german cooperation
DEUTSCHE ZUSAMMENARBEIT

Working together for health and gender equality

Overview of the project “Employment-oriented support to Women in the Health sector” (EWH) in Liberia

Implemented by

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

In cooperation with

Why women's empowerment matters for Liberia's health workforce

Liberia faces an acute shortage of qualified health workers. The density of core health workers is 11.8 per 10,000 population, which is just a quarter of what is necessary to achieve Sustainable Development Goal (SDG) 3 on health. Other major challenges include unequitable distribution of health workers across the country, high attrition rates (especially in rural areas) and poor quality of training. Against this backdrop, there are four key reasons why decision makers should pay attention to gender equality in the health workforce, thereby harnessing its potential to contribute to the policy objectives of the Government of Liberia and the SDGs in terms of health, poverty reduction and rural development, job creation and decent employment, gender equality, education, and youth empowerment.

Women represent an increasing share of health workers in Liberia. Considering their specific needs can help maximise their performance in service delivery.

In 2016, 45% of the health workforce was female, up from 38% in 2010. Their share is even higher among the clinical workforce delivering frontline health services (69%). Gender is a major factor shaping health workers' lives. Making working and living conditions more gender-responsive can increase health workers' ability and motivation to perform their duties. This may include issues such as safe housing, protection against violence, flexible working-time arrangements, child care, sanitary facilities, transport to and communications with families, counselling and peer-to-peer support. This directly contributes to the objective of the Investment Plan for Building a Resilient Health System to create a "fit-for-purpose productive and motivated health workforce".

Retention of health workers, particularly in rural areas, is a major challenge. A gender-responsive approach can reduce maldistribution and attrition.

Taking women health workers' specific needs into consideration will increase the attractiveness of employment and reduce attrition, especially for postings in remote areas. It may also help increase acceptability of sexual and reproductive health services, as many women prefer to interact with health workers of their own sex (e.g. midwives, community health assistants). Bringing more women from rural communities into the health workforce is a potential strategy to increase retention, but requires targeted investment in their education. Data show that women health workers are currently more likely to leave their county of origin than their male counterparts, which calls for more targeted retention strategies.

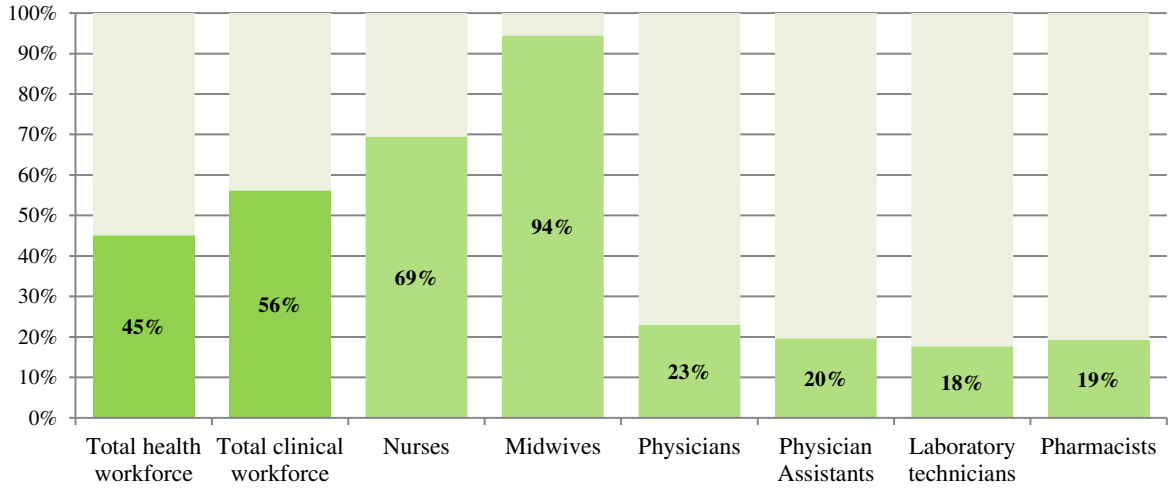
Most higher-paying cadres and positions are still dominated by men. Targeted support for women in pre-service education and career development can create more equal income opportunities.

