

**FINAL REPORT**

**GENDER EVALUATION:  
SUMMARY and  
WAY FORWARD / NEXT STEPS**

of

**GOVERNANCE EQUITY and HEALTH  
PROGRAM**

**INTERNATIONAL DEVELOPMENT RESEARCH CENTRE**



**Kartini International  
Neena Sachdeva and Dana Peebles**

**December, 2008**

## TABLE of CONTENTS

Table of Contents .....	i
Acknowledgement .....	ii
List of Acronyms.....	iii
Definition of Select Gender Terminology .....	iv
1. INTRODUCTION .....	1
2. OVERALL GOALS .....	1
3. APPROACH and METHODOLOGY.....	1
4. LIMITATIONS .....	3
5. PHASE I - INSTITUTIONAL ASSESSMENT - IDRC and GEH .....	3
6. PHASE II - PROJECT REVIEW .....	6
7. PHASE III - GENDER TRAINING WORKSHOP .....	9
8. CAPACITY BUILDING NEEDS .....	10
9. GEH GENDER INTEGRATION ACTION PLAN .....	12
10. RECOMMENDATIONS for NEXT STEPS/WAY FORWARD .....	13

## ACKNOWLEDGEMENT

The gender evaluation of the Gender Equity and Health program initiative at IDRC was made possible by a strong collective effort of many. Sincere gratitude is owed to all the individuals on the GEH team who took their time to meet with us and shared their insights and recommendations during the evaluation consultations and the gender training workshop. Their diverse perspectives, rich experiences and strong commitment to upholding social and gender equity proved to be a profound and multi-dimensional learning experience. We truly appreciate their interest, questions and feedback.

We owe a special thank you to Senior Program Specialist, Ms. Sharmila Mhatre for sharing with us her knowledge of the program, her support and her patience in steering the evaluation, as well as to Research Officer Ms. Anna Dion, for answering innumerable questions and emails, as well as asking some tough questions.

We would like to also thank Ms. Michele Lafleur for organizing the gender training workshop and photocopying the long list of materials.

Through our conversations you have all enriched our understanding of the reality and aspirations of social and gender equity in health systems research.

While the contributions of insights come from many, any errors of interpretation or omission are solely our own.

Neena Sachdeva  
*Dana*  
*Peebles*

**Kartini International**

Ottawa, December 2008

## List of Acronyms

CIDA	Canadian International Development Agency
CIHR	Canadian Institute of Health Research
DFID	UK Department for International Development
EmOC	Emergency Obstetric Care
ENRM	Environment and Natural Resource Management
GBSA	Gender and Sex Based Analysis
GE	Gender equity/equality
GEH	Governance, Equity and Health Initiative
GEM	Gender Evaluation Methodology
GHRI	Global Health Research Initiative
IDRC	International Development and Research Centre
MGC	Memorandum of Grant Conditions
MINGA	Alternative Approaches for Natural Resource Management in Latin America and the Caribbean
PA	Program Area
PI	Program Initiative
PAD	Project Approval Document
PAN	Pan Asia Networking program initiative
PCR	Project Completion Report
rPCR	Rolling Project Completion Report
PM	Program Manager
PO	Program Officer
RFP	Request for Proposal
RHE	Research for Health Equity
RITC	Research for International Tobacco Control
RO	Research Officer
WHO	World Health Organisation
WRC	Women's Rights and Citizenship program

## Definitions of Select Gender Terminology <sup>1</sup>

**Gender:** the roles, responsibilities, rights, relationships and identities of men and women that are defined or ascribed to them within a given society and context, and how these influence male and female behaviour, rights, decisions and conditions in life. Gender roles can vary significantly from country to country.

**Gender considerations or perspectives:** the view of problems, constraints, needs and interests from the standpoint of both women and men.

**Gender equality (GE):** requires equal enjoyment by women and men of socially and economically valued goods, opportunities, resources and rewards. Achieving gender equality requires changes in the institutional practices and social relations which reinforce and sustain disparities. It means an equal visibility, empowerment and participation of both sexes in all spheres of public/private life.

**Gender equity:** the process of being fair to women and men and boys and girls that sometimes requires different approaches and solutions for each group. It takes into account the different conditions and priority needs of each sex, as also factors like, age, ethnicity, socio—economic group and rural-urban location.

**Gender inputs:** any kind of resource, technical assessment or analysis, or activity included in the planning or implementation of development or emergency programming to help achieve increased gender equality.

**Gender analysis:** the systematic assessment of policy and practice on women and men, respectively, and of the social and economic relationships between the two. The application of a gender perspective to each development issue addressed requires a variety of quantitative and qualitative data: an analysis of the gender division of labour; the identification of the needs and priorities of women and men; the identification of existing opportunities and constraints to the achievement of development objectives; and the choice of an explicit intervention strategy to address these.

**Gender integration or mainstreaming:** a globally accepted strategy that situates gender equity/equality issues at the centre of broad *policy decisions, institutional structures and resource allocations*. It includes both men's and women's views and priorities *with regard to decision-making* about development goals and processes. Gender integration is not an end in itself, but rather a strategy and approach used to achieve the ultimate goal of gender equality. (Agreed conclusions of the UN Economic and Social Council 1997/2).

**Gender champions:** institutional leaders from government, civil society and donor organizations who persuade those in positions of power and authority to take gender equality and women's empowerment seriously. They may undertake this responsibility as part of their designated role, or purely on the basis of their own motivation and choice.

