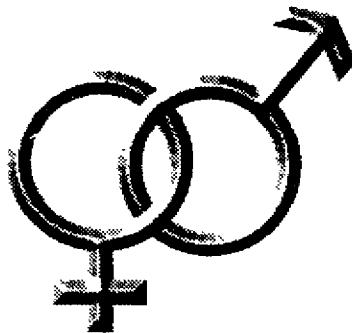


MODULE **7**

**APPLICATION OF GENDER
ANALYSIS TO EXISTING
HEALTH PROJECTS**



APPLICATION OF GENDER ANALYSIS TO EXISTING HEALTH PROJECTS

OVERVIEW: MODULE SEVEN

Objective	Using a PAHO document or one from the health sector in the country hosting the seminar, participants will conduct a gender diagnosis of the project, applying the analytical steps provided during the seminar, and will formulate an objective that reflects a gender perspective in health.	
Core Message	Gender planning contributes to equity, efficiency and sustainability of health projects.	
Expected Outcome	Participants will have successfully applied the concepts and methods presented in the seminar to an existing health project and will be able to formulate gender-sensitive recommendations on the basis of their diagnosis	
Materials	<ul style="list-style-type: none"> ● OHT No. 3 (a/b/c): Circles from Module 3 ● OHT No. 9: Steps for a Gender Diagnosis ● Projects brought to workshop by participants for gender analysis ● Handout No. 23. Copy of OHT No. 9 ● Handout No. 24 Guidelines for Conducting a Gender Analysis for Projects 	
Components	7.1	Reviewing the Concepts
	7.2	Project Work
Time	7.1	10 minutes
	7.2	90 minutes Group Work
		60 minutes Plenary Report back/Facilitator feedback
	Total:	160 minutes
Preparation	<ul style="list-style-type: none"> ■ <i>Project/Program Document:</i> The participants will be invited in advance to send a copy of a project that they are involved in—design, implementation, monitoring, evaluation—to be used in the workshop in the final session. If progress reports or reviews are available, these should be sent with the document. They should be advised that this will provide them with valuable insights and constructive recommendations for strengthening the project from a gender perspective. These should ideally reach the workshop facilitators one week prior to the workshop. 	

OVERVIEW: MODULE SEVEN (Cont.)

Preparation (Cont.)

- In reality, some of the projects will arrive with the participants. These should be collected the first day.
 - The facilitator can choose to have the whole group work on one project or chose several projects for small group work. This decision is based on whether it is a country based workshop, how diverse the participants are in terms of sector expertise, size of workshop, quality of projects.
 - Each group should have a maximum of 7 participants. Groups should be selected on the basis of interest and knowledge of the particular sector.
 - Groups can be preassigned or participants can voluntarily sign up for a project they would prefer to work on. The participants who brought the project should be in that group, and any others that are knowledgeable about the sector.
 - Participants should be asked beforehand or at the start of the workshop to prepare a five-minute presentation on the project.
 - Facilitators can assist by preparing a brief outline of the project.
 - *Note: This workshop is not a place for discussions on the design of the project itself, however, the facilitators should, if possible, select projects that are well-designed. The discussion will be focusing on how to use the methodologies provided in the workshop to ensure that the gender perspective is incorporated/mainstreamed*
 - Have some extra copies of Handout No. 16 on hand for participants who may need them.
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REVIEWING THE CONCEPTS

