



## **GHEN News**

### **Issue 3: Autumn 2004**

#### **INTRODUCTION**

Welcome to the third issue of GHEN News, the newsletter of the Gender and Health Equity Network (GHEN). GHEN is a partnership of national and international researchers who aim to demonstrate through action research the importance of taking gender equity concerns into consideration in health and related programmes.

GHEN action research case studies are currently being implemented in India, China, and Mozambique. The three case studies share a common set of research objectives. These are:

- To improve policy implementation with respect to gender and health equity in contexts of high or persisting poverty and inequality;
- To enable communities, and particularly poor women and adolescents, to exercise their rights to good health.

In this issue of GHEN News we provide an overview of the three GHEN case studies and a brief progress report of activities over the last 12 months. We also report on one of the key emerging themes arising from GHEN implementation experiences to date: how to scale up and influence policy.

#### **OVERVIEW OF GHEN CASE STUDIES**

**China:** The China case study is being implemented in Dafang County, Guizhou Province, one of the poorest provinces in China. The case study was conceived as a result of a Ford Foundation-funded research project undertaken in Yunnan Province in 1994-5 which examined the impact of decentralisation, fiscal devolution and privatisation of health services on the supply and utilisation of reproductive health services. Although funding for family planning services had increased over the period 1985-1995, the budget for MCH services diminished with an increasing proportion of the costs falling to users and local government. The research found that sixty percent of women reported at least one serious symptom during pregnancy, delivery or in the post-partum period, and over eighty percent reported symptoms suggestive of RTIs, but very few women used formal health care services. In response, the Reproductive Health Improvement Project (RHIP) was set up with Ford Foundation support to investigate how basic reproductive health services could be incorporated into a strengthened PHC system. The second phase of RHIP involves a local level

planning initiative where reproductive health plans are compiled at township level with the input of health planners, managers, providers and users. The GHEN case study was designed to add value to RHIP-2 by investigating how capacity building of local women and the establishment of enabling mechanisms for their participation in the township planning process would improve the responsiveness of the plans - and subsequent reproductive health service delivery - to women's needs.

**India:** The India case study is being implemented in Koppal district, Karnataka. Karnataka lags significantly behind neighbouring states in terms of human development indicators and is affected by striking disparities in poverty at intra-state level. In 1999 an independent evaluation of the Target-Free Approach to family planning was undertaken by the NGO HealthWatch. The findings revealed the very low level of responsiveness of reproductive health services to user needs in Karnataka, and found that health indicators tended to be better in contexts where women's empowerment organisations were active. This provided a strong rationale for follow-on research to examine the relationship between gender and health equity in a context of high and persistent poverty. The India case study is being implemented by a partnership comprising the Indian Institute of Management, Bangalore, Mahila Samakhya, a women's empowerment programme, and the Government of Karnataka through its Departments of Health and Family Welfare and Panchayati Raj and Rural Development. Case study objectives are to improve community health knowledge and practice; increase people's capacity to demand quality services from public health providers; improve the responsiveness of public health services by increasing their emphasis on better quality services and equitable access to care; and strengthen the accountability to users of public health providers. The research is focusing on poor, lower caste communities in sixty villages, with a special emphasis on women and adolescent girls. Safe motherhood has been adopted as an entry point for working with communities and health providers.

**Mozambique:** The Mozambique case study is being implemented in two districts of Zambezia Province. Zambezia was a front-line state during the civil war and suffered badly. It now rates as one of the poorest parts of the country. Gender disadvantage is highlighted in the maternal mortality rate, which at between 600-1100 per 100,000 live births is amongst the highest in the world. Nationwide, the very low use of contraceptives (7 percent) combined with the low level of awareness among young people of reproductive and sexual health issues provide a basis for early, frequent, and poorly-spaced pregnancies and the spread of STIs and HIV. A high proportion of the population lacks access to basic PHC services, and there is a serious mismatch between what women users want from services and what they get due to a lack of female providers and the absence of training and sensitisation to women's health issues. The Mozambique case study is focusing on ways of translating national policy commitments to health equity and gender mainstreaming into practical implementation strategies in an extremely resource poor environment through increasing community participation in health. This process requires new partnerships between communities and the provincial and district authorities in the project districts. The case study is being implemented by a partnership comprising the Ministry of Health at national, provincial and district levels, and GEDLIDE, a national non-profit organisation working on gender equity.

