

Gender Equality in Practice: Lessons, Insights and Ways Forward



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Westin Ottawa

APRIL 18-19 AVRIL, 2018

Overview of Session

- Opening and Introductions
- AQCESS Kenya Gender Assessment Presentation (AKU)
- PNEP Ghana Presentation (SickKids)
- Panelist Dialogue
- Audience Questions and Answers



Panelists



- **Lindsay Mossman, AKFC**
- **Dr. Violet Naanyu, AKU**
- **Michelle Dowling, SickKids**
- **Nikhil Agarwal, SickKids**



CanWaCH

Canadian Partnership for
Women and Children's Health



CanSFE

Partenariat canadien pour
la santé des femmes et des enfants

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AQCESS Kenya Gender Assessment



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AQCESS Kenya Gender Assessment

part of the **Access to Quality Care through Extending and Strengthening Health Systems (AQCESS)** project in Kenya, Mali, Mozambique, Pakistan (2016-2020)

Assessment Objective:

Support AQCESS Kenya to deliver gender-responsive interventions and ensure equal benefit of male and female beneficiaries.



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AQCESS Kenya Gender Assessment

Assessment questions:

1. How does **women's access to and control over resources and decision-making** influence their ability to access and use MNCH services?
2. How do **social and gender norms around SRMNCH** affect women's access to and use of MNCH services?
3. How are (or can) communities and health facilities **address gender inequalities** in decision-making and participation?

Qualitative
Methodology:

Document
Review

KIIs

FGDs



Gender Assessment Areas of Inquiry



MNCH Service Delivery



Delivery bed and Labour Room in Kenya Sub-County Hospital



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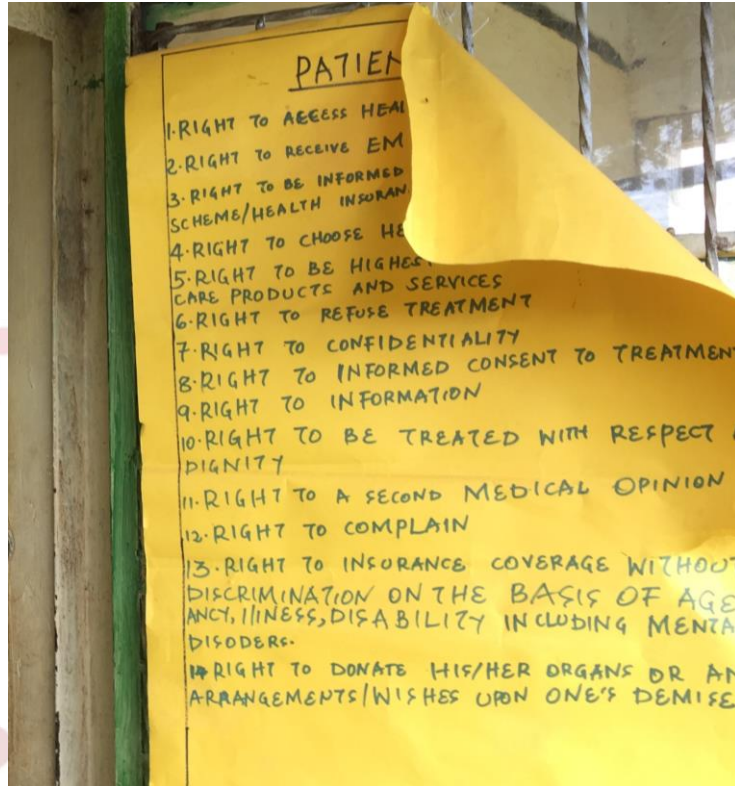
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Barriers to access and use of MNCH services