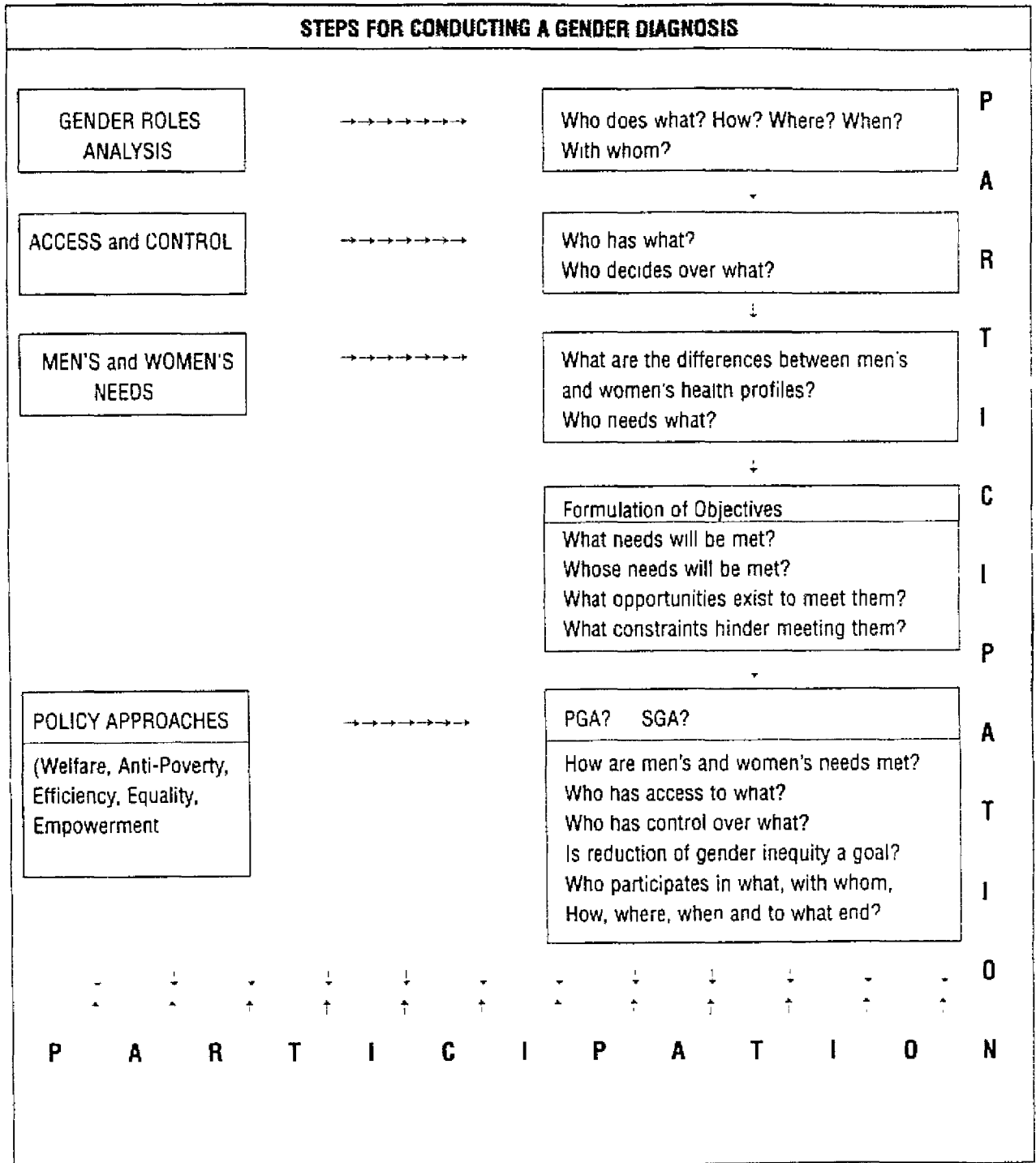
Method:	Plenary Presentation
Materials:	OHT No. 9. Steps for a Gender Diagnosis Handout No. 23: Copy of OHT No. 9
Time:	<u>10 minutes</u>
Preparation:	Copy Handout No. 23

PROCESS

- Facilitator reviews concepts and methodologies, inviting clarifying questions. OHTs No. 3 a, b, and c are presented again for review, and the facilitator summarizes:
 - In this seminar we have reviewed how biology and gender interact to protect men and women's health or conversely, place it at risk. The handout (23) will facilitate a more methodical approach to integrating a gender perspective in the design, monitoring and evaluation of health projects, programs and/or policies.
- Facilitator presents OHT No. 9.
 - All societies are characterized by a *gender division of labor*, this division is expressed in the multiple roles that women and men fulfill: productive, reproductive and community management roles. To analyze the division of labor, the following questions are posed: *who does what, how, where, when and with whom?*
 - Gender roles have *different social values* assigned to them. The gender division of labor and the assignment of value to each of these roles have important repercussions in terms of access and control. The analysis of access to and control over resources answers the questions: *who has what and who decides on what?*
 - In order to understand the critical interaction between biological differences between men and women and gender roles for designing equitable and efficient interventions in health, *data disaggregated by sex* is essential.
 - The interaction of biology and gender roles determines gender needs in health. The evaluation of the *particular needs of women and men* in the area of health is the basic tool for equitable and efficient planning. The evaluation of needs answers the question: *who needs what?*

