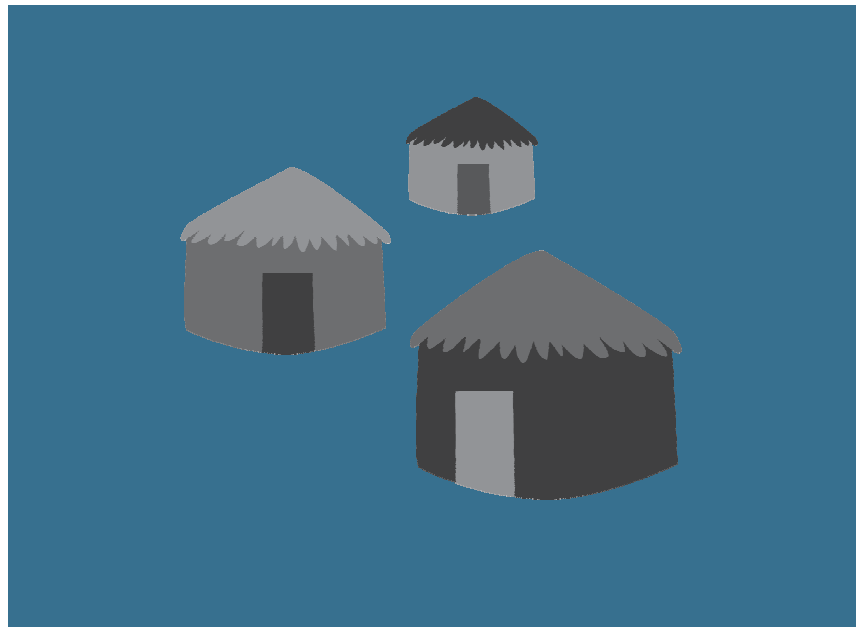


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Session 26:

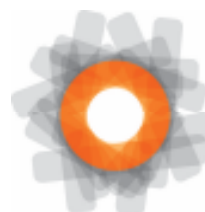
Community Empowerment and Gender

Wednesday | 29 March 2017
8:30 – 12:00

Welcome! Bienvenue! Bem vinda!



WOMEN AND HEALTH
INITIATIVE



Maternal Health Task Force



USAID
FROM THE AMERICAN PEOPLE

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

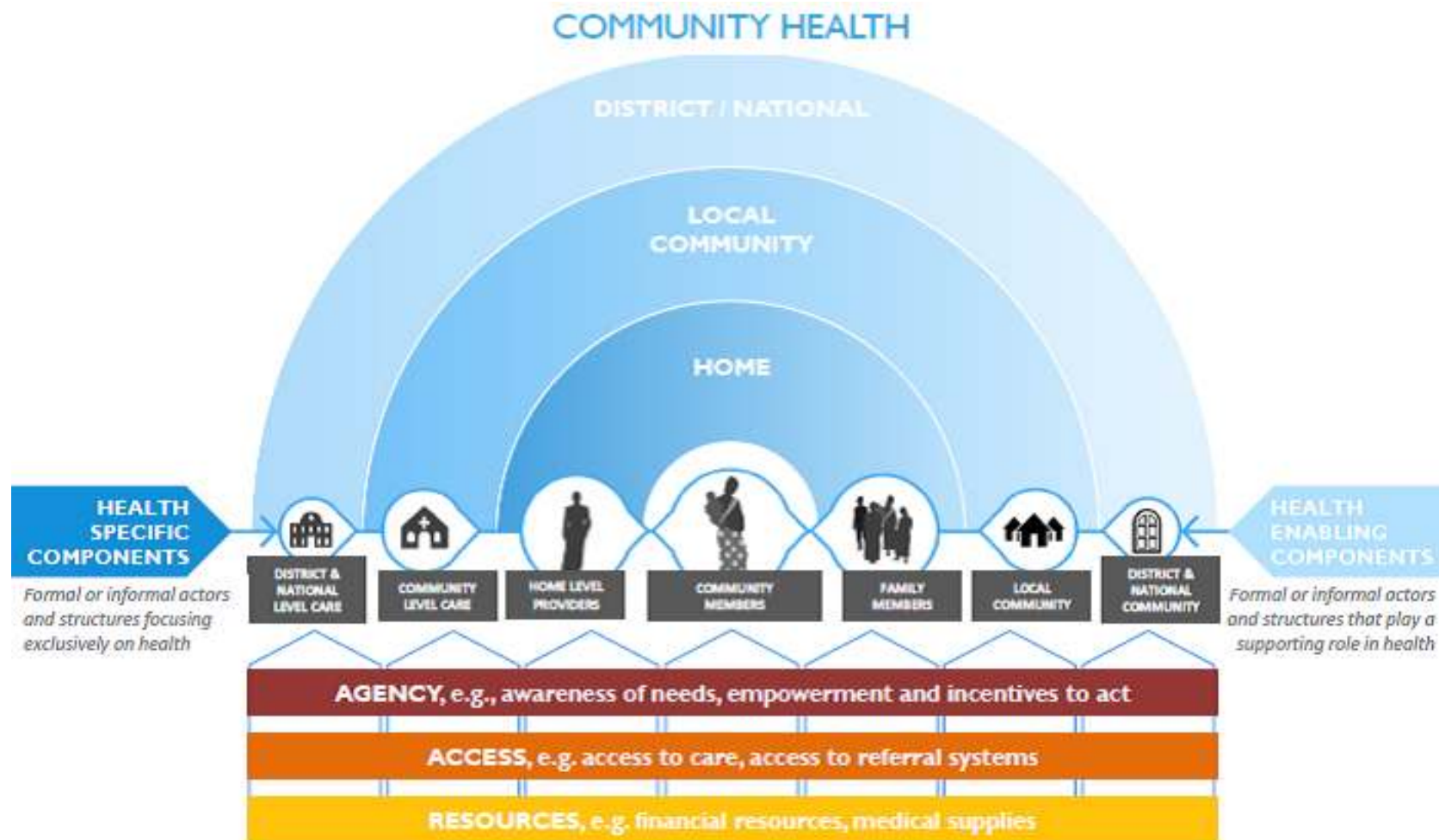
- Active participation
- Interpretation
- Questions
- Coffee break
- Group work
- Parking lot
- Aha! moments



