Technical Brief

December 2022

Institutionalising Gender Equality and Social Inclusion into the Health System: A twin track approach.

Gender equality and social inclusion in the health sector in Nepal is rooted in the Constitution which enshrines the right to equality, social justice and freedom from social discrimination. The Constitution provides the right to free basic health services, equal access to health services and obliges the State to provide inclusive public services. The National Health Policy, 2014 builds from this constitutional mandate to take a human rights-based approach to achieve health for all. It aims to ensure health services provisioned by the state are accessible to poor, disadvantaged and vulnerable communities based on equality and social justice. The Nepal Health Sector Strategy 2015-2022 further lays out the importance of equitable access and utilisation of health services, quality health services for all, health system reform, and addressing the social determinants of health to achieve Universal Health Coverage.

Inequalities and social norms impact health outcomes. Despite significant improvements in reducing the equity gap in core health indicators over the past twenty years, data shows that some populations are still lagging behind. For example, Nepal Demographic and Health Survey (NDHS), 2022 shows that almost 80% of deliveries take place in a health facility at the national level but this is just 65.8% for the lowest wealth quintile compared to 97.6% for the highest wealth quintile, and 59.6%. for mothers with no education. Gender, poverty, geographical remoteness, mother tongue-language and social identity impact people's health outcomes and access to services in multiple ways. These social determinants of health increase the risk of poor health or injury, and the barriers to health services and resources for those who are disadvantaged. For example, gender inequality and harmful gender norms underpin high levels of gender-based violence and discourage survivors from seeking help. NDHS 2016 reported that 26% of married women have experienced physical, sexual or emotional violence from their spouse, and 66% of survivors never tell anyone about their experiences or seek help[1].

Gender equality and social inclusion (GESI) is intersectional and combines dimensions of inequality, exclusion and vulnerability. In Nepal, GESI encompasses groups of people who experience

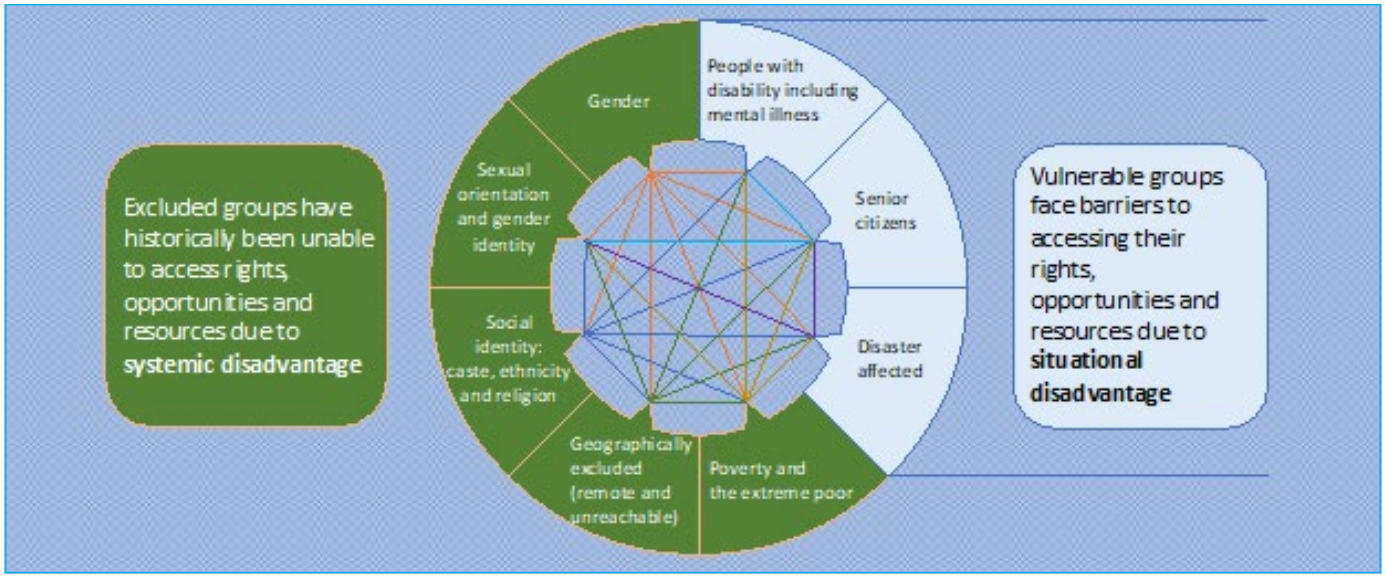


Figure 1: *Federal Ministry of Health and Population disadvantaged populations*

1 NDHS 2022 data not yet available.

systemic and structural disadvantage and those who experience situational disadvantage. Figure 1 below depicts those groups that Federal Ministry of Health and Population (FMoHP) has identified as disadvantaged in accessing their rights, opportunities and resources for health.