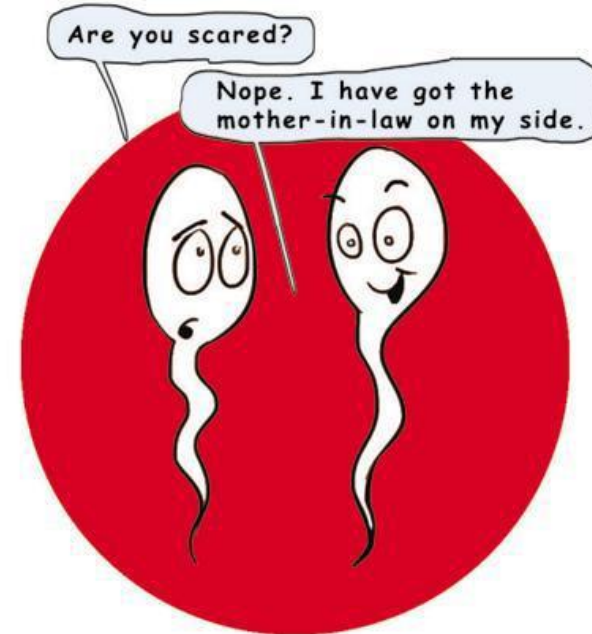
"My experience with my first born delivery was not good with a female nurse. I told her I was in pain and she abused me saying I should stop my nonsense and wait to give birth in the morning." (FGD Women 20-49)

"If you come late and the gate is closed, they can't allow you to visit your patient. And at the laboratory, they give priority to the sick and leave you waiting saying 'pregnancy is not a disease.'" (FGD Women 20-49)



Decision-making around access and use of health services

"[Men] are the final decision makers pertaining to any services that we want to give to a woman... maybe you want to refer a mother or you want to make this woman get to a decision. She will tell you, 'I can't make it until I talk to my husband.' That delays the decision making and therefore delays interventions." (KII Health Provider)



Men's involvement in ANC, Delivery and PNC

- Women often access MNCH services alone
- Men's involvement in MNCH is largely in paying for supplies, transport, reminders about visits, naming the newborn, and supporting household responsibilities
- Barriers to male involvement: lack of information, work responsibilities, migration, social stigma, fear of HIV testing, unfriendly facilities

*"It's just a custom - he can never go near a woman giving birth. It's a taboo and the old mothers can't allow a man to come...They say men are not trustworthy...If a man is adulterous when delivery is occurring, his wife will die immediately if he touches her. It's not even a custom, it's just like that. Even in hospitals men are chased away."
(KII Women's Organization)*



Beliefs and Perceptions



*"They say that if someone is doing family planning, they do it secretly because if witches know about it they will kill the living children."
(KII Religious Leader)*

"There was drought recently... Families were wondering what to do and some were marrying off their young girls to rich families." (FGD CHC)



Practices

- Exclusive breastfeeding recommended at health facility
 - Mixed feeding due to other responsibilities, pain, beliefs around baby's hunger satisfaction
- Harmful practices reported: Early marriage, FGM, use of traditional medicines, rape of young girls
- Female adolescents drop out of school once pregnant, face stigma in accessing care

*"Your mother-in-law ...will look for leaves and mix them. They put them in a cup and give you to drink or wash your breasts with it before you breastfeed the baby."
(KII Women's Organization)*

"People are expecting you to be in school and here you are accessing antenatal or maybe maternity, of course they feel a bit stigmatized. But we have some health providers that have been trained on youth friendly services." (KII Health Provider)



Lessons Learned

- Using a strong framework (JHPIEGO) and clear study protocol
- Usefulness of qualitative approach in gender assessment
- Conduct gender assessment early on to inform design and strategy
- Qualified facilitators/interviewers and intensive training is key
- Address duplication in questions and inquiry areas
- Importance of including diverse voices
- Budget, resources and on-going support



AQCESS Kenya Way Forward



- Revision of AQCESS Kenya Gender Equality Strategy
- Health facility renovations – privacy, latrines, equipment
- Gender Equality Outreach Sessions, engaging men
- Gender Equality Health Worker Training
- Behaviour Change Communication on gender responsive health services and men as supporters of MNCH



