

# The Manager

## MANAGEMENT STRATEGIES FOR IMPROVING HEALTH AND FAMILY PLANNING SERVICES

### In this Issue

<i>Developing a Gender-Sensitive Approach to Improving Reproductive Health Services</i> .....	2
<i>Gender Terms and Concepts</i> .....	4
<i>Why a Gender Perspective Is Needed in Managing Reproductive Health Services</i> .....	5
<i>Adopting a Gender-Sensitive Perspective</i> .....	6
<i>Gender Concepts in Action</i> .....	6
<i>Mainstreaming Gender-Sensitive Initiatives</i> .....	9
<i>Summary Sheet for Gender Analysis in Reproductive Health</i> .....	12
<i>Matrix for Planning for Gender Mainstreaming: An Instructive Example</i> .....	18
<i>Matrix for Planning for Gender Mainstreaming: Practical Applications</i> .....	19
<i>Sustaining Services with a Gender Perspective</i> .....	20
<i>Working Solutions—Peru</i> .....	20
<i>References</i> .....	22
<i>Reviewers' Corner</i> .....	25
<i>Checklist for Managing Reproductive Health Services with a Gender Perspective</i> .....	26

### Case Scenario

*Barishahi District Plans to Strengthen Its Gender Perspective*

## Managing Reproductive Health Services with a Gender Perspective

### Editors' Note

Gender is one of the most important factors to consider in designing, managing, and delivering reproductive health services. Yet gender may also be the least understood characteristic in terms of how women's and men's health needs differ and how those differences can best be addressed.

In many countries, gender significantly influences a person's ability to access health services. Differences in power relations between women and men may, for example, determine whether women can purchase or use a contraceptive, and therefore, how vulnerable they might be to an unintended pregnancy or to a sexually transmitted infection. Or, attitudes towards "masculinity" may result in some men continuing sexual practices that affect their own health and endanger the health and lives of their families. Awareness of such conditions and the adoption of appropriate responses can help women and men to improve their health and advance in life, and can enrich the quality of life in their communities.

The roles that women and men play should guide the ways in which clinic staff assess their clients' needs and provide care. This edition of *The Manager* shows how awareness of gender issues can improve the design, management, and delivery of health services, and takes you step by step through the process of assessing the influence of gender on organizational management.

## The Manager

### Editorial Review Board

*Dr. Alfredo Ariñez*, JHPIEGO, Bolivia

*Med Bouzidi*, International Planned Parenthood Federation, London

*Dr. Borbala Köö*, SECS, Romania

*María Isabel Plata*, PROFAMILIA, Colombia

*Jewel Quallo Rosberg*, Belize Family Life Association

*Dr. Sin Somuny*, Reproductive and Child Health Alliance, Cambodia

*Dr. Enrique Suárez*, The Mexican Federation of Private Health and Community Development Associations

*Dr. A.B. Sulaiman*, Planned Parenthood Federation of Nigeria

*Sixte Zigirumugabe*, CARE, Togo

### Field Advisors

*Abu Sayeed*, FPMD/Bangladesh

*Dr. Eléonore Rabelahasa*, PRISM, Guinea

Subscriptions to *The Manager* are \$15/year in North America and Western Europe; in all other areas the publication is distributed free of charge. Postmaster: Send address changes to:

*The Manager*, Management Sciences for Health, 891 Centre Street, Boston, MA, 02130-2796 USA.

### Editorial Directors

*James Wolff*  
*Janice Miller*

### Editor

*Janice Miller*

### Associate Editors

*Kim Atkinson*  
*Claire Bahamon*  
*Laura Lorenz*

### Consulting Editors

*Susanna Binzen*  
*Ann Buxbaum*  
*Saul Helfenbein*

### Desktop Publishing

*Ceallaigh Reddy*

### Distribution

*Sherry Cotaco*  
*Luc-Bernard Val*

### Internet Editions

*Jennifer Rodine*

*The Manager* (ISSN 1060-9172) is published quarterly in English, French, and Spanish by Family Planning Management Development (FPMD), a project of Management Sciences for Health. This publication does not represent official statements of policy by MSH or USAID.

Recommended citation: Management Sciences for Health. "Managing Reproductive Health Services with a Gender Perspective." *The Manager* (Boston), vol. 9, no. 2 (2000): pp. 1–26.

Family Planning Management Development  
Management Sciences for Health  
165 Allandale Road  
Boston, Massachusetts 02130-3400 USA

Phone: (617) 524-7799

Fax: (617) 524-2825

E-mail: [bookstore@msh.org](mailto:bookstore@msh.org)

URL: <http://www.msh.org>



Published with support  
from the U.S. Agency for  
International Development.

## Developing a Gender-Sensitive Approach to Improving Reproductive Health Services

Our health is affected by many different conditions, often called the determinants of health. The determinants may be biological (sex, genes), social (gender, education, family roles, community support), economic (poverty), environmental (pollution, workplace environment), and related to lifestyle (eating patterns, smoking, sexual behaviors). These determinants of health rarely operate in isolation from each other. Rather, they may reinforce or impact the others in a variety of ways.

Health providers, program managers, policy makers, and donors are increasingly aware that gender is a critical element in the design, management, and implementation of reproductive health programs, and ultimately, in the success and impact of these programs. Reproductive health services that meet both men's and women's needs will encourage increased use of those services and promote sound reproductive decisions.

In many countries, traditional male and female roles deter couples from discussing sexual matters, and may even encourage risky sexual behavior. Ultimately, they contribute to poor reproductive health for both men and women. For example, when women play subservient roles and men have the authority to make critical decisions without consulting their wives, there may be little or no discussion of sexual activity, fertility, contraceptive use, and limited access to health information and services, finances, transportation and other resources. Or, when traditional attitudes and expectations about masculinity prevail, men may be encouraged to have multiple sex partners and expose them—and their partners—to risks of disease. A “gender perspective” prompts attention to these destructive patterns and ways to build constructive relationships between women and men.

**The gender perspective: WID and GAD.** Awareness of the role of gender in social and economic development began to emerge during the 1970s. The emphasis at that time was on women in development (WID), focusing on their exclusion from socioeconomic development planning and its benefits. Among other achievements, the WID approach advanced women's opportunities to earn income and expanded their access to reproductive health services.

Since those early days, the perspective has broadened. The current focus on gender and development (GAD) recognizes that women's and men's roles, relationships, needs, and interests together influence and contribute to economic and social development. The GAD approach seeks to equalize relations between the sexes over time. In this more comprehensive perspective, women's status in society—including their opportunities to participate in and benefit from economic development—cannot be improved without involving men in the process.

---

GAD strategies identify and address short-term needs to improve women's and men's condition (such as health status or material welfare). They also identify and address longer-term interests. The ultimate goal is equitable, sustainable development for both sexes, and the sharing of decision-making power.

**Gender and reproductive health.** The International Conference on Population and Development in Cairo in 1994, the Fourth World Conference on Women in Beijing in 1995, and the fifth-year reviews of both of those conferences in 1999 and 2000, respectively, highlighted gender as an essential part of equitable, sustainable development. The conferences encouraged reproductive health programs to examine gender issues that underlie health problems, address women's health needs throughout their life span, view sexuality as a positive part of a woman's life, and address men's responsibility to respect women's reproductive rights.

This edition of *The Manager* reflects these broader views of gender and reproductive health. It describes how sensitivity to gender concerns can improve the effectiveness of the reproductive health services you provide. It identifies terms and concepts of the gender-and-development approach. It helps you to assess the influence of gender on organizational management as well as on the ways in which you deliver services.

This issue takes you through a series of steps for designing, managing, and implementing a gender-sensitive approach in your delivery of reproductive health services. You will learn how to conduct a gender analysis of your program and the wider

community in which you work. You will use the results of the analysis to set goals for improving gender relations within your program and for delivering services that are relevant to the different needs of female and male clients. You will choose strategies and activities to build on positive gender-related factors in the social and physical environment, and to overcome gender-related obstacles. As a result, you will encourage both women and men to use your services, and increase the positive impact of your services on their health.

