Gender Responsiveness in Reproductive, Maternal, Newborn, and Child Health Service Delivery

A Framework for Gender Integration in Training for the Public Health Workforce across Uttar Pradesh, India

2025

GENDER IN PUBLIC HEALTH

Gender plays a crucial role in determining an individual's access to quality healthcare. Inequitable gender dynamics disproportionately affect women and girls, limiting their ability to make decisions about their lives, mobility, education, health, and resources[1]. Furthermore, girls and women are particularly vulnerable due to the intersectionality of various forms of discrimination based on socioeconomic status, age, physical and mental abilities, and geographic location, among other factors[2,3,4] The World Health Organization also acknowledges gender as a fundamental social determinant that significantly influences both population health and disparities in health outcomes[5]. Without addressing these gender disparities in communities and facilities, achieving universal health coverage will continue to be difficult[6].

GENDER IN PUBLIC HEALTH SETTINGS IN UTTAR PRADESH, INDIA

Often, gender norms and inequalities are replicated and reinforced in health systems, contributing to gender inequalities in health[7]. Data from the Rolling Facility Plus Survey (RFS-Plus) conducted in Uttar Pradesh (UP), India, in 2020-21 shows that only approximately 35% of women who came to public health facilities for childbirth were allowed to move freely once they reached the facility. Additionally, only about 55% of women reported having their privacy maintained during their visits. More than 10% of women did not receive continuous support during labour[8]. A 2019 study highlighted that approximately 15.2% of women in UP experienced violence in the labour room, with those from socially disadvantaged communities being more vulnerable[9]. Two other studies also point to gaps in care during childbirth, including inadequate clinical care, compromised privacy, lack of information sharing, and disrespectful care for the women[10,11].

These pieces of evidence highlight how unequal gender norms seep into public health facilities and manifest through practices adopted by healthcare workers. The influence of these practices in health facilities puts service providers in a position of power, allowing them to discriminate against girls and women based on their socio-economic, gender, ability and health status. To achieve universal health coverage and mitigate this influence, gender inequalities must be addressed at various levels of the socio-ecological framework[12]. Providing equitable and respectful care can help build trust in healthcare providers and facilities among health end-users. This trust, in turn, can lead to increased service utilisation and, ultimately, better health outcomes for the population. By empowering the public health workforce to offer gender-responsive care, progress can be made in this direction.

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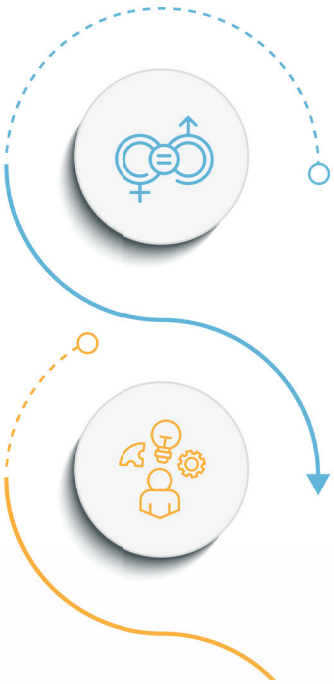
INTEGRATING GENDER INTO TRAINING OF THE PUBLIC HEALTH WORKFORCE

The Uttar Pradesh National Health Mission (UP-NHM), with support from the Uttar Pradesh Technical Support Unit (UP TSU) implemented by India Health Action Trust (IHAT) and the University of Manitoba (UoM), aimed to enhance the understanding of the public health workforce under the Department of Health and Family Welfare regarding the importance of gender equality and health equity. This was achieved by adopting an approach that addressed the role of gender inequality in the personal lives and professional roles of the workforce. The initiative included incorporating a gender module into the scheduled systemic trainings for various public health workforce cadres. As the first attempt, an e-module for gender was developed and integrated into the Skilled Birth Attendant (SBA) training, with plans to extend similar modules into trainings for Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives (ANM), Community Health Officers (CHO), Chief Medical Officers (CMO), and Doctors.