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:

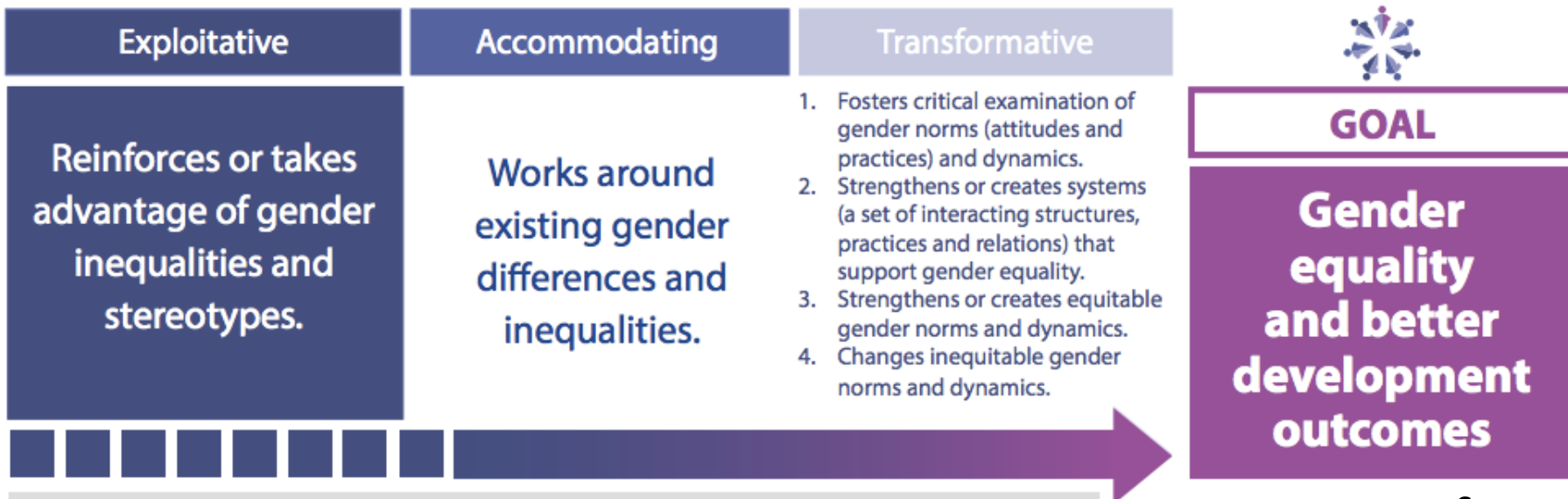
- The set of economic/socio political roles, rights, entitlements, responsibilities, obligations and associations with being female and male
- Power dynamics between and among men and women, boys and girls

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.



