GENDER ASSESSMENT

Gender mainstreaming category: Gender Equality Objective (GEN)

Key issues. GEWE challenges in Punjab's nursing and health workforce are complex and deeply embedded in systemic, infrastructural, and sociocultural structures. Women constitute the vast majority of the nursing workforce, 93% of 58,256 nurses, 99% of LHVs, and 98% of midwives, but the sector remains underdeveloped and undervalued. Only 5,125 nurses graduate annually in Punjab, far below the projected need of over 400,000 by 2030.[1,2] Access to advanced education such as MSCN remains narrow, and merit-based progression is blocked by seniority-driven hierarchies, delaying professional growth for younger nurses. A nurse interviewed noted: "By the time we'll get a chance [at MSCN seats], we'll lose the passion of our youth and would have other personal responsibilities." Nurses lack digital literacy, preventing them from effectively using EMR, telehealth, and AI-driven healthcare systems.[3] Furthermore, soft skills such as communication, conflict resolution, and stress management are not emphasized, leading to high burnout rates and poor patient interactions.[4] Additionally, nursing students do not receive structured training on emerging health crises such as COVID-19, antimicrobial resistance, and climate-related health emergencies, although faculty may have access to hospital-organized workshops. Simulation-based learning is inadequate, forcing students to practice with real patients without proper preparation, increasing risks for both patients and nurses.[5]

The PSGA found that nurses in Punjab face unsafe and inequitable working and living conditions. Public nursing colleges, particularly those outside Lahore and Multan, lack basic amenities: students reported suffering heat strokes due to lack of HVAC systems, overcrowded hostel rooms housing up to 60 students, incomplete restrooms and mess halls, and severe water shortages. Students and faculty with disabilities face restricted mobility due to absence of ramps and lifts. Insecurity on campuses, especially in sites like Nishtar 2 Multan, and untrained or corrupt security personnel further restrict women's mobility.[6] Hospitals lack basic facilities such as designated rest areas, changing rooms, and washrooms for nurses, forcing them to use public or shared spaces with patients and attendants.[7] Workplace harassment remains rampant, yet reporting mechanisms are ineffective and highly bureaucratic, as nurses must go through the Nursing Superintendent and the DG Nursing to file complaints,[8] creating conflicts of interest when reporting against senior staff.[9]

At work, nurses are often relegated to non-clinical administrative duties like inventory and budgeting on top of their work due to staff shortage. Only 186 Certified Nursing Assistants support over 58,000 nurses, compounding workload burdens. Punjab faces an alarming shortage of over 400,000 nurses by 2030, yet 99% of nurses remain in junior roles throughout their careers, with limited opportunities for leadership or specialization. Seniority-based promotions dominate the system, preventing competency-based career growth. Despite nursing being a female-dominated profession,[10] over 80% of senior hospital decision-making roles are occupied by men,[11] limiting women's leadership opportunities in healthcare

[1] Punjab Nursing Council. *Statistical Report. February 2025.*
[2] Government of Punjab. 2019. *Punjab Health Sector Strategy 2019–2028.*
[3] Punjab Nursing & Midwifery Council (PNMC). 2023. *Nursing Curriculum*.
[4] Footnote 2.
[5] Data from Field Visits: Lahore, Rawalpindi, Sahiwal.
[6] Data from Field Visits: Lahore, Multan, Rawalpindi, Sahiwal.
[7] Data from Field Visits: Lahore, Rawalpindi, Sahiwal.
[8] Government of Punjab. 2010.*Punjab Code of Conduct for Protection against Harassment of Women at Workplace.*
[9] Data from Field Visits: Lahore, Rawalpindi, Sahiwal.
[10] K. Anjum, S. I. Ali Shah, and A. Malik. 2024. *Women as Leaders in Healthcare; the Way Forward.*
[11] World Medical & Health Policy. 2024. *Patriarchy Permeating Health Policymaking: Influence of Gender on Involvement in Health Policymaking from Nurse Leaders' Perspective*.

management.[12] While legal protection exists for nurses, those from economically disadvantaged backgrounds often lack the financial and institutional support needed to access these rights effectively.[13] Public perceptions also devalue nursing as a profession, with widespread gender biases discouraging women from rural areas from pursuing nursing careers. Media portrayals of nurses as subordinate healthcare workers[14] rather than skilled professionals further reinforce this negative image.[15] The lack of differentiation between nurses and other healthcare staff, such as ward boys or paramedics, further diminishes the professional status of nurses. Even in hospitals where specialist nursing roles exist, these roles are often poorly defined and not properly established, leaving nurses feeling undervalued and underutilized in their professional capacity.[16] Nurses reported feeling like 'injectors' without autonomy to make first line assessment.[17]

Furthermore, Christian nurses, who make up 60-70% of the workforce, face systemic discrimination.[18] Minority quotas in nursing school admissions and job placements are frequently ignored, reducing Christian representation in the profession.[19] The 5% minority job quota, introduced in 2009 to promote employment opportunities for religious minorities,[20] remains poorly implemented, with vacancies left unfilled.[21] Likewise, the 2% minority quotas in universities and colleges remain under-implemented.[22] Interesting, the 2024 notice for admissions by the DG Nursing did not mention any minority quotas at all, which corresponded with our field data, where nurses reported quotas having been removed and it impacts the enrolment of Christian students and faculty, who need affirmative action support due to poorer socio-economic backgrounds. Yet, opportunities exist for transformative change. Nursing offers women a rare blend of job flexibility, employability post-marriage, and global mobility. Inclusion of male nurses is increasingly welcomed by female colleagues who cited benefits such as improved public rapport, a sense of safety, and shift support. These shifts, if supported through policy reform, gender-responsive infrastructure, inclusive career pathways, and strengthened regulation, could transform Punjab's nursing sector into a powerful engine of gender equality and empowerment across class, geography, and faith.