The Guest Editors of this issue are Alison Ellis, Ann Buxbaum, and John Paxman. Alison Ellis is Director of the Management Development Team of the Management and Leadership Development Program, of Management Sciences for Health (MSH). Ann Buxbaum is a Senior Program Associate in MSH's Population and Reproductive Health Program. John Paxman is Acting Director of the Population and Reproductive Health Program at MSH.

The Guest Editors would like to thank the numerous colleagues inside and outside of MSH who have contributed comments and suggestions to the review draft of this issue. They acknowledge in particular the critical contributions of Judith Helzner, Director of Sexual and Reproductive Health, International Planned Parenthood Federation/Western Hemisphere Region, Inc. (IPPF/WHR); Barbara Pillsbury, co-founder and Director of Programs, Pacific Institute for Women's Health; and Estelle E. Quain, Senior Technical Advisor, Center for Population, Health and Nutrition, US Agency for International Development.

## Gender Terms and Concepts

Here are a few key definitions of gender terms and concepts that are used in this issue.

**Sex.** The genetic, physiological, and biological characteristics that determine whether a person is female or male.

**Gender.** The social roles that men and women play, because of the way their society is organized. Gender is expressed in the kinds of relations between sexes that arise from those roles, and in assumptions about “appropriate” behaviors. The gender “mindset” is learned and can change from generation to generation, from culture to culture, and from one social, ethnic, or racial group to another, within the same culture. Gender roles may evolve through changes in education, technology, and economics, and crises like war or famine.

**Sexuality.** Feelings, desires, behavior, choices, and values pertaining to sexual relationships.

**Gender sensitivity/awareness/perspective.** The understanding of socially determined differences between women and men that lead to inequities in their respective access to and control of resources. Gender sensitivity includes the willingness to address these inequities through strategies and actions for social and economic development.

### **Gender needs—practical and strategic:**

- **Practical** gender needs are immediate, often being concerned with shortcomings in living conditions, health care, and employment. Addressing practical gender needs helps both sexes to fulfill their roles and responsibilities. It does not change the social status of either women or men.
- **Strategic** gender needs relate to achieving equal treatment for both sexes over the long term. They encompass the sexual division of labor, and of power and control, and include such issues as legal rights, domestic violence, access to resources, wage differentials, and women’s control over their own bodies. Addressing strategic gender needs helps women to challenge their subordinate status vis-a-vis men, and to reduce the inequality between the sexes.

**Gender equity.** Fairness and justice for both sexes in the distribution of benefits and responsibilities. This concept recognizes the disparity between women’s and men’s access to resources and opportunities, and their ability to shape their own future—a disparity that has traditionally given to men a greater proportion of benefits, and to women a disproportion of household responsibilities. To realize gender equity, women must be empowered to join men in making decisions that affect their own and their children’s lives.

**Mainstreaming gender.** The incorporation of gender considerations into the analysis, formulation, and monitoring of strategies and activities that can address and help reduce inequities between women and men. Mainstreaming addresses gender issues in all aspects of development, including decision-making structures and planning processes such as policy making, budgeting, and programming.

---

## Why a Gender Perspective Is Needed in Managing Reproductive Health Services

Community clinic or health program managers may ask why they need to adopt a special gender perspective in managing their services for women. Haven't women already benefited from the reproductive revolution of the past 30 years and the expanding availability of modern contraceptive methods?

Yes, thanks to family planning programs and reproductive health services, women around the world are able to pursue new activities and expand their roles. These services have helped improve the health of women and families, especially in low-income rural and urban communities. Also, thanks to many types of health and social action programs, women's lives have improved in important, practical ways. Around the world, women now live longer than do men. Maternal mortality rates have been reduced by one half, and fertility rates by one third. Female literacy has also improved dramatically: from 54% to 74% of the male literacy rate, according to the World Health Organization.

Along with these improvements, many women are moving from the margins to the centers of community life in many countries, contributing labor, conducting business, earning cash income, and/or producing food, as well as taking care of the diverse needs of home and family.

**Inequities have an impact.** Despite these advances, however, great discrepancies persist between women and men. In many places, most women are still marginalized. Their status—economic, social, and political—has hardly changed, and in some places it has deteriorated under worsening economic conditions. They often receive far fewer of the benefits from socioeconomic development than do men. The inequities make

women more vulnerable to health risks. They are less likely to receive the right services and treatment.

Women are more important to their families and communities than ever before, as socioeconomic pressures increase throughout the developing world. Community health programs are in the best position to deliver services that help close the gender gap in health, as a key to generating benefits in other areas of life for both women and men.

Equity in the area of human rights is also a central issue in gender considerations. The United Nations adopted the Universal Declaration of Human Rights in 1948, thereby recognizing that every human being has the right not to be discriminated against because of his or her sex. While both men and women suffer from breaches of their human rights, women are more vulnerable to abuse, much of which occurs in their homes and may be condoned by their communities.

**A global commitment to gender equity.** The agreements and plans of action from the global conferences described on page 3 call on all governments to contribute to the solutions, in part through health programs. Most donors have developed or are developing requirements for gender-sensitive health services, obligating health professionals to do what they can to contribute to equity and human rights in providing their services.

As the manager of a health program, you can support your government's commitments by enhancing the gender sensitivity of your programs. You can analyze your services to find how they could become more responsive to both women's and men's needs. You can help your staff to examine how gender issues affect your ability to work together, manage your programs, and achieve your shared goals. You can listen to the concerns of your staff and clients in considering program modifications to respond to gender-related concerns.

Areas where a gender perspective could help improve your services include:

- Improving the satisfaction of both female and male clients with the way in which they are received and cared for;
- Improving provider practices, including communication and clinical skills;
- Using gender-relevant information to establish policies, set goals, develop strategies, and organize and evaluate operations;
- Strengthening management systems that support gender-sensitive services, including human resources, logistics, and information management;
- Encouraging men to develop responsibility in respecting women’s reproductive rights.

## Adopting a Gender-Sensitive Perspective

Considering gender issues is like putting on new glasses. You look at the same reality, but you see it differently. Reviewing the organization and delivery of your health services from a gender perspective is like seeing them through a special lens that highlights the gender-related aspects.

You take a focused approach in thinking about your work, how you do it, and the different effects it has on your male and female clients. You see how gender issues affect providers, managers, and the operations of organizations and programs, as well as the reproductive behavior, attitudes, and practices in your client community. (See “Gender Concepts in Action,” below.)

### Gender Concepts in Action

Approaches to gender in reproductive health services range along a continuum, from reinforcing existing gender roles and relationships to actions that work to change them. (The following concepts are adapted from G. R. Gupta.)

- **Gender-biased** approaches tend to use and perpetuate stereotypes of men and women, such as presenting a “macho” image of male sexuality and treating women as powerless victims. An example is marketing of condoms with an image of machismo.
- **Gender-neutral** approaches do no harm to gender relations, but fail to respond to the gender needs and interests of individuals, such as offering generic educational messages that are not targeted to either women or men, or ignoring women’s possible preference for female counselors and providers.
- **Gender-sensitive** approaches recognize and respond to the different needs and constraints of individuals based on their gender and sexuality, such as counseling women to negotiate condom use or addressing the reluctance of some men to use condoms.

By increasing the focus on gender-sensitive services, your program is responding to the practical gender needs of female and male clients. Doing so may also indirectly contribute to meeting strategic gender needs. But you may decide to go further to meet strategic gender needs directly—to move towards gender equity by beginning to modify gender relations and power in your community. Two other approaches can help a program in this long-term task:

- **Transformative** approaches go beyond gender sensitivity, actually toward changing gender relations in society. Such approaches involve working over the long term with young men and women, or adolescent boys and girls, to redefine gender norms and encourage healthy sexuality. Other programs seek to influence the development of constructive attitudes and behaviors of young boys and girls, through schools or community-based educational activities.

*The Men as Partners (MAP) initiative is one example. Conducted by AVSC International, MAP examines the impact of gender and sexuality on male and female sexual health and relationships. MAP uses varied educational interventions to increase men's participation with women in making sound reproductive health decisions and reducing male violence towards women.*

- **Women's empowerment** approaches seek to balance the gender equation by giving women access to information, skills, services, and technology; encouraging their participation in decision making; and creating a group identity that becomes a source of power. These approaches recognize that targeted interventions are still needed in many settings to free women from a long tradition of restrictive social norms. *For example, through some reproductive health programs, female outreach workers have enhanced their status and prestige in their families and communities, and gained opportunities for employment or access to micro-finance programs.* An understanding of the elements of all these approaches will help you and your staff set goals that are realistic for your organization's current work. It will also contribute to longer-term gender equity among the people you serve.

