

GENDER EVALUATION

Final Report on Phase I - Institutional Assessment

of

GOVERNANCE EQUITY and HEALTH PROGRAM

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE



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List of Acronyms

ADB	Asian Development Bank
AfDB	African Development Bank
CAF	Corporate Assessment Framework
CIDA	Canadian International Development Agency
CIET	Tropical Disease Research Centre
CS+PF	Corporate Strategy and Program Framework
DFID	UK Department for International Development
DPA	Director of Program Area
ENRM	Environment and Natural Resource Management
GE	Gender equity/equality
GEH	Governance, Equity and Health Initiative
GEM	Gender Evaluation Methodology
GHRI	Global Health Research Initiative
ICT	Information and Communication Technologies
ICT4D	Information and Communications Technologies for Development
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
PBR	Peacebuilding and Reconstruction
PCD	Peace, Conflict and Development
PCR	Project Completion Report
rPCR	Rolling Project Completion Report
PM	Program Manager
PO	Program Officer
PTL	Program Team Leader
RFP	Request for Proposal
RHE	Research for Health Equity
RITC	Research for International Tobacco Control
RO	Research Officer
RPE	Rural Poverty and Environment
SEE	Social and Economic Equity
SEP	Social and Economic Policy
SMC	Senior Management Committee
TEC	Trade and Economic Competitiveness
UNICEF	United Nations Children's Fund
UPE	Urban Poverty and Environment
WHO	World Health Organisation
WRC	Women's Rights and Citizenship program

Definitions of Select Gender Terminology ¹

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 organisations 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 organisational structure and culture in the design and delivery of gender-sensitive programmes and projects. Gender audits identify personal and institutional biases in the culture of organisations, 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 both the institution's financial investment in gender equality and of its systems and processes from a gender perspective. (Moser, 2005)²

¹ The definitions represent a composite taken from different sources.

² 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>

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)³

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)

³ IDRC, Glossary IDRC, http://reseau.crdi.ca/en/ev-42971-201-1-DO_TOPIC.html

EXECUTIVE SUMMARY

*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.*⁴

Sen, Ostlin & George, p.1

*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.*⁵

WHO

This report presents the findings of a team of consultants from Kartini International during the first phase of the gender evaluation of the Governance Equity and Health (GEH) program at the International Development Research Centre (IDRC). GEH commissioned the evaluation to take place from January to June 2008.

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

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

The first phase of the evaluation focused on an institutional assessment of IDRC and the GEH program. It examined commitments to gender issues at the institutional and program levels, and assessed how these commitments have been implemented. The methodology involved:

- an extensive documentation review;
- reference to the gender survey carried out in 2007;
- interviews with GEH staff and the Women's Rights and Citizenship program; and
- an internet search to review gender strategies of other health research institutions.

This report identifies institutional constraints to gender integration and makes recommendations for strengthening institutional processes to address gender concerns in the GEH program. The second phase of the evaluation will further refine and review

⁴ 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

⁵ 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>

these through a series of project reviews within three research clusters: 1) strengthening health systems; 2) financing health systems; and 3) human resources for health.

At the corporate level, the main findings of this phase of the evaluation are that staff perceives IDRC as having a strong commitment to addressing gender in its programs. They are 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. Previously, the Gender Unit was responsible for gender mainstreaming at the Centre but had limited resources to do so. The Unit has evolved into an independent program called Women's Rights and Citizenship Program which maintains an informal gender technical assistance relationship with the GEH and other programs at IDRC. Responsibility for gender integration has devolved to each individual program which hires gender expertise as required. The evaluation team also found some good mechanisms and lessons learned on gender mainstreaming and integration in other IDRC programs.

The GEH program integrates gender considerations with concerns of fairness and access to health systems under the category of social equity. This refers to any variables related to sex, age, ethnicity, socio-economic status, etc. However, despite this linkage the evaluation team found that the GEH program actually treats gender and social equity separately. The program's external review in 2005 concluded that neither social equity or gender equity are well addressed in the program.⁶

Based on the documentation review and interviews with staff the main findings of the evaluation team were that there is/are:

- a) Limited guidance provided for gender integration in the program prospectuses.
- b) A need for a common understanding of gender terms and analysis within the team.
- c) A need to envision gender and social analysis as one integral unit and develop a clear cut methodology and approach for doing so.
- d) A need to promoting partner buy-in and to build partner capacity for gender in health research.
- e) Multiple challenges integrating gender analysis into already weak health systems.
- f) A need to address gender considerations in health financing with partners at regional levels.
- g) Serious time constraints and heavy travel schedules for staff that reduce time for capacity development on and monitoring of gender issues.
- h) A need for improved capacity for gender analysis and integration and guidance tools.

