Session 26: Community Empowerment and Gender

Wednesday | 29 March 2017
8:30 – 12:00
Welcome! Bienvenue! Bem vinda!
Session Overview

• Build our capacity in gender programming and community health
• Learn new approaches and program examples
• We will specifically examine gender-sensitive programming in the realms of
  1. Community health worker programming/service provision
  2. Community leadership and governance structures
  3. Community health promotion/prevention programming
• Work together to decide how to incorporate gender into our current work and our country delegation plans
Housekeeping

• Active participation
• Interpretation
• Questions
• Coffee break
• Group work
• Parking lot
• Aha! moments
What is gender?

• Social and cultural construct
• Expressed as roles, behaviors, attitudes
• Women/girls and men/boys (mostly)
• Different from sex
• Power and discrimination
How does gender relate to community health?

Source: USAID
Empowering communities through gender-based approaches

Gender blind ignores:
- The set of economic/socio political roles, rights, entitlements, responsibilities, obligations and associations with being female and male
- Power dynamics between and among men and women, boys and girls

Gender Blind

Based on your understanding of the program, decide if it is gender blind or gender aware. Consider how the program has been implemented, and any data you may have.

Gender Aware

Examines and addresses these gender considerations and adopts an approach along the continuum.

Exploitative

Reinforces or takes advantage of gender inequalities and stereotypes.

Accommodating

Works around existing gender differences and inequalities.

Transformative

1. Fosters critical examination of gender norms (attitudes and practices) and dynamics.
2. Strengthens or creates systems (a set of interacting structures, practices and relations) that support gender equality.
3. Strengthens or creates equitable gender norms and dynamics.
4. Changes inequitable gender norms and dynamics.

GOAL

Gender equality and better development outcomes

Source: IGWG, SBCC
Impact of Gender-based Approaches on Community Health

- Better health programming & service provision
- Equitable leadership & governance
- More effective health promotion & prevention
- Empowered communities
- Better health outcomes
Panelists

• Maureen Momanyi
• Mahesh Shukla
• Mabel Kear
• Hamidou Oum Ramatou
• Laura Reichenbach
• Rajani Ved
• Yamini Atmavilas
MAUREEN’S SLIDES
Gender Transformative Supportive Supervision Framework

Mahesh Shukla, MD, DrPH, MPA
Leadership, Management, and Governance (LMG) Project
Management Sciences for Health
Supervision spectrum

- Abusive supervision
- Traditional supervision
- Supportive supervision
- Gender-transformative supportive supervision
Supervision and supportive supervision

- Supervision functions
  - Setting performance expectations
  - Monitoring performance and providing feedback
  - Addressing training and professional development needs

- Supportive supervision also includes
  - Mentoring
  - Joint problem solving
  - Two-way communication
  - Performance planning between a supervisor and supervisee
Context and challenges

- Analysis of gender norms largely missing from supportive supervision interventions
- CHW workforce is predominately female
- Health workers bring with them the gender norms and attitudes prevalent in the society
- Stereotypes about “male” vs. “female” intelligence, capacity, commitment to work, and ambitions can
  - influence the objectivity of performance assessments
  - undermine the trust between supervisor and supervisee
LMG Project study

- Review of literature

- 17 key informant interviews
  - Ministry of Health (n=3) and IPPF member association staff (n=14)
  - 8 male and 9 female
  - Role: nurses, clinicians, health facility managers, and leadership

- Three focus group discussions with CHWs

- Two half-day discussion sessions with gender experts from USAID
**Thought experiment**

Imagine how gender dynamic might play out

<table>
<thead>
<tr>
<th>Male supervisor</th>
<th>Female community health worker</th>
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<tbody>
<tr>
<td>Female supervisor</td>
<td>Male community health worker</td>
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</tbody>
</table>
Gender stereotypes found in our study

- Female colleagues, most of them are usually quite satisfied. Most of them...their worries are just their families not really career advancement.
  - Male supervisor

- Females are favored in terms of given sick days off. When a female says she needs a sick-off for a condition, you can’t verify the condition. But when a man needs a sick-off, he really needs to prove it. We expect men not to have health issues.
  - Male supervisor

