

Building gender equitable health systems post-conflict

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Research in Gender and Ethics (RinGs):
Building stronger health systems



The ReBUILD consortium

Consortium partners

- **Cambodia** Development Research Institute/National Institute of Public Health
- College of Medicine and Allied Health Sciences **Sierra Leone**
- Makerere University School of Public Health **Uganda**
- Biomedical Training and Research Institute **Zimbabwe**
- Institute for Global Health and Development, Queen Margaret University Edinburgh **(UK)**
- Liverpool School of Tropical Medicine **(UK)**

Consortium affiliates working in additional countries: **Cote d'Ivoire, Nigeria and South Africa; Sri Lanka, Gaza and Liberia**



ReBUILD research



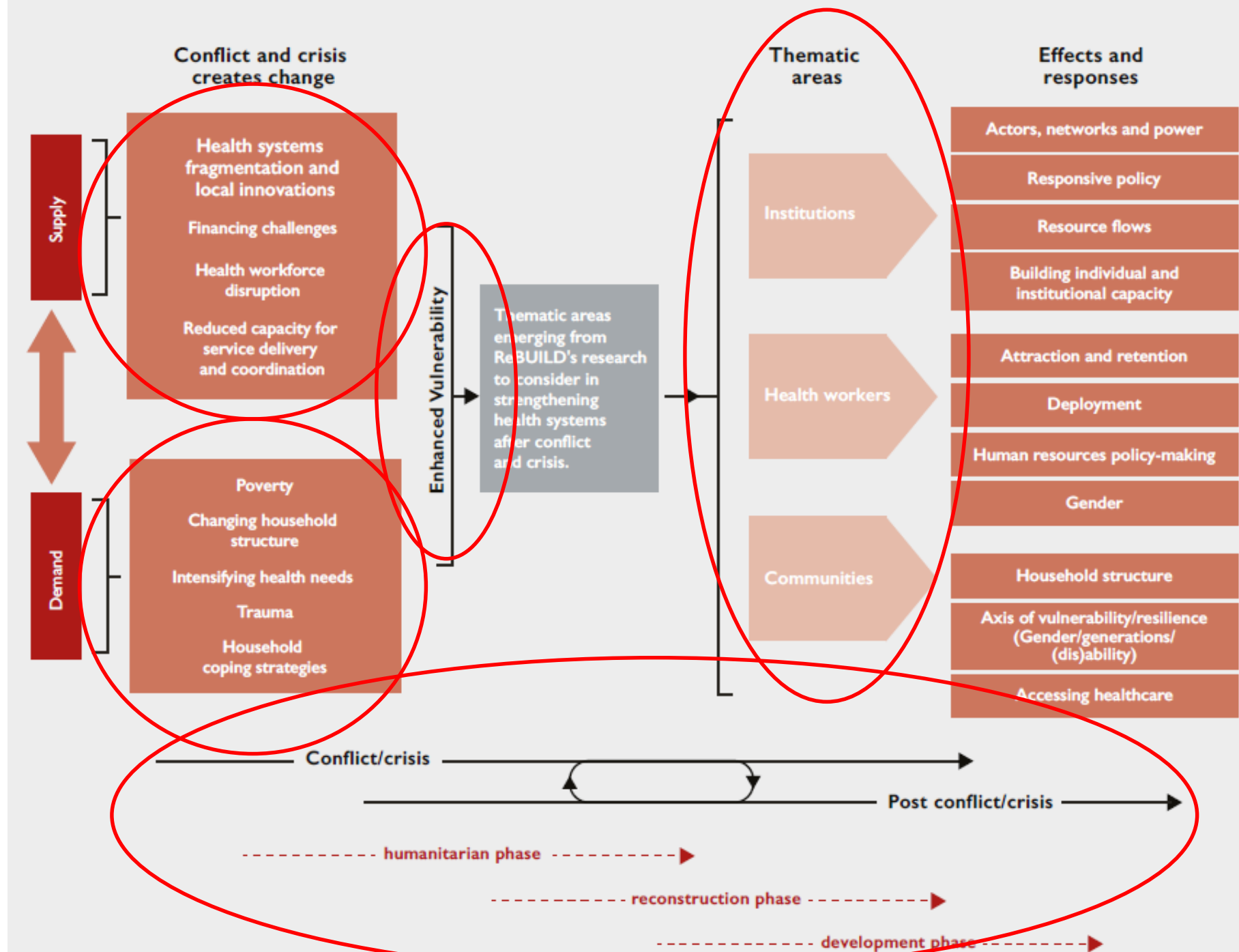
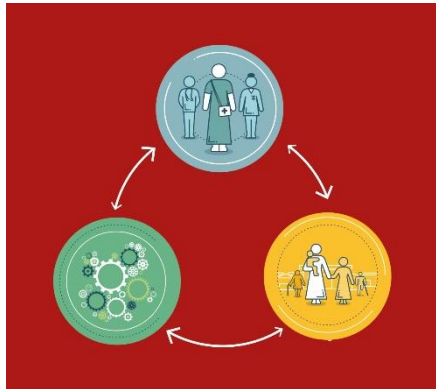
Research for stronger health systems