The PSGA findings call for urgent, structural interventions to bridge these gaps and harness the sector's potential to uplift women and marginalized communities.

1. **Key actions.** The PSGA recommends targeted interventions to address gender and inclusion gaps within Punjab's nursing sector by strengthening access, safety, leadership, and institutional accountability. The following programmatic measures aim to create enabling environments for women and marginalized groups to thrive across all levels of nursing education and governance:

(i) **Expanding Access through Bridging Pathways**: Envisioning step-up or bridging courses to support the entry and progression of individuals from underrepresented and marginalized communities.

(ii) **Establishing Redressal Systems:** Roll-out of a gender-sensitive Code of Conduct and impartial grievance mechanisms for PSEAH/GBV.

[12] Pakistan Nursing and Midwifery Council (PNMC). 2023. *Council Members.*

[13] I.G. Khan, S. Abbas, and S. Waseem. 2022. *Workplace Violence Against Nurses in Pakistan. Journal of Patient Experience.*

[14] S. Abbas, R. Zakar, F. Fischer. 2020.*Qualitative Study of Socio-Cultural Challenges in The Nursing Profession in Pakistan. BMC Nursing*.

[15] Data from Field Visits: Lahore, Rawalpindi, Sahiwal

[16] S. Khowaja-Punjwani, D. Macer, and N. Rafique. 2023. *A Qualitative Study Exploring Perceptions of Pakistani Nurses about Nursing Workforce Migration: Analysis and Policy Implications.* Liaquat National Journal of Primary Care.

[17] Data from Field Visits: Lahore, Rawalpindi, Sahiwal

[18] K. Chaudry. 2023. Pakistan's Elusive Govt Job Quotas for Religious Minorities. *Union of Catholic Asian (UCA) News*. 28 March.

[19] Government of United Kingdom. 2024. *Country policy and information note: Christians and Christian converts, Pakistan, April 2024.*

[20] *Business Recorder.* 2022. Institutions of higher education: 2pc quota for minority communities fixed, says CM. 24 October.

[21] SCH&MED. Notification NO E&A(Health)2-219/20(P-II). 2024. *Request for Provision of Latest Information Regarding Vacant Posts Against 5% Minority Job Quota Along with Financial Implication.*

[22] N.F. Bhatti. 2024. Educational quota: halfway to a solution. *Express Tribune.* 27 October.

(iii) **Creating Safer Campuses**: Gender-sensitive infrastructure upgrades, security improvements, and faculty/staff sensitization sessions. (iv) **Promoting Women's Leadership:** Ensuring women's representation in academic councils, governance forums, and decision-making bodies. (v) **Enhancing Faculty Qualifications**: Investments in continuing education and pedagogical training, prioritizing female instructors.
2. **Negative impact and risks.** While the proposed gender equality actions are designed to improve inclusivity and empowerment within the nursing sector, they carry certain risks that may inadvertently reinforce existing disparities if not carefully implemented. Bridging courses, if poorly targeted or inadequately resourced, may unintentionally exclude women from rural or minority backgrounds who already face institutional and financial barriers. The introduction of grievance mechanisms and a gender-sensitive Code of Conduct may be ineffective if not accompanied by strong enforcement and independent oversight, particularly in environments where senior faculty may be implicated in misconduct. Similarly, infrastructure upgrades aimed at creating safer campuses could overlook accessibility needs of students with invisible disabilities (e.g. ADHD, Autism, Endometeriosis, PCOS, Arthritis etc.). Promoting women's leadership without addressing entrenched seniority-based systems may result in tokenistic representation rather than meaningful decision-making power. Investments in faculty qualifications, if not equitably distributed, risk further privileging already-advantaged institutions or faculty, leaving resource-poor colleges behind. To mitigate these risks, the program must ensure inclusive targeting, independent oversight of grievance systems, equitable resource allocation, and sustained accountability mechanisms.
3. **Monitoring and reporting.** Progress on gender equality actions will be monitored and reported to ADB through the program's results-based monitoring framework, which is closely aligned with gender-responsive DLIs. DLI 1, 3, 4, and 5 provide measurable entry points for tracking participation in nursing education, graduation, international certification, and faculty development, disaggregated by sex. DLI 2 includes quality assessments of students and faculty, offering scope for tracking institutional progress on inclusion. Output 2 has been revised to explicitly include gender-sensitive infrastructure, and verification protocols under DLI 6 will ensure these features are integrated in COE design specifications. Non-DLI gender indicators included in the DMF (e.g., 1g, 3e) will further support comprehensive tracking. A gender focal point within the executing agency will coordinate data collection and verification, with biannual reporting through implementation progress reports, midterm reviews, and the program completion report. Both quantitative and qualitative data, including student/faculty feedback and site audits, will be used to assess institutional climate, safety, and the effectiveness of GEWE interventions.

ADHD = attention deficit hyperactivity disorder, COE = center of excellence, DG = director general, DLI = disbursement-linked indicator, DMF = design and monitoring framework, EMR = electronic medical records, GEN = gender equality objective, GEWE = gender equality and women's empowerment, GBV = gender based violence, HVAC = heating, ventilation and air conditioning, LHV = lady health visitor, MScN = Master of Science in Nursing, PCOS = polycystic ovary syndrome, PSEAH = protection from sexual exploitation, abuse and harassment, PSGA = poverty social and gender analysis.
Source: Asian Development Bank.