Source: IGWG, SBCC

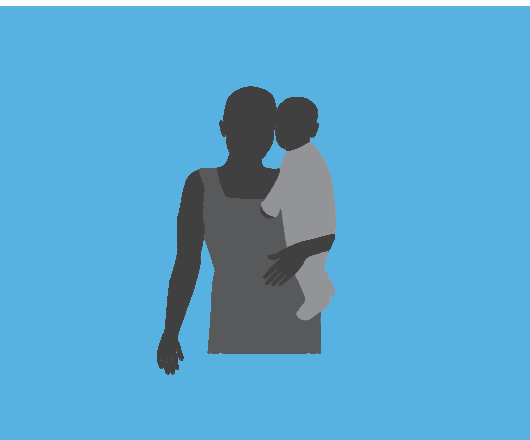
Impact of Gender-based Approaches on Community Health

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

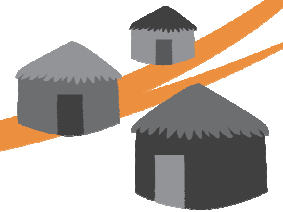
Panelists

- Maureen Momanyi
- Mahesh Shukla
- Mabel Kear
- Hamidou Oum Ramatou
- Laura Reichenbach
- Rajani Ved
- Yamini Atmavilas

MAUREEN'S SLIDES



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LEADERSHIP, MANAGEMENT
& GOVERNANCE PROJECT

Improved Leadership, Sound Management, Transparent Governance

Gender Transformative Supportive Supervision Framework

Mahesh Shukla, MD, DrPH, MPA

Leadership, Management, and
Governance (LMG) Project

Management Sciences for Health

08/29/2017

Gender Transformative Supportive Supervision Framework

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

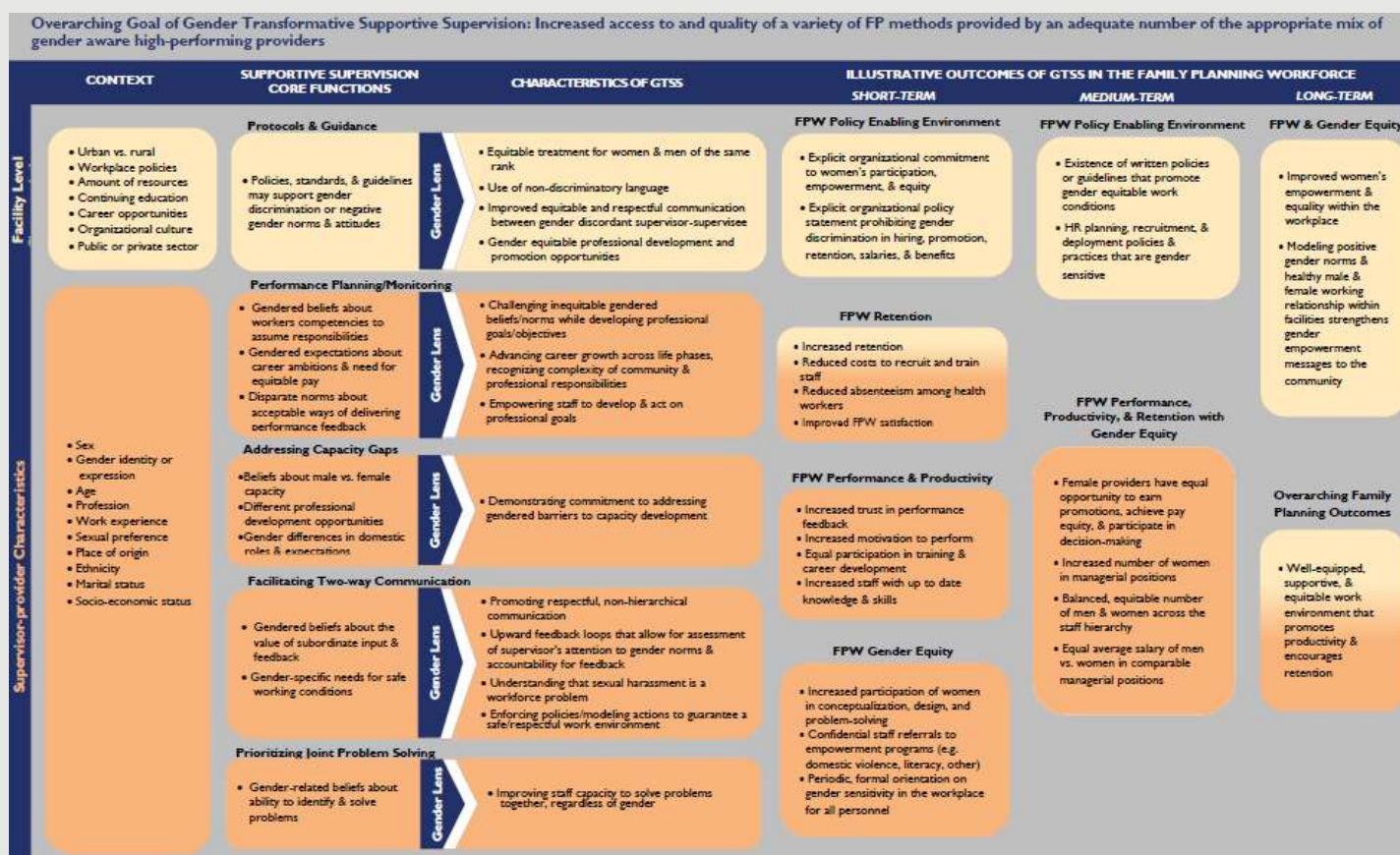
Male supervisor	
Female community health worker	