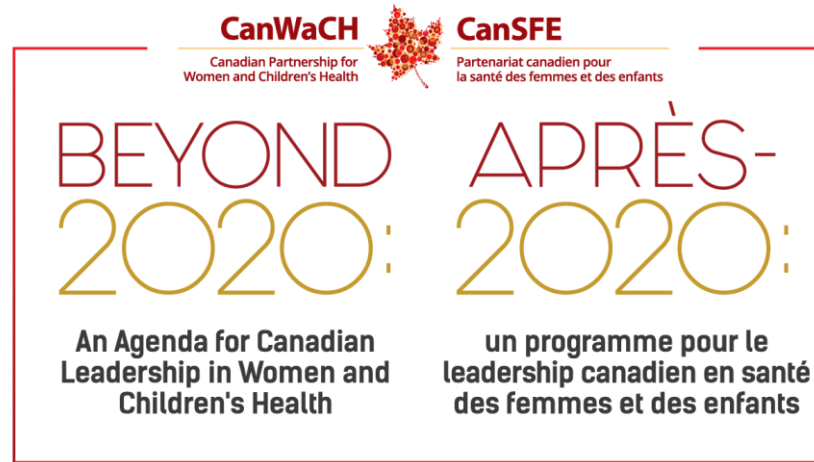
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Operationalizing PNEP's Gender Equality Strategy



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SickKids- Ghana Paediatric Nursing Education Partnershi p (PNEP)



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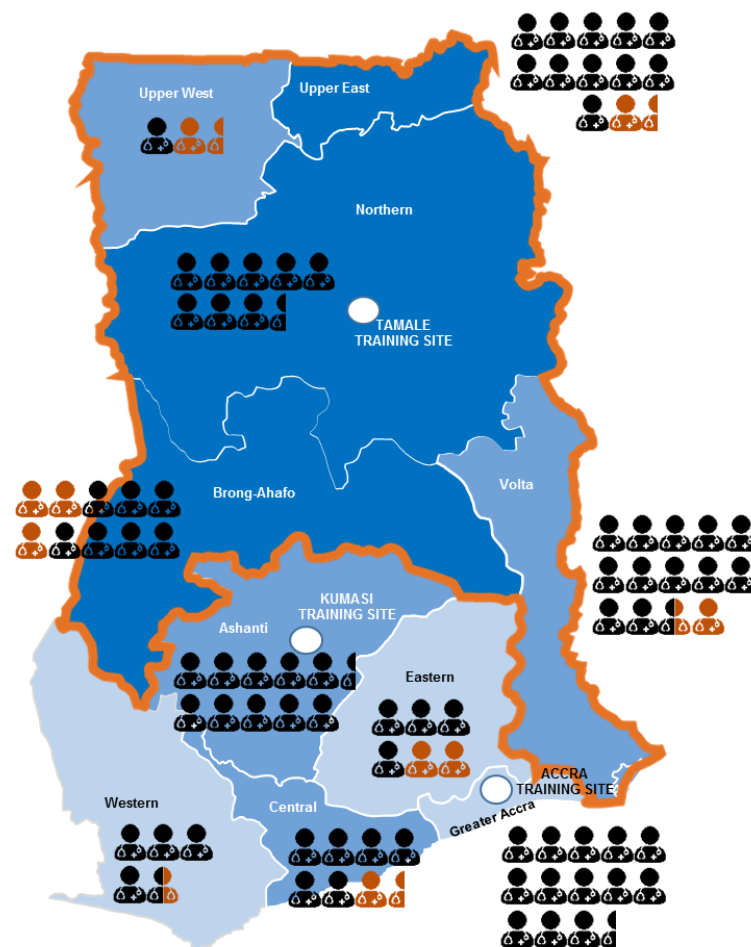
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PNEP Scale & Scope



Represents two (2) students enrolled or graduated from the Paediatric Associate Membership Program



