

HEALTH SYSTEMS THAT WORK FOR WOMEN & GIRLS



GENDERED APPROACHES TO STRENGTHENING HEALTH SYSTEMS

There are differences between women and men when it comes to receiving and even providing healthcare – in terms of their needs, barriers to access and power relationships. The biological basis of the sexes interacts with the social power dynamics of gender in shaping the different health needs of men and women¹. Young women and men face particular barriers in accessing services that are responsive to their needs. Social norms within health systems replicate the inequalities and unequal power relationships of the wider context, and this can limit health worker effectiveness and the quality of care.

Over the last 20 years, HPI has developed a body of evidence and experience around ‘women centred health care’ and around gender equality within the health system, including human resources systems, in some of the most challenging environments. Our work has involved intensive engagement with stakeholders in general and women and girls in particular. We know that creating ‘women-centred health care’ at scale requires strengthening governance and systems with explicit attention to the perspectives and priorities of women at each step in the systems development process².

We have seen that a health system shaped by women’s perspectives and priorities is a health system that works for a better society, enabling empowered and resilient communities.

1. Sen, G. et al. Unequal, unfair, ineffective and inefficient. Gender inequity in health: Why it exists and how we can change it. Final report to the WHO Commission on Social Determinants of Health. [<http://goo.gl/UVnosj>]
2. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Geneva: World Health Organization; 2010 [<http://goo.gl/xSVhxj>]

This brochure illustrates how Health Partners International's (HPI) and WISE Development's work supports gender equality, across the six WHO health system building blocks as well as a seventh – Community Systems, encompassing both contextualisation, demand creation and increased accountability.

SERVICE DELIVERY

Service delivery refers to the range of considerations that determine whether services are accessible and acceptable, affordable and appropriate.

In Nigeria, HPI's work with UK aid and others on system wide alignment of essential service packages, staffing, medicines and technology contributed to massive improvements in utilisation and outcomes across a population of 19 million. HPI's approach in Nigeria has ensured increased access to and utilisation of health services by women by more than doubling the skilled birth attendance rates (11% to 27%), and the antenatal care rates (25% to 51%) across intervention clusters³.

In Zambia, HPI has helped to strengthen and formalise the linkage between community and formal health sector systems, harmonizing their coupling and effectively improving gender equity. WISE Development has assessed service delivery for family planning and comprehensive abortion care, areas that are particularly pertinent to women's rights – for example the multi-country evaluations of the Global Comprehensive Abortion Care Initiative and the Safe Abortion Action Fund.

HEALTH WORKFORCE

The massive maldistribution of the health workers, and particularly women health workers, is a significant barrier to women's access to quality health services.

HPI's work with the UK aid-funded Women for Health programme in Northern Nigeria is increasing the number of female front-line health providers and supporting their deployment to rural health facilities where they can have greatest impact on maternal, infant and child mortality.

In addition, HPI works on both strengthening the training institutions who prepare the health workers as well as the support systems necessary to maintain retention. This work includes integrating an approach to gender equality throughout the education, recruitment, deployment and retention process, as well as engaging with communities to influence social norms around women's employment. Our [HR Software](#) tools, have been deployed in a number of countries in Africa and Asia to assess workforce needs and composition and inform plans for their rationalisation.

3. Partnership for Revitalising Routine Immunisation in Northern Nigeria/Maternal Newborn and Child Health programme (PRRINN/MNCH) baseline (2009) and endline survey data (2013).

HEALTH INFORMATION SYSTEMS

Health Information Systems should act as the nervous system of a health system, enabling management to align resources with need and respond to opportunities or crises in a timely way.

HPI has focused on strengthening both basic health information system capacity and also the culture of data management and use across Africa. Of particular importance has been the work supporting the development of gender sensitive health indicators, including disaggregated indicators on the relative burden of disease and risk and increasing service use patterns. This will enhance health management to understand who is accessing health services and better identify those who are excluded and how they can be reached.

ESSENTIAL MEDICINES & TECHNOLOGIES

The delivery of quality health care requires a carefully orchestrated set of inputs. The availability of the right medicines and the right technologies is particularly vital during women's and men's reproductive years and during the perinatal, delivery and newborn period. Supplies for sexual and reproductive health are of particularly high importance and good value for money for improving women's health and rights. WISE Development's provides expertise to understand the social and gender related barriers to supplies access.

HPI's [Asset Management Software \(PLAMAHS\)](#) has been adopted from Burkina Faso to Nepal to insure that health care technologies are aligned to the level of care a facility is providing. The software's inventory and routine preventive maintenance functions helps ensure that key gender responsive technologies are available and function when needed.