Female supervisor	
Male community health worker	

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



Applying gender lens

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

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

- Deshpande, A., Levy, J., Hastings, M.B., Trasi R., and Conlin, M. 2017. *Gender Transformative Supportive Supervision: A theoretical framework*. Washington, DC: Management Sciences for Health, Leadership, Management, and Governance Project.
- Check at www.LMGforHealth.org

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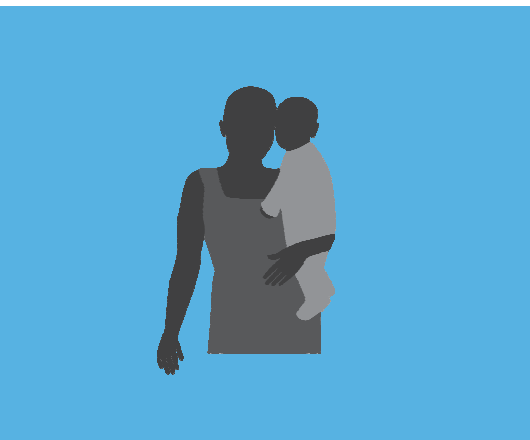


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03/29/2017

Gender Transformative Supportive Supervision Framework



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A photograph of a woman and a young girl, both smiling broadly. The woman, on the left, has dark hair styled in braids and is wearing a black top with white patterns. The girl, on the right, is wearing a red and white striped shirt. They are standing in front of a wooden wall.

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.



Community Leadership & Governance Structures

The National Community Health Services Strategy also mentions the lack of decision-making power by women in some communities, particularly in rural settings and this is a contributing factor to the delay in accessing health care services.

- 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)

Position	National Statistics		
	Male	Female	Total
County Health Officers	14	3	15
Community Health Department Directors	15	0	15
Community Health Services Supervisors	146	127	273
Community Health Assistants	2003	536	2539
TOTALS	2,178	666	2,842

Key Challenges

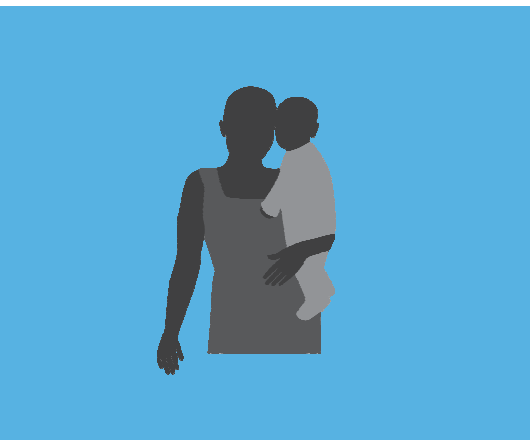
- Traditional norms coupled with patriarchal values continue to remain a critical challenge in the rural communities and are contributing factors that affect equitable community health service delivery and shields the efforts for women empowerment at the rural community level
- Women's limited access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