Represents two (2) PNEP sponsored students from underserved areas determined by GHS



Savana Accelerated Development Authority (SADA) Zone

Under 5 mortality per 1,000 births, by region (2011 MICS)



50-75



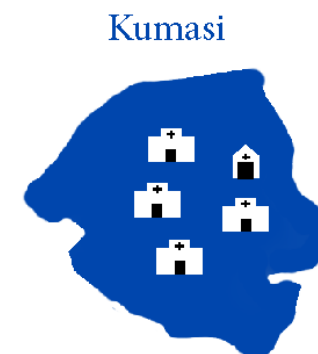
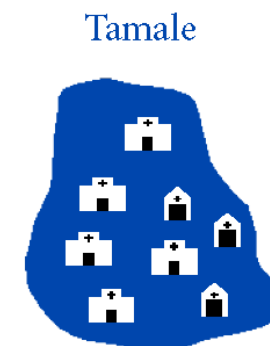
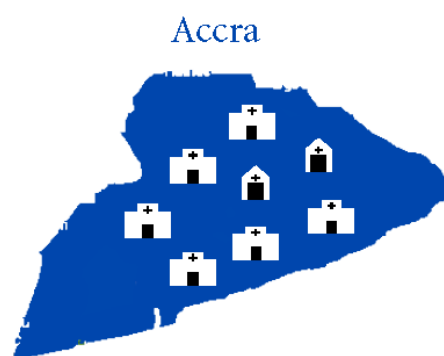
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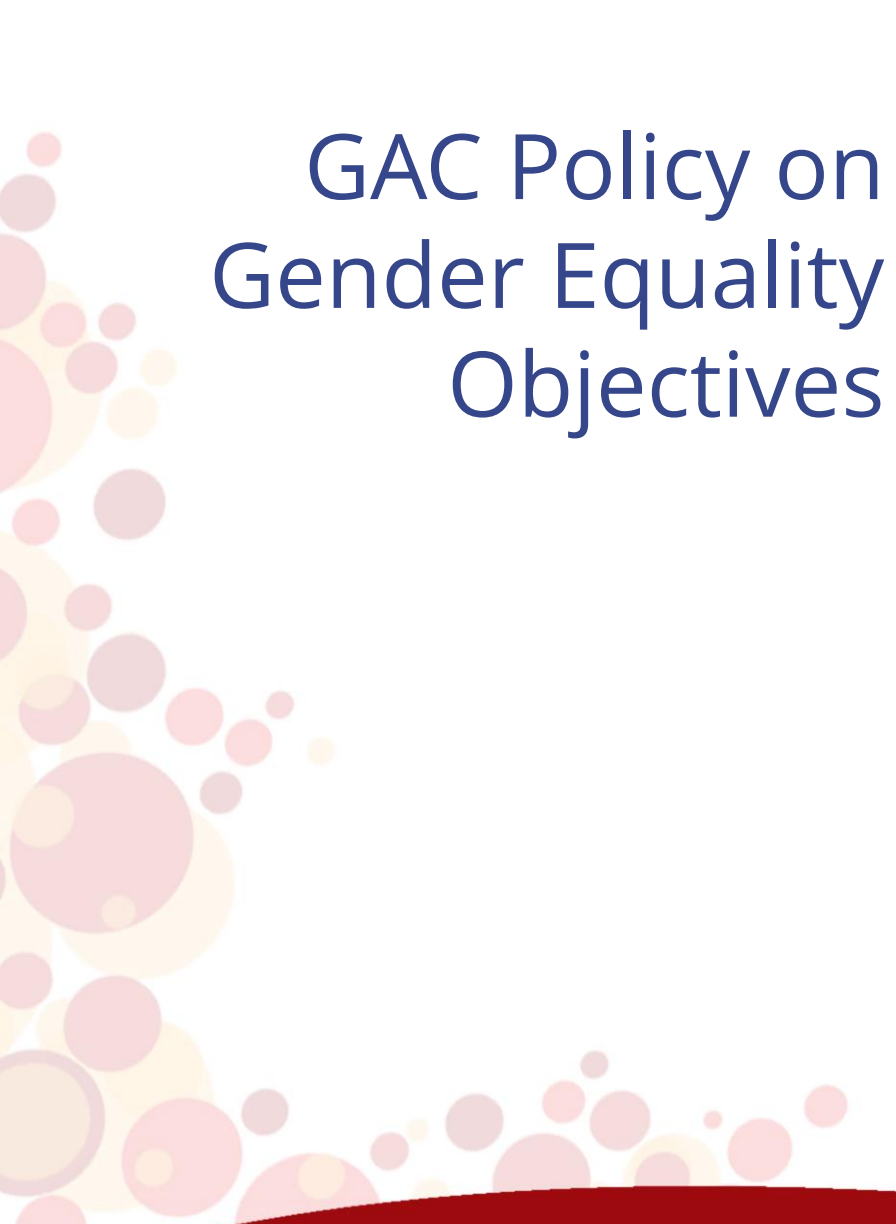


