Helping Health Managers understand Gender and Power in Lake Zone, Tanzania

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Background

Ensuring access to quality and respectful health services and promoting behavior change for good maternal, newborn and child health is vital to building strong families and communities. How power is constituted and negotiated in relation to access to resources, division of labor, social norms and decision-making can affect maternal health care access and utilization. The **Mama na Mtoto partnership** has been working since 2016 to improve maternal and child heath services in Misungwi and Kwimba Districts of Mwanza Region, in Lake Zone, Tanzania. To improve care, health workers, managers and planners need to understand the intersection of gender and power, and see how their actions can contribute to or reduce disparities related to power imbalances and intersectionalities.

Methods

Mama na Mtoto has actively worked to promote more gender-responsive and equity-sensitive care environments. Training for Council Health Management Team (CHMT) members and Health Facility In-charges includes sessions on gender issues, in which a series of case studies are used to encourage participants to discuss how gender and power imbalances affect access to care. Each case (see table) is based on real-life events. Selected facilities interested in becoming models of gender-responsive care have then been supported to develop and implement action plans to ensure that MNCH and SRH services are provided in a dignified and respectful manner to all clients

Case Study Examples

You are In-charge in a health center that recently won national acclaim for the highest rate of male involvement in ante-natal care visits. Your facility's success stems from a rule adopted by the Health Facility Governance Committee saying women will not be seen for ANC unless their partners attend with them. Women needing an exemption must request a certificate in advance from the local council. Last week a man had to be removed from the center after hitting the woman he was accompanying, and threatening the nurses. It turned out that he was not the pregnant woman's husband, but only her boda-boda (motorcycle) driver. She had paid him to come with her because her husband was unable to take time away from his job. At the clinic, the man was tested and learned he was HIV+. He was very angry with the woman, saying it was all her fault. Now you are wondering if the rule is helping women the way the Committee intended.

You are In-charge in a health center. A young girl age 14 comes in for a delivery. She is unmarried and says she does not know who is the child's father. She will not let anyone examine her. She is very frightened. The nurse is getting frustrated with her non-cooperation, and is speaking to her sharply. The cleaner has been working nearby and has seen the young girl's panic. She suspects that the girl may have been the victim of sexual abuse by a man who has threatened her to stop her talking. She fears the nurse is making the problem worse and brings it to your attention. What do you do?

Photo: Project & facility staff and community health workers. Credit: A. Anderson

Advocacy Impact

Building understanding on gender and power imbalances through project training has led to the following results and successes:

- ❑ **19 health facilities** participated in training on Dignified Respectful Care and developed plans to improve gender-responsive care starting with low cost actions that are within staff capacities, e.g.:
  - Establish youth clubs to reach young women and men with information about sexual reproductive health and rights
  - Hold facility youth day once per month
  - Conduct school outreach programs
  - Conduct male sessions during reproductive and child health services
  - Create posters that elaborate rights and responsibilities of clients
  - Hold staff reflections meetings monthly to discuss ways to keep improving respectful communication
- ❑ In Koromije Dispensary, staff are now encouraging pregnant women to attend antenatal clinic even if they do not have male partners, and they face no delays or stigma for attending alone.
- ❑ One CHMT member in Kwimba, said "the training has help me to improve the services I offer by giving specially attention to pregnant young girls who come to facilities through spending much time with them to understand their hopes and fears"
- ❑ Another district health leader reports he has become a gender equality champion after the training. He has changed the way he provides supportive supervision to facilities, and helps to train others to challenge power dynamics within the community that are barriers to women accessing the care they need.

References

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