Men account for 77% of physicians, 80% of physician assistants and 82% of laboratory technicians in Liberia. Women, on the other hand, dominate midwifery (94%) and nursing (64%). Women also perform the vast majority of unpaid care work. Men tend to be overrepresented in higher-paying cadres and in management positions (e.g. 74% of directors). This vertical and horizontal occupational segregation limits women's income opportunities.

Gender equality is a matter of human rights, justice and national development. As a major employer for women in Liberia, the health sector is uniquely positioned to contribute.

Decent work and income offer women the opportunity to enjoy their human rights as equal members of society and to contribute to the socio-economic development of their families, communities and the nation. The Pro-Poor Agenda for Prosperity and Development and the National Gender Policy outline the government's commitments to promote women's enrolment in education, affirmative action to increase their employment opportunities and targeted support for training and mentoring.

Share of women in Liberia's health workforce



Source: MOH, 2016 Liberia Health Workforce Census (all figures in this chapter)

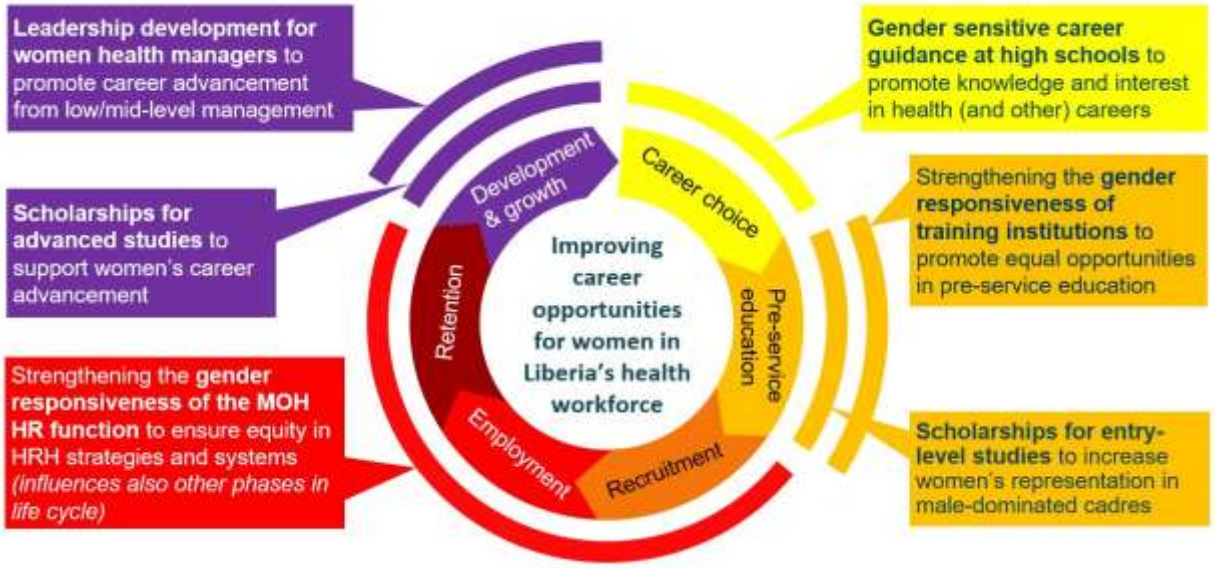
Left: Evangeline Dickson, Nurse, JJ Dossen Hospital, Harper, Maryland
Below: Elizabeth Cooper, Medical Laboratory Technician in training, Redemption Hospital, Monrovia, Montserrado

Introducing the career life cycle approach to women's empowerment

The project "Employment-oriented support to Women in the Health sector" (EWH) was a joint Liberian-German initiative implemented over three years, from 2017 to 2019, with a focus on five counties in southeast Liberia (population 500,000). It was part of the Liberian-German Health Programme which aimed to strengthen health systems after the Ebola outbreak.[1] The project's objective was to improve career opportunities for women in Liberia's health workforce by bringing more women into 'technical' professions currently dominated by men (addressing horizontal occupational segregation) and by supporting women's career advancement into (higher-paid) leadership positions in the sector (addressing vertical occupational segregation).