**Gender audit:** an assessment tool and process which recognizes the central role of the organizational structure and culture in the design and delivery of gender-sensitive programs and projects. Gender audits identify personal and institutional biases in the culture of organizations, that prevent gender equality objectives from being taken forward, as well as the related institutional strengths and opportunities. Gender audits place importance on an examination of

---

<sup>1</sup> The definitions represent a composite taken from different sources.

both the institution's financial investment in gender equality and of its systems and processes from a gender perspective. (Moser, 2005)<sup>2</sup>

**Gender neutral** policies are said not to be specifically aimed at either men or women and are assumed to affect both sexes equally. They are in effect, gender blind.(IDRC)<sup>3</sup>

**Gender Evaporation** occurs when good policy intentions fail to be followed through in practice. Evaporation starts when gender analysis is not incorporated into specific gender objectives and virtually becomes invisible when monitoring and evaluation procedures fail to document what is "occurring on the ground". (Moser, 2005)

**Gender-disaggregated data:** This focuses on issues of particular relevance to women and men, girls and boys, and their different roles and positions in society. Statistics on household distance from water or fuel, for example, have different implications for women and men since it is usually the former who spend time collecting these necessities when they are not readily available. (IDRC)

---

<sup>2</sup> Moser, Caroline, An Introduction to Gender Audit Methodology: Its design and implementation into DFID Malawi, May 2005, <http://www.brookings.edu/views/papers/200505moser.pdf>

<sup>3</sup> IDRC, Glossary IDRC, [http://reseau.crdi.ca/en/ev-42971-201-1-DO\\_TOPIC.html](http://reseau.crdi.ca/en/ev-42971-201-1-DO_TOPIC.html)

*Sex and gender are both important determinants of health. Biological sex and socially constructed gender interact to produce differential risks and vulnerability to ill health, differences in health seeking behaviour, in health care providers' response and in health outcomes for women and men. Health research has often failed to adequately address both sex and gender.*<sup>4</sup>

WHO

*Gender inequality damages the health of millions of girls and women across the globe. It can also be harmful to men's health despite the many tangible benefits it gives men through resources, power, authority and control. These benefits to men do not come without a cost to their own emotional and psychological health, often translated into risky and unhealthy behaviours, and reduced longevity. Taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities overall and ensure effective use of health resources.*<sup>5</sup>

Sen, Ostlin & George, p.1

## **1. INTRODUCTION**

This final report presents a summary of the evaluation findings and recommendations for the way forward/next steps by a team of consultants from Kartini International at the conclusion of a gender evaluation of the Governance Equity and Health (GEH) program of the International Development Research Centre (IDRC). The evaluation and subsequent gender training took place between January and September 2008.

## **2. OVERALL GOALS of the EVALUATION**

The evaluation's overall goal was to enhance the level and quality of gender analysis and integration into the GEH. Its objectives were to:

- 1) Analyze the level of gender analysis and integration into the GEH program and its projects;
- 2) Assess in-house capacity for gender integration;
- 3) Develop a training program for GEH staff so they can develop the capacity of partners; and
- 4) Based on the results, gaps and challenges identified, make recommendations to strengthen gender analysis capacity within the GEH program.

The intended users of the evaluation are GEH staff, the two other program areas (PAs) Research for Health Equity (RHE) programs, and other IDRC program initiatives (PIs).

## **3. APPROACH and METHODOLOGY**

The team's overall approach to the GEH gender evaluation was to conduct a gender audit, examining gender considerations, analysis and integration at three levels - institutional, programmatic, and project. This allowed the evaluators to:

---

<sup>4</sup> Gender and Health Research Series, Department of Gender, Women and Health, Family and Community Health, WHO <http://www.who.int/gender/documents/en/researchseriesonepager.pdf>

<sup>5</sup> Sen, Gita & Ostler, Pirooska, "Unequal, Unfair, Inefficient Gender Inequity in Health: Why it exists and how we can change it", Women and Gender Equity Knowledge Network, Report to the WHO Commission on Social Determinants of Health, 2007, p.1

- Analyze strengths and identify gaps in institutional and programmatic areas that support gender considerations; and
- Assess the GEH team's capacity for gender analysis and integration into projects, and to support partners to do the same.

Using a complementary approach to the GEH's social and gender equity perspective to review gender analysis and integration into projects, the gender evaluation used the "Gender and Sex-based Analysis" framework adapted from the Canadian Institute of Health Research (CIHR).<sup>6</sup> This framework stresses that Sex and Gender Based Analysis is essential to equity, as it recognizes the need to address sex/gender disparities in health that arise from the diverse and multiple realities of men, women, girls and boys. It is an approach to research and evaluation which systematically inquires about biological (sex-based) differences between women and men, boys and girls, without presuming that any differences exist. The purpose of the GSBA is to promote rigorous sex/gender-sensitive health research which expands the understanding of health determinants in both sexes, in order to provide knowledge which can result in improvements in health and health care. According to the GSBA, gender-blind science fails to account for disparate life trajectories that are influenced by interactions among genetic endowment, environmental exposures and social and political environment. This framework assesses if the gender analysis carried out within the research and applied projects takes into account - sex, socially constructed relations, and variable related to socio-economic status, age, ethnicity; geographical and regional disparities.

The methodology for the gender evaluation comprised of: a comprehensive documentation review; an extensive research of resources available in health research, such as guidelines and strategies of other organizations working on policy, health and gender issues; a review of a previous internal GEH gender survey; preparation of a gender questionnaire to assess capacity development needs; individual interviews with the GEH team; and an interview with the Women's Rights and Citizenship (WRC) program. The methodology was designed to be highly participatory.

The methodology was implemented in three phases:

- the first phase assessed institutional commitments to gender equity and processes at IDRC's corporate level, as well as in other PIs and the GEH;
- the second phase conducted a project review of the level of gender analysis and gender integration in a sample of 15 GEH projects; and using the results of the first two phases,
- the third phase, developed a gender training plan for the GEH team and delivered a gender training workshop.