A gender perspective starts with recognition that your range of services will always affect men and women differently. It enables you to see that relationships between women and men can vary depending on the context. Your clients and staff are not just representatives of the male or female sex—they are also part of their families and communities, with varied options, quality of life, experiences, attitudes, and perceptions.

A gender perspective takes into account gender roles, social and economic relationships and needs, access to resources, and other constraints and opportunities imposed by society or culture, age, religion, and/or ethnicity on both men and women.

In tackling the complex issues of gender, some people in your program may feel threatened and resist change. Attitudes and actions vary from person to person, organization to organization, and country to country. In addressing the social and economic imbalances between the sexes, you may find that some people resist because they fear loss of power or change in the status quo. You may have to help them remember that the goal in addressing gender issues is not to substitute one group's interests for another's—it is to open up discussion and work toward a new, shared vision from which all can benefit.

## **Focusing on Reproductive Health Programs**

Reproductive health is a good starting point for addressing gender issues. Synergy exists between reproductive health and the issues of women's and men's participation, empowerment, equity, and human rights. Human rights and dignity include the core of reproductive health programs: the rights to establish a family, decide freely and responsibly the number and spacing of children, and have access to health information, education, and care.

Gender inequity profoundly affects those rights when it limits contraceptive use and choice. Traditional gender roles often deny women control over their own sexual decisions, and create pressures that compel some men to undertake risky sexual behaviors. This form of inequity has serious health implications because of the increased risk of unwanted pregnancy and sexually transmitted infections (STIs), particularly HIV/AIDS.

---

Gender inequity also has an impact on maternal morbidity and mortality. The value accorded a woman's life in some societies determines whether financial or other resources are available for prenatal care or emergency obstetric services.

Experience and research have shown that attention to gender issues can enhance the impact of reproductive health programs. Local realities of reproductive behavior, family structure, and gender relations need to be acknowledged and dealt with, for they can undermine the effectiveness and sustainability of a program. Issues of gender inequity, for example, can be part of the reason why policies and programs may work more effectively in some countries than in others, in helping women and men to achieve full reproductive choice.

By promoting an understanding of the links between gender roles and health, health programs and service providers can help clients of both sexes to take appropriate action. Reproductive health services that do not address gender biases and obstacles lose valuable opportunities to reduce inequities, to contribute to positive relations between women and men, or to achieve service objectives. While many managers and providers are aware of these truths, they may not always know how to organize and offer services that reflect a gender perspective.

### **Addressing Gender Issues in Reproductive Health Services**

Gender-sensitive services for reproductive health require a mindset based on a thorough and realistic understanding of male-female relationships within the social and economic settings of women's and men's everyday lives. Health programs and providers can use this mindset to address two key elements of service: access and quality.

**Access** encompasses all the factors that enable or obstruct female and male clients in using health services: physical access, such as adequate transportation, as well as social, cultural, and economic factors. Gender can limit access to health services through:

- Financial costs—families may be less willing to invest in health care for female family members than for males;
- Opportunity costs—women or men may have responsibilities that prevent them from seeking services where health centers are distant, transport is difficult, or clinic hours are inconvenient;
- Socio-cultural constraints—women may be prohibited from traveling alone or being treated by male providers, or men may not feel comfortable being treated in health facilities where most clients are women and children.

The **quality** of reproductive health services encompasses choice of methods, information for clients, technical competence of providers, interaction between providers and clients, and mechanisms to encourage consistent and appropriate use of health services. However, gender-sensitive services go beyond those widely accepted components of quality of care. They address the different ways in which women and men experience health problems and illness.

A gender-sensitive provider tries to understand all the reasons for which a client seeks services, taking into account her or his medical history, work, social and cultural setting, daily life, sexuality, and personal feelings. In particular, the provider can contribute to every woman's sense of self-determination, her capacity to take control of her body, her dignity, and the exercise of her rights. In serving men, the provider can help counteract the destructive macho mentality with clear information about the consequences of certain sexual behaviors.

A gender-sensitive approach trains providers in issues pertaining to relationships between men and women, including domestic violence, sexual abuse, and negotiation of sexual activity and contraceptive use.

---

## Mainstreaming the Gender-Sensitive Approach

Most organizations that try to bring a gender perspective to their reproductive health programs do not generate a separate program component or activity. Rather, they mainstream gender across all services by building:

- Awareness and understanding of gender issues and concepts among all staff;
- Managerial commitment to address gender issues;
- Managerial ability to adapt systems and procedures to accommodate a gender perspective;
- Knowledge and skills for designing, implementing, and evaluating gender-sensitive programs, services, and activities.

The following sections of this edition of *The Manager* describe activities to help you and your staff build a gender-sensitive program.

As you undertake these activities, you should remember the distinction between practical and strategic gender needs (as defined in “Gender Terms and Concepts” on page 4). Your program may not be able to tackle all the gender-related obstacles that your clients must overcome to reach their reproductive health goals and achieve gender equity in their daily lives. However, you can contribute significantly to the momentum of long-term positive change by meeting some of their practical, short-term gender needs. And your work may begin to increase honesty and respect in discussions between male and female partners.

## Mainstreaming Gender-Sensitive Initiatives

There are five steps your program can take to prepare for successful gender mainstreaming:

Step 1. Introduce gender awareness and concepts at every level of the program.

Step 2. Conduct a gender analysis of your working environment.

Step 3. Assess your program’s readiness for gender mainstreaming.

Step 4. Determine the desired gender-related results: short- and long-term goals and objectives.

Step 5. Identify the strategies and activities to help you meet those goals and objectives.

After you have completed these steps, you and your staff will be ready to deliver gender-sensitive services that will benefit all your clients—women and men alike.

<b>Step 1. Introduce gender awareness and concepts</b>
--

You can use this issue of *The Manager* to discuss and increase awareness about gender issues in your program—to orient yourself and your colleagues to gender concepts and discuss how gender influences and impacts the delivery of your services. The conversation should include managers at the top level of the program, because it is important to have committed leadership in making any kind of organizational change. Then the conversation should go on to include your entire staff, as well as other stakeholders—board members, community leaders, representatives of other agencies or organizations with whom you work.

---

As prevailing attitudes begin to change and receptivity grows across the program, formal training in gender issues may further educate managers and providers about the impact of gender issues on health. Gender training workshops can introduce gender concepts and encourage the participants to explore their gender-related experiences, attitudes, and stereotypes. The workshops can provide staff members with skills for addressing gender issues. Gender training may be available from a local university, from a gender unit in your ministry of health or ministry of women's affairs, or from international technical assistance agencies.

The training may be free of charge or may be sponsored by such international donor agencies as the US Agency for International Development, the Canadian and Swedish international development agencies, and the World Bank, or such international organizations as the International Planned Parenthood Federation (IPPF) and the Centre for Development and Population Activities (CEDPA). All these organizations are committed to addressing gender inequities in development programs that they support.

## Step 2. Conduct a gender analysis

Gender analysis is a method of systematically collecting data about the broader environment in which your program works. It helps you to look carefully at the financial, economic, social/cultural, and political/legal factors that affect women's and men's roles and the balance of power in their relationships. It highlights their differing needs, constraints, and opportunities, and the impact of those differences on their lives. And it enables you to examine unfounded assumptions and uncover gaps in information.

In the context of reproductive health, gender analysis can reveal how gender norms affect reproductive health services, and how those norms determine differential exposure to risk, and access to services and their benefits, to information, and to resources. Gender analysis provides a solid basis for gender-sensitive program planning.

Gender analysis is based on questions about how gender affects key aspects of life and work. These questions fall into four broad areas: gender roles and activities, access to and control of resources, social and cultural patterns, and legal and political considerations. The following questions are examples of what you might ask in each area. As you and your colleagues conduct the analysis, you will likely think of other questions that reflect the particular environment in which you work.

