Module 3

Action – developing gender-responsive action
Objectives of Module 3

Module 3 builds on Module 1 (concepts) and Module 2 (gender analysis skills). WHO gender analysis tools for assessing and developing programmes and policies are introduced.

By the end of this module, participants will be able to:

– Apply gender assessment methods to a new or existing programme
– Understand methods and strategic entry points for integrating key gender dimensions important for programming and developing projects
– Develop gender-responsive plans and activities.
Outline of Module 3

• **Section 3.1:** WHO gender analysis– policy and programme assessment
  – Gender Responsive Assessment Scale
  – Gender Assessment Tool

• **Section 3.2:** Integrating gender into health planning and programming
  – Gender and health planning and programming checklist

• **Section 3.3:** From analysis to the work plan: developing gender-responsive work plans
Section 3.1

WHO gender-mainstreaming tools
in practice – assessing policies and programmes
Gender-responsive health policies and programmes

How do you know whether a policy or programme is gender-responsive?

If gender norms, roles and inequalities have been considered AND measures have been taken to actively address them.

– Goes beyond mere sensitivity, or awareness, to actually doing something about gender norms, roles and relations.
Gender Responsive Assessment Scale (GRAS): a tool for assessing policies and programmes

- Gender-unequal
- Gender-blind
- Gender-sensitive
- Gender-specific
- Gender-transformative
Gender Responsive Assessment Scale Level 1: gender-unequal

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-unequal</td>
<td>• Perpetuates gender inequalities by reinforcing unbalanced norms, roles and relations</td>
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<tr>
<td></td>
<td>• Privileges men over women (or vice versa)</td>
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<tr>
<td></td>
<td>• Often leads to one sex enjoying more rights or opportunities than the other</td>
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</tbody>
</table>

*Note that these situations are not always intentional.*
## Gender Responsive Assessment Scale Level 2: gender-blind

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Characteristics</th>
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</thead>
<tbody>
<tr>
<td>Gender-blind</td>
<td>• Ignores gender norms, roles and relations</td>
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<td></td>
<td>• Very often reinforces gender-based discrimination</td>
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<td></td>
<td>• Ignores differences in opportunities and resource allocation for women and men</td>
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<td></td>
<td>• Often based on principles of being “fair” by treating everyone the same</td>
</tr>
</tbody>
</table>

*Note that these situations are not always intentional.*
Examples – Gender Responsive Assessment

Scale levels 1 and 2

Gender-unequal

- Participants in a village health committee must be either a health facility manager or community leader.

Gender-blind

- The health care system cannot respond to the needs of people living with HIV and recommends a programme based on home care.
Gender Responsive Assessment Scale
Level 3: gender-sensitive

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-sensitive</td>
<td>• Considers gender norms, roles and relations</td>
</tr>
<tr>
<td></td>
<td>• Does not address inequality generated by unequal norms, roles or relations</td>
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<td></td>
<td>• Indicates gender awareness, although often no remedial action is developed</td>
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</tbody>
</table>
## Gender Responsive Assessment Scale

### Level 4: gender-specific

<table>
<thead>
<tr>
<th>Level 4</th>
<th>Characteristics</th>
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</thead>
<tbody>
<tr>
<td>Gender-specific</td>
<td>• Acknowledges different norms and roles for women and men and how they influence access to and control over resources</td>
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<tr>
<td></td>
<td>• Takes account of women’s and men’s specific needs</td>
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<td></td>
<td>• Intentionally targets and benefits a specific group of women or men to achieve certain policy or programme goals or meet certain needs</td>
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<td></td>
<td>• Makes it easier for women and men to fulfil their gender roles</td>
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</table>
## Gender Responsive Assessment Scale

### Level 5: gender-transformative

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Characteristics</th>
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</thead>
</table>
| Gender-transformative | • Acknowledges different norms and roles for women and men and that these influence access to and control over resources  
  • Takes account of women’s and men’s specific needs  
  • Addresses the causes of gender-based health inequity  
  • Includes ways to transform harmful gender norms, roles and relations  
  • The objective is often to promote gender equality  
  • Includes strategies to foster equal power relationships between women and men |

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**Acknowledgements:**

- Different norms and roles for women and men influence access to and control over resources.
- Takes account of women’s and men’s specific needs.
- Addresses the causes of gender-based health inequity.
- Includes ways to transform harmful gender norms, roles and relations.
- The objective is often to promote gender equality.
- Includes strategies to foster equal power relationships between women and men.
Examples – levels 3, 4 and 5

Gender-sensitive
- A senior representative launches a major initiative and mentions gender.
- A programme objective includes gender, but no activities described actually integrate gender issues.

