THEORY OF CHANGE

University of Manitoba · ihat
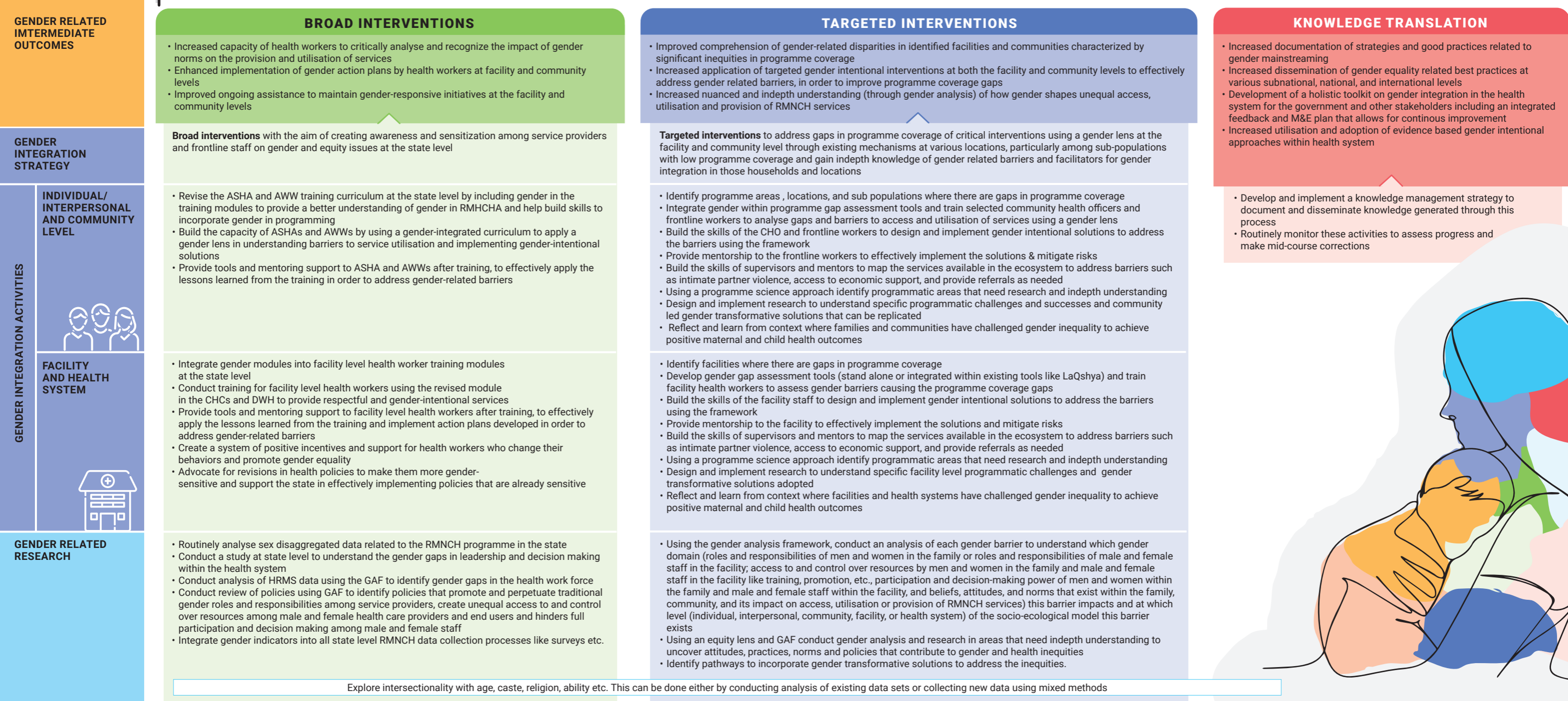
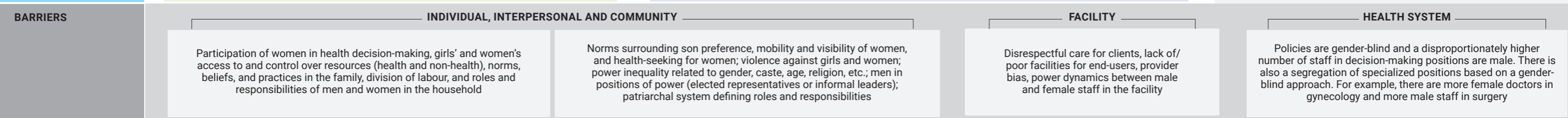## IMPACT: EQUITABLE ACCESS TO RESPECTFUL AND IMPROVED RMNCH+N SERVICES WITH DECREASED MATERNAL AND CHILD MORTALITY