- **Gender roles and activities.** How is the workload distributed—who does what in local households and in the wider community? What household and external tasks occupy women and men during the course of the day? During different seasons of the year? Who does the paid work? Who does the unpaid tasks?
- **Access to and control of resources.** Who is able to use the resources available to a household—time, disposable income, food, household goods, land, etc.? Who can use the resources available in the community? Who defines and makes decisions about the use of those resources in the household and wider community?

- **Social and cultural patterns.** What behaviors are valued for women in your community and nationally? What behaviors are valued for men? What traditional practices reflect these values? What social and cultural changes are taking place locally or nationally?
- **Legal and political considerations.** Is there a legal and political framework for women's equality in your country? What are women's rights regarding inheritance, ownership of property, work, access to education and freedom from violence and abuse? What human rights treaties has your government signed? What national or local human rights initiatives for gender equity are being pursued by your government or local women's groups? How do women and men learn about these rights?

You can consider each set of questions in the context of the use of your reproductive health services. *For example, men's and women's workloads and incomes may have a strong impact on whether and how often they seek services. Their roles may also determine the extent to which they can participate in such activities as joining community health committees, advocating for reproductive health, or serving as paid or volunteer outreach workers.* Access to and control of resources will also influence couples' decisions about the use of contraception, antenatal care, and attended deliveries. Social and cultural patterns may make certain groups reluctant to seek reproductive health care. *For example, unmarried, sexually active women or adolescents of both sexes may fear the repercussions of asking for family planning services.* Legal and political restrictions may hinder women from making fertility decisions on their own, or women and men may be unaware of legal and political rights that would support women's right to make such decisions. Your program might want to find a way to inform women and men of their human

rights, and the presence of local or national human rights initiatives may enable you to form strong alliances for gender-sensitive reproductive health services.

A gender analysis, based on the questions above, might develop into a complicated and time-consuming effort. To avoid that, you can make an analysis along the lines of a rapid assessment. You can collect the information you need by involving colleagues, decision makers, and the community in individual or group interviews, or focus groups, to discuss the guiding questions. The challenge is to build a representative picture of how gender relationships function in your environment.

As you collect and discuss information during the gender analysis, you can present the results in a matrix like that of the "Summary Sheet" on the next page. The matrix encourages you to apply your general findings to reproductive health, while acknowledging the obstacles at individual, household, and community or national level. You should then think of factors at all levels to build on in overcoming some of the obstacles. The information you gather and enter on the matrix will help you to identify organizational goals, strategies, and priority activities that you can implement.

The constraints interact and reinforce each other. The "individual level" refers to constraints that exist because of a woman's or man's own combination of skills, experience, knowledge, and confidence. "Household" refers to the connection of social relations within a household.

The connections are often considered solely in relation to husbands and wives. In many societies, however, the household unit is broader and includes sons and daughters, parents, and other relatives who can limit the set of choices that men and (usually) women face. It is likewise important to recognize the limitations that the wider society imposes, in terms of norms of behavior, legal rights, and perceptions of the value of what women and men do.

## Summary Sheet for Gender Analysis in Reproductive Health (RH)

Gender-Related Influences in RH Decision Making	Gender-Related Obstacles to RH			Factors That Could Help in Overcoming Obstacles to RH
	Individual (based on a man's or woman's skills, experience, knowledge, confidence)	Household (husband, wife, children, extended family)	Wider Community/Country (values, norms of behavior, legal rights, political power)	
<b>Economic Roles and Activities</b>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	Individual, Household, Wider Community/Country
<b>Access to and Control of Resources</b>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	
<b>Social/Cultural Patterns</b>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	
<b>Legal/Political Considerations</b>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	<p><i>Women:</i></p> <p><i>Men:</i></p>	

### Step 3. Assess your program's readiness for gender mainstreaming

Your program's readiness to adopt or strengthen a gender-sensitive approach depends largely on its leadership, mission, and structure, as well as on the management systems that support the delivery of your services. As with the gender analysis in Step 2, a few key questions will help you conduct this assessment. Again, these are illustrative questions; you may wish to add or change questions to reflect your own organizational culture, structure, and systems.

#### Organizational Leadership and Culture

- Is the leadership of your program aware of gender issues?
- Are the leaders committed to changes in the organization and delivery of your reproductive health services, to address gender needs and interests among the population you serve?
- Does the rest of the organization share this commitment to gender-related changes?

It is not essential for the leaders of your program to be female for services to be gender-sensitive. Both male and female leaders who are determined to mainstream gender can listen to and respond to the concerns of staff, motivate them to commit to change, encourage learning and open communication, and manage the change process.

#### Program Mission and Structure

- Does your program's mission statement affirm a commitment to both women and men in the communities you serve?
- Are the management and decision-making roles of women and men in your program distributed equitably?

The mission is a statement of the purpose(s) for which your program exists. It establishes an identity that distinguishes your work from that of other groups. Gender mainstreaming may be implied in your mission statement, but if you hope to highlight the importance of gender for staff, board, clients,

donors, and other stakeholders, you will want to express this commitment clearly and directly.

To bring the mission to life, your organizational structure should reflect the same commitment to gender mainstreaming. Although women tend to outnumber men as service providers in the formal health care system, they are often underrepresented at policy, management, and decision-making levels. If men predominate at those levels of your program, women's discussion groups (or well-facilitated mixed groups) and focused individual interviews can give women a voice on important issues.

A common question is whether an organization needs a special unit or staff person dedicated to gender concerns. That may not be practical at the local level, because of work demands and resource constraints. In any case, the goal is for *all* staff to be gender-sensitive. If a single person or small unit takes on that responsibility, it may never be shared or internalized by everyone.

#### Human Resource Management

- Do human resource management policies and practices provide equal opportunities to female and male employees in recruitment, compensation, professional development, advancement, and promotion?
- Have staff at all levels been trained in gender concerns? Are supervisors sensitive to gender issues?
- Has an appropriate balance among outreach workers and clinic-based staff been established so that both male and female clients are able to access services and benefit from your activities?

Human resource management is an important testing ground for gender sensitivity regarding your program's mission and structure. It may seem obvious that all employees should have the same human resource options, but gender-biased or gender-neutral policies, systems, and practices may work in subtle ways to undermine opportunities. It is useful to review actual experience, as well as written policies, to ensure that the policies are being carried out fairly.

---

Staff training in gender issues, as discussed above, will help to build a common understanding among staff at all levels and alert all staff to gender issues related to organizational structure and systems. To maintain the benefits of training, supportive supervision is critical as providers learn to use new communication or clinical skills and to solve problems. Gender-sensitive supervisors will reward staff for responsiveness to clients' concerns, to the social and cultural aspects of fertility decisions and sexual behavior, and to privacy requirements.

The acceptability of male or female service personnel varies among different cultures. In some cultures, a man may not conduct a clinical examination of a woman. That can constitute a significant barrier for some women in accessing services. In other cultures, social norms are less stringent.

Research on the acceptability and effectiveness of female and male providers, whether clinicians, counselors, or outreach workers, has shown that, in many settings, the sex of the provider does not matter. The essential need is that the provider communicate information clearly, treat clients with dignity and respect, and demonstrate an understanding of the needs, interests, and constraints to accessing and using reproductive health services, whether the client is male or female.

### **Operations and Logistics Management**

- Are the location and timing of your services accessible to both men and women?
- Is there a dependable distribution system to ensure that supplies are always available to serve the needs of both men and women?

Gender-sensitive services may necessitate extension of clinic hours in order to serve adolescents and working men and women, or offering outreach services by sending workers where men and women tend to congregate. If your program tries to make services more accessible to certain groups of people, you will need to be sure that your logistics and inventory systems work smoothly, so that well-trained and competent staff, contraceptives, and other supplies are always available for the range of services you are offering.

### **Financing and Financial Management**

- Are funding levels adequate for mainstreaming gender into your program?
- Have fees been adjusted to avoid financial barriers to access and use by female or male clients, including adolescents?

These questions are difficult to address in this time of diminishing government and donor resources for public health. But you may find that not much money is needed to create a gender-sensitive program. The first task for your program is to become aware of the needs, interests, and barriers to services that exist among your clients and then to reorient the ways in which services are organized and delivered.

Most reproductive health organizations are under pressure to find their own means of financial sustainability, and charging fees is one obvious alternative—one with potential implications for the access of disadvantaged women and men. If you must charge for services, you might institute a sliding scale, or subsidize reproductive health services with revenues obtained through other health services. Another alternative might be to refer clients to other facilities that provide services free or at a lower cost.