Research in Gender and Ethics (RinGs):
Building stronger health systems



Thematic areas emerging from ReBUILD's research on health systems in post-conflict settings.



Why use life histories to capture gendered realities?

- Draws on feminist and gender epistemologies
- Place people of all genders at the centre of research
- Experiences and realities of people need to feed into the process of supporting a resilient and responsive health system
- Useful in contexts where there is a lack of formal data
- People may have experienced multiple traumatic events - important to rebuilding process



Life histories in ReBUILD

Communities:

- To capture health related experiences of women and men from poor households and their health seeking experiences through time

Health workers:

- To explore older female and male health workers' perceptions and experiences of their working environment, how it has evolved and factors which encouraged or discouraged them from staying in post in remote areas and being productive



Example from northern Uganda

"... when this war begun husband had just gotten a job and started working in Kampala. From Kampala he was posted to Khartoum [Sudan] but me I came home in Gulu...But later some man came from Khartoum and told me that my husband had died in Khartoum. At that time we were here with my in-laws and his parents. ... My brother-in-law started mistreating me and the children ... They [in laws] became so greedy for the things we returned with from Kampala saying they were their brother's. So they started to remove the things from me. I tried to resist but he took it by force so it became too much for me. So, it was hard that I went to the office of the Red Cross in Gulu for help." (54-year-old woman)

"...just only two things stick out for me: the sodomy I endured and how we left home going to the camp. We were chased from our homes in a very bad way, we only survived by God's grace, it was not a good experience at all. Also there was a time we were abducted by the government army and they tied us with ropes and they were pouring on us red peppers [red chilli powder] just direct on our faces. We just escaped death narrowly." (70-year-old man)

The gendered health workforce



- Lack of balance
 - Women predominate in nursing & midwifery
 - Under-represented in management; mainly low paid positions
- Gender roles
 - Shaped by caring household responsibilities
 - Affects attitudes to rural deployment
 - Particular challenges in accessing training
- Most HRH regulatory frameworks did not use the post-conflict moment to address gender
- Improved gender equity in the health workforce requires integrating gender into policy and action to improve gender equity within institutions and households.

“Life histories build on one of the most essentially human characteristics – telling stories and making sense of the world through our own life experiences. They have potential to contribute to health systems research.”

(Witter et al. 2017)



Building Back Better

A new e-resource: www.buildingbackbetter.org



Key findings

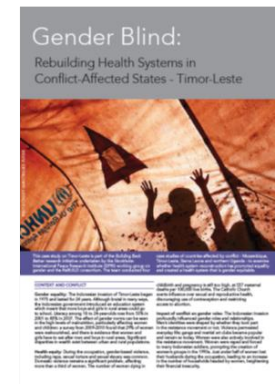
- Assumptions of gender equity: no guidance from health systems literature
- Gender responsive = address sexual violence; maternal health; maybe reproductive health
- No definition of a gender equitable health system
- No reflection on health system as an arena to build gender equity in society