All three case studies are focusing on how to improve the health status of women and female adolescents (as two of the most disadvantaged groups in terms of health status and access to care), within an analytical framework that sees women's disadvantage as grounded in inequitable gender relations. All case studies are testing out strategies for improving the quality and sustainability of community participation in health and for extending women's voice within these processes. They are also investigating how relationships of accountability, particularly those

between health providers and users, can be strengthened. However, there are also differences. India has adopted safe motherhood, and China broader reproductive health needs, as entry points for working on gender equity issues at local level. In contrast, Mozambique is examining gender disparities in health from a broad public health perspective, and has established partnerships with a range of health and non-health actors.

## **WHAT HAS BEEN HAPPENING IN THE CASE STUDIES?**

Over the last 12 months the GHEN case study teams have been busy completing and writing up their baseline surveys. Some interesting findings, and lessons learned about the methodologies used to gather these initial datasets, are emerging. Project organisational structures and working processes are being consolidated, and work is underway to design and implement intervention activities in response to expressed community and health provider needs at local level.

Comparative experience and emerging themes from case study implementation experiences to date were discussed at the annual GHEN planning meeting in Beijing in May 2004. Discussions focused partly on the practical challenges associated with implementing case studies in extremely resource poor contexts, but also on technical challenges such as how to locate the work of the case studies in relation to theoretical work on gender, health and governance, and how to scale up in terms of policy influence. The latter theme will be a major area of focus as the case study teams begin to consolidate their work and move towards analysis and dissemination. Key discussion points relating to this theme from the Beijing meeting are summarised below.

### **Scaling Up to Influence Policy – A Key Emerging Issue**

The GHEN case study teams are beginning to plan for how they can move from implementing intervention activities to enhance gender and health equity in specific local contexts to influencing policy change at different levels of the health system and associated institutional and political structures. Each team needs to clarify what it is that they are trying to influence through their action research. Basic, but important questions are "to what end(s) do we intend to influence policy?" and "how do we intend to do this?" Intended outcomes will vary depending on the nature of the research and the context within which the research is being implemented, and may include one or several of the following: more or better resource allocation for women's health; policy change at national level; or specific changes in norms and values within the institutional structures that are responsible for service delivery at different levels of the health system.

The three GHEN case studies are being implemented in contexts where national level policy commitments to gender equity already exist. The GHEN studies therefore aim to provide a strong evidence base in order to inform *how health policies should be operationalised*. This may be more challenging than it sounds. In China, for example, there are five layers of government between policy makers and communities, all with different interests and agendas. GHEN researchers need a detailed understanding of institutional linkages and a methodology for engagement with political processes to ensure that the learning from their grassroots research project influences the policy-making process.

Understanding how transformational change happens in specific contexts requires strong skills in political and institutional analysis; being able to influence change requires skills in networking, facilitation, development of strategic alliances, lobbying, advocacy and dissemination. Investigation of how other research projects or change initiatives have managed (or failed) to influence policy, or how policy is translated at different levels of the health system, in specific

contexts is a useful first step towards defining entry points for influencing work. All possible means of influencing policy - of getting the ear of key critical people in the decision-making arena - need to be investigated. Some examples of strategies being developed by GHEN teams are:

- Developing strategic alliances with national policy development organisations that have a direct line of influence to key decision-makers;
- Developing regional alliances with NGOs and other donor-funded projects working on health equity or related issues to increase voice and profile with policy makers;
- Linking action research objectives very explicitly to national social development goals i.e. the Millennium Development Goals, or to Beijing and Cairo monitoring efforts and using action research to demonstrate to government how these goals can be operationalised at local level;
- Recognising emerging debates within the political sphere (e.g. emerging concepts of accountability), and linking case studies objectives and intended outputs to these;
- Linking gender and health equity action research case studies to other high profile projects or programmes in intervention areas (e.g. health systems strengthening programmes which may have significant policy influence);
- Establishing the minimum requirements for change in order to create clear messages for advocacy efforts;
- Investigating opportunities for establishing or revitalising gender and health equity networks at national or other levels to create a sustainable force for change and policy influence;
- At national level, establishing linkages with research institutes working on gender and health equity issues, and using opportunities to link in with research dissemination strategies;
- Capitalising on the reputation and potential policy influence of action research partner organisations in dissemination strategies;
- Identifying opportunities to disseminate comparative case study findings at high profile international, regional and national public health, governance, or other relevant fora.

A few examples of how these strategies are being used by the GHEN case studies are given here:

*Recognising emerging debates within the political sphere and linking case studies objectives and intended outputs to these in China*

There is an emerging debate about accountability at national level in China. Pro-equity policies for the poor are being introduced and there is a genuine effort to increase the responsiveness of services. There is also awareness at local level, mainly because of inequities between rural and urban areas, that accountability is important and community oversight needs to be addressed. However, although the new language of accountability has cleared a space for debate, policy makers do not yet have clear strategies for operationalising these ideas at local level. The China GHEN case study is using the new political space to raise the awareness of local officials of women's low status and the impact on their health. This has been hugely important in getting issues of gender and health equity included in the debate about accountability.

