

**GUIDE TO ANALYZE CASE STUDY****I. PROJECT OBJECTIVES**

- a. What gender roles did the project target in its objectives and to what purpose?
- b. What particular health needs of women and men did the project target in its objectives?
- c. What development approach predominated in its objectives: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?
- d. In the objectives, did it use a practical gender approach (PGA) or a strategic gender approach (SGA)?

**II. IMPLEMENTATION AND IMPACT OF PROJECT**

- e. What gender roles did the project affect and how?
- f. What particular health needs of women and men were affected and how?
- g. What development approach actually predominated: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?
- h. Did a practical gender approach (PGA) or a strategic gender approach (SGA) predominate in the implementation?
- i. What changes occurred during the process of the project's implementation in terms of access to and control over one or more resources (material/economic, political, information/education, time, internal)? Discuss each target group in turn.
- j. Referring to Labonte's Continuum of Empowerment, give an example of what elements of that continuum could have been incorporated, either in the project design or during its implementation, to respond more equitably and efficiently to the particular health needs of women and men.

**WORKSHEET: CASE STUDY NO. 1****a. PROJECT OBJECTIVES**

<b>ROLES</b>	<b>REP.</b>	<b>PROD.</b>	<b>G.M.</b>
<b>Women</b>			
<b>ICM</b>			
<b>PLC</b>			

**b. Health Needs**

<b>Women</b>
<b>CIM</b>
<b>CPT</b>

**c. Development Approaches**

<b>Welfare</b>	<b>Anti-Poverty</b>	<b>Efficiency</b>	<b>Equality</b>	<b>Empowerment</b>
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**d.****PGA?****SGA?**

**WORKSHEET: CASE STUDY NO. 1 (CONT.)**

**e. PROJECT REALITY**

ROLES	REP.	PROD.	C.M.
Women			
ICM			
PLC			

**f. Health Needs**

Women
ICM
PLC

**g. Development Approaches**

Welfare	Anti-Poverty	Efficiency	Equality	Empowerment
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**h. PGA? SGA?**

	ACCESS					CONTROL				
	M/E	P	I/E	T	I	M/E	P	I/E	T	I
Women										
ICM										
PLC										

**i.**


**CASE STUDY NO. 2: IMPROVEMENT OF COMMUNITY HEALTH THROUGH BETTER WATER QUALITY**

In a rural agricultural area with small communities distributed along a river, the main impediment to health and development is a simple one: a limited water supply that is apt for human consumption. Health problems that emanate from this situation include enteric diseases, mainly in children, and a number of skin diseases. Household owners living near the river also have problems with water quality, and women must ensure that all water that is consumed is boiled. Women who live in dwellings further away from the river must walk 2 to 3 kilometers to reach this source, and, in addition to the water quality problem, they have the burden of carrying it back home.

It is known that there are underground aquifers in the area that could supply good water, a fact which propels the Department of Environmental Health (DEH) of the district that includes these communities to decide to construct wells, hoping that the wells will solve the problems of quantity, quality and transport. In addition, the DEH decides to construct latrines, taking care not to situate these in places where they might present hazards to the water quality.

On the basis of this description of the situation, the DEH implements the following project:

**The project purpose is:**

To contribute to the improvement of the quality of life of the target communities, in particular to the health of women and children.

**The expected results include:**

1. In each target community, at least one water well constructed and functioning, and the population in each instructed in the care of the wells and the hand pumps.
2. In each target community, at least one latrine constructed per 5 people.
3. In each target community, women are instructed in the use and care of the latrines, in personal and family hygiene, in the proper use of water, and in the safe preparation of food.

**RESULTS OF THE PROJECT**

A1 A well was constructed in each of the target communities.

A2 Eighty percent (80%) of the women of reproductive age in each community instructed in personal and family hygiene; the proper use of water; the safe preparation of foods; and, the care and use of the water wells.

**CASE STUDY NO. 2: IMPROVEMENT OF COMMUNITY HEALTH THROUGH BETTER WATER QUALITY (CONT.)**

- A3. In so far as it was the women who transported and boiled the water and sought the firewood for this latter purpose, the construction of water wells for human consumption in their community was a real relief, as it alleviated the heavy burden that these chores constituted for them. Now the women found themselves with free time that they had not had previously.
- A4. Children's continual diarrheal diseases diminished dramatically in only 3 months after having constructed the wells.
- A5. Each community selected men to be trained in the care of the wells and the hand pumps.
- A6. Shortly after having constructed the latrines, the men of the communities used them for storing their farming tools.

**PROJECT DIFFICULTIES**

- B1. Women's free time was rapidly taken up in assisting the men in preparing their farm production for market. Subsequently, because the men were the ones who engaged in the commercial transactions, women were made responsible for the agricultural work. As a result, women saw themselves once again working very long hours at tasks that were equally demanding as those which they had to perform when they carried and prepared the water.
- B2. The women who lived in the communities furthest from the river found another disadvantage to this new situation—the journeys back and forth to get water, a trip that had been undertaken by a group of women, had provided them with opportunities to exchange thoughts, feelings, joys and concerns; when the need to fetch and carry water ceased, so, too, did this only opportunity for daily interaction.