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PNEP System Impact





GAC Policy on Gender Equality Objectives

1. Advance equal participation of women with men in **decision making**.
2. Support women and girls to fully exercise their **rights**.
3. Reduce the gap between women's and men's **access to** and **control of resources** and the benefits of development.



PNEP's Gender Equality Strategy



Gender Equality Integrated into Paediatric Nursing Curriculum



**Cultural Norms
and Beliefs**



**Roles, Responsibilities
and Time**



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Case Study: Roles, Responsibilities and Time

Equal
Rights



Albert González Farran, UNAMID

Women's Empowerment

- How can the health care system remove barriers to accessing care?
- How should a nurse respond to a mother who has delayed in bringing a sick child to a clinic?

Men's Engagement

- How would you approach a conversation with the father about the effects of gender roles on children's health?

Gender Synchronization

- What are some ways to help men and women share the roles and responsibilities at home to allow flexibility in meeting the health needs of the whole family?



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PNEP Graduate advocating for preemie health

Decision
Making



Changing Attitudes

I had a boy and a girl as patients; the boy was plump and the girl was malnourished. The mother said that when they were babies, any time she was breastfeeding the girl, the father would ask,

“Won’t you breastfeed the boy who will carry my name? You’re always giving it to the girl.”

It started from there and now the girl is malnourished. So, we called the father and educated him on gender. I told him: Yes, the boy will carry your name but so will your girl. They are both your children so you should treat them equally.