LONG TERM OUTCOMES

- Increased quality of ANC care
- Reduction in maternal anemia
- Improved management of maternal complications
- Improved management of new born complications
- Improved quality of normal deliveries at the facility
- Improved management of small and sick new-born (<1 month) complications
- Improved age appropriate immunization coverage
- Improved status of IYCN
- Increased adoption of post partum contraception
- Improved quality family planning coverage

GENDER RELATED LONGTERM OUTCOMES

IMPROVED QUALITY AND COVERAGE OF EQUITIBLE RMNCH SERVICES

GENDER RELATED IMTERMEDIATE OUTCOMES

BROAD INTERVENTIONS	TARGETED INTERVENTIONS	KNOWLEDGE TRANSLATION
• Increased capacity of health workers to critically analyse and recognize the impact of gender norms on the provision and utilisation of services • Enhanced implementation of gender action plans by health workers at facility and community levels • Improved ongoing assistance to maintain gender-responsive initiatives at the facility and community levels	• Improved comprehension of gender-related disparities in identified facilities and communities characterized by significant inequities in programme coverage • Increased application of targeted gender intentional interventions at both the facility and community levels to effectively address gender related barriers, in order to improve programme coverage gaps • Increased nuanced and indepth understanding (through gender analysis) of how gender shapes unequal access, utilisation and provision of RMNCH services	• Increased documentation of strategies and good practices related to gender mainstreaming • Increased dissemination of gender equality related best practices at various subnational, national, and international levels • Development of a holistic toolkit on gender integration in the health system for the government and other stakeholders including an integrated feedback and M&E plan that allows for continous improvement • Increased utilisation and adoption of evidence based gender intentional approaches within health system

GENDER INTEGRATION STRATEGY

Broad interventions with the aim of creating awareness and sensitization among service providers and frontline staff on gender and equity issues at the state level	**Targeted interventions** to address gaps in programme coverage of critical interventions using a gender lens at the facility and community level through existing mechanisms at various locations, particularly among sub-populations with low programme coverage and gain indepth knowledge of gender related barriers and facilitators for gender integration in those households and locations	

GENDER INTEGRATION ACTIVITIES

INDIVIDUAL/INTERPERSONAL AND COMMUNITY LEVEL

BROAD INTERVENTIONS	TARGETED INTERVENTIONS	KNOWLEDGE TRANSLATION
• Revise the ASHA and AWW training curriculum at the state level by including gender in the training modules to provide a better understanding of gender in RMHCHA and help build skills to incorporate gender in programming • Build the capacity of ASHAs and AWWs by using a gender-integrated curriculum to apply a gender lens in understanding barriers to service utilisation and implementing gender-intentional solutions • Provide tools and mentoring support to ASHA and AWWs after training, to effectively apply the lessons learned from the training in order to address gender-related barriers	• Identify programme areas, locations, and sub populations where there are gaps in programme coverage • Integrate gender within programme gap assessment tools and train selected community health officers and frontline workers to analyse gaps and barriers to access and utilisation of services using a gender lens • Build the skills of the CHO and frontline workers to design and implement gender intentional solutions to address the barriers using the framework • Provide mentorship to the frontline workers to effectively implement the solutions & mitigate risks • Build the skills of supervisors and mentors to map the services available in the ecosystem to address barriers such as intimate partner violence, access to economic support, and provide referrals as needed • Using a programme science approach identify programmatic areas that need research and indepth understanding • Design and implement research to understand specific programmatic challenges and successes and community led gender transformative solutions that can be replicated • Reflect and learn from context where families and communities have challenged gender inequality to achieve positive maternal and child health outcomes	• Develop and implement a knowledge management strategy to document and disseminate knowledge generated through this process • Routinely monitor these activities to assess progress and make mid-course corrections