### **Collection and Use of Information**

- Does your management information system allow you to disaggregate data—to collect separate data on services provided to women and men?
- Are staff trained to interpret and use gender-disaggregated data for planning and other management purposes?

You will need separate data sets on female and male clients, in order to examine your progress in implementing gender mainstreaming and its impact. You can collect data on services provided to women and men while you are compiling information from your records for regular monthly or quarterly service reports. If your current reporting requirements do not include breakdowns by sex, you can probably obtain information on the sex and age of each client from medical records or registers.

---

Your identification of gender-sensitive indicators is critical to the measurement of gender-related changes in your activities over time. The selection of indicators will depend on the goals of your program and the groups you are trying to reach. Following are illustrations of indicators that could be used:

- Demonstrated knowledge of family planning and reproductive health among intended program beneficiaries (for example, men, newly married women, adolescents, etc.);
- Sex ratio of clients served by your clinic;
- Demonstrated changes in providers' counseling content, style, and attitudes in dealing with women and men;
- Providers' identification of and appropriate counseling for clients at risk for violence or STIs;
- Demonstrated changes in community attitudes towards reproductive health;
- Reported increases in discussion of reproductive health issues between wives and husbands;
- Amounts and types of commodities used;
- Clinic hours and client waiting times.

#### **Step 4. Determine the desired gender-related results**

Now you can use your gender analysis and organizational readiness assessment to consider the results you hope to achieve through your efforts at gender mainstreaming. These intended results—your goals and objectives—will guide you as you adjust or redesign your program and services to incorporate a gender perspective. That will ensure that the roles, needs, and participation of women and men are thoroughly considered in planning and implementing your program activities.

If you hope to achieve these goals and objectives, they should be consistent with broader organizational goals, adding a gender component to what the program is already committed to. Gender-related goals might address improvements in the reproductive health status of both women and men

in the population you serve. Building on your analysis of male-female differences in the use of services, they might specify subpopulations to reach in addition to those you already serve, such as adolescent males and females, men at risk of STIs, or women who have been subjected to domestic violence.

As with all goals, gender goals should be realistic and attainable. Reaching short-term goals will motivate staff to continue or increase their efforts to mainstream gender into their work, and pave the way to the achievement of long-term goals. These long-term goals can be broader—still realistic, but ambitious enough to encourage positive changes in the relations between women and men.

Selecting goals and objectives that are both realistic and challenging will require thoughtful discussion across the program because of their major implications for everyone's work. These goals will bring a gender perspective to decisions about the population groups you will serve, based on sound information about the health, demographic, and socioeconomic characteristics of women and men in your community.

To set goals and objectives, it is important to consider the advantages of gender-sensitive services to your clients, as well as any social and financial burdens those services might impose on the women and men you serve. Sometimes a goal that benefits one group has negative results for another. Even if you are sure your gender-related goals will benefit the entire community, some groups may perceive that they are losing some advantages as another group gains, and it will be important for all stakeholders to understand the reasons behind these new goals. You may find it useful to consult with local organizations and community leaders of both sexes as you incorporate gender into your goals.

If you look back at “Gender Concepts in Action” on page 6, you can determine whether your goals match the approaches you would like to pursue. Short-term goals are likely to fulfill practical gender needs through gender-sensitive approaches, while you might select some long-term goals that will embody transformative or empowerment approaches.

## Step 5. Identify strategies, activities, and the indicators of success

The selection of the most appropriate strategies depends on the results of your gender analysis, your resources, and the degree of commitment of your staff—the extent of all your willingness, interest, capacity, and capability. Strategies to meet gender-related goals and address obstacles are likely to fall into four broad categories, to satisfy different purposes:

- Strategies to enhance women’s awareness and related skill development, such as providing educational materials for illiterate women.
- Strategies to influence men’s attitudes and behavior towards women within the household and the local community, and their use of reproductive health services, such as initiating efforts to reach men with services and information, and to encourage them to adopt, or support their partner’s adoption, of contraceptive methods.
- Strategies to strengthen the gender sensitivity of your services, in order to expand access and improve quality, such as promoting the participation of female and male staff members in designing, implementing, and evaluating services, and building staff expertise in counseling clients of the opposite sex.
- Strategies to change social norms and legal frameworks that affect women’s status and rights, such as building partnerships with other organizations to advocate for change in women’s status and rights; supporting community-based initiatives that encourage men and women to discuss changing social norms and gender roles.

Some strategies could satisfy several of the four categories listed above:

- Promoting the participation of both women and men in the community you serve in every stage of project development and implementation.
- Improving your clients’ knowledge of contraception and reducing fear or misunderstanding about methods.
- Implementing programs or offering services for female and male adolescents, in and out of school, to help them make the best life choices and protect themselves from unintended pregnancies and STIs.

As with any planning process, the next stage in planning for gender mainstreaming is identifying the activities needed to carry out your strategies and meet your goals and objectives. The challenge is to introduce activities that will bring the gender concepts to life, and address some of the obstacles without draining the energy of your staff and the resources of your program. If the staff and other stakeholders have been involved throughout the planning process, these activities will be the next logical stage in a planning sequence to which they can claim ownership and to which they will be committed.

The last element of the plan will be to determine indicators of success and the sources of data with which you can measure those indicators. This monitoring and evaluation function is critical for assessing your performance against expected results at any point in time. You will need to build these functions into your existing monitoring and evaluation budget; in many instances, you may find it possible to combine the evaluation of gender mainstreaming with your current evaluation activities.

The “Matrix for Planning for Gender Mainstreaming:

---

An Instructive Example,” on page 18, illustrates one way in which you might organize your gender-planning exercise.

Following this example of a completed matrix is a blank version of the same matrix, on page 19, for your use in “Practical Applications.” It shows a planning sequence that can guide you and your staff in recording your own results, obstacles, strategies, activities to overcome the obstacles, gender-sensitive indicators to use for monitoring and evaluation, and data sources. This matrix can serve as the basis for more detailed work plans and timelines.

### **Implementing, Monitoring, and Evaluating Your Gender-Sensitive Services**

Now you are ready to carry out your program. You can use the planning matrix to help you stay on course as you carry out and regularly monitor your activities, assessing your performance against the expected results at a given point in time, and identifying key learning points. The indicators will help you to monitor progress regularly and adjust activities to reflect changing circumstances.

You and your staff may decide to meet informally at regular intervals to see how the program is going and to

share experiences. These periodic reviews will contribute to more formal evaluations of the extent to which the following occur:

- Constraints are being overcome that were preventing women and men from using your services;
- Men’s needs for information about their own and their partners’ sexual and reproductive health concerns are being addressed;
- Men are being encouraged to take responsibility for their sexual and reproductive behavior;
- Resistance from the community or within your program is fading;
- Mechanisms are in place to ensure that you hear both women’s and men’s views.

If your program achieves the desired results, you can celebrate your successes and consider moving forward to more ambitious gender-related goals. If you do not achieve all the results you aimed for, you may find it useful to review the mainstreaming process and see whether some steps were skipped or only partially carried out. Then you may want to adjust the goals, objectives, strategies, or activities as needed.