– PNEP student



Challenging Norms

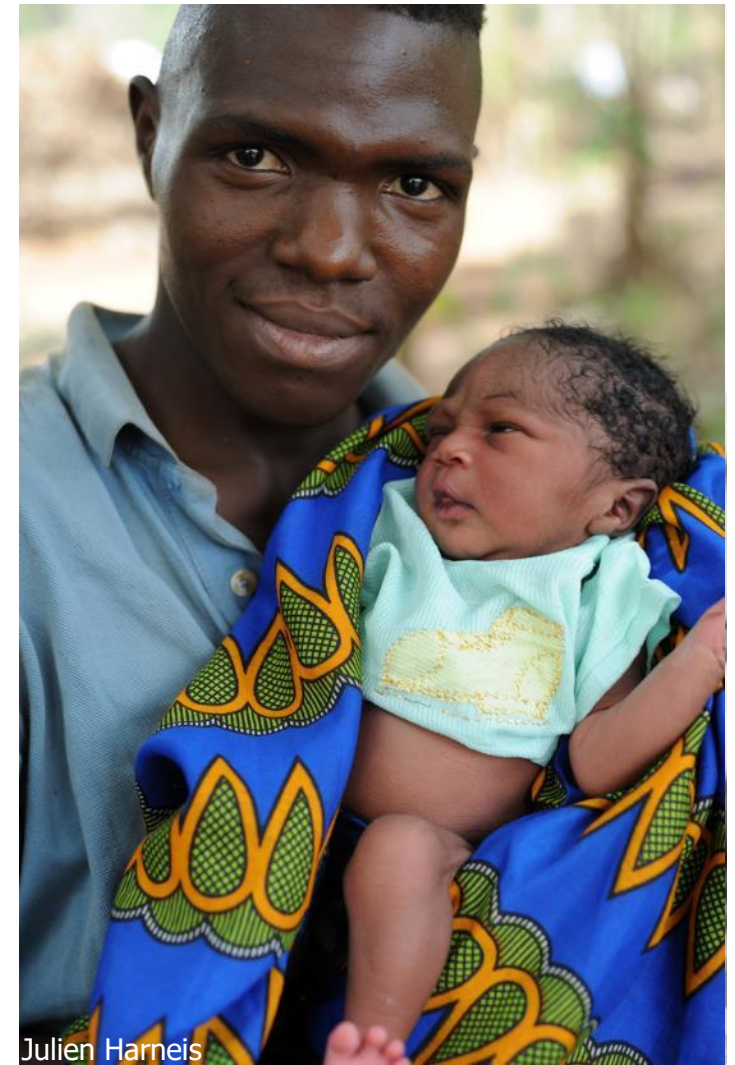
A man brought his child to the hospital. The Nurse in Charge asked,

“Where is your wife? Don’t you know women are better at caring for children? You can’t bathe him, you can’t care for him. Let your wife come around.”

I noticed the man’s demeanor change so I asked him why he was in the hospital with the child. He told me his wife had just given birth so he had no other option than to bring the child himself. He said he would never come back to the hospital because the Nurse in Charge made him feel useless.

I told this to the Nurse in Charge and explained why he came alone. If you think there is something more he should do, you teach him, after all he is just human like us, he can learn to take up certain skills for babies.

– PNEP student



Julien Harneis

“Paediatric nurses strengthen health systems to enable everyone to make decisions that affect their health, especially vulnerable groups like women and children.”

Francis Anaba Agana, Clinical Coordinator, Tamale
SickKids-Ghana Paediatric Nursing Education Partnership



Partners for a Better World. 

