



## Module 4: Designing policies, programs and projects from the perspective of gender, diversity and human rights

### Welcome to Module 4: Designing policies, programs and projects from the perspective of gender, diversity and human rights.

Using the methodological and theoretical tools for gender mainstreaming in health addressed in the three previous modules, in this last section of the course we will focus on their practical application in policies, programs and projects.

Gender mainstreaming is a strategy to achieve gender equality through the analysis of the implications for women and men seen from their multiple social identities. As defined in Beijing (1995) “Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.” (Women Watch, 1997; PAHO, 2005)<sup>1</sup> It is a commitment of all the States worldwide and a pre-requisite to eliminate disparities in health.

Although the definition is straightforward the process to put it in practice requires important changes at the institutional level. Gender mainstreaming is not a linear process and its implementation can sometimes be obstructed not only by sectorial and institutional aspects, but also by the economic, political, social and historic contexts in which gender disparities in health are constructed. Gender mainstreaming requires reviewing the dominant perspectives of planning and exploring ways to improve the results of the policies, programs and projects. Currently an ample range of tools are available to evaluate the forms in which gender considerations are integrated in health interventions and whether or not they aim to transform gender disparities. Likewise, different organizations, including PAHO/WHO, have set

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<sup>1</sup>Report of the Fourth World Conference on Women, Beijing, 4-15 September 1997 (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II., cited in: Women Watch. GENDER MAINSTREAMING. Extract from REPORT OF THE ECONOMIC AND SOCIAL COUNCIL FOR 1997 (A/52/3, 18 September 1997). Chapter IV. COORDINATION SEGMENT COORDINATION OF THE POLICIES AND ACTIVITIES OF THE SPECIALIZED AGENCIES AND OTHER BODIES OF THE UNITED NATIONS SYSTEM <http://www.un.org/womenwatch/daw/csw/GMS.PDF>

recommendations on the key aspects to incorporate the gender perspective in each phase of the program and project cycle. Finally, monitoring and evaluation (M&E) is a crosscutting component in all the phases of programs/projects and constitutes a key element to know the impact of our work and also to document what is functioning and which areas require adjustments. Likewise, it is the only means that allows us to determine whether the objectives of policies and programs were achieved as well as the factors determining their success or failure. M&E is the source from which lessons are extracted from experiences of gender mainstreaming using human rights and diversity approaches. In this module we will analyze these issues, using country experiences as a practical reference.

## **Competencies**

At the end of this module it is expected that you will be able to:

- a. Define gender mainstreaming in health and explain the principles that assure its adequate implementation.
- b. Analyze the approaches, areas of programming and key components of gender mainstreaming within the project/program cycle.
- c. Analyze the process indicators recommended by the WHO for gender mainstreaming in health as well as the basic elements of M&E systems of health initiatives.

## **Contents of this module**

- a. Gender mainstreaming in health – key concepts and principles
- b. Approaches for analysis, planning and management of programs and projects from a gender, human rights and diversity perspective.
- c. Cycle of programming from a gender, human rights and diversity perspective.
- d. Key components of an M&E system from a gender, human rights and diversity perspective.
- e. Process indicators for gender mainstreaming.

## Calendar

We have three weeks to develop the activities of this module. Please verify the time assigned for each activity in the timetable to ensure your full participation.

Tasks	Week 7 Nov 15-21	Week 8 Nov 22-28	Week 9 Nov 29 - Dec 6
<b>Read basic texts:</b> <b>PAHO. Integrating the gender perspective in health policies, programs and projects.</b> Washington, DC; Pan American Health Organization.	Nov 15 -21		
<b>Participate in the "Dialogue in the Forum" about the following themes:</b> <ul style="list-style-type: none"> <li>• Definitions and principles of gender mainstreaming in health.</li> <li>• Programming cycle from a gender, human rights and diversity perspective</li> <li>• Role of gender-sensitive indicators for the development of health interventions.</li> </ul>		TBD	
<b>Complete Integration exercise "Gender Integration Continuum"</b>		Dateline Nov 28	
<b>Participate in Web Conference</b>		TBA	
<b>Step 4 of Intervention Proposal: Final Presentation</b>			Dateline Dec 6
<b>Final evaluation of the course</b>			Dateline Dec 6

## Activities



### a. Dialogue in the Forum

We invite you to read the assigned material and initiate dialogue on selected issues. The timetable indicates the period of time available and the basic reading pages assigned to each item. Your Tutor will lead this exchange and provide feedback on the topics covered. The following table presents items and the corresponding basic reading sections as well as the questions that will guide the dialogue in the Forum.