## Matrix for Planning for Gender Mainstreaming: An Instructive Example

Desired Results: Gender-Related Goals and Objectives	Gender-Related Obstacles to Achieving Objectives/Results	Strategies and Activities to Address Obstacles	Indicators to Measure Success	Sources of Data for Measuring Indicators
<p><i>Short-term goal: Increase in cases of sexually transmitted infections (STIs) identified and treated</i></p> <p><i>Long-term goal: Reduction in incidence of HIV/AIDS among men and women</i></p> <p><i>Objective: Increase the number of men and women coming to the clinic for STI treatment</i></p>	<p><i>Men resist coming to the clinic for STI services</i></p> <p><i>Women are not aware of the signs and symptoms of STIs</i></p> <p><i>Even after being treated, many men continue having unprotected sex</i></p>	<p><i>Develop educational materials targeted to different groups: women, men, reading and non-reading populations, sexually active adolescents</i></p> <p><i>Conduct outreach activities where men congregate: barbershops, bars, truck stops</i></p> <p><i>Arrange separate entrance and waiting room for men</i></p> <p><i>Extend clinic hours on certain days</i></p> <p><i>Distribute condoms widely and counsel men and women on their use to prevent STIs/HIV/AIDS</i></p>	<p><i>Increase in numbers of men diagnosed and treated, from (#) to (#) per quarter</i></p> <p><i>Increase in numbers of women diagnosed and treated from (#) to (#) per quarter</i></p> <p><i>More consistent use of condoms by men who have been treated at the clinic or participated in outreach activities</i></p>	<p><i>Service registers</i></p> <p><i>Interviews, focus groups, local rapid assessments</i></p>

**Matrix for Planning for Gender Mainstreaming: Practical Applications**

Desired Results: Gender-Related Goals and Objectives	Gender-Related Obstacles to Achieving Objectives/Results	Strategies and Activities to Address Obstacles	Indicators to Measure Success	Sources of Data for Measuring Indicators

## Sustaining Services with a Gender Perspective

Being sensitive to gender roles and responsibilities is vital in operating participatory, client-focused services. It is essential for an enduring impact on the health status of your clients.

Once your program has adopted a gender perspective and mainstreamed gender into its services, the obstacles will not simply disappear. You and your staff will need to continue to be alert to the external environment and internal culture, structure, and systems that can support or undermine your efforts. Whenever you review strategies and activities and develop new plans, it will be important to ask yourselves the same questions about the differing needs and status of women and men that steered you towards a gender-sensitive perspective.

As you improve your skills in designing and implementing gender-sensitive services, you can expect to increase your program's commitment to gender issues, and the effectiveness of your services. Once you have had some success, you can share your results and the lessons you have learned with others, so that other organizations in your country, or in other countries, can benefit from your experience.

Reproductive health programs around the world can feel encouraged by the success of family planning, which shows that traditional attitudes toward gender and health can change over time. Reproductive health programs like yours can take advantage of the momentum to work within a gender perspective and achieve further goals of gender equity.

### Working Solutions—Peru

#### Working with Men toward Women's Goals

Men have never been approached to cooperate in making responsible family planning decisions in quite the way pioneered by the *ReproSalud* project in Peru. And they were invited to do so by women. This innovative initiative has well repaid the participating women and their communities, making *ReproSalud* one of the first large-scale gender-sensitive projects to address the barriers to improving reproductive health.

**Background.** *ReproSalud* is an ambitious venture between the *Movimiento Manuela Ramos*—a Peruvian, nongovernmental feminist organization—and the US Agency for International Development (USAID). (Manuela Ramos is a generic name for “Everywoman.”) In the late 1980s, the “Manuelas” articulated their goals for hard-to-reach women in rural and peri-urban areas whose reproductive health needs fell outside the scope of conventional contraceptive delivery programs. In the early 1990s USAID developed a five-year, \$25 million project for low-income and rural women, in the new spirit of the “gender and development” agenda. From feedback at the end of the 1990s, the project has succeeded in addressing reproductive health needs in target communities. Crucial to its success has been its strategy of getting women and men to work together. *ReproSalud* was able to evolve a strategy of grass-roots wisdom because the “Manuelas” listened and learned from the women they sought to help.

**Approach.** In the *ReproSalud* approach, women's groups identify their reproductive health problems and related socioeconomic issues, and determine how to tackle them. At the outset, in designing their first activities, the women wanted to involve men, because their husbands were curious about their activities and the women wanted to minimize male opposition. Their long-term goal was to moderate the patriarchal attitudes and behaviors that were obstacles to women's reproductive health goals.

*ReproSalud*'s "Gender and Health Workshops for Men" open men to critical reflection on their cultural roles. An introductory exercise called "The Male Body" explores the relation between concepts of masculinity and their consequences for the body and health. The participants consider the relationship between being male (boss/worker/other male icons) and the physical and emotional impacts that result (such as loneliness, stress, heart disease, alcohol abuse, and domestic violence). They discuss the association between being a "lady's man" and sexually transmitted infections. They probe what their own experiences have done to them in the perspective of their current family relationships as husband and fathers. The goal is to encourage them to adopt responsible behaviors, and to impart their evolving health-oriented values to their peers. The process of training men to educate others in their own communities has become key to *ReproSalud*'s overall success.

**Results.** Men have been eager to learn about sexuality, the ways they use (and abuse) their bodies, and reproductive health of both sexes. The men have taken their lessons home, going on to explore ways to foster harmonious family relations and to educate their peers in the value of accepting domestic and reproductive responsibilities. A key result has been improvements in spousal communication. As one of the women said, "My husband and I had talked about using birth control before, but he was against it. He said that it was bad for you and that women could go with other men. But after the training, he understood and he agreed to family planning."

*ReproSalud*, in the words of USAID consultant Barbara Feringa, "is proving that working with men on women's terms is an extremely powerful concept that offers tremendous opportunity to family planning programs." Its success shows that "gender is constructed locally, and that women are therefore much more able to determine their needs in gender than are program managers."\*

\*Material for this Working Solution was contributed by Barbara Feringa and Debbie Rogow (see References).

## References

- Centre for Development and Population Activities (CEDPA). *Gender Equity: Concepts and Tools for Development*. Washington, DC: CEDPA, December 1996. Available at: <http://www.cedpa.org>.
- Centre for Development and Population Activities (CEDPA). *Gender and Development: The CEDPA Training Manual Series*. Vol. III. Washington, DC: CEDPA, 1996. Available at: <http://www.cedpa.org>.
- Drennan, Megan. "Reproductive Health: New Perspectives on Men's Participation." *Population Reports*, Series J, No. 46. Baltimore: Johns Hopkins University School of Public Health, Population Information Program, October 1998. Available at: <http://www.jhuccp.org/pr/j46edsum.stm>.
- Feringa, Barbara. "Two Years on the Ground: ReproSalud Through Women's Eyes." Draft document. Presented to the Strategic Objective No. 3 Team of USAID/Peru, April 1999.
- Gupta, Geeta Rao. "Gender, Sexuality, and HIV/AIDS: The What, the Why, and the How." Plenary address, XIIth International AIDS Conference, Durban, South Africa. July 12, 2000. Available at URL of International Center for Research on Women: [www.icrw.org/policy/speechdurban.htm](http://www.icrw.org/policy/speechdurban.htm).
- Humble, Morag. "A Quick Guide to Gender Analysis in Health and Population Projects." Document prepared for Management Sciences for Health, Inc. March 1999.
- International Planned Parenthood Federation (IPPF). *Gender Awareness for Population and Development. An IPPF English Language Bibliography*. London: IPPF, 1995.
- International Planned Parenthood Federation (IPPF), Western Hemisphere Region, Inc. *Manual to Evaluate Quality of Care from a Gender Perspective*. New York: IPPF/WHR, January 2000. Available at: <http://www.ippfwhr.org/howeare/tenquestions.html>.
- Johnson, Susan. "Gender and Microfinance: Guidelines for Good Practice." Centre for Development Studies, University of Bath. Draft document. No date.
- Oxfam. "The Essential Element: Mainstreaming Gender—What Does It Mean?" *Links: Oxfam's Newsletter on Gender*. March 2000. Available at: [www.oxfam.org.uk/policy/gender/links.htm](http://www.oxfam.org.uk/policy/gender/links.htm).
- Pfannenschmidt, Susan, Arlene McKay, and Erin McNeill. "Through a Gender Lens: Resources for Population, Health, and Nutrition Projects." Family Health International, for the Interagency Gender Working Group,\* of the Population, Health, and Nutrition Center, US Agency for International Development. October 1997. Available at: <http://resevoir.fhi.org/en/wsp/wspubs/thrugen.html#anchor746198>.
- Program for Appropriate Technology in Health (PATH). "Gender Inequities and Women's Health." *OutLook*. Vol. 16, No. 4. February 1999. Available at: [http://www.path.org/resources/pub\\_outlook.htm](http://www.path.org/resources/pub_outlook.htm).
- Rao, Aruna, Mary B. Anderson, and Catherine A. Overholt, eds. *Gender Analysis in Development Planning: A Case Book*. West Hartford, Connecticut: Kumarian Press, 1991.
- Rogow, Debbie. "Alone You Are Nobody, Together We Float: The Manuela Ramos Movement." *Quality/Calidad/Qualité*, No. 10. New York, NY: The Population Council, Inc., 2000.