FACILITY AND HEALTH SYSTEM

• Integrate gender modules into facility level health worker training modules at the state level • Conduct training for facility level health workers using the revised module in the CHCs and DWH to provide respectful and gender-intentional services • Provide tools and mentoring support to facility level health workers after training, to effectively apply the lessons learned from the training and implement action plans developed in order to address gender-related barriers • Create a system of positive incentives and support for health workers who change their behaviors and promote gender equality • Advocate for revisions in health policies to make them more gender-sensitive and support the state in effectively implementing policies that are already sensitive	• Identify facilities where there are gaps in programme coverage • Develop gender gap assessment tools (stand alone or integrated within existing tools like LaQshya) and train facility health workers to assess gender barriers causing the programme coverage gaps • Build the skills of the facility staff to design and implement gender intentional solutions to address the barriers using the framework • Provide mentorship to the facility to effectively implement the solutions and mitigate risks • Build the skills of supervisors and mentors to map the services available in the ecosystem to address barriers such as intimate partner violence, access to economic support, and provide referrals as needed • Using a programme science approach identify programmatic areas that need research and indepth understanding • Design and implement research to understand specific facility level programmatic challenges and gender transformative solutions adopted • Reflect and learn from context where facilities and health systems have challenged gender inequality to achieve positive maternal and child health outcomes	

GENDER RELATED RESEARCH

• Routinely analyse sex disaggregated data related to the RMNCH programme in the state • Conduct a study at state level to understand the gender gaps in leadership and decision making within the health system • Conduct analysis of HRMS data using the GAF to identify gender gaps in the health work force • Conduct review of policies using GAF to identify policies that promote and perpetuate traditional gender roles and responsibilities among service providers, create unequal access to and control over resources among male and female health care providers and end users and hinders full participation and decision making among male and female staff • Integrate gender indicators into all state level RMNCH data collection processes like surveys etc.	• Using the gender analysis framework, conduct an analysis of each gender barrier to understand which gender domain (roles and responsibilities of men and women in the family or roles and responsibilities of male and female staff in the facility; access to and control over resources by men and women in the family and male and female staff in the facility like training, promotion, etc., participation and decision-making power of men and women within the family and male and female staff within the facility, and beliefs, attitudes, and norms that exist within the family, community, and its impact on access, utilisation or provision of RMNCH services) this barrier impacts and at which level (individual, interpersonal, community, facility, or health system) of the socio-ecological model this barrier exists • Using an equity lens and GAF conduct gender analysis and research in areas that need indepth understanding to uncover attitudes, practices, norms and policies that contribute to gender and health inequities • Identify pathways to incorporate gender transformative solutions to address the inequities.	

Explore intersectionality with age, caste, religion, ability etc. This can be done either by conducting analysis of existing data sets or collecting new data using mixed methods

BARRIERS

INDIVIDUAL, INTERPERSONAL AND COMMUNITY		FACILITY	HEALTH SYSTEM
Participation of women in health decision-making, girls' and women's access to and control over resources (health and non-health), norms, beliefs, and practices in the family, division of labour, and roles and responsibilities of men and women in the household	Norms surrounding son preference, mobility and visibility of women, and health-seeking for women; violence against girls and women; power inequality related to gender, caste, age, religion, etc.; men in positions of power (elected representatives or informal leaders); patriarchal system defining roles and responsibilities	Disrespectful care for clients, lack of/ poor facilities for end-users, provider bias, power dynamics between male and female staff in the facility	Policies are gender-blind and a disproportionately higher number of staff in decision-making positions are male. There is also a segregation of specialized positions based on a gender-blind approach. For example, there are more female doctors in gynecology and more male staff in surgery

ASSUMPTIONS

Integration of gender lens into health interventions will help in a) identifying the gender inequality-related gaps in health service provision and uptake, including the root causes and consequences of this inequality (participation and decision making, access and control over resources, social and gender norms, roles and responsibilities, etc.) and b) designing and implementing interventions to address these inequalities at the individual, interpersonal, community, and health system levels. Addressing these inequalities will help the project ensure effective coverage of geographies and populations by health interventions, resulting in improved health outcomes

PROBLEM STATEMENT

Even though UP has achieved good progress in improved maternal and child health outcomes in the last 5 years, there are still locations and sub populations who are being left out causing gaps and inequity in effective coverage of health interventions