The team also found that:

- i) Information and knowledge generated on gender issues in health research was not synthesized for easy reference.
- k) GEH is currently considering developing a system of institutional rewards for gender integration in programming.
- l) More staff are needed to champion gender.
- m) There are some gender-specific projects within the program but sufficient gender integration into projects remains a challenge.

⁶ External Review of the Governance Equity and Health Prospectus, 2005, p. 30

The interviews with GEH team identified a strong need for staff gender training. Staff expressed considerable interest in the development of their own capacity for gender integration and for related training which is “technically relevant, context specific and culturally-sensitive”.⁷ The proposed training would assist Program Officers (POs) help GEH partners to understand the importance of integrating GE issues in their research work at the regional level and to build their capacity to do so. They identified a high priority for the development of practical guidance tools. The evaluation team’s exploration of terminology, strategies and tools used by other health research organisations for gender guidance resulted in the identification of some practical and simple tools which could be adapted for the GEH in the immediate future as an adjunct to the evaluation.

Preliminary recommendations of the evaluation include a need for GEH to:

1. Allocate explicit resources for gender, e.g., hire gender advisors or a gender specialist to guide the team at HQs, research and write briefing papers on gender integration into health systems in specific areas, develop a gender strategy, create a database of resources and information on gender/health organisations regionally, etc. As well,
 - a. Create a roster of national gender consultants to assist regional program officers to address difficult health systems issues.
 - b. Assess relevance and usefulness of definitions, toolkit and guidelines from health research organisations.
2. Strengthen specific gender concerns in its next prospectus by developing a program gender strategy to guide the team.
3. Allocate adequate time for the GEH team to build their own and partner capacity related to gender equality.
4. Integrate simple GE guidelines and checklists at appropriate points in the project cycle for easy reference.
5. Integrate gender considerations into the criteria for partnership evaluations with researcher organisations i.e. assess their capacity to address gender considerations.
6. Reassess the centralised intranet location information on gender related to health for easy access to meet the needs of the team for gender and make these available for partners.
7. Encourage official linkages and partnerships with gender and health organisations.

These recommendations will be further refined and revised in the second phase of the gender evaluation after the evaluation team reviews projects in each region with a focus on how the social determinants of health have been analysed and integrated into the projects. The gender evaluation team will provide a plan for the way forward on gender integration in the GEH program at the end of the evaluation and training.

⁷ Supported by Gender surveys conducted by Riswana Soundardjee in 2007 (Appendix 2)

*Gender not only affects differentials in health needs, health seeking behaviour, treatment and outcomes but also permeates both the content and the process of health research. Gender biases in research sustain a vicious circle that downgrade gender issues in health and perpetuate their neglect.*⁸

Sen, Ostlin & George, p.79

1. INTRODUCTION

This report outlines preliminary findings of the first phase of a gender evaluation, commissioned by the Governance, Equity and Health (GEH) program of the International Development and Research Centre (IDRC), in January 2008. The gender evaluation covers both phases of the GEH program prospectuses and implementation: phase one, 2002-2006; and phase two, 2006–2011. The final evaluation has a completion date of June 23rd, 2008.

Health inequalities are a core concern for the GEH. Although integrating gender considerations into research is not an explicit priority of the GEH program's two prospectuses, it is a cross-cutting issue which falls under the broad area of social equity. Equity and fairness are considerations in the design and implementation of GEH's proposed and supported research. Gender equity currently falls within these criteria.⁹ The program includes gender analysis as one of several methodological approaches eligible for support in its prospectus 2002-2006. However, an external review of the program in 2005 found that there was "relatively less evidence of gender analysis" and "it is mentioned infrequently".¹⁰

Since its inception in 2002, the GEH team has engaged in several discussions about the integration of gender and equity. In 2005, they unanimously agreed that a gender evaluation was a priority for the program in order to improve their capacity for gender analysis and integration into GEH's research projects. Given the Centre's commitment to strengthen gender transformative research provided an additional impetus to strengthen gender perspectives into the GEH program.

The evaluation has also integrated analysis from two gender surveys conducted by an intern in 2007 into its findings. The first survey encouraged self-reflection by GEH team members on gender analysis; and the second reviewed the experiences of other programs in implementing gender analysis. This gender evaluation and subsequent training are meant to be formative and contribute to ongoing learning within the GEH program. Based on its review, the GEH team understood that building the capacity to conduct a good gender analysis, integrate and monitor it vigorously into programs and projects will entail a long term commitment and resources to the process.

The second report of the gender evaluation team will further revise, refine and strengthen the findings and recommendations of this report. The evaluation's second phase involves a systematic and in-depth gender review of projects in every region participating in the GEH, as well as of each thematic area. It will lead to the development

⁸ 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.79

⁹ GEH Prospectus 2006, p ?