The interventions followed a health worker career life cycle approach by supporting women at different stages of their careers and addressing relevant systems and norms, starting with career choice and pre-service education through recruitment, employment and retention to career development and growth. Tailored interventions sought to tackle gender-related barriers at each of these career stages. This holistic approach was designed to achieve short-term results in terms of developing women's individual capacities, as well as to create momentum for longer-term institutional and social change in terms of strengthening the gender responsiveness of relevant systems and influencing gender norms in society. (See figure below. The core interventions and results are described in the following chapters.)

EWH core interventions along the health worker career life cycle



Project facts

Project title:	**Employment-oriented support to Women in the Health sector**
Volume:	EUR 3 million
Duration:	01/2017 – 12/2019
Donor:	Federal Ministry for Economic Cooperation and Development (BMZ), Germany
Implementer:	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Lead agency:	Ministry of Health (MOH), Liberia

Objectives

Improving career opportunities for women in Liberia's health workforce

- Bringing more women into professions dominated by men
- Helping women advance into higher-paid leadership positions

Main stakeholders

- Ministry of Health (including County Health Teams)
- Ministry of Education
- Ministry of Gender, Children and Social Protection
- Health training institutions: Tubman University, Mother Patern College of Health Sciences and Cuttington University
- Liberian Board for Nursing and Midwifery
- Medica mondiale / Liberia
- Institutional contractors: Jhpiego, Health Focus / Evaplan
- Other development partners

Geographical focus

5 counties in southeast Liberia, estimated 500,000 population

[1] The EWH project was part of broader German development cooperation support to Liberia's health sector funded by BMZ. This also included the GIZ-implemented Post-Ebola Health Systems Strengthening and Integrated Severe Infections Treatment Units projects, as well KfW support to health infrastructure, all focused on southeast Liberia. Thematic synergies existed mainly between the EWH and the health systems strengthening project in the areas of human resource management, leadership development and laboratory workforce strengthening.

Left: Jestina Clarke, Registered Midwife, Redemption Hospital, Monrovia, Montserrado
Below: Lucy Musu, Dispenser, Edith Wallace Health Center, Karloken, Maryland

Informing the career choices of high school students

Gender segregation of health professions in Liberia is a result of the career choices made by young adults; these, in turn, are strongly influenced by societal norms about the types of careers women and men 'should' pursue. Enabling young people to make career choices based on their interests and talents and the demands of the labour market, rather than gender stereotypes, is key to overcoming the existing imbalances. The EWH project therefore supported gender-transformative career guidance to help high school students discover their strengths and interests (self-awareness), understand the world of work and different careers in the health sector and other areas (opportunity awareness), and develop concrete career ideas and plans. It also engaged with their parents and communities to create a supportive environment.

Through the women's rights NGOs medica mondiale (Germany) and medica Liberia, a comprehensive career guidance approach for high school students was carried out in Grand Gedeh and Sinoe county. This included:

- career information provided by trained counsellors/teachers and by employers during Career Days;
- workplace experiences for girls (e.g. Girls' Days visits to health facilities and work shadowing);
- sexual and reproductive health and career counselling as part of school-based Girls Clubs; and
- parent and community engagement through meetings and radio shows.

In River Gee and Grand Kru counties, small-scale career guidance activities were carried out directly by the County Health Teams, showing that even with very limited resources health authorities can play a proactive role in recruiting local talent. Based on these implementation experiences, the project worked with the Ministry of Education to revive career guidance, which had been dormant since the 1980s, as a policy area in Liberia and supported national conferences for young women organised by the Ministry of Gender, Children and Social Protection.

Key figures and results

- Comprehensive career guidance intervention implemented in two counties at 17 high schools with 4,835 students, including 2,100 (43%) girls
- 50 school-based counsellors/teachers trained in career guidance activities
- 1,552 students, including 1,242 (80%) girls, participated in Career Days; 340 girls participated in Girls' Clubs, 271 in Girls' Days and 204 in Shadow Days
- Within one year, the share of girls from participating schools who felt (very) well informed about pre-service education opportunities and career paths in the health sector rose from 33% to 64%
- More than 2,500 parents and community members engaged face-to-face on the importance of career guidance for youth; many more were reached through 21 radio shows
- A National Career Guidance and Psychosocial Counselling Policy for Liberian schools was developed and adopted by the Ministry of Education

From a high school classroom to the hospital lab

A growing number of young Liberian women are pushing back against expectations to enter traditionally 'female' professions. One of them is Grace Kreejardiah, who wants to pursue a career in medical laboratory technology.