A gender equal and socially inclusive health system is essential to achieving Nepal's policy goals and State obligations to provide equitable and inclusive health services and ensure the needs of excluded and vulnerable populations are met in the pursuit of UHC.

Institutionalising GESI into the health system means integrating GESI into each of the health system building blocks to ensure GESI is intentional, prioritised and accountable, including through:

- *Governance* that is equity oriented, inclusive and promotes gender equality.
- *Information systems* that include routine sex, age, location and other identity-based indicators such as caste, ethnicity and religion.
- *Infrastructure* that is accessible to all, promotes privacy and confidentiality and considers the safety and gender specific needs of women and girls. Construction sites that are safe, inclusive and free of GBV.
- *Workforce* that is inclusive, equitably distributed and supports women's leadership.
- *Service delivery* that is gender responsive, inclusive, free of discrimination and empathetic.

"Gender equality is the unfinished business of our time. And so, the time is now to change it."

UN Secretary General, Antonio Guterres, 2018.

- *Financing* that is equity driven and gender responsive and inclusive.
- *Supplies* that prioritise the essential medicines, contraceptives and products needed by disadvantaged women, men, adolescents, children and especially vulnerable populations including people with disability.

It also means integrating GESI into the intangible soft connections that make up a health system: the values, trust, relationships and power dynamics that connect people together and make the system work.

