Gender Equity and Equality

Background and Strategy

The public health workforce in developing countries is predominantly female. Addressing gender inequality and discrimination in HRH policy and planning, workforce development and workplace support is essential in tackling the complex challenges of improving access to services, by positively influencing HRH recruitment, retention and productivity.

The Capacity Project focused systematically on the relations between men and women and how these may affect differences and inequalities in opportunity for education, training, occupation and health labor market participation. The Project emphasized integration of gender into HRH planning and leadership, workforce development and performance support to ensure that men and women contribute to social and economic development through active involvement in public life and in the labor market, address workforce shortages by maximizing opportunities and address poverty alleviation through employment. The Project's gender strategy objectives for each IR included:

- Strengthen HRH planning and leadership to promote gender equality
- Increase gender integration in education, training and work
- Create supportive, fair and safe work environments.

Results

Increased Staff Capacity to Implement Gender Work

During the Project's start-up phase, the USAID Interagency Gender Working Group (IGWG) Training Team provided technical expertise and support. IGWG members helped the Project develop a gender and HRH orientation module for staff and adapt existing IGWG gender integration training materials for reproductive health programs to the area of HRH, including an advocacy module. This collaboration raised staff awareness about gender and HRH, providing a common language and identifying potential entry points in country projects under development. Other activities included conducting a literature review on the extent to which gender-based violence exists in the workplace; sensitizing Project staff to gender-based violence to facilitate integration in key technical areas; preparing a resource paper on best practice training modules for gender-based violence; developing a gender-based violence sensitization module for HRH leaders; and producing a compendium of gender-sensitive HR policies that could be adapted to country settings.

Workplace Violence Study in Rwanda

The Project conducted a study on workplace violence and sexual harassment in Rwanda in collaboration with the ministries of health, labor, gender and justice and the health workers union. The study's purpose was to determine the contributors to, and HRH consequences of, workplace violence in the Rwandan health sector, examine the role played by gender discrimination and assist government ministries and other stakeholders in planning improvements to safety, security, equity, productivity, job satisfaction and retention at work. The study produced sobering results: 39% of Rwandan health workers surveyed had been subject to at least one form of workplace violence in the last year. Sexual harassment, while not the most prevalent among respondents at 7%, was the most frequent form of

Read *Workplace Violence and Gender Discrimination in the Health Sector in Rwanda* and the related study report (available at www.capacityproject.org).

violence experienced. Evidence showed discrimination because of pregnancy and other forms of gender discrimination such as negative stereotypes of female health workers (e.g., a perceived unwillingness to speak up, weakness, indecisiveness and incompetence) and vertical segregation of the health facility director's job ("the glass ceiling"). The study showed workplace violence impacted mainly on workers' psychological health, followed by absenteeism, poor interpersonal/work relations and resignation by female workers following bullying and sexual harassment. Gender equality was associated with lower odds of experiencing violence.

Based on these findings, the MOH recommended conducting an in-depth study on pregnancy discrimination, developing a workplace violence policy for the health sector and implementing a training program on workplace violence for health providers and managers. The Ministry of Labor asked the Project to provide technical assistance to apply study results in the formulation of a national Workplace Safety and Security Policy that addressed gender discrimination. Study results were channeled through the Rwanda Medical and Nurses Association, which increased support for a health sector policy for the prevention and management of violence at work. Later, the results contributed to the revision of a national law with specific articles prohibiting gender-based violence and gender discrimination in the workplace.

Prevalence by Type of Violence (N=297)

Type of Violence	Prevalence
Verbal abuse	80 (27%)
Bullying	48 (16%)
Sexual harassment	21 (7%)
Physical violence	12 (4%)

The types of violence in the table above are not mutually exclusive.

Men as Providers of HIV/AIDS Care in Lesotho

The Project collaborated with the Lesotho MOHSW on a study to develop, implement and evaluate strategies to attract men into the HIV community health worker cadre in order to increase men's participation in a "female identified" job and, in so doing, address the critical shortage of health workers. The study reinforced the Ministry's capacity to plan for a larger, less gender-segregated HIV/AIDS workforce by applying Lesotho's Gender and Development Policy within the context of the national HIV/AIDS strategy, which promotes men's sharing the burden of HIV/AIDS care through gender redistributive actions at national, district and community levels.

The study found that caregiving is not gender-neutral. Men were extremely underrepresented in the unpaid, largely invisible caregiving workforce because of a nexus of gender stereotypes about essential "male" and "female" traits and status beliefs that kept women in the job and men out of it. Female community health workers reported feeling crushed by the burdens of community caregiving and their own household responsibilities, and younger recruits were unwilling to enter this job. The Project trained study stakeholders in gender and HRH at the time of results dissemination. Recommendations to policies and programs included

that they needed to explicitly promote an equal or more equitable division of responsibilities between women and men; provide standardized resources, incentives and protections; and continue to strengthen women's capacity to care for those affected by HIV/AIDS.

Lesotho's Ministry of Gender, Youth, Sports and Recreation (MGYSR) reported that the study contributed to proposed revisions of The Gender and Development Policy of 2003, which will address HIV/AIDS care and support as an area of priority under Gender and Health, serve as a basis for advocacy programs to promote the value of caregiving and set a stage for educational or capacity-building programs to educate men and boys on sharing of care responsibilities as well as promoting positive images of men and boys engaged in care work. The study has also contributed to discussions between the MGYSR and the National Curriculum Development Centre on the need to improve the gender sensitivity of health provider training curricula.

Read *Alleviating the Burden of Responsibility: Men as Providers of Community-Based HIV/AIDS Care and Support in Lesotho* and the related study report (available at www.capacityproject.org).

Lessons Learned

- **Gender is a key factor in planning, developing and supporting the health workforce in low-resource settings.**
- **Finding leadership champions at headquarters and in the field, providing accountability mechanisms and leveraging funding are keys to successfully integrating gender equality into an HRH project.**
- **Addressing specific workplace/health worker issues that linked gender inequalities to recruitment, productivity and retention contributed to policy change.**
- **Developing women's leadership capacity through professional associations and strengthening their communication and advocacy skills helps them to articulate HRH issues and push for policy changes.**
- **Investments in sex-disaggregated HRIS and other data and capacity-building are key to further developing HRH strategies, policies and interventions that address gender inequality as it impacts workforce recruitment, productivity and retention.**

Read *Addressing Gender Inequality in HRH* and *Gender Discrimination in HRH* (available at www.capacityproject.org).