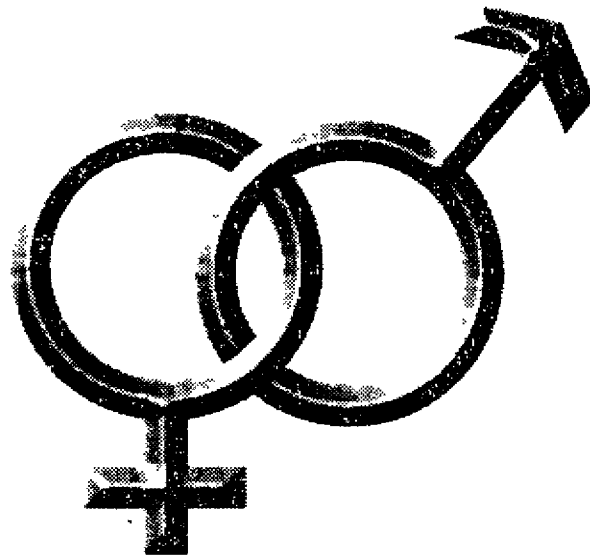


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**PAN AMERICAN HEALTH ORGANIZATION**  
PAN AMERICAN SANITARY BUREAU, REGIONAL OFFICE OF THE  
**WORLD HEALTH ORGANIZATION**



# **WORKSHOP ON GENDER, HEALTH AND DEVELOPMENT**

*Women*  
health and development

**DIVISION OF HEALTH AND HUMAN DEVELOPMENT**

PAHO wishes to acknowledge the contribution made by the Inter-American Commission of Women of the Organization of American States toward the publication of this manual.

**Facilitator's Guide**

# **WORKSHOP ON GENDER, HEALTH AND DEVELOPMENT: FACILITATOR'S GUIDE**

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It is said that the most effective way to learn a subject is to have to teach it. The story behind the construction of this manual attests to this axiom. Almost three years ago, in March, 1994, the four members that then comprised a newly formed team of the Regional Program on Women, Health and Development at the Pan American Health Organization (PAHO) set out to convince PAHO colleagues that looking at health through a gender lens significantly contributes to our understanding of men's and women's health-illness processes and can improve the equity with which roles, responsibilities and rewards are distributed in health promotion and care.

We began by reviewing what others before us had done—in UN sister organizations, in multilateral and bilateral development agencies, and in non-governmental organizations. We looked at numerous gender training manuals, talked with many women who had spearheaded gender awareness efforts in these respective institutions, and received important advice from those who had, with mixed success, been responsible for implementing mechanisms to incorporate a gender perspective into their organizations' programming and planning.

The four of us approached these initial explorations with mixed feelings. We vacillated between great optimism, convinced that with energy and dedication and with help from the experts on gender training we could successfully undertake an effort to "engender" PAHO; and great anxiety, convinced that to undertake gender training at PAHO was a quixotic undertaking at best, and at worst was downright dangerous because it exposed our program to PAHO's technical staff, many of whom thought that "gender" was a straw man (or woman) and had little to contribute to the hard analysis needed to examine the interconnections between health and human development.

What our team did agree on was that as an isolated Program in the Organization, we alone could not ensure that a gender perspective was incorporated in PAHO's technical cooperation efforts. We needed partners and our partners had to be PAHO's technical programs: health services, water and sanitation, nutrition, reproductive health, mental health, occupational health, adolescent health, communicable and non-communicable diseases, health policy, health research . . . and so on. Sensitizing them to the ways in which gender, interacting with biology, can have protective or adverse outcomes on the health of men and women was of critical importance. There was no way of avoiding our need to embark on this effort to systematically expose our partners to concepts of gender equity and its practical applications.

The other point we all agreed on was that someone else had to conduct this process—someone who was an expert in gender and who had trained others in the application of the concepts to development work. We thought of many reasons why it had to be someone outside the Organization, all of them perfectly plausible. But the main reason was terror—both personal and professional. By hiring an expert from outside, if it went well, we could take the credit; if it went badly, we could more easily avoid the blame.

The results of the first attempt at gender and health training at PAHO was a two day session at Headquarters that lived up to our worst fears. Fortunately, we had carefully selected the participants among PAHO technical staff who were

## OVERVIEW AND ACKNOWLEDGEMENTS

"allies," men and women who believed gender had a significant impact on wellness and illness. After our first disappointment we brought them together to analyze the contents, the method, the dynamics and what went wrong.