- Men do not want to be tied down to stay for long in the job but women will stay.
  - Female supervisor
Gender transformative supportive supervision framework

<table>
<thead>
<tr>
<th>CONTEXT</th>
<th>SUPPORTIVE SUPERVISION CORE FUNCTIONS</th>
<th>CHARACTERISTICS OF GTS</th>
<th>ILLUSTRATIVE OUTCOMES OF GTS IN THE FAMILY PLANNING WORKFORCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Level</td>
<td>Protocols &amp; Guidance</td>
<td>Equitable treatment for women &amp; men of the same sex</td>
<td>FPW Policy Enabling Environment</td>
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<tr>
<td></td>
<td>Professional standards &amp; guidelines</td>
<td>Use of non-discriminatory language</td>
<td>FPW Policy Enabling Environment</td>
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<td></td>
<td>Gendered expectations in performance evaluation</td>
<td>Improved equitable and respectful communication between gender dynamics</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td></td>
<td>Gender equity in professional development and promotion opportunities</td>
<td>Gender equity in professional development and promotion opportunities</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td>Performance Planning/Monitoring</td>
<td>Gendered beliefs about women’s contribution to economic growth</td>
<td>Gendered expectations in performance evaluation</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td></td>
<td>Challenges inhibiting gendered contributions to economic growth</td>
<td>Gender equity in professional development and promotion opportunities</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td>Advocating for Growth &amp; Change</td>
<td>Barriers about male vs. female capacity</td>
<td>Advocating for growth &amp; change</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td></td>
<td>Gender differences in domestic work &amp; care responsibilities</td>
<td>Advocating for growth &amp; change</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td>Addressing Capacity Gaps</td>
<td>Empowering staff to develop &amp; act on professional goals</td>
<td>FPW Policy Enabling Environment</td>
<td></td>
</tr>
<tr>
<td>Facilitating Two-Way Communication</td>
<td>Gender-related beliefs about the value of women’s input to feedback</td>
<td>Gender-related beliefs about the value of women’s input to feedback</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td></td>
<td>Gender-specific needs for workplace conditions</td>
<td>Gender-specific needs for workplace conditions</td>
<td>FPW Policy Enabling Environment</td>
</tr>
<tr>
<td>Prioritizing Initial Problems Solving</td>
<td>Gender-related belief about ability to identify &amp; solve problems</td>
<td>Gender-related belief about ability to identify &amp; solve problems</td>
<td>FPW Policy Enabling Environment</td>
</tr>
</tbody>
</table>

OVERALL GOAL OF GENDER TRANSFORMATIVE SUPPORTIVE SUPERVISION: Increased access to and quality of a variety of FP methods provided by an adequate number of the appropriate mix of gender-aware, high-performing providers.
## Applying gender lens

<table>
<thead>
<tr>
<th>Supportive supervision core function</th>
<th>Traditional supervision</th>
<th>Gender transformative supportive supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance planning and monitoring</strong></td>
<td>Supervisors may set low targets for women</td>
<td>Beliefs about differential ‘male’ and ‘female’ intelligence, skills, and capacity have no place</td>
</tr>
<tr>
<td><strong>Addressing capacity gaps</strong></td>
<td>Supervisors ignore the training and professional development needs of female staff</td>
<td>Supervisors thoughtfully work with supervisees to remove disparities based on gender</td>
</tr>
<tr>
<td><strong>Facilitating two-way communication</strong></td>
<td>Judgmental and sexist style of communication might be prevalent</td>
<td>Communications style respectful of an individual – man, woman or a transgender person</td>
</tr>
</tbody>
</table>
Potential benefits

- Reduced absenteeism
- Improved health worker satisfaction
- Increased motivation to perform
- Increased performance and productivity
- Increased retention
- Improved overall work climate
- Delivery of high-quality care
Call to action

- Implement the framework and test the results
  - You may start small
  - You may implement the framework in parts
Coming soon


- Check at www.LMGforHealth.org
Gender Transformative Supportive Supervision Framework
Gender and Community Empowerment

Mabel Kear
Young Men’s Christian Association, Liberia
Overview

• Gender Perspectives within Liberia’s Governance and Community Structures
• Male and Female Recruitment in the Liberian Health Context
• Linkages With Other Government of Liberia Structures
• Key Challenges & Way Forward
Acronyms