This brief presents the framework finalised with Government of UP (GoUP) to integrate gender responsiveness across all the health cadre trainings.

3.1 OBJECTIVES

The objectives of integrating gender modules in trainings are:



To increase the capacity of the health workforce to critically analyse and recognise the impact of gender norms on the provision and utilisation of healthcare services.

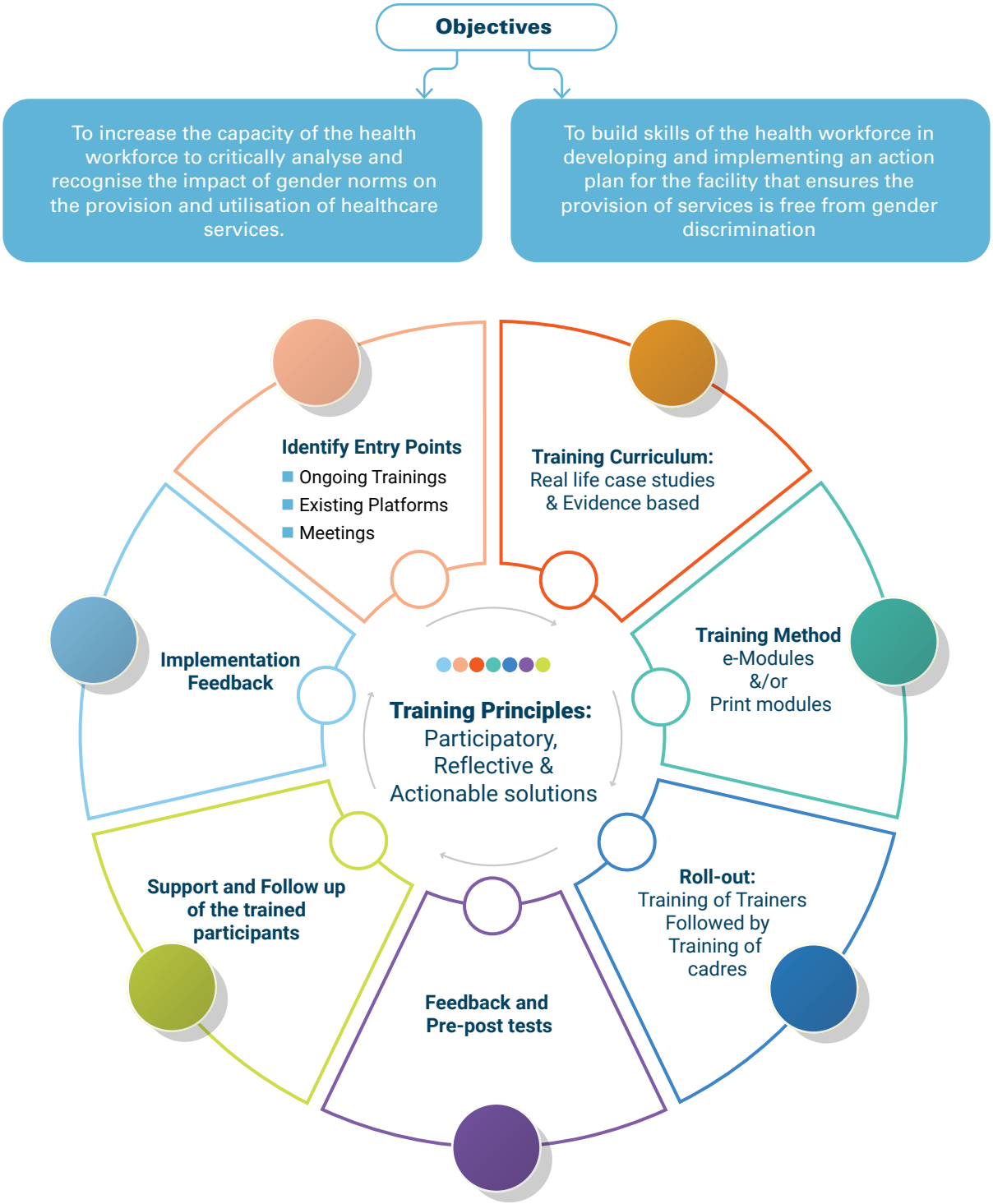
To build the skills of the health workforce in developing and implementing an action plan for the facility/community platform that ensures the provision of services is free from gender discrimination.