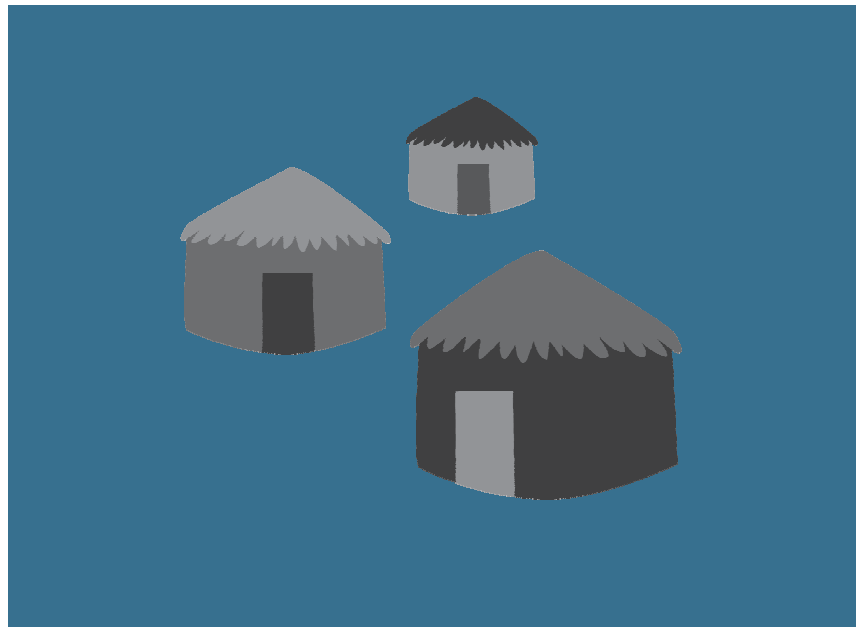




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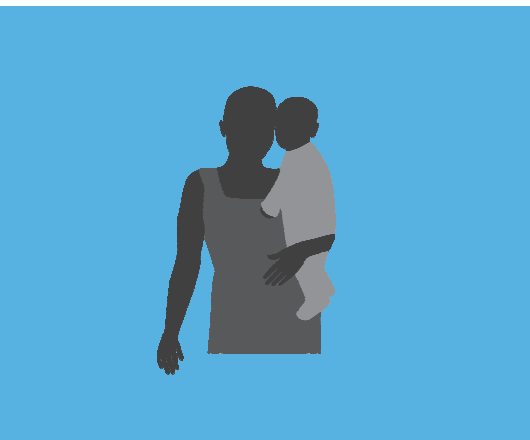
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Questions? Questions? Questões?