It hadn't been the outside consultant—a person with many years of experience in gender and development training who had conducted many such successful sessions for international development organizations. Our own Program was responsible for this first truncated attempt—we had failed to assist the consultant in making the connection between gender, health and human development. The biological differences between the sexes and the implications of the interaction between biology and gender for health had not been incorporated sufficiently into the analysis.

Why was this first experience crucial to the Program? It forced us to acknowledge that to date there had been little work conducted in laying out a methodology for health planning professionals that made visible the linkages between gender, health and human development and helped health professionals gain confidence in applying that method to their areas of expertise. We also realized the importance to the success of our efforts of being thoroughly familiar with PAHO's technical cooperation programs. It was hardly fair to expect an outside consultant to know about PAHO "culture." Ultimately, we came to grips with the fact that regardless of how we felt about our capacity and knowledge, we ourselves had to design and implement the training package for PAHO. If we could not transmit in a logical and coherent manner the relationship of gender to the health and development of men and women, then we had no business being involved in technical cooperation in that field.

That should be the conclusion of this introduction, but it is really only the beginning. It took us 9 months to put a first draft of this manual together, after which we shared it with our focal points in PAHO's Offices of Representation in Latin America and the Caribbean. Their contributions served to enhance the logic of the sequencing of the modules, adjust the length of the components and enrich the content. After incorporating their modifications and additions, we received our first request for the workshop from Cuba. The response to the seminar in Havana was exhilarating and gave us the confidence to continue—onto Belize, Barbados, Bolivia, Peru, Venezuela, Colombia, Paraguay, Costa Rica, Nicaragua, St. Kitts and Nevis, Honduras, El Paso and Geneva, for a session at WHO Headquarters.

Each country's experience has been crucial in the construction of this manual. Participants' suggestions have served to enrich our examples. Their constructive criticisms as well as their applause and encouragement have found their way into the spirit of the approach used throughout the sessions.

As we continue to learn more about the factors that affect women's and men's health, both biological and social, we will continue to improve this manual. The fact that it is joined together in loose leaf binder fashion speaks to our conviction that we must continuously improve upon it, add to some components and modify others.

Although the Regional Program for Women, Health and Development was directly responsible for this endeavor, many others have been part of its construction. We would like to thank Caroline Moser, pioneer in gender planning in development, for her initial guidance and continuous encouragement and conviction in the process we had chosen to undertake; Elizabeth Shrader Cox for her important contributions and positive reinforcement; Amelia Fort for her critical input at the beginning of the process, and Stephanie Urdang, whose ability as a trainer and as keen observer of human experience was invaluable to our growing awareness that people learn best when they are able to draw upon their own knowledge and experience and when they are actively involved in the discovery of new ways of looking at the world. Stephanie's influence is strongly reflected in the way the content of this workshop is communicated.

## OVERVIEW AND ACKNOWLEDGEMENTS

Within PAHO, a special thanks to Hernan Rosenberg who sat through numerous pilot sessions with us, challenging us to consider issues we hadn't addressed and not giving up until he and we were all confident we could convincingly respond to them

We wish to note the efforts of Karen Sealey, Caribbean Program Coordinator, for her support in ensuring that this manual and the process of its construction reflected the needs of the English speaking Caribbean. Thanks also to all our PAHO colleagues at Headquarters who participated in the pilot sessions and gave their time and thought to this process and its contents.

In acknowledgements of this sort, it is often the norm to thank persons in key management positions of an organization who have somehow facilitated—or at least not impeded—these efforts. But our experience to date attests to the rarity of finding such an instrumental figure who takes the quest for gender equity in health as a personal and professional goal. George A O. Alleyne, who for five years was directly responsible for the Women, Health and Development Program at PAHO, and who subsequently has become PAHO's Director, is such a person. The thinking that has gone into this manual, and the advances made by the Women, Health and Development Program at PAHO, have benefitted from his guidance, his challenges, and our many discussions and debates, but most of all, from his unflagging belief in the importance of women's health, and the incorporation of a gender perspective in the health and human development work of the Pan American Health Organization.



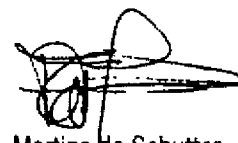
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