In April 2018, Kreejardiah was about to graduate from St. Joseph Catholic High School in Greenville, a small city in the remote southeast of Liberia. She was not at all certain what to do next.

Then she attended a Career Day organised by medica Liberia, with support from GIZ, as part of an initiative to bring more women into health sector jobs dominated by men. A laboratory technician at the local hospital was one of several professionals who described their jobs and the training that's required to do them. After the event, Kreejardiah took him up on his offer to mentor some of the students.

Here was an opportunity to try out something that had never crossed her mind before: As far as she knew, only men worked at the hospital laboratory. In fact, only 18% of laboratory technicians in Liberia are women. But this is slowly changing, as their share among lab tech students in college approaches 30%.

'I am grateful for this career guidance programme that is guiding me in the right direction. I want to continue my studies in the field of laboratory technology.' Kreejardiah began by spending several afternoons a week as an untrained intern (lab aide) in the laboratory at the F.J. Grant Hospital, performing basic tasks: 'I learnt to collect blood samples and to do malaria, typhoid and pregnancy tests.' But without formal training, she was limited in her responsibilities.

Yet in July 2019, when the German-supported Post-Ebola Health Systems Strengthening project offered Sinoe County to send some lab aides to a formal training to become lab assistants at the Mother Patern College of Health Sciences in Monrovia, Kreejardiah was selected. 'Through this training, I have learned to do microscopic analysis,' she says, pointing to the most important skill that she gained. She is now a lab assistant who can provide better diagnostic services to patients in Sinoe – and a confident young woman who is one step further on her career journey.

Left: High school students at the Career Day parade in Greenville, Sinoe
Below: High school students learning about health careers in a counselling session, Wesleyan High school, Monrovia, Montserrado

Enabling access to and success in pre-service education

Once career choices are made, ensuring equitable access of women and men to pre-service education, as well as equitable conditions for educational success, are the next critical stages in the career life cycle. Barriers in health training institutions, such as implicit bias in admission procedures and in teaching (e.g. against women in fields of study traditionally dominated by men), can contribute to inequities. This in turn can affect the confidence and performance of students. Sexual harassment on and off campus is another area of concern Financial barriers might prevent students, particularly women, from accessing and succeeding in higher education. Domestic responsibilities, such as child care, can also make it harder for women to focus on studies, while men may face pressure to earn incomes if they already have families.

The EWH project followed a two-pronged approach to address gender inequities in pre-service education. First, it supported health training institutions to strengthen their institutional gender responsiveness. They conducted participatory gender audits, and developed and implemented gender action plans. These included, for example, setting up gender offices, developing gender policies, building up a gender library, training staff and conducting gender and sexual harassment awareness campaigns on campus. Participating institutions included Tubman University (Maryland), Cuttington University (Bong) and Mother Patern College of Health Sciences (Montserrado).

Second, the project supported the MOH Scholarship Committee to provide scholarships (including living stipends) for women students. The scheme targeted mainly medical laboratory technicians and physician assistants, as these are high-priority professions in the health workforce in which women are severely under represented. Scholarships were also awarded for advanced courses such as nurse anaesthesia, public health or nursing education, thereby contributing to career development of women already working in the health system (see also chapter on leadership development). The project supported regular monitoring of recipients' progress and organised a career networking event for them. It also worked with the Ministry to strengthen its scholarship regulations and administrative structures and procedures.