Gender-specific
- An awareness campaign promotes measures to prevent malaria among male farmers.
- A water supply policy establishes a mechanism to provide taps close to villages so that women will not have to walk as far to fetch water.

Gender-transformative
- Women and men are consulted in project planning, advisory committees and community meetings related to establishing a malaria control programme.
- Health education materials depict women and men in productive and reproductive roles.
Gender...what?

1. An information, education and communication programme promotes mutual respect and equal rights in family planning decisions among both women and men.

2. A youth club is established to promote physical activity among youth.
Gender...what?

3. A policy subsidizes the cost of bed-nets and insecticides for pregnant women.

4. A hospital requires permission from a male relative or husband before any elective health care procedure is administered to a woman or girl.
In summary

- Avoid gender-unequal or gender-blind strategies, as these ignore the importance of gender or reinforce discrimination against men or women.

- The starting-point for being gender-responsive is being gender-sensitive.

- Gender-specific and gender-transformative strategies are needed.
  - They are complementary, progressive steps in gender mainstreaming.
  - They respond to practical and strategic gender needs revealed through gender analysis.

No more gender words without gender actions!
Section 3.2

Integrating gender into health planning and programming
Entry points for integrating gender into health policies and programmes

• Situation analysis

• Policy and programme design
  – Define the scope, vision and target audience
  – Set goals or objective(s)
  – Develop activities
  – Prepare a budget
  – Compose a team

• Implement activities

• Monitoring and evaluation

• (Re) plan
Situation analysis

• Have gender analysis methods been used in conducting the situation analysis?
  – Use the GAQ and GAM to highlight gender-based health inequities that require attention.

• Has knowledge and information that exist on gender and health from sources other than health indicators and/or reports been used as part of the evidence base?
  – Use data disaggregated by sex and age from multiple sources of data and information on mortality, morbidity, survival disability and determinants of health.
Designing policies and programmes: define the scope, vision and target audience

- Are the core gender issues in this area reflected in the scope and vision?
  - Explore how sex and/or gender differences affect the health issue at hand.
  - Involve women and men equally in design phases as beneficiaries and as programme staff members.

- Does the target population purposely include both women and men? If not, why?
  - Use gender analysis methods and tools to identify key population groups that may require specific attention.
    - Adopt either a gender-specific or gender-transformative approach based on the definition of the objectives and target audience.
Designing programmes and policies: set goals or objectives

• Does at least one goal or objective explicitly address gender equality or gender as a determinant of health?
  – Based on use of GAM and GAQ, reflect men and women’s different health needs in goals and objectives
  – Pay attention to the diversity among women and among men in determining goals and objectives.

• Have other stakeholders or partners participated in setting goals or objectives?
  – Choose partners with the right skills and capacity to address gender inequality in health.
    • Remember to equally involve women and men in goal setting activities.
Designing policies and programmes: develop activities

• Was the context of men’s and/or women’s lives and their different health needs considered?
  – Include women and men and girls and boys when determining the feasibility and appropriateness of the activities selected.
  • Ensure that the programme will not interfere with their daily tasks (and thereby affect participation and benefits).

• Does addressing gender inequality require specific activities for women or men of a particular group?
  – Remember that women and men are not homogeneous groups and consider the vast diversity among them in developing activities.

• Do methods and activities include ways to identify or address gender norms, roles and relations that are harmful for health?
  – Use the GAM and GAQ to identify and address the gender norms, roles and relations that hamper healthy outcomes.
Designing policies and programmes: prepare a budget

- Do budget lines exist for work on gender equality or women’s health initiatives?
  - Hire or allocate dedicated staff members to work on gender equality and women’s health - with an appropriate staff time allowance to implement and monitor activities.

- Are male and female staff members entitled to equal benefits?
  - Ensure that the implementation of activities does not reinforce or uphold existing inequality among different groups of men and women through unequal incentives or benefits paid.

- Have women and men – from communities and partner organizations – been consulted to identify planned costs?
  - Include budget allocations for stakeholder consultation and involvement. This includes local nongovernmental organizations as well as women and men and boys and girls.
Designing policies and programmes: compose a team

• Does the team have both male and female team members at all decision making levels?
  – Make sex parity an explicit recruitment criterion.
  – Strive for a balance between women and men in decision-making positions in the project.