Building Back Better: resources

A new set of policy briefs

**Gender in humanitarian responses
and health systems strengthening**

**Including four country
case studies**





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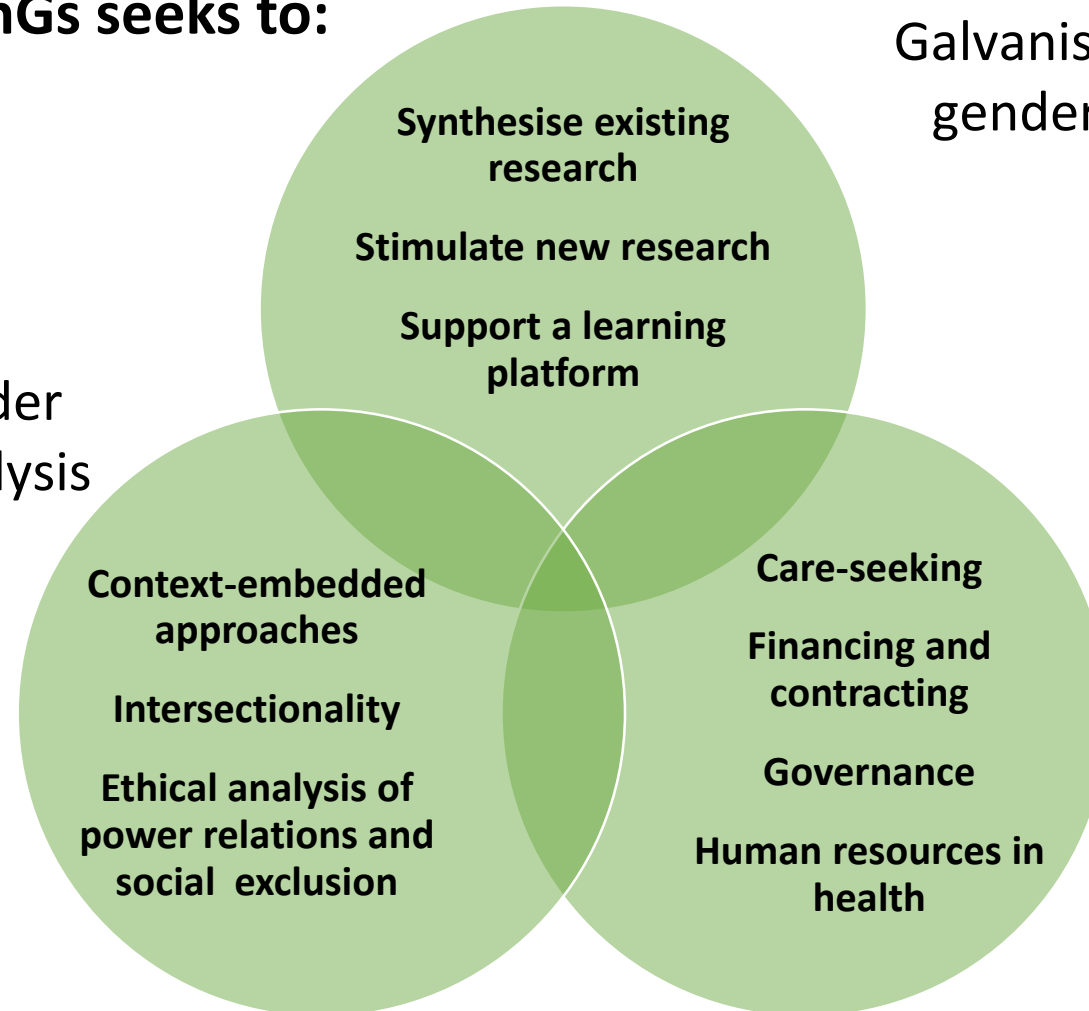


RinGs is a partnership which brings together three research networks encompassing 17 institutions across 25 countries to galvanise priority for gender and ethics in health systems research.

What RinGs aims to do

**Within health systems
research, RinGs seeks to:**

Advance gender
and ethics analysis



Galvanise priority for
gender and ethics

Strengthen RPC
thematic areas

Contact us & stay in touch

- Website: <http://resyst.lshtm.ac.uk/rings>

- E-mail: RingGs.RPC@gmail.com

- Twitter: @RingGsRPC

- Google+: RingGs

- Linked In:

<https://www.linkedin.com/groups/Gender-Health-Health-Systems-Group-8293050/about>

- Sign up for our newsletter! <http://goo.gl/ieRTCw>



Research in Gender and Ethics (RingGs):
Building stronger health systems



RinGs - September 2015 Newsletter

RinGs brings together three health systems research programmes: [Future Health Systems](#), [RESYST](#), and [ReBUILD](#) in a partnership to galvanise gender and ethics analysis in health systems research. We are writing to you because you are one of our collaborators, an old friend, or someone we would like to get to know better.

See below for a selection of resources, activities, and blog posts related to gender, ethics, and health systems. [Visit our website](#) for additional resources and blog posts.

[How to do Gender Analysis in Health Systems Research](#)

On September 8 2015 RinGs held a cross-RPC webinar on "How to do gender analysis within health systems research". To watch a recording of the webinar and/or view the presentation slides, [click here](#).



Main messages



Achieve gender equality and empower all women and girls

- **Gender equitable societies are more peaceful and prosperous**
- **Health systems both reflect and shape their context**
- **Health systems rebuilding is too often gender blind**