Settergren, Susan and Michal Avni. "Exploring Perspectives on Gender: Summary of Workshop Findings." Gender, Advocacy, and Policy Subcommittee of the Interagency Gender Working Group (IGWG)\* of the Population, Health and Nutrition Center, US Agency for International Development. August 24, 2000. Available at: <http://www.measureprogram.org>.

Swedish International Development Cooperation Agency (SIDA): Department for Democracy and Social Development, Health Division. *Handbook for Mainstreaming: A Gender Perspective in the Health Sector*. Stockholm: SIDA, 1997. Available at: <http://www.sida.se>.

World Health Organization (WHO). "Gender and Health Technical Paper." WHO/FRH/WHD/98.16. Geneva: WHO, 1998. Available at: <http://www.who.int/frh-whd/GandH/GHreport/gendertech.htm>.

Yinger, N., A. Peterson, and Michal Avni. "Mainstreaming Gender in Monitoring and Evaluation: A Practical Approach for Reproductive Health Programming." The Research and Indicators Subgroup of the Interagency Gender Working Group (IGWG) of the Population, Health and Nutrition Center, US Agency for International Development. Draft document prepared for the IGWG Plenary Meeting, October 6, 1999. Available at: <http://www.measureprogram.org>.

### Other Resources

BRIDGE, Institute of Development Studies, University of Sussex. BRIDGE On-Line Reports [on development and gender]. Available at: <http://www.ids.ac.uk/bridge/reports.html>.

Canadian International Development Agency (CIDA). *Gender Equality at CIDA*. [Web site of CIDA's Gender Quality Network.] Available at: <http://www.acdi-cida.gc.ca/equality>.

Gender and HIV/AIDS E-mail Network. Supported by UNIFEM and UNAIDS. Subscriptions available from: [gender-aids@lists.inet.co.th](mailto:gender-aids@lists.inet.co.th).

Gender Working Group Mailing List. E-mail: [gender.prb@listbot.com](mailto:gender.prb@listbot.com); URL: <http://gender.prb.listbot.com>.

International Planned Parenthood Federation (IPPF), South Asia Regional Bureau. *Gender Analysis for Program Planning and Project Design: A Workshop*. Dhaka: IPPF/SAR, 1994.

Laurence, Leslie. "Reproductive Health: Sexual Equality for Men." *Kaiser Daily Reproductive Health Report*. Available at: <http://report.kff.org/archive/repro/2000/10/kr001003.1.htm>.

McCauley, A. P., et al. "Opportunities for Women through Reproductive Choice." *Population Reports*, Series M, No. 12. Baltimore. Johns Hopkins School of Public Health, Population Information Program. July 1994. Available at: <http://www.jhuccp.org/pr/m12edsum.stm>.

Reproductive Health Outlook (RHO). *Links: Gender and Sexual Health*. [Listings and descriptions of useful Web resources on sexual health and gender in low-resource settings. Produced by PATH. Updated regularly.] Available at: [www.rho.org/html/gsh\\_links.htm#Gender](http://www.rho.org/html/gsh_links.htm#Gender).

Vainio-Mattila, A. "Navigating Gender: A Framework and a Tool for Participatory Development." Helsinki: Ministry of Foreign Affairs, Department for International Cooperation, 1999. Available at: <http://nt1.ids.ac.uk/eldis/navgen.htm>.

*continued on next page*

**Note:** The Interagency Gender Working Group (IGWG) was established in 1997 as a network of nongovernmental organizations and the Center for Population, Health, and Nutrition (CPHN) of the US Agency for International Development (USAID). IGWG promotes gender equity within population and health programs, in the context of sustainable development and human rights. Its objectives are to:

- Establish a forum on gender issues in population, health, and nutrition programs, with a particular focus on how to mainstream gender into these programs. For staff of USAID, cooperating agencies (CAs), and other interested parties.
- Exchange expertise and experience on gender and reproductive health among CAs, international development agencies, and USAID offices.
- Develop methodologies and operational tools that will assist population and health program staff in gender planning and implementation.
- Review the CPHN strategic framework and plan from a gender perspective and advise management on how to integrate gender into CPHN work.
- Serve as a resource on gender and reproductive health to the Office of Population, CPHN, and country missions.

## Reviewers' Corner

*A forum for discussing additional applications of the concepts  
and techniques presented in this issue*

**On the difference between male involvement and gender sensitivity...***Don't confuse the two, cautions one reviewer:* "Male involvement is not the same as gender sensitivity.... There is a great risk that you do not warn against in this draft of your text—programs thinking that using resources to reach men automatically helps women, when of course that is not the case. It would be too easy for managers (especially male managers, perhaps) to draw the conclusion that diverting resources from women to men is improving the 'gender balance' in their programs."

**On the results of feminine management practices in one Latin American program...***A program director affirms,* "Our community participation program (with *promotoras* and promoters) has facilitated access to services and progress toward gender equality within our organization. Our organization is managed by women who believe in and work toward those goals, for both women and men. They strive to reconcile gender issues with men in order to avoid confrontation and promote fresh forms of relationship for individuals, couples, families, and the community."

**On gender sensitivity and self-reflection...***A reviewer expresses reservations about male managers:* "Many of the managers who are to use this edition of *The Manager* are nice men, but I think that most of them have lingering patriarchal attitudes that may obscure their part in the problem. I suggest that this edition include a section on self-reflection, worded very tactfully and strategically in a way that will help those managers identify where they themselves are gender-insensitive and thus perpetuate the attitudes and behaviors that a gender-sensitive program should be shedding. Unless each male manager recognizes his own gender-insensitive attitudes and behavior—that he has acquired through the natural process of socialization, growing up in his culture—he cannot implement the needed changes that this edition is all about."

**On reviewing attitudes and practices within your program...***Another advocate of self-reflection comments that* "Gender applies to staff as well as to clients. For a management focus, there is much more that can and should be said about the staff level.... It is so easy for managers to consider clients' concerns without looking around their own shop for male-female power imbalances.... For example, objectives for the work environment should include eliminating discrimination and sexism—some of the indicators to examine in this regard would be staff salary distribution by sex, and the percentage of positions with budgetary responsibility that are occupied by women."

**On providing the right kinds of services for working single mothers...***A reviewer describes the complex interplay of social and economic impacts:* "Clearly, inequity in access to training and jobs remains the biggest gender-related issue in relation to the delivery of health services in my country. Women become pregnant without having a stable relationship with the fathers of their children, and many of those women are the primary providers for their children. These single mothers are economically vulnerable, since they have not been adequately educated or trained. The jobs open to them are limited, low-paying, and often precarious. Therefore, these mainly young mothers may move through a succession of relationships with men, obtaining temporary additional support for their family while sometimes acquiring more children as well. Women in such dependent roles often cannot insist on contraception and safe sex practices, even if they are aware of them."



## Checklist for Managing Reproductive Health Services with a Gender Perspective

- Review the reasons for a gender perspective in managing reproductive health services
- Prepare to improve gender sensitivity in your program by reviewing gender concepts and issues
- Mainstream gender across your program, following these steps:
  - Introduce gender awareness and concepts
  - Conduct a gender analysis, using the “Summary Sheet for Gender Analysis” (on page 12) in recording your findings on obstacles and facilitating factors
  - Assess your program’s readiness for gender mainstreaming, using key questions about organizational characteristics
  - Determine the desired gender-related results, setting goals and objectives for your program
  - Identify strategies, activities, and the indicators of success, using the “Matrix for Planning for Gender Mainstreaming” (on page 19)
- Sustain the gender perspective in your program by reviewing the key questions whenever you undertake new plans and activities
- Share your results and experience with other programs that could benefit

*The Manager* is designed to help managers develop and support the delivery of high-quality health and family planning services. The editors welcome any comments, queries, or requests for subscriptions. Please send to:



*The Manager*  
Family Planning Management Development  
Management Sciences for Health  
165 Allandale Road  
Boston, Massachusetts 02130-3400 USA  
Phone number: (617) 524-7799  
Fax number: (617) 524-2825  
E-mail: bookstore@msh.org

The FPMD project is funded by the U.S. Agency for International Development. This project provides management assistance to national family planning programs and organizations to improve the effectiveness of service delivery.

