

# What Works?

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

### Lessons from practice-based evidence

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on behalf of the Regional Promising Practice Collaboration**



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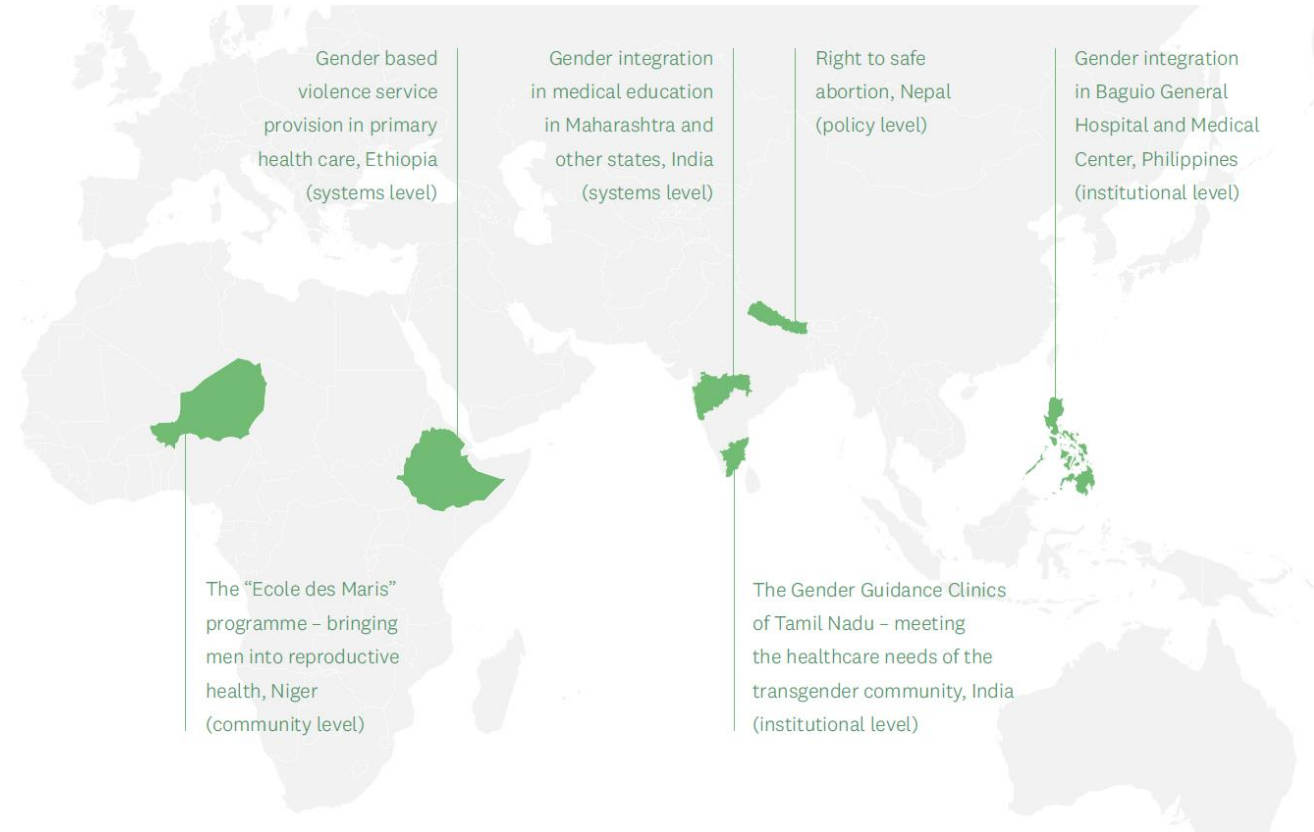
# Why now?

