What Works?

Integrating Gender into Government Health Programmes in Africa, South Asia, and Southeast Asia

Lessons from practice-based evidence

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Why now?

• Effects of polycrises on health and gender equality, growing anti-gender movement in many contexts, resource constraints, coupled with repeated calls to strengthen health systems and 'build back better'.

• Sound evidence-base from the feminist health agenda (SRHR, GBV) on both the problems and solutions but often small-scale, short term health interventions in controlled settings.

• A need to learn more about what works and what doesn’t in more diverse country contexts especially gender integration into real life government health programmes that have been scaled and sustained.
How was the practice-based evidence gathered?

**Collaborative partnership**

- **Crowdsourced potential programmes to analyse.** Created region-specific catalogues, with 51 diverse programs across Africa, South Asia, and Southeast Asia.

- **Collation and analysis of in-depth practice-base evidence across six case studies.** In-depth interviews and document reviews for six case studies identified and analysed critical factors that drove successful gender integration.

- **Policy engagement.** Facilitated six national multi-stakeholder policy dialogues to build on the project and advance more gender-responsive policies.
What are the key findings?
Why do the findings matter?

• Tactics to better understand politics of change in different contexts and how it is brokered at different levels.

• Successes in hostile contexts – small wins are big wins. Government systems are resource constrained and have limits (e.g., bureaucracy) so gender integration has to be about resilience, resourcefulness, accountability.

• Facilitating a move towards institutionalization and sustainability of initial efforts through recognising and understanding the phases of change.
What were the missed opportunities?

- Intersectionality - e.g., service provision to indigenous women.

- Connecting dots to advance gender integration in other areas (e.g., lessons that can be transferred to respectful maternity care in the same hospital)?

- How gender transformative can government health programmes be? What other metrics should we be using to measure success?
What were the missed opportunities?

What kind of learning and accountability efforts are needed to benchmark investment, expectations and progress?

* RESOURCE CONSTRAINTS
- SO MUCH WORK IS VOLUNTARY *

Need for commensurate commitments of financial and personnel resources
How can we build on this work?

A marathon not a sprint

• Cooperation and collaboration
• Co-creation of learning for sustained impact
• Champions inside and outside to sustain momentum
• Communication (strategic contextual framing to advance the agenda)
Thank You on behalf of the RPP Collaboration

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