The evaluation team produced three detailed reports, one for each phase of the evaluation, to assist the GEH in identifying results, gaps and challenges in gender analysis and integration into the health systems research projects funded by the program. All three reports provide comprehensive recommendations, with extensive inputs from the GEH team in the first and last phase of the evaluation. This final report represents a summary of the main findings and recommendations for the way

---

<sup>6</sup> Canadian Institutes of Health Research, Gender and Sex-Based Analysis in Health Research: A Guide for CIHR Researchers and Reviewers. <http://www.cihr-irsc.gc.ca/e/32019.html> Accessed January 2008



forward/next steps for the GEH team on building staff and partner capacity and strengthening gender analysis and integration into the projects they support.

#### 4. LIMITATIONS

The main limitation for the evaluation occurred during the second phase.

- Key documentation was unavailable for some projects, such as the original project proposal and reports. The original documentation was at times in the regional offices, not available or on the website of the partner organizations.
- Due to time constraints faced by the GEH team, the evaluation team's findings and recommendations on individual project reviewed could not be discussed with team members. It was, therefore, not possible to receive and integrate their feedback based on their hands-on knowledge of the partner and project. Since not all crucial information is captured in formally written reports, this was considered to be an important limitation.

#### 5. PHASE I - INSTITUTIONAL ASSESSMENT - IDRC and GEH

Phase one of the evaluation examined commitments to gender issues at the institutional and program levels, and assessed how these commitments have been implemented at both the IDRC and the GEH program levels. The rationale for this phase of the assessment was the centrality of organizational structure and culture in the design and delivery of gender-sensitive programs and projects. The gender audit approach used for this evaluation identifies personal and institutional biases in the culture of organizations that prevent gender equality objectives from being taken forward, as well as the related institutional strengths and opportunities. Gender audits place an emphasis on an examination of both the institution's financial investment in gender equality and of its systems and processes from a gender perspective.

At the corporate level, staff perceives IDRC as having a strong commitment to addressing gender in its programs. This perception of institutional commitment was collaborated through the evaluation team's review of various IDRC reports and documentation including IDRC's Corporate Strategy which acknowledges that:

.....unfortunate tendency throughout the world for the male dominated research establishment to discount gender focused research... and that .....research that is blind to the various forms of social inequity such as gender discrimination can reinforce inequity and inequality.....<sup>7</sup>

As well, the 2000-2005 Corporate Assessment Framework (CAF), includes the following definition of good performance for the consideration of gender:

In order to contribute to the achievement of gender equality in developing countries, IDRC ensures that its funded research projects, including those that do not focus specifically on gender inequality, include gender analysis in project design and appraisal processes so as to avoid gender-blind research that can inadvertently reinforce gender inequality. Further, good performance is evidenced by program funds going to support gender-transformative research that is not only cognizant of gender-specific needs and

---

<sup>7</sup> IDRC, Corporate Strategy for 2005-2010, p. 3-2 (59)

constraints but also aims to transform existing gender relations in a more egalitarian direction.<sup>8</sup>

IDRC, Development of the Corporate Assessment Framework, p.23

Staff was less clear about how IDRC has integrated these commitments into mechanisms for accountability and within the corporate level results framework.

In particular, staff noted that there has been a change in how the institution treats gender. The former Gender Unit which had been responsible for gender mainstreaming within IDRC had been dissolved and has evolved into an independent program, the Women's Rights and Citizenship (WRC) Program. Gender integration has been devolved to each individual program which hires gender expertise as required and prioritized. The resources to do this must come from within each program initiative's budget. The idea behind this management move is that gender mainstreaming should not be consigned to any one office within an organization and that it should become the responsibility of all programs and staff.

The WRC does not perform formal "gender help desk" functions but GEH staff has called on them for occasional informal gender advice into their projects on a per needs basis. At the IDRC institutional level, the usefulness of a gender unit that could provide needed technical support, and share resources and strategies within program initiatives, as well as from outside resources needs to be considered.

Some good practices in gender planning were identified in other IDRC program, including: the former Alternative Approaches for Natural Resource Management in Latin America and the Caribbean (MINGA) project; the Environment and Natural Resource Management Program (ENRM); and the PAN Asia Program. The PAN Asia's five categories<sup>9</sup> of gender analysis and criteria to measure the level of gender inequality/inequity in research work were adopted (with some variation) for classifying GEH projects for the evaluation. These PIs provide important background resources for GEH's future gender strategy for gender analysis and integration recommended by this evaluation.

The evaluation team examined how IDRC's gender commitments were implemented into various program planning tools:

- 1) The Guidelines for Project Applications asked for attention to social and gender analysis but this needs to be considerably strengthened and supported by providing social and gender analysis guidelines and tools to prospective partners; and
- 2) The new version of the Project Approval Document (PAD) does not include a specific section devoted to gender considerations in the project. Any bias towards any one social category is presumably eliminated through this adjustment. However, staff admitted that these changes had diluted the availability of space on the PAD and lessened the attention to social and gender analysis in these important documents, especially since efforts are already spread over a multitude of analyses required on IDRC projects.
- 3) The Memorandum for Grant Conditions (MGC) does not include any accountability for social and gender analysis and integration.

---

<sup>8</sup> IDRC. 2004. Development of the Corporate Assessment Framework (CAF). Report to IDRC's Board of Governors. Evaluation Unit (March 2004).p. 23.

<sup>9</sup> Pan Asia's five categories are: gender transformative; gender focused; women specific; women inclusive and women incidental. For the GEH, the category gender focused was changed to gender integrated.

In the broad area of equity, the GEH Prospectus 2006-2011 emphasis is on socio-economic and gender equity within and across particular regional and geographical contexts.<sup>10</sup> It focuses on social inequities, with gender subsumed as one of those inequities. Both GEH team and management<sup>11</sup> conveyed that the prospectus allows the GEH team to remain flexible to changing contexts and priorities in health systems research.