- The analysis of gender roles, of access to and control of resources and of the particular health needs of women and men provide us with the elements that comprise a *gender diagnosis*. A gender diagnosis should be incorporated into the assessment or analysis that is usually carried out before initiating any project.
- On the basis of that diagnosis, the *objectives and expected outcomes* of a project or program are defined. To define objectives using a gender approach, two questions must be answered: *What and whose needs will be responded to, and what opportunities and obstacles are there in doing so?*
- Once needs are determined, the selection of the *practical and/or strategic gender approach* is defined through the answers given to the following questions: *How does one respond to the particular needs of women and men? What is proposed regarding access to and control of resources? Are there plans to reduce inequity in gender relations?*
- Facilitator emphasizes further:
 - The selection of a PGA or a SGA defines the degree of ownership of the project by the target group. An underlying assumption of the gender approach is that it is based on participatory development processes at all stages of project development and implementation. Participation of all the stakeholders as active participants should be, as far as possible, an integral part of a gender diagnosis. The key questions are: *who participates, in what, with whom, how, when, and to what end?*
 - Participation is crucial not only in determining the strategy to be implemented, but it should be considered from the very beginning of the process of formulating programs or plans.
 - The selection of a PGA or a SGA determines the dominant policy approach of the project: *welfare approach, anti-poverty approach, efficiency approach, equality or empowerment approach.*
- Facilitator emphasizes that when initiating any project or program, these steps must be followed to incorporate a gender approach in the planning. However, these steps are not limited to the analysis and planning from a gender approach at the beginning of a project. The same steps should be used for monitoring and intermediate and final evaluations and, if necessary, the resulting redefinitions of objectives and implementation strategies.

Handout No. 23/OHT No. 9



PROJECT WORK

Method:	Group Work Plenary Reportback/Facilitator Feedback
Materials:	Project (s) Handout No. 24: Guidelines for Project Analysis
Time:	90 minutes: Group Work 60 minutes: Group Reportback/Facilitator Feedback <u>150 minutes: Total</u>
Preparation:	Copy Handout No. 24 Photocopy project(s)

PROCESS

- Facilitator introduces session:
 - Briefly outlines each project to be used in group work explaining that it does not necessarily include a gender approach. The task will be to make constructive recommendations to strengthen the project through incorporating a gender perspective. Handout Guidelines.*
 - Thank the participants for being willing to have their project used in this session.

* Facilitator may wish to add additional questions or modify those in Handout No. 24

Text of Handout No 24

GUIDELINES FOR PROJECT/PROGRAM ANALYSIS

I. Conduct the gender diagnosis, answering the following questions:

- What gender roles did the project target in its objectives and to what purpose?
- What particular health needs of women and men were affected and how?
- What development approach predominates in its objectives: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?
- Do the objectives reflect a practical gender approach (PGA) or a strategic gender approach (SGA) or both?
- Are any assumptions based on stereotypes evident in the project?

II. Identify the information that you would need to carry out an in-depth gender diagnosis.

III. Reformulate one of the project objectives and its indicators so that they reflect a gender approach.

IV. Develop a strategy to put into operation the reformulated objective identifying opportunities and/or obstacles in achieving the objective.

- Facilitator explains the group task: Guidelines will be handed out for each group to work with when analyzing and revising the project/program.
- Each group should select a rapporteur. Their findings should be recorded on the flipchart.
- Asks for clarifying questions
- **GROUPS:** The groups should be listed on a flipchart. Ensure that each participant knows which group they will be working in.
- Informs them that they have one and a half hours. They should assign a time keeper to ensure that all points are covered. Announcements of time still left will be made at intervals.

- Back in plenary, each of the four group reports back on their findings and displays their flipchart. Facilitator asks for volunteers to go first; after their presentation, the next group volunteers until all four have been heard.

Process: 1) Group presenter reports the group's findings; 2) The other group members are asked to add if they wish; 3) Participants are invited to ask clarifying questions only; 4) Facilitator asks clarifying questions; 5) Facilitator invites the plenary to comment on the presentation, asking further questions, providing insights, making recommendations; 6) Facilitator then does the same and highlights positive aspects of the report while adding constructive input.

- This process is repeated until all four groups have presented

WORKSHOP EVALUATION

PROCESS

- Facilitator emphasizes importance of evaluations. These help the constant process of revision and redesign of the workshop, and so their open opinions and recommendations are highly valued and future workshop participants stand to benefit. These are taken seriously by the workshop organizers and facilitators. Names are not expected on the evaluation sheets.