Themes of the Forum	Questions for guiding the discussion
<b>Definitions and principles of gender mainstreaming in health.</b>	<ul style="list-style-type: none"> <li>✓ What are the principles on which an adequate process of gender mainstreaming should be based?</li> <li>✓ Based on the analysis of the gender continuum, what are the main characteristics of each of the planning approaches?</li> </ul>
<b>Programming cycle from a gender, human rights and diversity perspective.</b>	<ul style="list-style-type: none"> <li>✓ What are the main gender considerations in each phase of the project/program cycle?</li> <li>✓ What are the challenges to integrate gender considerations into the phases of the project/program cycle?</li> </ul>
<b>Role of gender-sensitive indicators for the development of health interventions.</b>	<ul style="list-style-type: none"> <li>✓ What is the function of gender sensitive indicators of gender mainstreaming in health?</li> <li>✓ What are the criteria to select the most appropriate indicators of gender mainstreaming in health?</li> <li>✓ What are the main components of an M&amp;E system of a health initiative using a gender, human rights and diversity perspective?</li> </ul>



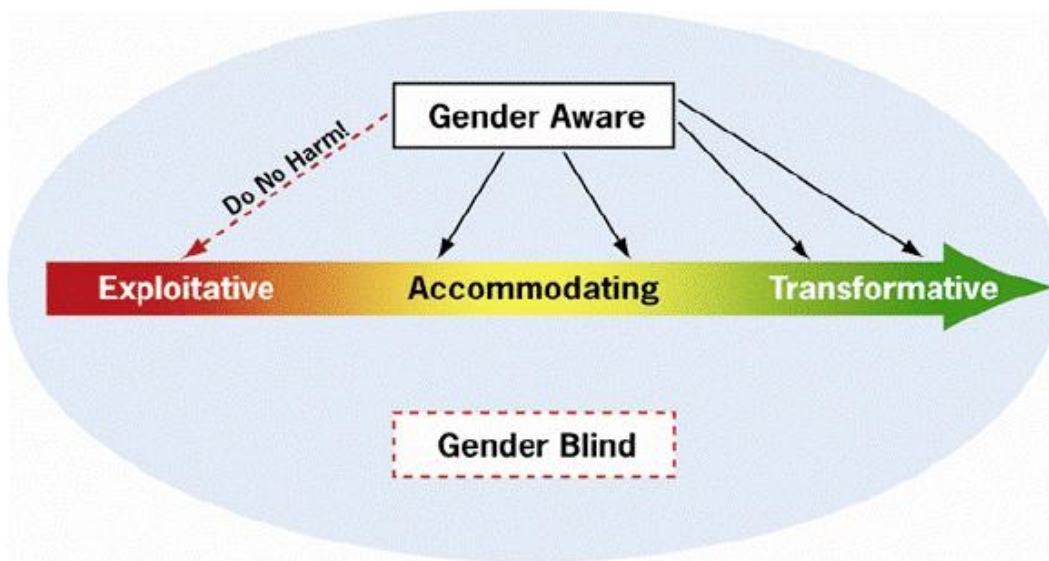
## **b. Integration Exercise "Gender Integration Continuum"**

In this activity we will utilize the scale called "Gender Integration Continuum" to assess project approaches. This scale describes various approaches categorizing them by how they treat gender norms and inequities in the design, implementation, and evaluation of program/policy. "The term 'gender blind' refers to the absence of any proactive consideration of the larger gender environment and specific gender roles affecting program/policy beneficiaries. Gender blind programs/policies would give no prior consideration for how gender norms and unequal power relations affect the achievement of objectives, or how objectives impact on gender. In contrast, 'gender aware' programs/policies deliberately examine and address the anticipated gender-related outcomes during both design and implementation. An important prerequisite for all gender-integrated interventions is to be gender aware." (IGWG) The following graph presents the location of each one of these approaches in the continuum.