¹⁰ External Review of the Governance Equity and Health Prospectus, 2005, p. 30

of case studies to provide context for the staff gender training workshop proposed in May 2008.

This report is organised as follows: section one, outlines the goals and the methodology of the gender evaluation; section two, examines institutional commitments to gender equity at IDRC, accountability mechanisms for their implementation and staff perceptions of this commitment; section three, examines the GEH program's commitments to gender equity and analyses staff challenges in terms of their implementation; section four, summarises the findings of a staff needs assessment for gender training; section five, presents the findings of gender and health research terminology and the gender analysis guidelines used by other organisations in regional of research in health system; section six, summarises conclusions drawn and makes preliminary recommendations by the GEH team and the gender evaluation team.

1.1 Evaluation Goal and Objectives

As set out in the terms of reference (ToRs), the overarching goal of the gender evaluation is to enhance the level and quality of gender integration into all the GEH projects which essentially work with and through other research partners and institutions.

The objectives of the evaluation are:

1. To measure the level and quality of gender analysis and integration within all phases of the GEH programming cycle (concept note, proposal development and review processes, and implementation, monitoring and evaluation reports) in selected projects.
2. To assess the level of in-house gender analysis capacity and knowledge.
3. To make key recommendations to strengthen in-house gender analysis capacity and knowledge of the GEH team, and to enable the GEH team to strengthen its support to partners.
4. To design and deliver a gender training workshop for the GEH team in order to strengthen their capacity in identifying and addressing gender concerns in all phases of the programming cycle.

The intended users of the evaluation are GEH staff, the two other Research for Health Equity (RHE) programs, and other IDRC program initiatives. The evaluation team reports to the steering and advisory committee (SAC). Sharmila Mhatre, Senior Program Officer and Anna Dion, Research Officer are the evaluation team's focal points for all technical and substantive matters and administrative support, respectively.

1.2 Approach

The gender evaluation team is made up of three consultants from Kartini International, with specialised knowledge of health, evaluation, gender assessment and training skills:

- Clara Jimeno, Associate, as the Senior Health Specialist.
- Neena Sachdeva, Associate, as the Senior Institutional Assessment Specialist and team leader.
- Dana Peebles, Director, Kartini International, as the Senior Gender Analyst/Strategist to provide oversight and guidance to the evaluation team and to serve as the lead trainer.

The team will use a multi-dimensional approach to the evaluation: an overall gender audit approach; using a Gender and Sex-based Analysis framework; and a consultative approach with the GEH team.

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

- Assess strengths and identify gaps in institutional and programmatic areas that support gender considerations through a gender audit; 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 GEH's social and gender equity perspective to review gender analysis and integration into GEH projects, the gender evaluation will use the "Gender and Sex-based Analysis" framework adapted from the Canadian Institute of Health Research (CIHR) outlined in the box below.¹¹ 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.

Gender and Sex-Based Analysis (GSBA):

Gender and Sex-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 and women, girls and boys.

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 GSBA is to promote rigorous sex/gender-sensitive health research which expands understanding of health determinants in both sexes, in order to provide knowledge which can result in improvements in health and health care. 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. GSBA is meant to be applied within the context of a diversity framework, that attends to the ways in which determinants such as ethnicity, socioeconomic status, disability, sexual orientation, migration status, age and geography interact with sex and gender to contribute to exposures to various risk factors, disease courses and outcomes. These intersecting factors have significant impact on health and wellbeing.

Canadian Institutes of Health Research

The evaluation team will assess the analysis and integration of social and gender equity as determinants of health in the projects. It will examine power relations and access to and control of health resources through the gendered politics of health systems, improving awareness and handling of women's problems as both producers and consumers of health care, improving women's access to health care, and making health

¹¹ 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

systems more accessible and accountable to both men and women.¹² The evaluation approach will use both gender equity and gender equality perspectives as appropriate on a project-to-project basis. In some instances it may be necessary to use both approaches simultaneously.

The team's approach is to use a very strong consultative approach with the GEH team as they have found that management and staff commitment are critical to the gender integration and assessment process. The overall approach will also focus strongly on research on health and gender to support its findings and recommendations.

1.3 Methodology

The evaluation will be conducted in three phases, each building on the findings of the previous phase.

- a) The **first phase** of the evaluation will assess institutional commitments to gender equity and processes at IDRC's corporate level as well as in other programs and the GEH.
- b) The **second phase** will examine the level of gender analysis and gender integration in GEH projects, both completed and in progress, in all three regions – Africa, Asia, and Latin America and the Caribbean; and
- c) The **third phase** will use the results of the first two phases to assist in the development and delivery of a gender training plan for the GEH team. The end result will be a report on the Way Forward on gender equity integration for the GEH team.