THE FRAMEWORK TO INTEGRATE GENDER INTO TRAINING OF THE PUBLIC HEALTH WORKFORCE

A framework was developed to guide the development, incorporation, monitoring, and feedback of gender modules into the existing systemic trainings for the health workforce of Uttar Pradesh. This framework will ensure consistent messaging across the trainings for different cadres in order to achieve the objectives.

The following figure outlines the framework designed to integrate gender into health system trainings:

Figure 1: Framework to Integrate Gender into Public Health Workforce Training



Guided by the two objectives, the framework follows the *program science approach*,[14] which emphasise continuous improvement in the design, implementation, and feedback process of the program. The process begins with identifying suitable entry points with GoUP for integrating gender training, such as *ongoing trainings, existing platforms, or meetings*. Once identified, gender modules are incorporated into these established systems or structured systemic trainings to ensure its sustainability.

The training principles focus on *active participation* and critical *reflection*, encouraging participants to engage deeply with the content, challenge biases, and apply their insights to improve healthcare practices. The content of the module is grounded in *real-life case studies* identified from the field, backed by strong *empirical evidence*, and includes *practical/actionable solutions* to address gender-barriers. Depending on the platform and the target cadre, the training medium is customised, utilising either *e-modules or print modules* to ensure accessibility and relevance.

The roll-out of the training follows a structured cadence, starting with the *Training of Trainers* sessions to prepare master trainers. These trainers then cascade the knowledge to their respective cadres. *Pre and post-training* assessments are conducted to monitor changes in participants' knowledge, perceptions, and attitudes. Understanding gender requires an ongoing process, so the training is supplemented with *refresher content and periodic follow-up sessions* to reinforce learning and maintain engagement.

Additionally, *individual and team feedback* is collected to understand the training's effectiveness and identify areas for improvement. Insights from these processes inform changes to training principles, content, mediums, and roll-out strategies. This iterative process ensures that the intervention evolves continuously, building on lessons learned from previous implementation to create a more effective and impactful learning experience.

OPERATIONALISATION OF INTEGRATING GENDER INTO SBA TRAINING

This section provides an overview of operationalising the framework to integrate gender into the SBA trainings in UP.

Skilled Birth Attendant trainings were the first set of trainings to include a gender module based on the framework. The SBA trainings are designed to enhance the capabilities of Auxiliary Nurse Midwives (ANM) and Staff Nurses (SNs) at District Hospitals, Community Health Centers (CHCs), and Primary Health Centers (PHCs) in order to improve the quality of intrapartum and newborn care and achieve better maternal and newborn health outcomes.

This cadre directly interacts with the end users i.e. mothers, newborns, and families. Their ability to provide gender-responsive care significantly impacts the trust of end users in the healthcare system and utilisation of the health services. In the role of a health worker, they also hold considerable power to challenge harmful gender norms and practices within the facility and the community (including the end-user's household).

Based on the gender module integration framework, the following pathway was followed to integrate the gender module into the SBA training:

Identifying strategic entry points:

The SBA training was recognised as a strategic opportunity to incorporate the gender e-module in concurrance with the Mission Director - National Health Mission (MD NHM) as the SBA curriculum was undergoing revision. The total staff estimated to be trained was 13,500 based on the delivery point mapping from Manav Sampada.[13] The SBA training comprised of five days of classroom instruction and 15 days of practical sessions. In consultation with NHM-UP, the fifth day of the classroom training was decided upon to integrate a two-and-a-half-hour session on gender responsive services.