Distribute workshop evaluation forms. Allow 20 minutes.

- When all forms have been turned in, conduct a brief verbal evaluation, asking participants what was most useful, least useful, any particular comments they would like to make in general? In particular? Allow ten minutes.
- Facilitator thanks the participants. Mentions any learning and deeper understanding he/she experienced in the process of the workshop. Specific instances are best.

WORKSHOP EVALUATION

20 minutes

Please assess each of the following components from 1 to 5, with 1 representing the lowest level of satisfaction and 5 the highest. Circle one.

1. Extent to which elements for gender approach were learned.

1 2 3 4 5

2. Usefulness of instruments presented:

1 2 3 4 5

3. Usefulness of the group exercises

1 2 3 4 5

4. Methodologies used to impart concepts:

1 2 3 4 5

EVALUATION

WORKSHOP EVALUATION (Cont.)

5. Facilitator(s)' handling of the subject:

1 2 3 4 5

6. Mark with an 'X' your evaluation of the length of the workshop:

Too long

Too short

Just right

Please answer the following questions:

1. Which modules were most useful?

2. Are there some modules that you would eliminate?

3. Are there some modules that need to be reformulated and what recommendations do you have for this?

4. Do you think that the gender approach is appropriate for your specific work?

5. Do you foresee limitations or great difficulty in achieving its inclusion?

6. What strategy and what concrete activities do you suggest for achieving the inclusion of a gender approach in your daily work?

EVALUATION

7. How could the Program on Women, Health and Development support you in achieving its inclusion?

8. Would you recommend participation in this workshop to a colleague? Why?

9. Other observations

THANK YOU VERY MUCH!!!

It has truly been a pleasure to move forward with you
in building this new way of looking at health and human development.

REFERENCES

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Labonte, R. *Health for All: The Concept of Empowerment*. Toronto: University of Toronto; 1993.

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United Nations Development Programme. *Human Development Report 1995*; New York: Oxford University Press; 1995.

Whitehead, M. *The Concepts and Principles of Equity in Health*. WHO/EURO; 1991.

World Bank. *World Development Report 1993. Investing in Health*, Washington, D.C.: Oxford University Press; 1993.

NOTE: We have not provided extensive bibliographical references on the subject of gender, health and development. These references are available through the Regional Information System on Women, Health and Development (SIMUS) database which uses the MICROISIS system (Version 3.07) developed by UNESCO and updated by the Latin American and Caribbean Center on Health Sciences Information (BIREME/PAHO). Information regarding gender, health and development is available upon request to the Program on Women, Health and Development (HDW) at PAHO. Request may be made via mail, telephone, fax or electronic mail.

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SAMPLE AGENDA

Gender, Health and Development Workshop

■ DAY 1

8:30 Introduction

- Introduction to Gender, Health and Development
- Participant Introductions
- Workshop Objectives and Expected Outcomes

9:30 Module 1: Sex and Gender

- To Be a Man or a Woman: What does that mean?
- Definitions of Sex and Gender

10:00 Module 2: Gender Roles, Access to and Control of Resources and Household Stereotypes

- Daily Life and Gender Roles: The Work that Women and Men Do - Small Group Work

10:30 Break

10:45 Module 2: Continuation

- Feedback from Groups
- Access and Control of Resources
- Household Stereotypes
- Health Crisis

12:30 Lunch

14:00 Module 3: The Origin of Health Needs

- Differences in Health Profiles between Women and Men
- An Example of the Influence of Sex and Gender in the Health Profiles of Men and Women

15:00 Break

15:15 Module 4: Practical and Strategic Gender Approaches

- The Concepts of Practical and Strategic Gender Approaches
- Empowerment Process
- Health Interventions

17:00 End of Day 1

■ DAY 2**8:30 Module 5: Development Approaches**

- Approaches Used by International Development Agencies
- Equity and Efficiency

9:30 Module 6: Applying the Concepts to Case Studies

- Applying the Concepts to Case Study 1

10:30 Break**10:45 Module 6: Continuation**

- Presentation of Group Discussions
- Applying the Concepts to Case Study 2
- Presentation of Group Discussions

12:30 Lunch**14:00 Module 7: Application of Gender Analysis to Existing Health Projects**