Based on an extensive documentation review and interviews and discussions with staff, the main findings of the evaluation team on the first phase of the gender evaluation were as follows:

- a) The program prospectus provided limited guidance to the team and partners for social and gender integration into the research projects and this needed strengthening;
- b) Information and knowledge generated on gender issues in health research was not synthesized for easy reference e.g. situational analysis of specific themes;
- c) More staff, within GEH and partner organizations, is needed to champion gender;
- d) There are some gender-specific projects within the program but sufficient gender integration into projects remains a challenge.

The evaluation team also found that there was a need for:

- e) a common understanding on gender terminology within the GEH;
- f) envisioning social and gender analysis as an integral unit of health systems research, and developing projects with a clear cut methodology and approach for doing so;
- g) improved staff capacity for social and gender analysis and integration;
- h) partner buy-in into the value added of social and gender analysis and integration, as well as building partner capacity for defining and addressing inequities in health systems through social and gender analysis;
- i) acknowledging that there are multiple challenges integrating gender analysis into already weak health systems;
- j) greater multidisciplinary analyses such as gender economics, gender and governance frameworks, and gender sensitive budgets to address gender considerations in health systems research;
- k) guidelines and tools for social and gender analysis and integration; and
- l) addressing time constraints and heavy travel schedules faced by staff which reduced time for capacity development and monitoring of social and gender issues.

The GEH team made several important recommendations which were incorporated into the list of preliminary recommendations in the report for the first phase of the evaluation. These recommendations are included in the GEH gender action plan in section 8. The evaluation's report for the first phase included reference resources for systematic gender planning and design such as: a list of gender terminology from Health Canada and the Canadian Institute of Health Research, WHO and the UN system; a Strategy for Gender Integration in Health from Health Canada; and guidelines for Gender Based Analysis into the Health Research Process from the Canadian Institute of Health Research.

---

<sup>10</sup> GEH Prospectus, 2006-2011, Background, Rationale and Development Challenge, p.1

<sup>11</sup> The GEH Management team, for the purposes of this paper, refers to the Research for Health Equity Programme Leader and GEH Programme Leader

## 6. PHASE II - PROJECT REVIEW

In phase two, the evaluation team examined the level of gender analysis and gender integration throughout the project cycle of a sample of 15 GEH projects, in four regions – Global, Asia, Sub-Saharan Africa (SSA) and Latin America and the Caribbean (LAC). Staff provided input into the project selection process and in some cases, two or more phases of the same project were reviewed to monitor progress from one phase to the next. A detailed analysis of each project was provided in the evaluation report for phase II and the analysis synthesized. Some of the results, challenges and gaps of the project reviews and related recommendations for improvement are outlined below.

Projects were assessed for gender-sensitive design features using criteria which included the following:

- a goal/objective related to gender equity considerations in order to monitor the gender in the project;
- the presence and degree of gender focus;
- a social analysis of the target population to be studied;
- a gender analysis based on and sex disaggregated (quantitative and qualitative) data currently available and the basic and strategic needs identified;
- target policy of research (health, EmOC, MDGs, HIV, reproductive health);
- an articulated gender strategy including gender sensitive training and collection of sex disaggregated data;
- any constraints/risks to including gender equity identified and mitigation measures for those risks;
- participation of researcher with gender experience in design;
- gender specialist or gender/health organization listed as team member on PAD;
- gender parity on research project team;
- participation of Ministry of Health/Women/Social, or civil society organizations;
- reasons why gender is not a factor in the research articulated;
- implementation of gender strategy and monitoring for gender inputs and outputs; and
- Social and GE analysis impact on research and policy recommendations.

The evaluation team found that GEH supports a number of very innovative research projects that examine the functioning of health systems at various levels – global, regional and national. The project reviews main finding converges with that outlined in the GEH program's external review in 2005<sup>12</sup>: that social and gender analysis and integration needed to be addressed more systematically and consistently into research projects.

Of the 15 projects chosen for review 3 are classified as gender-integrated, 4 women-specific, 2 women-incidental, 1 women-inclusive while 5 had mixed classification (women-specific, inclusive and incidental). The last category contains multiple country research projects or those addressing multi-pronged issues. None of the projects were found to be gender transformative projects. This is an important gap which needs to be addressed in the recommended future gender strategy for the GEH.

---

<sup>12</sup> External Review of the Governance Equity and Health Prospectus, 2005, p. 30. The external review maintained that both social and gender equity analysis needs to be improved in GEH projects.

Improvements in gender integration from one phase to the next were noted in some projects such as the Politiques publiques et lutte contre l'exclusion s program in West Africa: from a gender incidental in phase I to a gender inclusive program in phase II, with one project in Côte d'Ivoire, categorized as gender-integrated.

The two global projects reviewed (The Global Forum, WHO Knowledge Networks) were assessed to be gender integrated as they incorporated a good gender planning design consisting of gender objectives, strategies, workplans and budgets for gender implementation. GEH did not directly fund these specific gender components but a component that also integrated gender considerations into its research.<sup>13</sup> Both projects implemented their gender strategies and outputs were quantifiable. Both produced some seminal research studies e.g. the WHO Knowledge Networks produced a comprehensive report on the social determinants of health<sup>14</sup> and a gender analysis on human resources for health outlining significant gaps in health systems research.<sup>15</sup> It would be useful for the GEH to combine these three studies as a basis for understanding the importance and value – added of gender considerations in health systems research.

At point of entry, the HIV Monitor project also provides a reasonable gender analysis, gender themes, gender objectives and gender strategies for integration into the research process. However, gender had not as yet been addressed at implementation stage. Although it is crucial that gender planning perspectives be clearly outlined at conception, there is a danger of gender evaporation or fade at implementation if a stringent monitoring system is not in place. A project could go from being classified as gender integrated to gender inclusive. This problem of gender evaporation occurs in programs/projects of almost all organizations, often because the authors of the proposals and the implementers of the research are rarely the same.