Developing objectives of the e-module:

The objectives of the SBA gender e-module were aligned with the objectives of the training framework to help the ANMs and staff nurses identify how gender and social norms intersect and influence the practices in the labour room and postnatal care ward. Subsequently, a gender action plan to make the facilities and services gender responsive was proposed to be drawn by the end of the gender module. These objectives and activities were finalised with inputs from the leadership and other concerned departments at NHM.

Training medium, principles and components

Since the integrated SBA training was implemented on a large scale, it was important to ensure that consistent gender content/messages were delivered across all training sites with minimal subjectivity and facilitator involvement. Therefore, e-modules with standard content and reinforcing messages were considered to be the most effective means of delivering the gender session. The e-module provided sufficient time for reflection and discussion by the participants.

The e-module was designed as a film utilising real-life case studies, allowing participants to reflect and resonate with it. This e-module was divided into two parts

01

Part 1 of the e-module explores gender as a social construct, the impact of gender roles and responsibilities on women's lives and social and gender norms affecting their access to, utilisation and provision of health services.

02

Part 2 of the e-module focuses on gender discriminatory practices in the labour room. This is followed by actions that service providers can take to create a gender responsive facility and provide respectful and equitable RMNCH health services.

The e-module allocated time for facilitated discussions to assist participants in reflecting on their gender biases. This was followed by a recorded conclusion as part of the e-module that consistently reiterated the key messages.

5 core principles

The e-module concluded with specific action plans and outlined 5 core principles that participants should adopt after training: **Empathy, Non-judgmental, Respectful, Sensitivity, and Standing with the woman in the face of social/familial pressure to empower her to make decisions**. Towards the end of the session, participants were encouraged to develop a gender responsive action plan for their facilities involving other relevant stakeholders and staff to facilitate respectful and equitable service provision.

Roll-out of the training:

The gender e-modules were facilitated by trained government facilitators with support from UPTSU.

Pre-Post Test: A set of ten questions were developed to assess the change in participants' knowledge, comprehension, attitudes and practices. These questions were added into the aggregate pre-post-test question sheet for the 5 days' classroom session. The gender session with the gender e-module were observed by the UPTSU staff. During these observations, the staff captured detailed feedback, critical reflections, and suggestions on the e-module and facilitation.

Follow-up and Refresher: After the training, short refresher audio-visual materials were developed to reinforce the messages of the gender e-module. These materials were disseminated through a shared social media platform to continue the process of capacity building among the trained participants in integrating a gender-responsive approach to last-mile service delivery.

Training feedback: The UP-TSU team will conduct feedback visits to meet with the participants of the gender e-module to explore the participants' changing understanding of gender and equity and the actions they took to provide respectful and gender-responsive services. This will further help to determine if these actions result in a better experience for end-users and their families.

The insights from the feedback interactions will guide the development of future modules. Lessons learned will be documented and shared with key stakeholders.

CONCLUSION

The framework enables gender integration into the training of the public health workforce. The framework considers the importance of identifying and utilising critical entry points for integration. It also emphasises the need to define clear objectives and develop standardised content that is based on the lived experiences of the participants. Additionally, it builds a skilled team of trainers who employ participatory and reflective approaches to facilitation. The framework promotes the facilitation of post-training actions for the participants while also providing reinforcing information and support as a follow-up. Lastly, it emphasises the importance of embedding a well-thought out feedback process to draw insights to feed into the upcoming trainings

ENDNOTES

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Uttar Pradesh Technical Support Unit

Uttar Pradesh Technical Support Unit (UP TSU) was established in 2013 under a Memorandum of Cooperation signed between the Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, Adolescence Health and Nutrition (RMNCAH+N). University of Manitoba's India-based partner, India Health Action Trust (IHAT) is the lead implementing organization.

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