FINANCING

Effective health planning relies on a clear understanding of health financing for each local area. An understanding of what it costs to deliver services, and the mechanisms by which services are financed, should underpin the development of policy and the planning of service transformation. It is also essential to understand the power dynamics within systems that allocate resources and the underlying gender inequality that might influence financing in health systems.

HPI's work in health financing has been wide ranging. In Nigeria, for example, we supported the rationalisation of the whole system – Primary Health Care Under One Roof – to defragment the system and increase responsibility, accountability, successfully leverage additional state funding for RMNCAH and primary health care. Our comprehensive approach advanced stronger gender responsive budgeting.

In our work on Results-Based Financing (RBF) in Uganda, we worked with authorities to 'adjust' incentive payments and place greater priority on maternal and child health – significantly improving the quality and quantity of care for malaria and the childhood killers in particular. At the same time, the RBF model helped keep out-of-pocket payments to a minimum which otherwise pose a particular barrier for poor, female-headed households.

LEADERSHIP / GOVERNANCE

With the principal aim of advancing public policy in the public interest, good leadership and governance ensures that systems and resources align and function, with the requisite resources for the delivery of quality services.

For accountability purposes, women should be front and centre of health governance, actively involved in shaping those systems and services to make them responsive to need. This involves establishing effective feedback mechanisms, and ensuring that women and girls are consulted and communicated with respectfully, both as clients and as gatekeepers to family health.

In recent decades, the participation of women in leadership and governance has increased, but in most settings there is still a long way to go before it is proportionate.

HPI's market-shaping work in Nigeria focusses on developing the institutions, systems and norms necessary for career paths for women to advance in health leadership. We also aim to improve accountability by strengthening the linkage between community systems and formal health systems, under the building block of Community Systems.

COMMUNITY SYSTEMS

The WHO building block framework provides a useful way to consider health system strengthening, but it leaves implicit the necessary accountability engagement, linkage and contextual consideration that define any given setting. The inclusion of this seventh building block aims to make these explicit to reinforce their priority.

The power of a well-executed community systems strengthening strategy is immense. Supporting community groups, champions and activists to act to address gendered barriers to health by developing and implementing context-specific initiatives can help to improve access, and even shift gender norms. Communities also develop a renewed sense of vitality and resilience particularly as women develop the self-efficacy to have a greater influence on issues that affect community wellbeing.

In Northern Nigeria, HPI led efforts using a highly effective, evidence-based approach, Social Approval Community Engagement (SACE), which successfully mobilised rural communities in support of health improvements and created an enabling environment for women and girls' empowerment. For example, the percentage of women with 'standing authority' to take their child to a health centre increased from 40 to 83%⁴.

In Zambia as well as Nigeria, linking community saving groups, Emergency Transports Schemes have enabled over 21,000 women to have assisted deliveries. While in rural Zambia, HPI's work supported a dramatic increase in attended delivery rates from 43 to 70 % in intervention districts⁵. The work in Zambia has also identified and addressed violence against women and girls as a key barrier to health seeking behaviour and access to services.

Equally important, by strengthening Community Systems, we have supported increased accountability on the provision of health services.

4. PRRINN/MNCH baseline (2009) and endline survey data (2013).

5. Mobilising Access to Maternal Health Services in Zambia (MAMaZ) baseline (2011) and endline (2012) survey data.

Over the last 20 years, HPI's experience of working with stakeholders in fragile, resource-constrained settings has taught us much about how to stimulate the development of 'women-centred health care' at scale.

While engagement and consultation with community and constituency remains a cornerstone of our work, we also support the transformation whereby women have career paths into health systems leadership as well as capacity for addressing gender issues within health systems.

Much remains to be done in the achievement of gender equality and health equity – but the lessons learnt, examples of promising and good practice, as well as the positive achievements set the path for achieving these critical goals all the sooner.



Health Partners International and WISE Development are a partnership of health systems and governance, gender equality and women's empowerment specialists working in low and middle income countries. We have a long track record of successful collaboration with the public and private sectors, civil society and communities, supporting their efforts to achieve equitable gains in reproductive, maternal, newborn, child and adolescent health. We see stakeholder engagement particularly with women and related to gender and women's empowerment as the cornerstone of all we do.



For additional detail on the examples cited here or about HPI's and WISE's larger portfolio, please visit:

www.healthpartners-int.co.uk and www.wisedevelopment.com

Follow us on Twitter [@healthpartners](https://twitter.com/healthpartners) [@WISE_Develop](https://twitter.com/WISE_Develop) and on

Facebook [healthpartnersinternational](https://www.facebook.com/healthpartnersinternational)