One of the main findings of the project reviews is that partners have an extremely varied understanding of social and gender analysis as a concept. In some projects, partners confused gender parity with gender expertise or even integration.

In reference to social analysis, the gender evaluation team found little reference to, or any analysis of, the research target population, aside from a general socio-economic analysis, which mainly referred or alluded to the (generic) “poor” or “households” or “families”. The social analyses usually did not disaggregate this term any further, or provide an “equity” focus to the projects, or outline social barriers to accessing health systems, such as gender, race, ethnicity, ability, language, rural-urban, and socio-economic status.

---

<sup>13</sup> However, the evaluation team did not deem it necessary for GEH to specifically support the gender components for the projects to be classified as gender integrated; it was sufficient that gender considerations were substantially addressed in the projects.

<sup>14</sup> Sen, Gita & Ostler, Pirooska, “Unequal, Unfair, Inefficient Gender Inequity in Health: Why it exists and how we can change it”, Women and Gender Equity Knowledge Network, Report to the WHO Commission on Social Determinants of Health, 2007, p.1  
[http://www.who.int/social\\_determinants/resources/csdh\\_media/wgekn\\_final\\_report\\_07.pdf](http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf)

<sup>15</sup> George, Asha, Human Resources for Health: A Gender Analysis, Review Paper prepared for the Women and Gender Equity, and Health Systems, Knowledge Networks (KNs) of the WHO Commission on the Social Determinants of Health, Review 2007, p.11

For example, the evaluation team found that household surveys are often used as a basic source for information on research projects under the theme of health financing. A large number of people in developing countries are poor but gender is generally the missing dimension in household surveys. The gender dimensions of poverty – more women than men are poor - but also relates to the ideas about relations within the household. Household surveys using conventional economics saw the household as organized around the pooling of income and meeting the welfare needs of all members. However, studies from various parts of the world suggest that there are widespread and systematic inequalities within households. Gender as an important determinant of the distribution of rights, resources, and responsibilities within the household but recognizes that it is not the only factor. Age, birth order, relationship to the household head, ability and position of the household in society are some of the factors that also influence the allocation of household resources. Attempts to estimate poverty that overlooked inequalities in the household therefore provide a very incomplete picture. In particular, they had little to say about women's experience of poverty relative to that of men within the same household. It would be useful to support a multidisciplinary approach to poverty, gender and health economics.

The evaluation found some good practices in social and gender analysis, e.g. in a research project funded through the Municipal Services Programme (MSP) on the Electricity Crisis in Soweto. However, this framework was not consistently used throughout the research.

The main conceptual challenge in understanding gender relations and gender inequalities is acknowledging that there may be differences in "access and control" over health system services, between men and women in specific social groupings.

The evaluation found that found that proposals often lack a social and gender analysis, based on sex-disaggregated data or an analysis from available information resources.<sup>16</sup> It was easier for partners to focus on women and on their biological functions in research areas such as reproductive health. Women specific projects are necessary and important in health research but any project that focuses on women needs to take men's needs into account. While partners address "basic" needs of women (e.g. emergency obstetric care or EmOC) adequately, "strategic" needs (e.g. transportation to emergency care and lack of resources for treatment) which underlay gender inequities in health or the

Health systems in many countries have been unable to deliver adequately on basic health or on health equity in general and gender equity in health in particular. One reason is that many health care systems pay insufficient attention to the differential needs of women and men in planning and providing health services. Another reason is that equitable utilization of health care is strongly affected by gender inequalities in society that determine whether women's health needs and problems are properly acknowledged, and whether families are ready to invest equally in the health of girls and women. It is also affected by unequal restrictions on physical mobility, unequal control over financial resources, and unequal decision making. Health services may also be unsuited to meeting the health needs of men: for example, reproductive health services are often not set up so as to encourage male involvement.

Sen, Ostlin & George. p. 60

<sup>16</sup> It is important to remember that qualitative research analyses of basic and strategic gender needs on various health related themes is already available for some regions and may often be extrapolated (e.g. surveys by NGOs such as Amnesty International or Human Rights Watch, or development research within the UN system). These analyses may need to be scientifically proven.

needs of men (contraception, STDs, their involvement in the pregnancy) remained unaddressed. For example, men constitute an important part of reproductive health and therefore also needed to be consulted as do rural men or women who may not be able to access hospital services (Maternal Death Review project); or that in studying sex workers, the research needs to also consider children (girls and boys), male and transgendered sex workers, plus their partners (Étude du conseil-dépistage volontaire du VIH à Conakry (Guinea)/ Study on voluntary HIV counseling-screening).

A commitment to collecting socially disaggregated data or sex disaggregated data is an important challenge for GEH partners. As social and gender analysis is based on the collection and analysis of this data, it has significant implications on the quality of the research findings. The value added of this kind of gender sensitive analysis and its link to equity and governance concerns in health systems needs to be established and understood. Gender considerations are often difficult to add on to the research project methodology and need to be included at conceptualization so that an implementation plan and a budget is allocated for monitoring those inputs. If no (significant) differences are apparent, and social and gender considerations are considered to be irrelevant in the research planned, the partner's proposal and the PAD needs to provide an explicit rationale for this e.g. when race or socio-economic status is deemed more important than gender.

The evaluation team could not verify in any project's activities, a budget for gender training or a gender workshop to train the team to design and manage the research which considers the circumstances and needs of the socially disadvantaged and marginalized populations, including poor women and groups who experience stigma and discrimination.