Key figures and results

- 398 staff and students participated in gender audits at three health training institutions
- 11 activities of the gender action plans implemented by training institutions, include gender trainings and awareness events, development of gender policies and establishment of gender offices
- 44 women received scholarships for entry-level studies as medical laboratory technicians or physician assistants (including 28 women from southeast Liberia)
- MOH Scholarship Guidelines revised with a focus on transparency of procedures as well as gender and geographical equity; unified MOH Scholarship Database introduced

Below: Students at Tubman University, Harper, Maryland
Right: Career Day for MOH-GIZ Scholarship recipients, Monrovia, Montserrado

Putting gender at the heart of university life

Making health training institutions gender responsive can promote equity in terms of student admission and performance. One of people making this happen is Ade Elliot-Ledlum, who heads the Center for Gender and Development at Tubman University (TU) in Harper, Maryland County.

TU is the only public university in Liberia outside of the capital city – and a major training hub for health workers and other professionals in southeast Liberia. With support from the EWH project, Elliot-Ledlum led the gender audit process at TU. The audit found a generally inclusive environment, but revealed gaps in gender competencies and widespread stereotypes on the part of students, staff and faculty. Key decisions taken as part of the Gender Action Plan were to reactivate the Gender Center, positioning it to create awareness about gender on campus, and to develop a TU gender policy.

'Since the reactivation of the TU Gender Center through the help of GIZ, our office has been working with students and staff across the university to promote gender equality', Elliot-Ledlum says. **'Our university is now becoming more gender sensitive**. The administration is finding ways to include more women in areas of gender imbalances. We are currently working to integrate gender through the academic course work.'

Breaking down the stereotype of lab technicians

One of the increasing numbers of Liberian women who study medical laboratory technology, Masseh Flee wants to change the face of her profession.

Flee first trained as a lab assistant and then worked in different clinics in Monrovia. She then enrolled at the Mother Patern College of Health Sciences in the Medical Laboratory Technology programme. With financial support through the MOH-GIZ scholarship, she graduated with an ASc degree in 2019.

'Most of the lab techs in Liberia are men', Flee says, 'but as a woman I am respected by my male colleagues. Sometimes, patients are surprised to find a woman doing diagnostic tests. Training more women as lab techs makes it more normal for woman to be seen working in the lab.'

'The scholarship helped me a lot', Flee recalls. **'As my tuition fees were paid on time I didn't have to worry about staying enrolled. I could focus on my academic performance'**. Looking forward, she wants to give back: 'I am ready to work for MOH as a lab tech and apply what I learned to make our people benefit.'

Promoting equity in recruitment, employment and retention

After graduation from pre-service education, ensuring gender equity in recruitment, employment and retention in the workforce are the next phases in the career life cycle. As the biggest employer of health workers in Liberia, the MOH – and particularly its Human Resources (HR) unit – is the key player in this regard. The policies, strategies and systems of human resource planning, development and management influence the composition of the workforce and career trajectories of individual health workers.

Working with the MOH HR unit, the project started by conducting an in-depth gender analysis of health workforce data, looking not only at the composition of the workforce and its cadres, but also at income and retention data The project then trained human resource managers and officers from the MOH central office and all 15 counties in gender-responsive approaches to human resources for health (HRH), accompanied by individual coaching for key officials. It helped the MOH establish a MOH Gender Focal Point by sending the official to advanced gender training in Ghana and by developing a tailor-made role definition.

Together with other partners, the EWH project supported the MOH in conducting a mid-term review of the national HRH Policy and Plan and ensuring gender issues were taken into account in the current HRH Policy Action Plan. One example of policy actions implemented with support from the project was the establishment of a sexual harassment case reporting and investigation structure at the MOH.

In the five partner counties in southeast Liberia, the project worked through the network of County Human Resource Officers and the MOH Gender Focal Person to sensitise County Health Teams on the relevance of gender in their work. It also helped them to implement small-scale gender projects (e.g. promoting recruitment of women as district health officers).

Key figures and results

- 36 MOH human resource officials trained in gender response HRH planning, development and management
- 10 gender-related actions integrated into MOH HRH Policy Action Plan, of which five implemented so far
- Sexual harassment case reporting and investigation system launched, covering around 12,000 MOH employees
- Four gender projects implemented by County Health Teams, e.g. promoting women's representation among District Heath Officers
- MOH Gender Focal Point established, including role definition, training and coaching

A champion for gender equality within the Ministry of Health

When gender-related questions arise in Liberia's Ministry of Health, officials turn to Mariama Dassin, the ministry's Gender Focal Person.