To carry out this exercise, with the orientation of the Tutor, each participant will individually carry out the following sequence of work:

- After reading the characteristics of each one of these approaches in the basic reading, describe – in one or two paragraphs – an example of a health policy or program in which one or more of these approaches have been utilized. Explain why you classified that initiative within the indicated approach and describe the results it had or may have on gender disparities.
- Upload the report to the platform section "Integration exercise: Gender Integration Continuum".
- In the Forum we will analyze your answers and build collectively a listing of strategic and practical implications that have these approaches in the achievement of gender equality in health within the framework of human rights and diversity.

### Gender Integration Continuum



Source: IGWG. Gender Integration Continuum.  
[http://www.igwg.org/igwg\\_media/Training/FG\\_GendrIntegrContinuum.pdf](http://www.igwg.org/igwg_media/Training/FG_GendrIntegrContinuum.pdf)

#### c. Web conference

TBA



#### d. Step 4 of Intervention Proposal: Final presentation

In this module the main task is to coherently present a design for a successful intervention and evaluation method, on the basis of the definition of the problems to be addressed. The following chapters of the proposal will be Goals, strategy and expected results, this way the intervention proposal and previous module developments will be complete. (See guide for presentation of the intervention proposal, to summarize the previous chapters and complete the proposal)

Contents to develop:

1. **General and specific objectives**
2. **Strategies**
  - Define the place where the project will take place

- List concrete actions.
- Identify stakeholders

### 3. Expected Results

### 4. Project Monitoring and Evaluation (M&E)

- Evaluation Framework
  - System of Indicators
  - Data Sources
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### Mandatory readings

Denis Luciano. Mainstreaming a gender perspective into health programs, projects, and policies

Vlassof C, Moreno CG. Placing gender at the centre of health programming: challenges and limitations. *Social Science & Medicine*. 2002;54:1713-1723.

Merha and Gupta, ICRW. 2006. Gender Mainstreaming: Making happens.



### Complementary readings

United Nations Development Fund for Women. Gender Issues in the Project Cycle – A Checklist [Internet]. 2010 [cited 2010 November 4]. Available at:

<http://tilz.tearfund.org/webdocs/Tilz/Topics/Project%20cycle%20gender-checklist%20simple%20-unifem.pdf>

ECLAC 2004. Deare Fredericka. Methodological approach to gender analysis in natural disaster assessment: a guide for the Caribbean

<http://www.eclac.org/publicaciones/xml/4/19574/lcl2123i.pdf>

UNFPA. Review of Public Health-Care Protocols, Guidelines & Procedures on Gender-Based Violence in Barbados

<http://caribbean.unfpa.org/webdav/site/caribbean/shared/publications/2011/Barbados/Gender/Report%20on%20the%20Review%20of%20Public%20Health%20Care%20Protocols%20on%20GBV%20in%20Barbados.pdf>

## Virtual Course on Gender and Health within a framework of Diversity and Human Rights. Module 4

Interagency Coalition on AIDS and Development. GENDER ANALYSIS for Project Planners. Ottawa (ON): ICAD; 2007. Available at:

[http://test.aidsportal.org/atomicDocuments/AIDSPortalDocuments/Gender\\_Analysis\\_for\\_Project\\_Planners\\_EN\\_FINAL1.pdf](http://test.aidsportal.org/atomicDocuments/AIDSPortalDocuments/Gender_Analysis_for_Project_Planners_EN_FINAL1.pdf)

Rottach E, Schuler SR, Hardee K. Gender perspectives improve reproductive health outcomes: New evidence. Washington (DC): USAID, IGWG; 2009. Available at:

[www.igwg.org/igwg\\_media/genderperspectives.pdf](http://www.igwg.org/igwg_media/genderperspectives.pdf)

WHO. 2009 Integrating gender into HIV/AIDS programmes in the health sector

[http://whqlibdoc.who.int/publications/2009/9789241597197\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597197_eng.pdf)