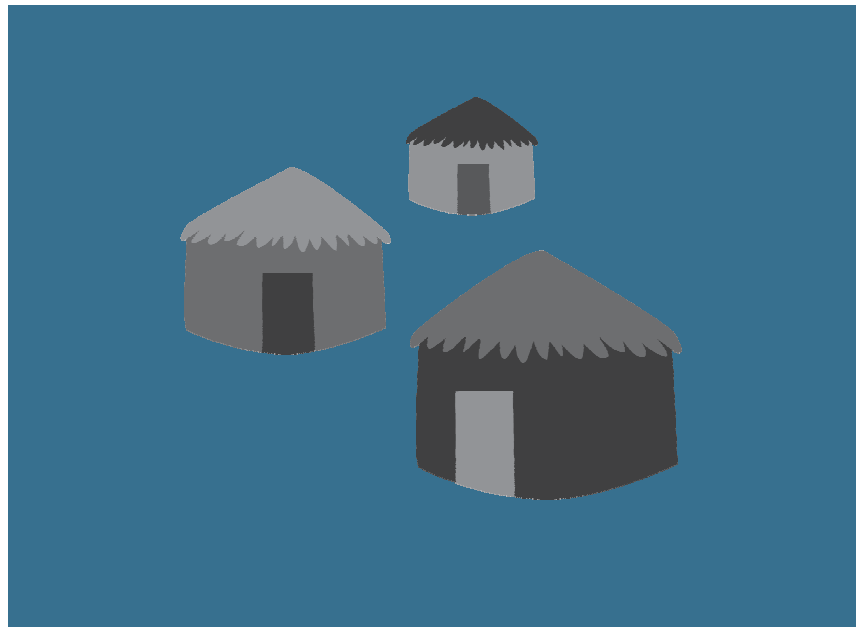




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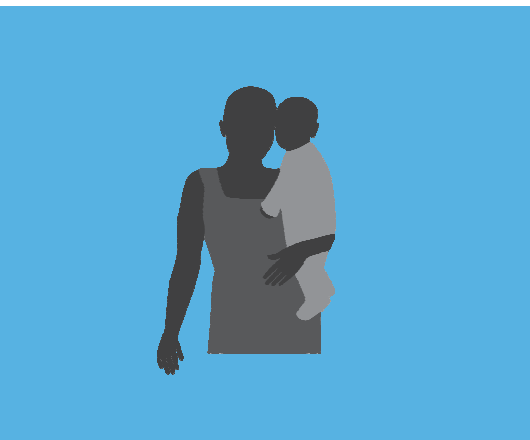
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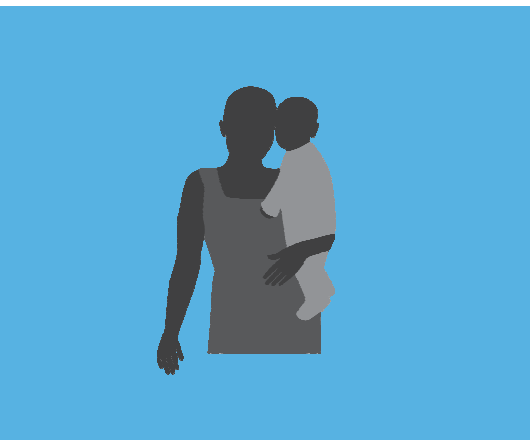
YAMINI'S SLIDES

Questions? Questions? Questões?

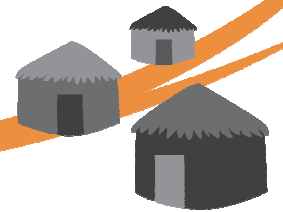


SHORT Break

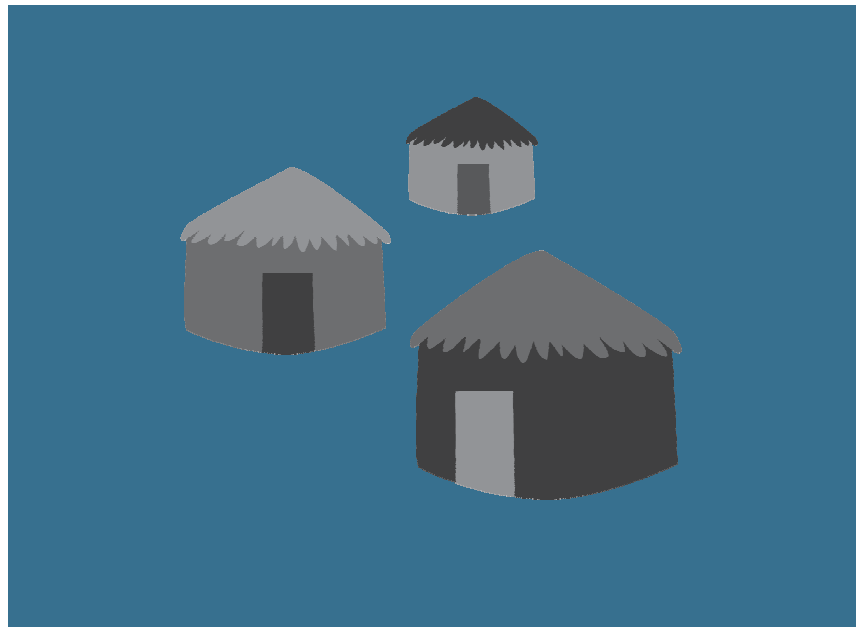




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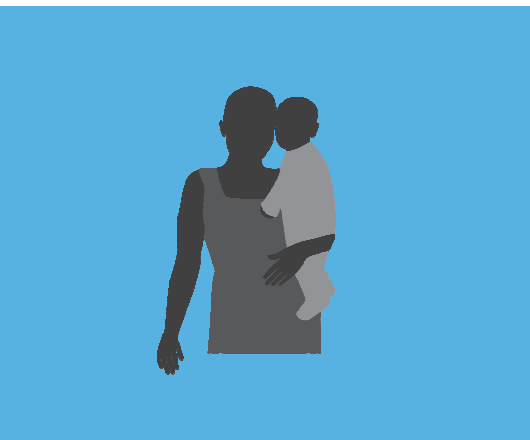
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Small Group Work

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





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