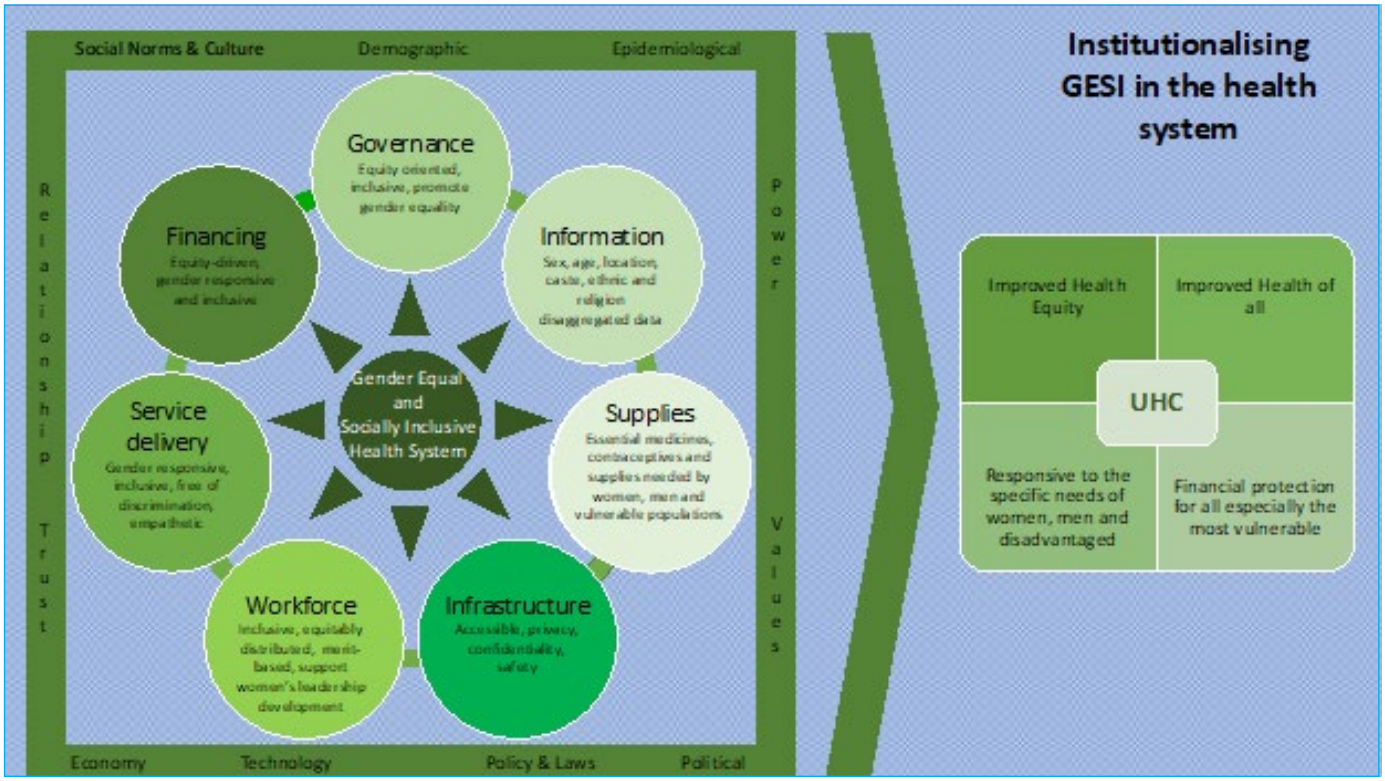
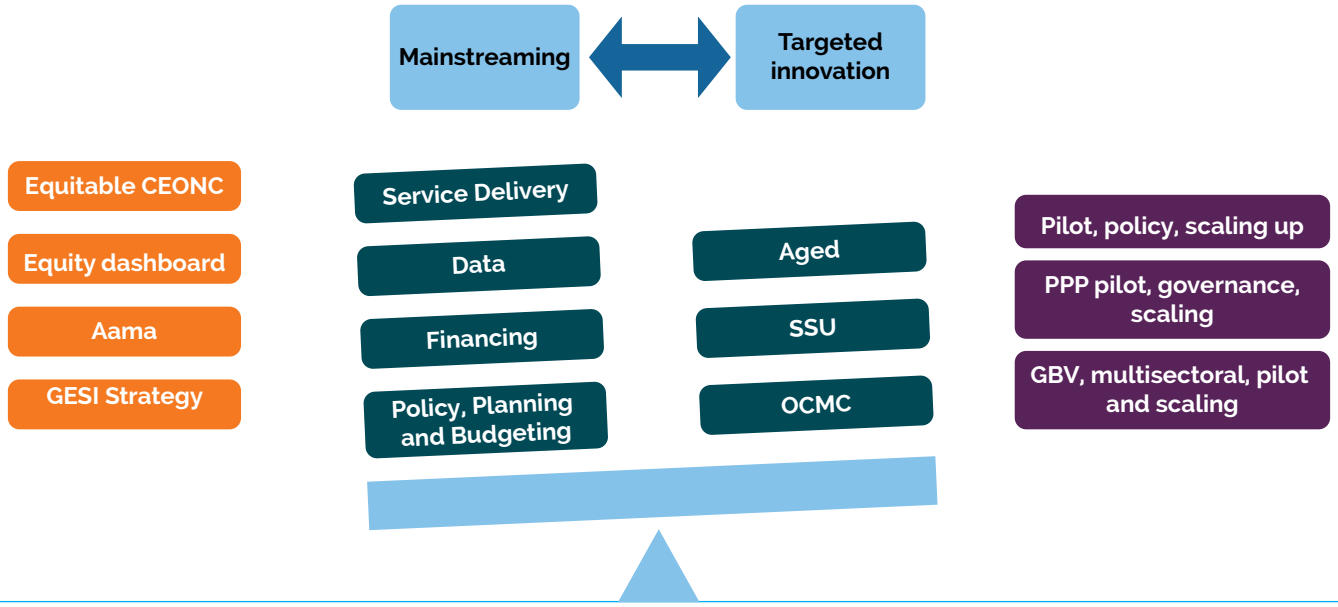


Figure 2: *Institutionalising GESI into the Health System in Nepal: A Conceptual Framework*

A twin track approach: GESI mainstreaming and targeted innovations



The twin track approach

The Nepal Health Sector Support Programme (NHSSP) has been supporting the FMoHP to institutionalise GESI into the health system since 2012. NHSSP has supported Government take a twin track and interconnected approach with activities in one area catalysing and contributing to progress in the other:

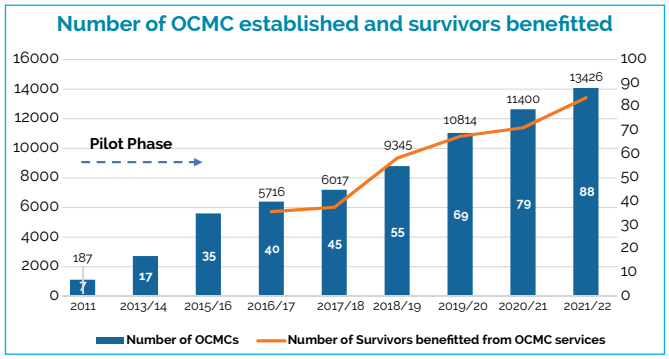
i. mainstreaming GESI into the health system building blocks
ii. targeted innovations that pilot and test service delivery models for especially vulnerable populations.