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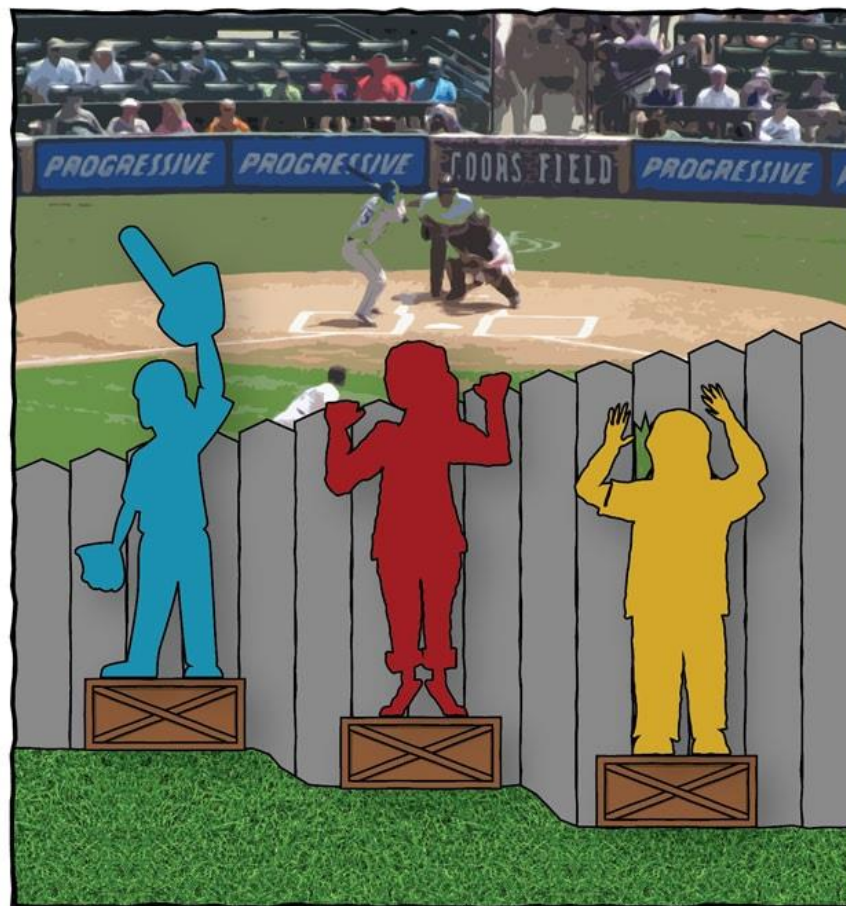
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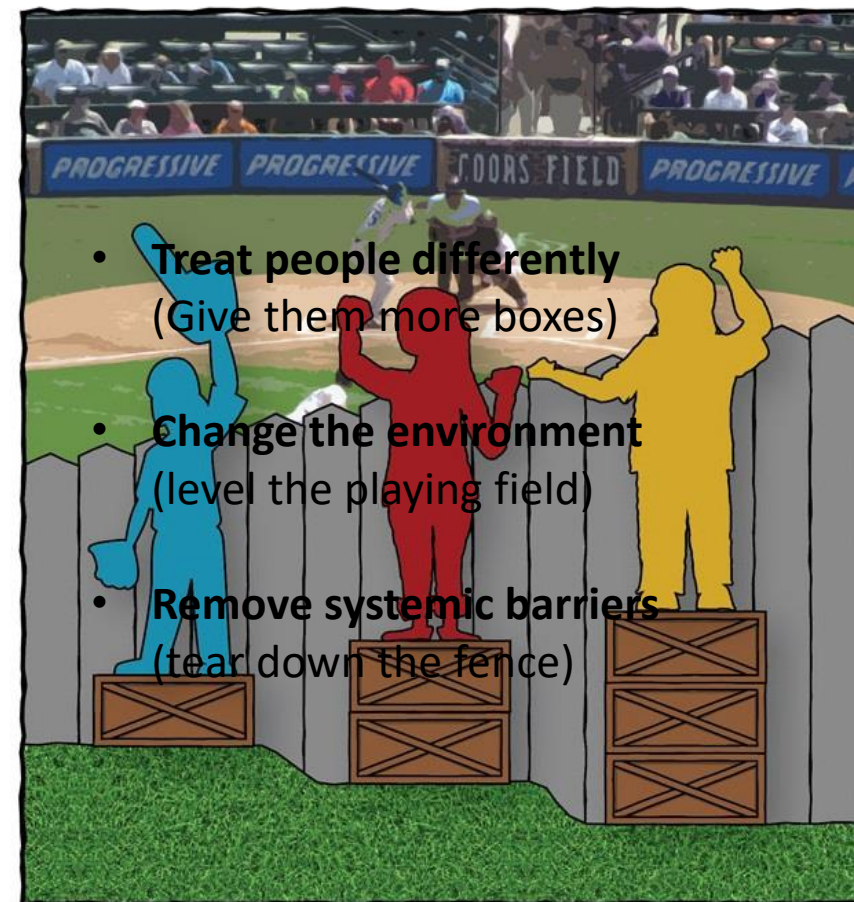


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What is Equality?



Equal distribution (one each) leads to an unequal outcome. Treating everyone the same does not lead to equality.



- **Treat people differently**
(Give them more boxes)
- **Change the environment**
(level the playing field)
- **Remove systemic barriers**
(tear down the fence)

Equitable distribution according to individual circumstances and environment produces an equal outcome. Equity (in activities) leads to equality (in outcomes).



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Thank You
Merci



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