# The Manager

## CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

### Barishahi District Plans to Strengthen Its Gender Perspective

The Barishahi District Health Officer, Dr. Tareq Islam, and his deputy, Dr. Suhanaa Hossain, greeted Dr. Wahid Ahmed, Provincial Health Officer. A month ago, Dr. Ahmed forwarded a central-level directive calling for all district reproductive health programs to strengthen the gender perspective in their services and management practices. Dr. Hossain prepared for Dr. Ahmed's visit by analyzing the office's service data for sexually transmitted infection (STI) services, reviewing the office's management practices, and sending Dr. Ahmed her report.

"Your report contains some interesting findings," began Dr. Ahmed. "For example, the clients for your STI services are almost exclusively women. As for your management practices, men consistently receive higher salaries than women do for the same job. And even though you have more women than men on your staff, men hold most of the supervisory positions."

"My analysis also brought out some inequities for male staff," said Dr. Hossain. "For instance, the national program provides female employees with three months of maternity leave to stay home with a newborn. But there is no paternity leave policy for men."

"It seems to me that we must focus on ourselves first," said Dr. Islam.

"We have chosen Barishahi as one of the first districts to implement this directive because of your excellent performance in improving women's access to reproductive health services," said Dr. Ahmed. "Your leadership in partnering with local nongovernmental organizations and encouraging religious leaders to talk

about reproductive health has served as a model for other districts. We are counting on you to serve as a model for this directive, too."

"Only when we have strengthened the gender perspective in both our management practices and our services can we truly be a model for other offices and for the communities we serve," said Dr. Islam. "But I am unclear about how we may best proceed."

"Trainers hired by the Central Office will come here to lead gender training workshops for your staff," said Dr. Ahmed. "Topics will include concepts and terms related to gender, how to conduct a gender analysis, and how to identify obstacles at the individual, household, and community levels. After the workshop, your staff will be ready to do a gender analysis and identify your goals, strategies, and priorities for this initiative."

"We have much work to do," said Dr. Islam. "We appreciate your support and collaboration."

A few days later, Dr. Islam addressed his staff. "The Provincial Office has asked us to take the lead in an initiative to strengthen the gender perspective in the national reproductive health program. This is both an honor and a challenge. Starting today, we are making a major commitment to this initiative."

The room buzzed in reaction to the news. "What do you mean, a gender perspective?" asked Dr. Kodus Faruque, Medical Officer. "We have already done a great deal to increase women's access to our services. Doesn't this show that we are paying attention to gender issues?"

## Case Scenario: Barishahi District Strengthens Its Gender Perspective

“Paying attention to gender means looking at the ability of both men and women to make decisions about their reproductive health throughout their lives,” replied Dr. Islam. “It means adjusting our services so they contribute to equitable social and economic development for all. And it means looking at ourselves—our management practices and attitudes related to gender.”

“For example,” asked Dr. Hossain, “how many men here have ever taken leave to stay home and care for a sick child?” The room was silent as people saw no hands raised. “How many women have taken leave to stay home with a sick child?” All but two women raised their hands.

Dr. Faruque gave a slight smile. “I guess that proves your point,” he said.

“Beginning next month,” Dr. Hossain continued, “trainers sent by the Central Office will facilitate gender workshops for all staff. We will establish teams to do a gender analysis of our community, our services, and our internal policies, practices, and systems. The analysis will help us identify aspects of gender that are relevant to our context.”

“Will the gender analysis help us assess the needs and interests of our clients and the gender-related

obstacles they face in using our services?” asked the Information Officer.

“Yes,” replied Dr. Islam. “For example, we know that very few men use our STI services. The gender analysis may help us identify obstacles that men face in using these services and help us determine how best to adjust our services or add new ones.”

“What types of goals do you expect we will establish for this initiative?” asked Dr. Faruque.

“We will establish both service and management practice goals based on our assessments,” replied Dr. Islam. “One service goal might be to increase the number of men who come to us for STI diagnosis and treatment. A management practice goal might be to increase the number of women in supervisory positions.”

“This is an opportunity for us to build on our success in increasing women’s access to reproductive health services,” he continued. “It is also an opportunity for us to continue to be catalysts for change in our communities. Dr. Hossain and I are excited about this new initiative. We hope that as you learn more, you will become excited, too.”

## Case Discussion Questions

- 1. Why was the Barishahi District Health Office chosen as one of the first districts to implement the initiative to strengthen the gender perspective in the reproductive health program? What has the office been doing already that has prepared them for this step?**
- 2. What service and management practice goals regarding gender have been suggested for the office so far? What are some other goals the staff might consider?**
- 3. In light of the discussion about goals, what strategies and activities could the District Office undertake to strengthen the gender perspective in both its services and management practices?**

# Case Analysis: Barishahi District Strengthens Its Gender Perspective

## **1. Why was the Barishahi District Health Office chosen as one of the first districts to implement the initiative to strengthen the gender perspective in the reproductive health program? What has the office been doing already that has prepared them for this step?**

The Provincial Office has chosen the Barishahi District Health Office to begin this strengthened gender effort because it has already served as a leader for other offices in improving women's access to reproductive health programs.

Other elements that make this district a likely candidate for initiating the strengthened gender perspective effort include:

- The office's leaders are willing to make a commitment to strengthening the office's gender perspective and using a gender perspective to look at their attitudes, services, and management practices.
- The District Office is already coordinating with the types of community partners, such as local nongovernmental organizations and religious leaders, who could potentially be important partners in this initiative.
- Once staff training is complete, the leaders are prepared to assign teams to do a gender analysis of the office's context, services, and management systems, and base the office's goals and strategies on these assessments.

## **2. What service and management practice goals regarding gender have been suggested for the office so far? What are some other goals the staff might consider?**

A service goal suggested in the case scenario is to increase the number of men who come to the District Office's clinics for STI diagnosis and treatment.

Other possible service goals might include:

- Increase men's knowledge of STIs.
- Reduce the incidence of HIV/AIDS among both men and women.
- Improve the ability of women to negotiate condom use with their sexual partners.
- Increase the involvement of men in their partner's reproductive health.

Some management practice goals suggested in the case scenario include:

- Increase the number of women in supervisory positions.
- Make the compensation system more equitable. (The District Office may not have the power to adjust its compensation system if the national program sets policy in this area.)
- Establish a policy providing paternity leave for male staff. (The District Office may not have the power to adjust its benefits policy if the national program sets policy in this area.)

Other possible management practice goals might include:

- Initiate discussion groups for female staff that give them a voice on important issues.
- Revise the office's mission statement so it affirms a commitment to both women and men in the communities served.
- Provide adequate funding levels for strengthening the gender perspective in the program.

## Case Analysis: Barishahi District Strengthens Its Gender Perspective

### **3. In light of the discussion about goals, what strategies and activities could the District Office undertake to strengthen the gender perspective in both its services and management practices?**

Strategies and activities suggested for strengthening the gender perspective in its services include:

- Identify obstacles that men face in using District Office STI services and determine how best to adjust the existing services or add new ones.
- Adjust services so they contribute to equitable social and economic development for all.
- Develop goals, strategies, and priority activities based on assessments.

Based on the assessments, the office might consider other service-related strategies and activities, such as:

- Extending clinic hours in order to serve adolescents and working men and women;
- Establishing a dependable system to ensure that supplies are always available to serve the needs of both men and women;
- Adjusting fees to avoid financial barriers to access and use by female or male clients;
- Expanding the types of reproductive health services offered.

Strategies and activities suggested for strengthening the gender perspective in its management practices include:

- Increase staff understanding of gender issues by providing gender training.
- Conduct a gender analysis of the office's community context, services, management systems, and staff attitudes related to gender.

Based on the assessments, the office might consider other management practice strategies and activities, such as:

- Building partnerships with community organizations to advocate for change in women's status or rights;
- Looking at the way staff gather and use information on their services and clients, and compiling regular monthly or quarterly service reports;
- Conducting research on the acceptability and effectiveness of male or female service personnel;
- Providing information sessions on gender and reproductive health in the community;
- Improving the communication skills of staff so they can improve the ability of women to negotiate family planning use with their partners.