Dassin works as a payroll officer in the MOH Human Resources for Health Division. When she was appointed as the MOH Gender Focal Person, a first issue was to define her new tasks in a concrete and realistic way. The EWH project provided advice on developing a clear definition of her roles and responsibilities, for example in terms of recruitment processes and raising gender awareness in the Ministry. An activity plan was developed to guide implementation. For Dassin, data are a key to her work**: 'By doing a gender analysis of the health workforce, we now know where we are in terms of gender equality and have a basis for action.'**

Dassin participated in a training and coaching on gender responsiveness in human resource work and then put these new skills into practice as a co-facilitator in a gender training for county-level human resource officers and in gender awareness workshops for County Health Teams. She also attended an advanced gender training in Ghana and a Women Leaders in Global Health conference in Rwanda, where she had the opportunity to exchange experiences with peers from all over the world.

Asked how these activities have helped her develop, Dassin emphasises both personal and technical aspects: 'They have made me outspoken and I now know how to train others. I have developed a more balanced view of gender issues in the workplace.' When the government introduced gender-responsive budgeting in 2019, the MOH leadership knew where to turn for advice.

Left: County HR Officers receiving their certificates of the Gender in HRH training, Buchanan, Grand Bassa
Below: Participants at the Gender in HRH training for MOH central office, Monrovia, Montserrado

Developing careers and leadership potentials

Once employed, women in Liberia's health workforce face particular hurdles when it comes to advancement into higher-paid leadership positions, where they are currently grossly under-represented. The remoteness and insecurity of rural postings required for career development, combined with stereotypes, discrimination and the expectation that women stay with their families (while men can pursue their careers away from home), were identified as key structural and socio-cultural barriers to equal representation in a qualitative assessment conducted by MOH and GIZ. But this assessment also showed that limited individual management competencies and low self-confidence play a role, particularly for women who are heads of clinics and health centres. These Officers-in-Charge (OICs) are often nurses with little management training who are tasked to ensure service delivery targets with few resources and support.

The EWH project therefore partnered with the non-profit organisation Jhpiego and the Liberian Board for Nursing and Midwifery to carry out a Leadership Development Programme (LDP) for women and men OICs in the five southeastern counties. They adapted an experiential approach, originally developed by Management Sciences for Health, that focuses on participants' real-word challenges to develop their leadership and management competencies. The dual aim was to contribute to individual career development and to improve their performance as OICs, and thus service delivery for communities. The LDP combined workshops with individual coaching focused on small-scale projects that participants implemented at their facilities. Women OICs also took part in 'management circles', where they could freely exchange experiences and get advice from their peers. Common topics included being passed over for promotions, because of the assumption that they needed to remain close to their families, or being asked to complete menial tasks which men are not asked to do. Women in supervisory positions at the County Health Teams often joined in these circles.

Other activities to support women's career development included support for participation in international leadership conferences and scholarships for advanced studies (see chapter on pre-service education).

Key figures and results

- 50 women (and 20 men) heads of health facilities (OICs) completed the Leadership Development Programme
- 58% of women participants in the LDP were evaluated as high performing by their supervisors after the programme, compared to 33% before its start
- 7 MOH officials participated in Women Leaders in Global Health Conferences in London and Kigali
- 10 women received career development scholarships for specialised training, e.g. as nurse anaesthetists or community health experts

Below: Kebeh Socree, Oifficer in Charge, Pleebo Health Center, Maryland; right: Dr Siana Jackson Mentoe, County Health Officer, Grand Kru

A creative problem-solver

Officers-in-Charge are the unsung heroes of the Liberian health system. One of them is Youngor Korlewala, who is the OIC at Rock Town Clinic in Maryland County.

In addition to working directly with patients, Korlewala who is a registered nurse, also has to supervise her staff, complete all the reporting for the district office, and handle regular crises, such as when the solar fridge malfunctions and the cold chain is compromised, or when the clinic's motorbike breaks down, leaving them no way to reach outlying communities. The responsibilities are so many and diverse that she finds it difficult to know what to prioritise at any given time. The LDP has helped her to handle such situations differently.

