's asking if they are being implemented or not? How are they being implemented? The accountability question in advancing gender equity in health systems, I feel is very important.

Renu Khanna, SAHAJ

The participants see this community as a **space for reflection, learning, and action, for advancing gender in health in India**. There is a felt need for the community of practice to **create a supportive environment for members to reflect, question, and distill experiences**.

The members share a deep value in fellowship, common language, and solidarity among members, as well as a sense of ownership in contributing to shared agendas.

Acknowledging this common foundation, some shared goals were articulated:

- Setting up a core interest group to set a clear agenda and immediate goals, and take ownership.
- Partnerships with other organizations and individuals, as well as the exchange of resources such as tools, evidence, evaluation approaches, guidelines and training material.
- Regular follow-ups, online meetings, and reviews to hold members accountable and ensure progress towards shared objectives.

What community members need from the COP

REGULAR
COMMUNICATION

SHARING
RESOURCES

COLLABORATION

COLLECTIVISM

NURTURING GENDER
CHAMPIONSHIP

OUTREACH

Participants offered to contribute their time, expertise, knowledge, and networks to the Community of Practice (COP). This includes **sharing methodologies for collaborative work** based on their experiences and **providing insights into strategies that have worked or not worked in advancing gender equity in medical education**. Additionally, members want to **devise dissemination strategies tailored to specific audience groups**, such as medical college students, young persons, and men. Together, they can build perspectives on gender, share learnings from institutional affiliates, and provide resources such as modules, films, and papers. Furthermore, members can **contribute evidence from research and interventions**, as well as their experiences and reflections on working towards gender equity within the health system. They can also participate in events and talks, and provide support with research, evidence consolidation, design, and communications. Additionally, members can **support advocacy efforts, offer mentorship, training, and capacity building to younger members, co-lead evidence-building initiatives, and assist with convening and fundraising** activities. They can share contacts of existing gender champions, highlight work opportunities in state health systems, inspire colleagues to join the COP, and connect with community medicine and public health workers to identify aspiring champions.

What community members can contribute to the COP

MENTORSHIP

KNOWLEDGE

TIME

NETWORK

VISION+
STRATEGIES

ADVOCACY

EVIDENCE

To strengthen the community, partners recommended including a diverse range of individuals and organizations such as medical practitioners including doctors, nurses, young public health practitioners, representatives from Community Health Workers (CHWs); representatives from the Indian Medical Association and the Indian Council of Medical Research, present and retired government officials in the health system, Directorate of Medical Education and Research (DMER), National Health Systems Resource Centre (NHSRC) and State Health Systems Resource Centre (SHSRC), Ministry of Health and Family Welfare (MOHFW), Department of Women & Child Development (DWCD), Ministry of Social Justice and Empowerment (MOSJE), District Health Officers, champions in administration, program design, policy-making, and training.

They will also seek to include research and implementing organisations, educators, administrators, academic councils, curriculum designers, print and digital media journalists, content creators for social media, filmmakers, specific population groups such as men, queer and gender-diverse persons.

Who community members would like to add to the COP



Next Steps

Dr Priya Das (Oxford Policy Management) thanked all the participants for their time and invaluable input. She proposed the following—

- a follow up online convening to finalize the inclusion criteria, the agenda, vision, the groupings, etc.
- Consolidate learnings and good practices into a gender championship handbook for practitioners.
- Using our collective strength to advocate for collaborative funding.

Sapna Kedia (Women in Global Health India) shared about the grant they currently have on Universal Health Coverage and gender in India and that there is alignment between between these two. She proposed to work with GenderCollab to sustain the ground until the end of the year, also write grant applications together for additional funding for this work.

Prompts shared by the workshop participants about the spirit of this community of practice.

Visualising the COP





GenderCollab

Advancing Gender Intentionality in Health Systems

About GenderCollab

GenderCollab is a Community of Practice that brings together partners to work towards advancing gender intentionality within the health systems. GenderCollab is anchored by Oxford Policy Management and facilitated by Quicksand, with the support of the Bill & Melinda Gates Foundation- India Country Office.

PROJECT TEAM

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End