- Reviewing the Concepts
- Project Work
- Presentation of Group Discussions

16:30 Break**16:45 Module 7: Continuation****17:15 Evaluation****17:30 Closing**

INTRODUCTION

- Your Name/Your Work
- When you were a child, what did you want to be as an adult?
- If earning a living was not an issue, what interests/activities would you pursue?
- One expectation

WORKSHOP OBJECTIVES

- To examine the concept of gender
- To discuss the gender approach and its relevance to Health
- To acquire skills and methodologies to operationalize Gender Approach

EXPECTED OUTCOME

- Understand: Gender approach essential for health planning and sustainable human development

WOMEN

MEN

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CHARACTERISTICS OF GENDER

- Relational: Socially Constructed
- Hierarchical: Power Relations
- Changes: Changes over time
- Context: Varies with ethnicity, class, culture, etc.
- Institutional: Systemic

DEFINITIONS OF ROLES

Productive:

Work done by both men and women for payment in cash or kind

Reproductive:

Childbearing/rearing responsibilities and domestic tasks

Community Management:

Community activities that are voluntary and unpaid
which contribute to its welfare and organization

COMPONENT 2.1

F7a

PRODUCTIVE ROLE

COMPONENT 2.1

F7b

REPRODUCTIVE ROLE

COMPONENT 2.1

F7c

COMMUNITY MANAGEMENT ROLE

DEFINITIONS: ACCESS AND CONTROL

ACCESS

is the ability to USE a resource

CONTROL

is the ability to DEFINE and make binding
decisions about the use of a resource

MATERIAL/ECONOMIC RESOURCES

- work
- credit
- money
- transportation
- equipment
- food
- child care facilities
- facilities to carry out domestic tasks
- social security, health insurance
- housing
- health and supply services

COMPONENT 2.2

F9b

POLITICAL RESOURCES

- position of leadership and mobilization of the actors in decision-making positions
- opportunities for communication, negotiation and consensus-building

COMPONENT 2.2

F9c

INFORMATION/EDUCATION RESOURCES

- inputs to be able to make decisions to modify or change a situation, condition or problem
- formal education
- informal education
- non-formal education
- opportunities to exchange information and opinions

COMPONENT 2.2

F9d

TIME RESOURCES

- hours of the day available for discretionary use
- flexible paid work hours

COMPONENT A.2

F9e

INTERNAL RESOURCES

- self-esteem
- self-confidence
- the ability to express one's own interests

THREE QUESTIONS FOR ANALYSIS OF GENDER

1. Who does what, when, where and with whom? (ROLES)
2. Who uses what? (ACCESS)
3. Who decides who uses, what is used and how? (CONTROL)

TASK FOR HEALTH CRISIS CASE STUDIES

- How would the crisis affect the division of roles and responsibilities for the men and women over the short or medium term?
- How does the crisis affect women and men's access to and control over resources within the household?
- What household changes could ensure that the responsibility for dealing with this crisis situation does not fall primarily on one person?

GROUP TASK

- 1) Identify situations in which SOCIAL GENDER CONSTRUCTS INCREASE THE RISK OF CONTRACTING HIV FOR ONE SEX OR THE OTHER.
- 2) Include concrete experiences/observations of own societies/cultures/lives that provide evidence for 1).

DEFINITION OF EMPOWERMENT

A process whereby individuals develop strength and skills to act towards a personal or collective good

FOUR MECHANISMS OF EMPOWERMENT**INTERPERSONAL ENCOUNTERS**

- Facilitate self-validation through dialogue

SUPPORT GROUPS

- Facilitate opportunities to overcome isolation ("not only sufferer")

COMMUNITY ORGANIZATION

- Facilitate organization around common problems that go beyond personal interests

POLITICAL ACTION COALITIONS

- Facilitate social movements that go beyond limitations of community organization to achieve political/social change

GROUP TASK: HEALTH INTERVENTIONS

In your groups, read the General Findings pertaining to your topic and the issues to think about.

What practical gender approach (PGA) do you suggest for responding to the particular health needs of women and/or men?

Taking into account the different mechanisms of the empowerment process, how could the intervention selected above incorporate a strategic gender (SGA) approach so that it enhances the possibility of gender equity in health?

GROUP TASK

Read the extracts and answer the following:

- 1) Do the selections reflect a PGA or a SGA or both?
- 2) Which Development Approach or combination of development approaches are reflected in the selections? Check against Handout No. 16.