CHA: Community Health Assistant
CHV: Community Health Volunteer

CHSS: Community Health Services Supervisor

CHT: County Health Team
CHFP: Community Health Focal Person

HFDC: Health Facility Development Committee
Gender Perspectives: Liberia Government Structure

- Women occupy just 3 of the total 30 Senatorial seats in the country

- Only 3 (17%) cabinet positions are occupied by women (n=18)

- Just 12 (19.7%) Deputy Ministers are women (n=61)

- One-third of the county superintendents are women (n=15)

- Only 2 of the 15 City Mayors are women
Gender Perspectives: Liberia Government Structure

• Some gains have been made in gender mainstreaming as evident by increased women participation in politics & decision making processes

• Gender mainstreaming and equity at community level remain critical challenges

• Women have real specific information needs and are unable to access critical information due to several cultural and structural factors (The Carter Center, Liberia-2015)
Community Leadership & Governance Structures

- The Community Health Policy gives preference for females to serve as CHAs
- However, there are fewer female CHAs as compared to male CHAs
- Women are similarly underrepresented within leadership and governance structures at the community level

There is still more to be done as gender mainstreaming is a critical challenge especially within community governance structures (CHCs, HFDCs) at the community level.
A considerable contributing factor is low literacy which is a challenge for women participation in leadership and governance.

Currently, at the community level, there is very low percentage of women on the Community Health Committee (CHC) Health Facility development Committee (HFDC) and those serving as Community Health Assistant (CHAs).

The Community Health Services Policy is passive in terms of the statement on women participation i.e., "Females should be given preference”.

In terms of building human resource capacity, Liberia’s community health policy does not explain how women enrollment in training programs for CHVs, CHAs, CHSS etc., will be assured.

In Liberia, a recent (2012/13) mapping of community health volunteers conducted, revealed that of the total number (4110) of volunteers mapped, 79% of them were males while 21% were females.
## Gender Representation in Community Health Structures (2017)

<table>
<thead>
<tr>
<th>Position</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Health Officers</td>
<td>14</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Community Health Department Directors</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Community Health Services Supervisors</td>
<td>146</td>
<td>127</td>
<td>273</td>
</tr>
<tr>
<td>Community Health Assistants</td>
<td>2003</td>
<td>536</td>
<td>2539</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>2,178</strong></td>
<td><strong>666</strong></td>
<td><strong>2,842</strong></td>
</tr>
</tbody>
</table>
Key Challenges

• Traditional norms coupled with patriarchal values continue to remain a critical challenge in the rural communities and are contributing factors that affect equitable community health service delivery and shields the efforts for women empowerment at the rural community level.

• Women’s limited access to control resources, particularly family resources and land coupled with limited access to employment contributes to risks and hazards that most often leads to maternal and child morbidity and mortality.

• Sexual and gender based violence and are other factors that reduce morale of women and their potentials to participate in leadership and decision making process, particularly those concerning their health.

• Very low education and literacy rates among women have significantly affected women's participation and decision making around health care and health seeking behaviors. According to the DHS 2013, about 52% of women are not literate and concentrated mostly in rural communities.
The Way Forward & Recommendations

Increasing affirmative action for women’s participation in leadership and governance will enhance community health service delivery through the following ways:

- Advocacy to increase women’s participation in leadership and governance, particularly engaging them to serve on the CHCs and HFDCs.
- Increase opportunities for women to utilize their potentials in leadership and decision making, particularly relating to making informed choices for actions that promote positive health outcomes for their children.
- Active engagement of men to better understand gender mainstreaming and address patriarchal influence, equality and equity to empower women in decision making around their health.
- Work with men to ensure that there is availability of safe spaces in the rural communities to increase active participation of women in community dialogues and decision making.
- Increase women’s access to equal opportunities to serve in leadership positions in community health structures so as to ensure gender equity in community health service delivery.
Questions? Questions? Questões?
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Questions? Questions? Questões?
SHORT Break
Small Group Work

How you will incorporate gender into this aspect of community health programming – in your current work, in your future work, in your country delegation plans?

1. Community health worker programming/service provision
2. Community leadership and governance structures
3. Community health promotion/prevention programming