The main finding in this phase of the evaluation was that although there were a few good practices in social and gender planning, analysis and integration, it was not consistent or systematic. Partners need to be encouraged to address and provide a systematic social and gender analysis and integration plan in research methodologies in order to produce good scientific research. Policies and programs that do not account for social and gender differences may have a detrimental impact on both men and women. Given the social context of women's lives, women are more likely to experience detrimental consequences as a result of policies that ignore potential gender impacts. The rationale for social and gender analysis is to collect good scientific evidence of inequities and inequalities in health systems, the *raison d'être* of the GEH. There was a need to build GEH staff capacity and the capacity of partners in social and gender frameworks and analysis. GEH could consider providing relevant resources e.g. on the website – tools and guidelines, budget for training workshops and gender expertise in the projects, etc.

## **7. PHASE III - GENDER TRAINING WORKSHOP**

Using a diverse range of training methodologies, including role plays and case studies taken from the project sample reviewed, the evaluators facilitated a two day gender training workshop in September 2008. The participants evaluated the workshop with an overall score of 4.4 out of 5 or 88%.

The agenda for the gender training was developed based on the issues identified in the first two phases of GEH's gender evaluation: a common understanding of gender

terminology in health research including the difference between gender equity and gender equality<sup>17</sup>; social and gender integrated research approaches based on GEH's focus on equity; social and gender analysis frameworks; identifying basic and strategic needs in gender analysis; and negotiating partner buy-in into gender analysis and integration into research projects.

Due to the highly participatory nature of the workshops discussions and a very tight schedule, some themes developed for the workshop agenda were not presented, including: collecting sex disaggregated and gender sensitive data; gender sensitive budget processes in a health systems context; and strategic entry points to integrate gender equality in the research project cycle. However, all the workshop materials were handed out to the GEH team.

An additional list of simplified resources for social and gender integrated analysis research developed by the World Bank was provided: Building Social Analysis into Project Design; Gender Analysis as Base for Gender Based Social Analysis; Tools for Gender Analysis and Social Assessment; Ways to Integrate Gender into Social Assessment Tools

Some highlights from participant evaluations: the usefulness and relevance of the exercise; the depth of the facilitators portfolio knowledge; the flexibility of the facilitators; the opportunity to put theory into practice; and a good balance between presentations and discussions.

The pace of the workshop was deemed to be problematic for workshop participants. Other observations included participants had hoped for summaries of materials for quick reading, more synthesis of theory and evidence, and more discussion on definitions.

Detailed outputs of the gender workshop and facilitator recommendations are included in the report for phase III.

## **8. CAPACITY BUILDING NEEDS**

Discussions between the GEH team and the evaluators/facilitators at the gender training workshop also focused on strategies to meet the capacity building needs of partners and of GEH staff and defining new areas of research in gender equity in health systems. The GEH team's and evaluators recommendations for capacity building and additional research areas are outlined below, as well as recommendations for finding additional resources for funding core social-gender analysis issues and processes. A summary of the main points in this discussion are presented below

### **Building GEH Staff Capacity**

GEH staff suggested several ways of strengthening their own capacity in social-gender analysis. These included:

- conducting a meta-analysis on around 10 papers on a thematic of gender integrated research to be presented to as part of GEH's team meeting to build internal capacity;

---

<sup>17</sup> Gender equality is the term widely used by international development donors.



- requiring each project incorporate a team member or consultant who has social and gender analysis;
- looking into developing a course on social and gender theory in Public Health training could be looked at so that the GEH develop for both the public and for themselves; and
- developing social and gender modules that could be used and inserted into existing training programs.

The facilitators also recommended that GEH develop a series of thematic social-gender analysis briefing guidelines focused on key themes related to health systems such as health financing, etc. These more generic analyses would serve to provide GEH staff with both a greater understanding of the key issues within each theme and help them develop talking and negotiating points with partners. In addition, they will greatly assist in developing the GEH gender strategy recommended below.

### **Additional Research Areas**

Research areas that have not been given much attention include:

- gender-based violence from a health systems perspective (includes sexual, domestic, social violence) especially in Africa – tends to be NGOs, UN system, Amnesty International, Human Rights Watch, working on the topic but not necessarily from a strengthening health systems perspective.
- physiological differences in men and women and how it relates to health outcomes and health research

Both of these are themes that GEH could consider promoting among its partners.

### **Finding Additional Resources**

The evaluators top priority for the team is to discuss and clarify what is the value-added of the systematic inclusion of social-gender analysis in health research projects within GEH and external projects e.g. where has this analysis and increased gender awareness made a difference in policy development? (There are significant examples of this in Canada and in the health programmes of some developing nations such as the training and referral services for traditional birth attendants in order to achieve MDG 5 to reduce rates of maternal mortality.) Building staff and partner capacity for systematic and consistent integration of social and gender analysis and integration into projects requires a high level of commitment and an allocation of resources. It is crucial that the value of this investment be assessed. Secondly, the team will need to envision how this investment is to be implemented.

GEH will need to assess what it considers to be core social-gender analysis issues and processes and which are more transitional processes. The core processes would need to be funded from institutional core funding in order to ensure that they are implemented systematically and seen as an institutional priority.

For the transitional processes GEH may consider asking funding agencies for a one-time input of funding to build partner capacity, etc., much like the UN theme trust funds. The

idea behind these are to ensure that there is extra funding available for a time limited period of time while all of the organizations involved make the transition to social-gender analysis being a requirement of GEH's research funding.

It will be important to put this additional transitional funding in place so that the introduction of a more systematic approach to social-gender analysis and objectives in GEH's projects does not lead to money being taken away from one or more areas of the project to put towards gender. By the same token, it is also important to establish that spending in this area must become a regular part of project budgets in the medium and long term.

## **9. GEH GENDER INTEGRATION ACTION PLAN**

By the end of the workshop GEH staff had discussed and identified short, medium and long term actions to support the integration of social and gender analysis in its research program and the promotion of increased gender equity/equality within health care systems. These are listed below with the evaluation team's observations:

### **Short Term:**

- To further build team capacity through in-house training.
- To develop a new section on gender in the prospectus.
- To refine proposal review process to integrate social-gender analysis.