*NOTE:* The analysis should focus on the men and the women in the communities.

**WORKSHEET: CASE STUDY NO. 2****a. PROJECT OBJECTIVES**

<b>ROLES</b>	<b>REP.</b>	<b>PROD.</b>	<b>M.M.</b>
<b>Women</b>			
<b>Men</b>			

**b. Health Needs****Women****Men****c. Development Approaches****Assistance****Anti-Poverty****Efficiency****Equality****Empowerment****d.****PGA?****SGA?**

**WORKSHEET: CASE STUDY NO. 2 (CONT.)**

e. PROJECT REALITY

ROLES	REP.	PROD.	C.M.
Women			
Men			

f. Health Needs

Women
Men

g. Development Approaches

Welfare	Anti-Poverty	Efficiency	Equality	Empowerment
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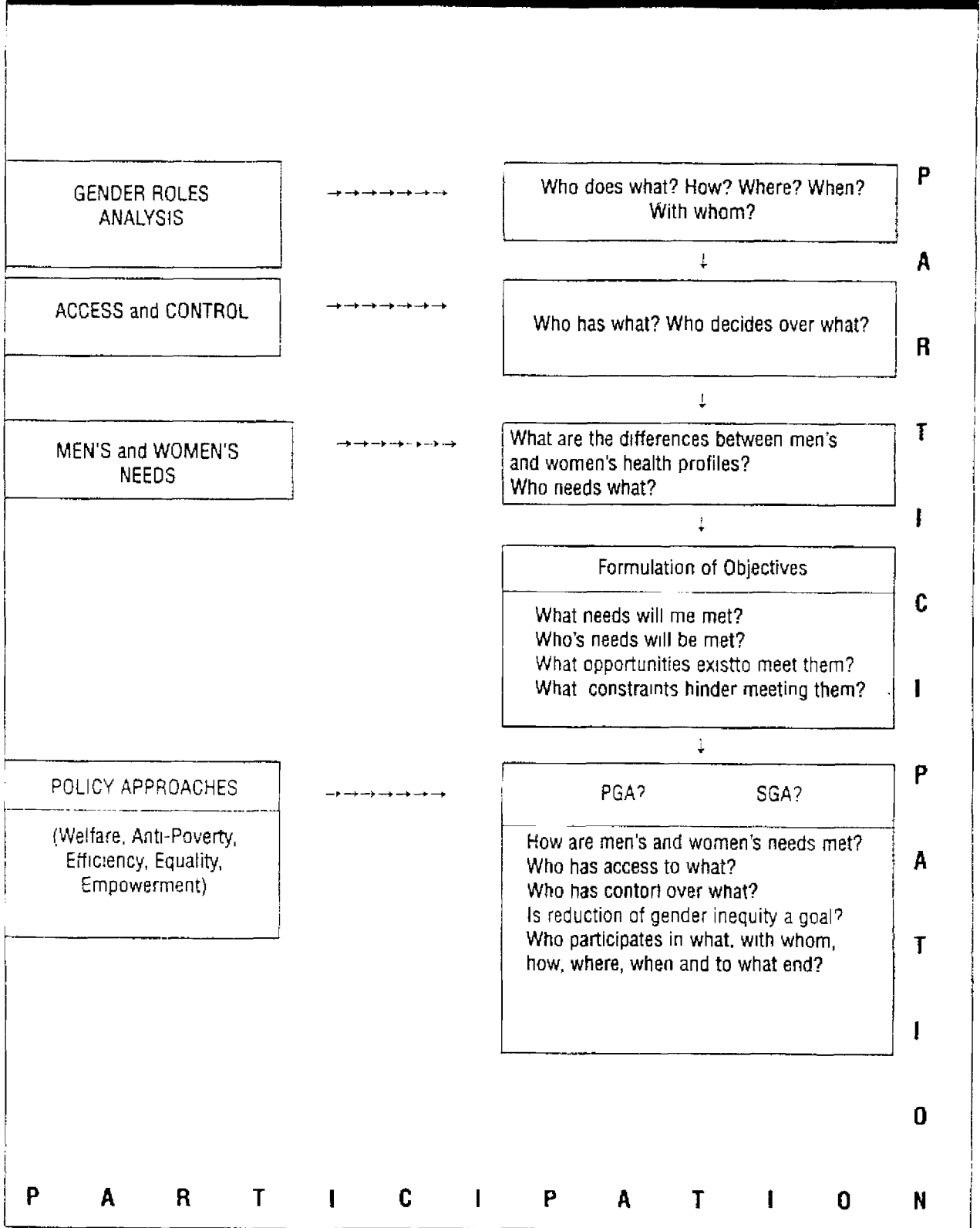
h. PGA? SGA?

i. ACCESO CONTROL

	M/E	P	I/E	T	I	M/E	P	I/E	T	I
Women										
Men										

j.


**STEPS FOR CONDUCTING A GENDER DIAGNOSIS**





**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.**