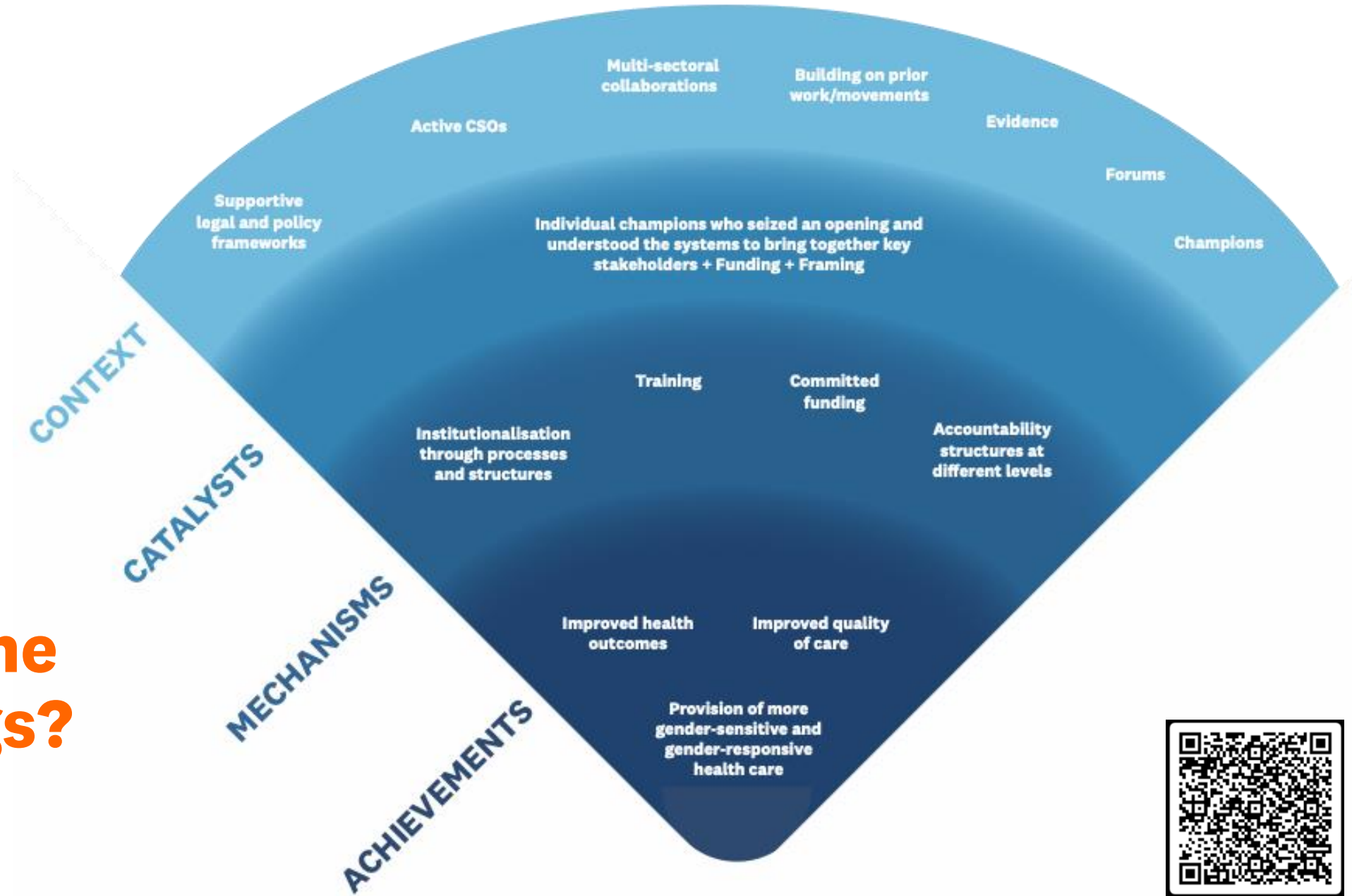
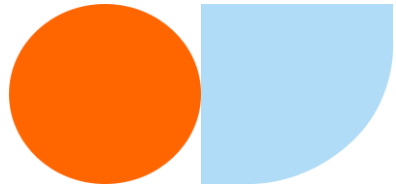
- **Effects of polycrises on health and gender equality, growing anti-gender movement in many contexts, resource constraints, coupled with repeated calls to strengthen health systems and 'build back better'.**
- **Sound evidence-base from the feminist health agenda (SRHR, GBV) on both the problems and 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

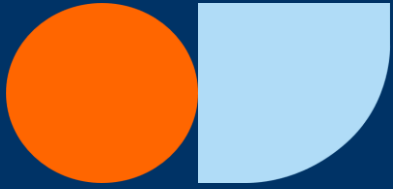
- **Crowdsourced potential programmes to analyse. Created region-specific catalogues, with 51 diverse programs across Africa, South Asia, and Southeast Asia.**
- **Collation and analysis of in-depth practice-based evidence across six case studies. In-depth interviews and document reviews for six case 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?**



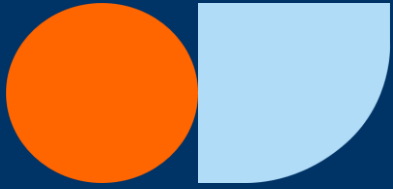


# Why do the findings matter?

- **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.**



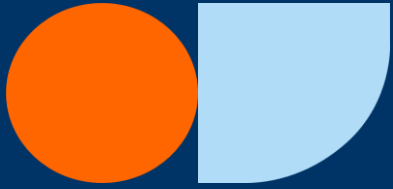
SCAN ME



# 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?**





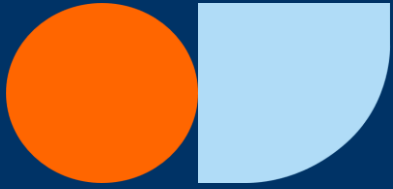
# What were the missed opportunities?

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**





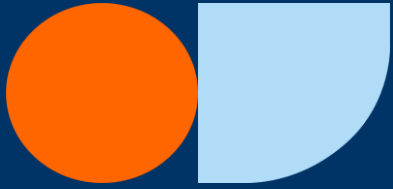
# How can we build on this work?

## 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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