### **Medium Term**

- There is a need to clarify what is the value added of using social-gender analysis to team members and to communicate this well across team and to partners
- There is a need for regular team discussion about these issues and to develop a more formal gender equality strategy, possibly working with an external consultant
- GEH needs to showcase new projects that will be gender transformative or which will have gender transformative components. To do this GEH will need to work collaboratively with IDRC's Women's Rights and Citizenship unit at IDRC
- GEH could develop issue a call for proposals with its existing partners for research work that focuses on social-gender analysis

### **Long Term:**

- To develop a critical mass of projects that focus on gender in health systems issues.
- To write articles as a team on what it means to incorporate social-gender analysis into a project.
- To develop a community of practise on gender by consolidating and maintaining a resource bank of social-gender analysis tools and regional social-gender experts for partners and staff.
- To build a data-base on social-gender analysis literature and a solid collection of background papers.
- To map out champions in the region and develop an understanding of who the allies are and on whom GEH can rely on.

- To make links with donors with a strong gender focus such as DFID, CIDA, and the Scandinavian development cooperation agencies.

The evaluation team recommends that the last two points be moved up to the short term actions as GEH will need to work on these two areas from the onset in order to develop and implement its social-gender equality/equity strategy effectively.

## **10. RECOMMENDED NEXT STEPS / WAY FORWARD**

The evaluation team makes the following final recommendations as next steps on improving social and gender analysis and integration into the GEH program initiative. These recommendations are made on the basis that the GEH is interested in pursuing a two pronged approach for gender analysis and integration:

1. integrating social and gender equity into all projects; and
2. supporting specific gender equity/equality projects to enhance gender equity/equality in health systems.

### **1. Hire a gender specialist**

*It is recommended the GEH hire a gender specialist to help strengthen the team's and partner capacity in social and gender analysis and integration in the program and projects.*

The complexity of many of GEH supported projects and the severe time constraints faced by the team would make it very challenging for the GEH team to find the time to build its capacity effectively, as well as provide social and gender guidance to partners. Given that social-gender analysis is an area of professional expertise in and of itself, it would be unrealistic to expect staff to become overnight experts in these methodologies on the basis of a few training workshops.

A one-on-one training of social and gender analysis by the gender specialist of staff on projects and issues as they come up would be a most effective capacity building strategy. It will be as important to build staff capacity to negotiate increased use of social-gender analysis with partners as it will for staff to learn more about actual social-gender analysis methodology. The gender specialist can also provide guidance needed to partners on specific issues when required and monitor reports while staff are travelling.

This assignment needs to be time limited from two to three years until the team is comfortable with its own capacity for social and gender analysis. A long time frame has been recommended due to the multiple tasks which are required to systematically mainstreaming social and gender integration, as well as build staff and partner capacity.

One of the first tasks recommended would be for the gender specialist to assist the GEH team in developing a gender strategy, a revised gender implementation or action plan with a budget and timelines to operationalize the gender strategy.

## **2. Develop a gender strategy**

*It is recommended that GEH start the process of developing a participatory gender strategy and set a target date for its completion and implementation. The gender strategy needs to be incorporated into the prospectus to offer guidance to staff and partners.*

The basic premise for the gender strategy needs to come from the exercise of the value added of social and gender analysis into various themes adopted by the GEH in health systems research. Research papers or situational analysis focused on gender integration into various health systems themes could be used to inform the gender strategy as mentioned above. Detailed recommendations for elements of a gender strategy and a gender implementation workplan are included in the three reports produced by the evaluation and need to be discussed by the team.

Annual staff retreats could include a regular agenda item for the discussion of progress made on the development of GEH's gender equity/equality strategy and to further build staff capacity in this area. The social-gender strategy would also need to address the issue of how to integrate social-gender analysis and objectives in new projects, as well as build a critical mass of projects which are gender integrated. The gender strategy needs to identify possible gender transformative project ideas.

GEH's social-gender strategy will need to set realistic targets for achieving or developing social-gender analysis in its research projects, but should place sufficient emphasis on achieving these targets that it is not perceived by staff or partners as an optional luxury. These targets initially could be based on the areas of research where it is easiest to integrate social-gender analysis or where a catalytic influence could be readily achievable. The targets will also need to focus on going beyond the inclusion of social-gender analysis in research to using this methodology and the related research findings as a means of increasing social and gender equality through influencing health systems policy and programming.

## **3. Identify New Partners**

*It is recommended that GEH identify new partners with which to work to support the transition to better socially-gender integrated projects. Some of these partners need to have gender expertise so that some projects can be targeted to be gender transformative.*

This process may also assist to map out gender champions in the region and develop an understanding of who and where GEH's allies are and how they could collaborate on projects. To map out champions and research organisations which can be GEH's allies, it is important that GEH also make links with donors with a strong gender focus such as DFID, CIDA, and the Scandinavian development cooperation agencies. These agencies may also provide the extra funding needed to meet GEH's gender goals and objectives.

#### **4. Strengthen Project Cycle**

*It is recommended that the project cycle be strengthened to include a stronger focus on social and gender analysis and integration in these three areas:*

##### **Guidelines for Project Applications**

It is recommended that the guidelines for project applications which outline a methodological approach for grant applicants be strengthened. Applications need to incorporate an additional modality: a social and gender analysis. In order to guide applicants, a list of minimum standards for social and gender analysis could be included e.g. social and gender analysis and an accompanying project planning strategy (objective, activities, budget for implementation) for social and gender integration into the project methodology. The applications should also be directed to include a rationale if this analysis is considered to be irrelevant to the research.