Key areas of work in the mainstreaming track have included mainstreaming GESI into:

- Policy processes, annual reviews and AWPB, the development of gender responsive budgeting and the Leave No One Behind (LNOB) budget marker
- Health financing instruments such as AAMA
- Strengthening HMIS with the routine inclusion of sex, age, location data, and for specific indicators, disaggregation by caste, ethnicity and religion
- Provision of accessible and equitable essential health services such as Comprehensive Emergency Obstetric and Neonatal Care.
- Development of accessible, gender responsive and inclusive infrastructure standards.

Targeted innovations have focussed on populations at risk of being left behind by the focus on incremental strengthening of PHC as the strategy towards achieving UHC.

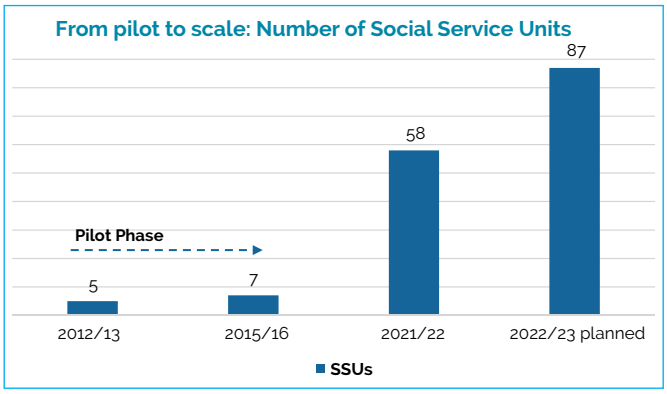
One Stop Crisis Management Centre (OCMC) for GBV survivors have been scaled up from an initial seven in 2011 serving 187 survivors to 88 OCMCs in 2022 serving over 13,000 survivors.

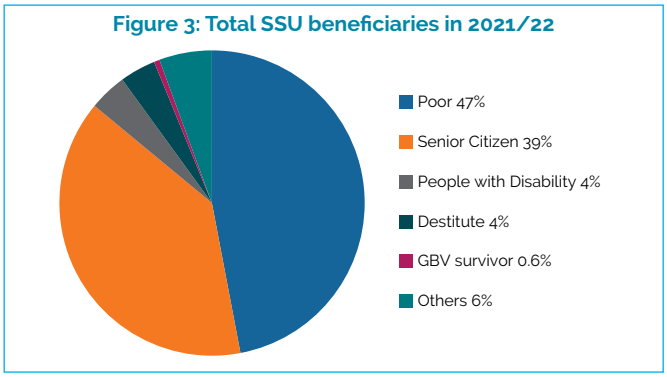


"UHC is about leaving no one behind"

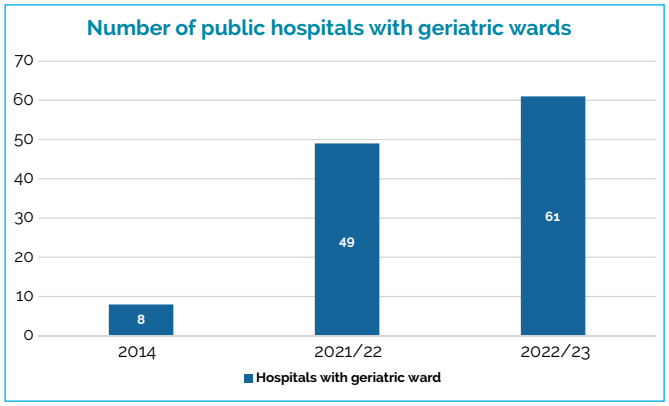
Director General WHO, Dr Tedros Adhanom Ghebreyesus

Social Service Units (SSUs) facilitate access of the poor and disadvantaged target populations to hospital level care. From a pilot in five referral hospitals in 2012/13, there are 58 SSUs in 2021/22 serving over 250 000 beneficiaries in a wide range of hospitals, and the Government plans to take this to 87 SSUs in 2022/23 funded by the Government red book budget





In addition, NHSSP has supported development of the geriatric strategy, guidelines and protocol, and from *eight geriatric wards* in 2014, Government has rolled this out to 49 hospitals in 2021/22. By the year 2022/23, a total of 61 hospitals will have geriatric wards across 48 districts and geriatric OPD services in all 50 and above bedded government hospitals are planned by 2024/25.



Targeted innovations have piloted new ways of working and new services, developed capacity, built ownership and learned how to make these services work within the Nepal context. NHSSP has supported the government innovate, build multisectoral coordination, learn and take these service models to scale.

GESI and the health system

Disclaimer: This material has been funded by UKaid from the UK Government; however the views expressed do not necessarily reflect the UK government's official policies.