• Is experience in gender (analysis or equality) or women’s health considered a core competency in the team?
  – Ensure gender and health expertise in senior positions and in implementing roles.

• Do team members differ in terms of pay scales or other benefits? For whom? Why?
  – Ensure that the incentives provided to staff are equal for men and women.
  – Ensure that the terms and conditions for staff members and contractors are not more difficult for one sex to meet than the other because of structural or familial constraints.
Implementation of activities

• What mechanisms are put in place to ensure that programme implementation will uphold the principles of gender equality and health equity?
  – Develop gender-sensitive codes of conduct for working within the programme and in field activities.

• Do programmatic materials reinforce gender-based stereotypes?
  – Ensure that methods of or strategies for delivering programmes, including communication, do not reinforce or uphold existing stereotypes about different groups of men and women.

• Are programme delivery sites in places that both women and men can access?
  – Consider constraints women or men may face in accessing selected sites of programme delivery. Choose sites that are accessible to all.

• Have women and men participated equally in the implementation stage – both as beneficiaries and as programme staff members?
  – Establish a two-way system of information sharing about the programme, outcomes and impact: from you to the community from the community to you.
Monitoring and evaluation

• Have process and outcome indicators been included in monitoring and evaluation frameworks and activities?
  – When selecting or creating indicators, ensure that they are disaggregated by sex and age (as a minimum and where appropriate).
  – Ensure that the health status indicators used in both monitoring and evaluation and situation analysis development include morbidity and mortality trends, disaggregated by sex and age at the very minimum.

• Does the programme monitor progress on gender equality and health equity?
  – Ensure that measures are included and analysed on empowerment (of women and of the community).
  – Use progressive measures of gender equality and health equity as evaluation criteria.
  – Include both process and outcome indicators for gender mainstreaming.
  – Use the information collected from monitoring and evaluation activities to inform amendments, corrective action or second cycles of programmes or policies.

• Have women and men participated equally in the monitoring and evaluation stages – both as beneficiaries and as programme staff members?
  – Include community members (men and women) and other local stakeholders in designing the monitoring and evaluation strategy and activities.
Section 3.3
From analysis to the work plan: making work plans more gender-responsive
Flashback: gender analysis results can …

• Stimulate further research and assist in refining research questions

• Assist in planning interventions

• Provide an opportunity to raise awareness, extend responses to key stakeholders and increase effective reaction among them

• Be used for advocacy work
<table>
<thead>
<tr>
<th>Priority gender and health issue</th>
<th>Rationale</th>
<th>Activity</th>
<th>Type and timeline</th>
<th>Indicator(s) of success</th>
<th>Stakeholders or partners</th>
<th>Specific or Transformative</th>
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Guidance on group work

- Using the Gender Analysis Matrix from Module 2, select a **priority gender and health issue**. Avoid gender-blind statements!
  - Select priority gender and health issues that are **realistic and relevant to your public health work**.

- Develop one or two **activities**. Include as much detail as possible to ensure that the gender-responsive elements are clear and transparent.
  - **Realistic**
  - **Within your sphere of influence**
  - **High impact**: it should address several gender dimensions
  - **Do not require a significant influx of new resources**

- Categorize activities by **type** and develop an expected **timeline**.
  - **Type of activity**: policy, research, advocacy and programming.
  - **Timelines**: short (0–2 years), medium (3–5 years) or long (6 or more years).

- Propose **gender-sensitive indicators**.
- Identify **stakeholders or partners**.
- Classify as **gender-specific or gender-transformative**.
- Repeat as time permits; share with the group.
Module 3

Conclusions
Module 3: key messages

• Gender-responsive policies and programmes are needed to address harmful gender norms, roles and relations – especially gender inequality.
  – Quick quiz: What does “gender-responsive” mean?

• Gender-responsive programmes are either gender-specific or gender-transformative. Both contribute to achieving gender equality and health equity.
  – Quick quiz: What is the difference between gender-specific and gender-transformative?

• Critical processes of questioning in gender analysis can be used both in analysing health problems and in assessing programmes or policies.
  – Quick quiz: Which tools can be used to do this?

• Gender inequality can be addressed throughout all stages of health planning and programming.
  – Quick quiz: In which planning or programming stages can gender be integrated?
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谢谢你
Thank you!
Merci!
Спасибо
¡Gracias!