



GENDER EQUALITY IN HEALTH CARE

IntraHealth International promotes gender equality in health care, including working to help more women rise to leadership positions in the health workforce. We know that gender-based discrimination and inequalities can undermine health care, derail education and careers, and prevent countries from achieving their development goals. That's why we partner with health workers, clients, policy-makers, and local organizations to eliminate gender-based discrimination, gender-based violence, and gender-based barriers to the accessibility, use, and quality of health care. We do this by:

- Conducting institutional and programmatic gender analyses and planning
- Promoting equal opportunity and treatment in the health workforce, training, and education systems
- Affirming girls' and women's economic rights through policy changes, increasing access to economic resources, and more
- Responding to gender-based violence in health care facilities and in clients' lives.

CURRENT PROJECTS

Women and girls in **Uganda** face multiple vulnerabilities in their families, schools, and communities. Isolation due to restricted mobility, lack of basic support, dropping out of school, and feelings that they don't belong all disconnect them from programs and services that aim to help. IntraHealth's Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E) activity brings women together in safe community spaces to tell their stories, learn where to find gender-based violence (GBV) prevention services, find out where to go for help in their communities, and deliver high-quality GBV screening and referral services.

Empowering girls to excel at school and beyond is key to community, social, and economic development. The **Mali** Girls Leadership and Empowerment through Education (GLEE) Activity aims to empower girls to become their own health advocates by increasing their knowledge of and access to health services so they can adopt positive health behaviors.

In **Namibia**, our Determined, Resilient, AIDS-free-Mentored & Safe (DREAMS) project is helping prevent new HIV infections among adolescent girls and young women by addressing the structural factors in health, education, and society that make them more susceptible to HIV infection. These include gender inequality, early sexual debut, teenage pregnancy, physical and sexual violence, and limited access to comprehensive sexual education.

Our Neema project brought together 38 government leaders focused on gender in **Senegal** to discuss the country's relevant policies, gender discrimination and inequality in the health sector, and the transformative principles and practices of substantive gender equality. This meeting led to a roadmap for gender-transformative human resource management policies and a health worker code of conduct for the health sector. The roadmap promotes women, girls, and marginalized groups in the health workforce;



integrates new policies that transform toxic underlying social structures and norms; and makes accessing contraception and other high-quality health services and products easier for female patients. Now the Neema project is working with the government to study gender discrimination and harassment in the health workforce to inform new policies and a code of conduct for the health sector.

IntraHealth's Gender Discrimination and Inequality Analysis (GDIA) toolkit assesses gender equality in health educational and employment systems. Results from our research were used to develop the Guidelines for Mainstreaming Gender in Human Resources Management in **Uganda**, and a policy addressing equal opportunity, sexual harassment, and woman- and family-friendly workplaces in **Zambia**. We adapted the GDIA methodology to conduct gender analyses of preservice and employment systems in **Mali** and **Ethiopia**, and we are adapting it for a gender discrimination and sexual harassment study in **Senegal**. The results will be used to develop a code of conduct for Senegal's public health sector.

PAST PROJECTS

In 2019, IntraHealth collaborated with the global Nursing Now Campaign to analyze the gender barriers to women's leadership in the nursing workforce. The authors of [Investing in the Power of Nurse Leadership: What Will It Take?](#) surveyed 2,537 nurses and nurse-midwives from 117 countries and held eight key informant interviews with nurse leaders. The result is an in-depth analysis—punctuated throughout by the voices of real nurses from around the world—of what hinders and helps nurses on their way to leadership roles. Insights from the reports are being used to advocate for revising the International Labor Organization's Nursing Personnel Convention.

We worked with the **Ugandan** Ministry of Health to address gender discrimination and sexual harassment at the national level. A 2016 [Sexual Harassment Formative Assessment](#) (SHFA), conducted by the Ministry of Health with assistance from IntraHealth, surveyed 294 health workers from ten districts and found that hostile behavior in the health workplace was normalized and rampant. These results were used to design a sexual harassment prevention and response system, including reporting mechanisms. We worked with the Ministry of Health, district-level leaders, and district-based partners to train health workers and institutional partners on gender and nondiscrimination. We developed and implemented strategies to mitigate all forms of workplace discrimination. The Uganda Ministry of Health approved the Sexual Harassment Policy Implementation Guidelines in 2017, trained health workers and managers, and collaborated with professional associations to revise the health workers' professional codes of conduct. By the end of the project, 76% of districts had implemented gender-mainstreaming interventions, such as ensuring recruitment teams had male and female members, ensuring promotion mechanisms were the same for men and women, and ensuring training committees had both male and female members.

IntraHealth's Gender, Youth, and Social Inclusion Analysis (GYSIA) in **Uganda** identified vulnerable and marginalized groups often socially excluded from health care services, the reasons for exclusion, key barriers to health care access, and opportunities to enhance access to and use of health services. Following the analysis, we proposed programming recommendations for gender, youth, and social inclusion integration and prevention of violence targeting the 14-year old girl—a USAID/Uganda priority.

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