'This programme has changed the way I think about my work and about the kind of leader I want to be,' Korlewala says. 'I've learned how to identify the gaps at my facility, to scan the environment and see what needs to be done.' For her project Korlewala worked with her team to bring up the number of monthly BCG vaccinations at the clinic. Rather than telling her staff to solve the problem by themselves, she worked with them to conduct outreach visits in the community. Between April and August they immunised 42 babies, drawing closer to the facility target of 13 per month.

The painkiller

Anna Tulay is the only qualified provider of anesthesia for patients undergoing surgery in River Gee.

One of the major gaps in the health workforce in River Gee County is qualified staff who can administer anesthesia for surgeries, including for pregnant women facing complications during childbirth.

In 2017, River Gee's County Health Team identified Anna Tulay, a nurse at Fish Town County Hospital, as a good candidate to become a nurse anesthetist. Through the MOH scholarship scheme for women health workers, supported by the EWH project, Tulay studied for a diploma in nurse anesthesia at Phebe School of Nursing.

"I took upon the challenge to become a nurse anesthetist, despite being a breast-feeding mother, because I understood the problem of my people. They needed to be rescued," Tulay recalls. She graduated in December 2018 and went back to River Gee, where she has contributed to saving the lives and reducing the pain of patients undergoing surgery. She is proud of her impact: **'Now no more referrals to nearby counties. The issue of maternal deaths has reduced in River Gee.'**

Further information

The following tools and publications produced by the EWH project are publicly available. Other knowledge products that have not been published online are available from the GIZ Liberia Health Office upon request.

Career guidance

Broadening horizons: How a career guidance programme in Liberia is encouraging girls to consider jobs in traditionally male health professions (article)

http://health.bmz.de/events/In_focus/broadening_horizons/index.html

Related videos: Grace's journey – part 1: https://www.youtube.com/watch?v=IRvm5tMZcXA

Grace's journey – part 2: https://youtu.be/mzLDLXJ18yE

Find your place in the health workforce: An introduction to health careers in Liberia for high school students and graduates (booklet)

http://health.bmz.de/what_we_do/Health_Workforce/Today_a_high_school_student_tomorrow_a_health_worker/index.html

Pre-service education

Gender Audit Toolbox for Health Training Institutions

http://health.bmz.de/what_we_do/Health_Workforce/making_health_training_institutions_gender-responsive/index.html

Gender and health workforce bibliography

http://health.bmz.de/what_we_do/Health_Workforce/Gender_and_health_workforce_bibliography/index.html

Human resources

Training Manual: Gender Responsive Human Resources for Health (HRH) Planning, Development and Management

http://health.bmz.de/events/News/gender_health_workforce/index.html

Leadership development

Leading the way to a healthier Liberia: A leadership development programme offers new perspectives and tools for tackling workplace challenges (article)

https://health.bmz.de/events/In_focus/leading_way_healthier_liberia/index.html

Below: Tomarleen Collins, Pharmacist Assistant, Pleebo Health Center, Maryland;
Right: Dr Masua Kokro, Medical Director, Fish Town Hospital, River Gee

Empowering women health workers – a key to Liberia's sustainable development

Imprint

Published by:
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn

Address
GIZ Liberia Health Office
Tubman Boulevard, Congo Town, Monrovia, Liberia
E viktor.siebert@giz.de
I www.giz.de

Editors: Viktor Siebert, Karen Birdsall

Pictures:
p. 1 (cover), 2, 3, 4, 5, 8, 12, 14, 15 © GIZ / Edmond Lloyd
p. 6, 9 (top, bottom), 10, 11 (top, bottom), 13 (top, bottom) © GIZ / Viktor Siebert
p. 7 (top) © medica Liberia
p. 7 (bottom) © GIZ / Doris Idahor
p. 9 (middle) © Masseh Flee (private)

On behalf of
German Federal Ministry for Economic Cooperation and Development (BMZ)
West Africa Division
Bonn/Berlin, Germany

GIZ is responsible for the content of this publication.

Monrovia, December 2019