*Developing regional alliances with NGOs and other donor-funded projects working on health equity or related issues in India*

Two major projects, implemented by UNICEF and UNDP, are working in northern Karnataka alongside the GHEN case study. All three projects are working in the community to empower women in some way. There are opportunities to draw these projects together to create something

like a northern districts forum for gender and health equity. By working together, these organisations could act as a pressure group at state level.

*Linking action research objectives to national social development goals in all three case studies*

In order to create a platform for dialogue about gender and health equity issues the three GHEN case study teams will be looking beyond the health sector to broader social development commitments at national level such as the Millennium Development Goals, or Beijing and Cairo monitoring efforts. Understanding the linkages between health policy formulation and these broader goals is vitally important. Being aware of the work that is underway globally to strengthen the MDGs from a gender perspective is also important. Looking beyond the health sector as a strategy for gaining policy influence means that the case study teams will be interacting with different actors and organisations. However, using action research findings to demonstrate how governments can deliver in line with their high-level social development commitments could have very great influence on policy.

## **EXTERNAL LINKAGES**

GHEN is in contact with other networks that are actively working on health equity issues. However, since we have limited resources for external co-ordination our strategy at this stage in the life of the network is to focus on dissemination of progress reports on GHEN activities. Subject to funding, we hope that more interactive linkages with other equity-focused organisations may be possible in future.

## **CONTACTING GHEN**

GHEN's Technical Co-ordinator is Hilary Standing. Email [h.standing@ids.ac.uk](mailto:h.standing@ids.ac.uk). GHEN's Programme Officer, responsible for internal and external communications, is Cathy Green. Email [cgreen@healthpartners-int.co.uk](mailto:cgreen@healthpartners-int.co.uk). Contact details for the individual case study teams can be found on the GHEN website at [www.ids.ac.uk/ghen](http://www.ids.ac.uk/ghen).

## THE GENDER AND HEALTH EQUITY NETWORK

The Gender and Health Equity Network (GHEN) is an international partnership of individuals and institutions committed to demonstrating through applied research the case for taking gender equity issues into account in health policy and programming. A first phase of network activities resulted in the production of state-of-the-art literature reviews of gender issues in a number of technical areas of health. Since there are currently very few documented case studies that look at the relationship between gender, poverty and health in specific contexts, the second and current phase of network activities is focusing on the implementation of action research studies in three countries: Mozambique, India and China. Associated research is also underway in Sweden. The research objectives of the case studies are:

- To improve policy implementation with respect to gender and health equity in contexts of high or persisting poverty and inequality;
- To enable communities, particularly poor women and adolescents, to exercise their rights to good health.

The Mozambique and India case studies will allow exploration of gender equity in health in contexts of profound and persistent poverty, while the China case study is being implemented in a context of rapid transition to a liberalised economy. The Swedish research will provide greater understanding of equity issues in a 'gold standard' country where intense efforts are being made to tackle health inequalities, including those related to gender. Through synthesis of key themes and experiences across the four case studies, it is anticipated that GHEN will contribute to expanding the pool of knowledge on the gender aspects of health equity and provide useful lessons for both policy-makers and programmers.

### Network Partners

Network partners for the action research case studies are:

**China:** Foreign Loan Office of the Ministry of Health; Yunnan Reproductive Health Research Association; Kennedy School of Government and Department of Social Medicine of HMS, Harvard University

**India:** Indian Institute of Management, Bangalore; Mahila Samakhya, Karnataka; Department of Health and Family Welfare, Karnataka

**Mozambique:** The Ministry of Health (MISAU); The Prime Minister's Office; The Gender Institute for Democracy Leadership and Development (GEDLIDE)

**Sweden:** National Institute of Public Health (NIPH); Karolinska Institute, Department of Public Health Sciences (IHCAR)

Network Co-ordination is provided by the Institute of Development Studies, University of Sussex, UK

### Network Funding

The following organisations have generously funded GHEN activities:

The Ford, Rockefeller and MacArthur Foundations, the Swedish International Development Cooperation Agency (Sida), and the International Development Research Centre (IDRC). Support has also come from the Global Forum for Health Research and the World Health Organization.

### GHEN Website

[www.ids.ac.uk/ghen](http://www.ids.ac.uk/ghen).