Gender expert #3
January 24, 2022

The gender expert interviewee was provided with the visual graphics and narrative description of the six syndromes presented in draft manuscript ahead of the interview. The interview transcript begins following affirmation of informed consent, and the interviewer verbally reviewing the six syndromes presented in draft manuscript.

INTERVIEWER: What resonated most with you when reading over the syndromes?

GENDER EXPERT: The syndrome about data resonated most, particularly the need to emphasize qualitative data, not just quantitative. Donor requirements/measures of progress often are quantitative and focused on the surface rather than getting at the root of the systemic issues. Methodologies like interviews and focus group discussions will help inform more long-lasting and sustainable changes. Hopefully we'll get to include more qualitative data.

GENDER EXPERT: Providing multi-sectoral and multi-stakeholder approaches to interventions is key. Many programs are focused on one thing, but you need to integrate and work with multiple stakeholders to achieve it. That was striking, and resonated with me.

GENDER EXPERT: The other three syndromes seemed interwoven. For example, the funding structures are rigid, so how can you involve more stakeholders to co-create new structures? Strategies that work in a given country for gender may not work in other countries or even in other regions of the same country. Most RFPs use a one-size fits all approach to gender, but recently I saw an RFP that had a strict requirement for a gender analysis. I thought, "wow." People were not used to it. They were asking: "what's a gender analysis?" Too often, it's a one-size-fits-all approach. A gender analysis should be a requirement for RFP, which contextualizes the issues for the people and institutions in that particular place and time.

INTERVIEWER: In your experience, do the syndromes resonate in both donor and national funding recipient contexts?
GENDER EXPERT: Yes, but to varying degrees. For gender issues, Nigeria is a patriarchal society, so there is limited focus on gender from the national government due to strong cultural beliefs and societal/gender norms. For now, most of the focus on gender comes from donor funding and requirements.

INTERVIEWER: Do you see any funding from donors for gender capacity building for governments/national health systems?
GENDER EXPERT: [*One donor-funded initiative*] in Nigeria is working with the Federal Ministry of Women Affairs to develop a national GBV dashboard to harmonize indicators and make sure everyone is on the same page. We hope for sustainable national structures after that donor funding ends.
INTERVIEWER: What recommendations do you have for donors to change their funding structures to better address the gender issues in health systems?

GENDER EXPERT: Gender cuts across many areas. In the same way that a certain amount of funding is allocated towards monitoring and evaluation, all projects should have an amount reserved for gender integration.
INTERVIEWER: Given that sometimes there is a one-size-fits-all approach to donor gender requirements, how can this be contextualized?
GENDER EXPERT: Donors should require a gender analysis that shows that you were intentional in contextualizing what gender integration would mean within your setting. The RFP should be open. For example, in the RFP for a recent HIV epidemic control project, there was a clearly outlined phase for the gender analysis. This included a checklist to make sure gender was deliberately included in the proposal. The checklist included having HR personnel responsible for ensuring gender issues are addressed on the ground. In some of the applications, gender requirements sound like an afterthought (comes up later in the cost of your programming). It is important to have it as part of the project inception.

INTERVIEWER: Have you ever seen a donor co-create an RFP locally?
GENDER EXPERT: Yes, co-creation was part of the HIV control project. The first phase included applicants writing the concept note, then in the co-creation phase, they worked in groups to identify key issues. The co-creation process could have been more engaging. People were not familiar with the process, so were not as willing to provide information because they did not know what it would be used for.

INTERVIEWER: Were people reimbursed for their time participating in the co-creation process?
GENDER EXPERT: No. But the gain in knowledge was also valuable.

INTERVIEWER: Any other advice on what you would like to see donors or national health systems do differently to address gender more squarely?
GENDER EXPERT: Build the capacity of the government in certain areas. A lot of people in government positions do not have the knowledge capacity to enact sustainable change. Gender evolves, it is dynamic and fluid as such we must keep building capacities. Strike a balance between implementation in gender programs to building capacity, this is important.

INTERVIEWER: Very few donors actually fund capacity strengthening of individuals, groups or agencies in the national health systems. Most of the funding is for gender training of providers. People who do management, governance, etc. need training in gender approaches. Are there specific areas you would focus on if you were handed a big grant tomorrow?
GENDER EXPERT: A basic question we ask in trainings is “What is gender?” A lot of people have different answers. Start with the basics and changing peoples’ mindsets: What is gender? How can it be used? How it affects people’s daily lives? A lot of people think of gender as male, female, but you are forgetting other people. It is important to start with the basics.

INTERVIEWER: Were there any specific insights you got from looking at the syndromes that you think are important to be shared with others?
GENDER EXPERT: Should share that getting transformational programs cannot be done in siloes. Need to make a conscious effort to integrate approaches, make sure it’s multi-sectoral

and multi-stakeholder. There are examples experienced whilst programming in the HIV field. Sometimes a healthcare worker sees a gender-based violence (GBV) survivor, but then the person needs shelter and ideally should not go back home because the perpetrator is a family member. However, because our funding is mainly to provide health services and clinical care and then refer for non-clinical services, following the assessment and development of a safety plan, the survivor is left with no other choice, but to go back home, as there are limited options for shelter. So sometimes healthcare workers refrain from screening for or identifying survivors, because when you identify them, where can you send them? We need security systems and a plan to keep these people safe. People also do not know the consequences of not receiving health services to survivors. So, when a survivor goes to the police station, they may be kept beyond the hours required for them to get to the hospital and receive care. Survivors need to be referred to the health center where they can receive life-saving services like STI treatment, screening, PrEP, etc, immediately after a GBV experience. Working in silos limits the potential impact of the services we can provide. An initiative is trying to work together like this - have a referral directory so it's easier to have multi-sector coordination, but it requires funding, training, etc. IPs and ministries need to come together. Easier to work through the relevant Federal Ministries such as MOH and FMWA.

INTERVIEWER: Do you see the Ministry of Women Affairs working closely with the MOH?
GENDER EXPERT: Yes. Joint meeting occur with the relevant ministries and implementing partners. It is not very cost effective/ wise use of resources to work in silos. Working together saves resources, if they are used properly. The HIV program works with the Federal MOH to help inform the programs/show the work the project is doing - data reported together.

INTERVIEWER: Do you have a good working relationship amongst all of the stakeholders?
GENDER EXPERT: Yes, we have different technical working groups that try to bring people together as much as possible. But the concern is continuity and sustainability given the funding.

INTERVIEWER: Did they incorporate processes to hear from survivors of GBV?
GENDER EXPERT: At an individual level, yes. That is what IPs do with utmost confidentiality. Work closely with survivors including focus-group discussions, implementing interventions that require building trust. With their consent, the information we collate is documented into success stories which helps inform our programs better. Because of confidentiality issues, do not bring survivors to tell their stories in large groups except with clear consent.

INTERVIEWER: It sounds like there is not a coalition of survivors organized as activists.
GENDER EXPERT: The voices of survivors are not heard enough. Something we would love to do as an organization is to have survivor centered support groups. Nigeria is a patriarchal society so people do not want to speak out. If they speak out, they often get their resources from people who are perpetrating violence against them, so they are scared and would rather live in silence If you have support groups and empowerment programs then you know you are not alone. And this goes for all gender groups. We develop a safety plan, but sometimes it's not enough. In cases where survivors decide to leave their abusive homes, we have to look for

people who can volunteer to host them for a period of time until they can get back on their feet. It’s not easy.