The GEH needs to provide applicants with the rationale for GEH's requirement through a paper posted on the website, on the importance of addressing social and gender inequities and inequalities in health research. As well, links to other relevant resources available to the GEH should be posted to assist partners. Guidelines and tools for social and gender analysis need also to be posted to the GEH PI website.

##### **Project Review Process and Project Approval Document**

The proposal review process will need to focus on finding ways to articulate social-gender analysis and objectives systematically in the projects through the establishment of standard procedures and expectations. However, GEH could develop a set of minimum standards and expectations related to social-gender analysis in its projects and staff can refine their knowledge about how to apply these in diverse contexts with different partners.

For example, MINGA had a requirement to address for questions on gender mainstreaming in the PAD:

- 1) extent to which project addressed gender issues relevant to proposed research theme(s);
- 2) proposed methodology for examining these issues in the project;
- 3) whether or not the project team has the necessary capacity to carry out proposed gender analysis;
- 4) recommendations by reviewers to strengthen proposal.<sup>18</sup>

##### **PCRs and rPCRs**

Once the proposal from applicants includes a social - gender analysis and integration plan, the GEH team needs to transfer this make sure it is in the PAD so that it can be monitored through the rPCRs or PCRs. There needs to be clear standards for critical assessment of gender lessons learned.

---

<sup>18</sup> Adamo, Abra. 2003. *Mainstreaming Gender in IDRC's MINGA Program Initiative: A Formative Evaluation*. p. iii.

## 5. Adopt the Gender Monitoring Tool

*It is recommended that the GEH revise and adopt the gender classification monitoring tool for all new projects.*

The tool defines five categories of analysis and criteria to measure the level of gender inequality/inequity in research work. It could be modified to include both social and gender categorizations and tailored to the specific requirements of the GEH. The tool will assist in closely monitoring the level of social and gender integration in various projects and identify those that could move from one level to the next of categorization in subsequent phases of each project. It can also be used to identify and monitor projects which potentially could be gender transformative.

There needs to be a consensus within the GEH team on the information which needs to be entered into the tool for monitoring purposes.

The categorizations used include:<sup>19</sup>

**Gender-transformative research:** Project contributes to a deeper understanding of gender inequality. It has the potential to improve the lives of large numbers of women, and relations between women and men, through significant policy influence nationally, regionally or globally. Gender transformative projects are recommended in the CAF.

**Gender-integrated research:** Project includes a gender analysis or outlines a process for conducting a gender analysis including an examination of socially constructed relations between different categories of women and men, relations of power, differential access to and control over resources and benefits, etc. within the context of the project's overall research questions. The social and gender analysis should be based on a quantitative and qualitative analysis of sex-disaggregated data, illustrate how this data will be treated in the methodology and included in the strategy for implementing the research methodology. Either specific objectives, or other means of monitoring social and gender inputs and outputs, need to be outlined.

**Women-specific research:** Project focuses on women but does not show evidence of a detailed analysis of gender relations, including power relations, between different categories of women and men. Women are designated as the focus (participants, beneficiaries, target group) of the project.

**Women-inclusive research:** Women are included as one of the target groups (beneficiaries or participants) in the project.

**Women-incidental project:** Women are incidental to the project. Women may be mentioned in passing, but there is no analysis of women as a target group. This could also be deemed gender-blind research, where no differences between men and women are mentioned.

---

<sup>19</sup> Singh, Navsharan. March 1999. Thinking Gender in Development Research: A Review of IDRC Funded Projects 1996-1997 from a Gender Perspective <http://idrinfo.idrc.ca/archive/corpdocs/112826/112826.pdf>

## 6. Develop a gender integration workplan

*It is recommended that a gender integration workplan be prepared to outline the different levels of integration, as well as identify tools and methods of integration. The workplan should also create a timeline and identify who is responsible for each task.*

A preliminary outline of a proposed workplan for GEH is presented below. The format has been adopted from IDRC's ERNM and MINGA PIs.

Level	Tools & Methods
Program Area (PA) RHE	Workshop to present GEH evaluation results Health and social-gender workshop on common GE outcomes
Program Initiative (PI)	Gender Evaluation (2008) All Staff Learning Session (September 2008) Hiring gender specialist Situational analyses of gender and health systems – papers available Gender Outcomes framework Meta-analysis - 10 papers- on a thematic of gender integrated research PI level gender strategy Gender Strategy Integrated into PI Prospectus Specialised Staff training – thematic Gender Methodology workshops (for staff and partners) Gender tools, methodologies & resource materials <sup>20</sup> Internships
Project	Gender scholarships/research awards Gender Transformative projects – gender integration into syllabus for public health professionals and health departments in government
Selection	Project selection criteria/RFP Website - Social and Gender Analysis Tools and Guidelines, and resources for partners
PAD	Improvement in completion of Social and Gender analysis section of PAD: (e.g., MINGA: Requirement to address four questions: 1) extent to which project addressed gender issues relevant to proposed research theme(s); 2) proposed methodology for examining these issues in the project; 3) whether or not the project team has the necessary capacity to carry out proposed gender analysis; 4) recommendations by reviewers to strengthen proposal. <sup>21</sup>
Project Implementation	Gender objective, social and gender strategy, workplan – research activities, budget for training Gender specialist or gender organization (GEH partners encouraged to hire)
PCR	Clear standards for critical assessment of gender lessons learned
Partners	Identify new partners – DFID, CIDA, SIDA, etc Regional Training (by theme) including professional short courses
Devolution of Responsibility to the South	Identify new partners Dedicated research fund for gender research in health systems

<sup>20</sup> Many resources and tools are available to researchers and partners on the IDRC website. (See for example, the UPE site on gender).

<sup>21</sup> Adamo, Abra. 2003. *Mainstreaming Gender in IDRC's MINGA Program Initiative: A Formative Evaluation*. p. iii.

--	--