Phase 1: Institutional Assessment and Organisational Culture

The rationale for the evaluation's first phase is that the foundation for high quality gender analysis and integration into projects and programs is a strong commitment by the institution and its management to gender equity and equality. In the first phase, the evaluation team has focused on the institutional level (IDRC and other program initiatives) and programmatic level (i.e. GEH) commitments to gender equity and efforts and resources allocated to implement them.

Criteria to assess this commitment include a strong organisational culture which publicly supports gender equity in its vision, mission and goals and in its annual reports, as well as integrates gender considerations into its analytical and strategic institutional documents, monitoring and accountability frameworks and allocates sufficient resources for its implementation. To ascertain the level of commitment to gender integration in the GEH the evaluation team asked staff if:

- Gender equality is reflected in the way IDRC and GEH goes about doing its business and in its structure and procedures – e.g., in the make-up, attitudes, practices, capacities of staff members, assessment of partner capacities, the extent to which lessons from gender lessons learned are socialized within the Centre?

¹² Sen, G, Ostlin, P., & George A., "Unequal, Unfair, Ineffective and 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.79
http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf

- Specific and adequate resources have been allocated in the budget to achieve gender equity – e.g., allocation of adequate staff time to build expertise, hire gender expertise when needed, provide gender guidelines and evaluation tools?
- There are other indicators of institutional commitments and organisational cultures which support gender equity/equality (e.g., are there incentives provided for staff that support gender equity such as gender champions) ?

The specific methodology used included:

- A comprehensive document review (refer to **Appendix 1** for a full list of documents reviewed);
- A review of a sample of gender evaluations of other programs provided by the Evaluation Unit at IDRC (included in **Appendix 1**);
- A review of documentation required throughout the approval cycle (included in **Appendix 1**);
- A review of two gender surveys prepared by GEH intern (refer to **Appendix 2** for a detailed analysis of the surveys);
- Preparation of interview questionnaires for GEH staff and management covering all three phases of the evaluation including a training needs assessment and the Women's Rights and Citizenship (WRC) (refer to **Appendix 3a/3b/3c**); and
- Interviews with staff and management of the GEH and the WRC (refer to **Appendix 3** for a list of staff interviewed).
- Research on the gender terminology used in health research, guidelines and strategies of other organisations working on policy, health and gender issues (refer to **Appendix 4** for a list of terminology/definitions and **Appendix 4b** lists questions for gender analysis in health research process from Health Canada and **Appendix 4c** lists questions of grant applicants from CIHR);

2. IDRC'S INSTITUTIONAL COMMITMENTS – OVERVIEW AND FINDINGS

2.1 Institutional Frameworks

IDRC's goal is to promote sustainable and equitable development and poverty reduction.¹³ It achieves this goal through four broad program areas which support a large and diverse range of applied research, provide expert advice, as well as build local capacity. Its work is supported by a highly qualified and independent-thinking staff at its headquarters in Ottawa and at six international regional offices. The Governance Equity Health (GEH) program is presently one of three components of the Research for Health Equity (RHE) program which falls under the Social and Economic Equity (SEE) programming area (now referred to as the Social and Economic Policy (SEP) programming area).

The Corporate Strategy and the Performance Framework (CS+PF) provides program guidance to the institution while the Corporate Assessment Framework (CAF) serves as a monitoring mechanism for the Centre to measure progress towards its mission.

¹³ IDRC, Corporate Strategy for 2005-2010, Strategic goals, p. 3-3

IDRC's Corporate Strategy 2005-2010 treats gender as one component of social equity along with age, ethnicity, rural/urban residence, socio-economic class, religion, caste¹⁴. This is reflected in the GEH program. It strongly supports gender analysis and social analysis and research, stating that:

"A particularly unfortunate tendency throughout the world is for male dominated research establishment to discount gender focused research.....Research that is blind to the various forms of social inequity such as gender discrimination can reinforce inequity and inequality.....and if it fails to take into account the differential impact that change will have on the lives of women and men, on poor and non-poor, on young and old, on rural and urban dwellers, than crucial questions of social and economic equity will be distorted and ignored..... While gender analysis and social analysis are cross-cutting in research and development, research focused on gender and social inequalities can also seek to eliminate inequity and inequality."¹⁵

IDRC Corporate Strategy, p. 3-2

IDRC's Performance Framework 2005-2010 for the GEH program does not directly address gender but promises "to continue to focus on strategies which ensure equity of access".¹⁶ It is only under the Women's Rights and Citizenship (WRC) program that the PF outlines that "a concern for gender issues and gender analysis cuts across all programming within SEP..... with dedicated efforts to integrate gender specific and gender analysis throughout the program area".¹⁷ This placement of gender mainstreaming under the WRC is confusing for the evaluation team as it was the former Gender Unit which provided gender mainstreaming support to all program initiatives. The management decision made in 2004, which moved the responsibility of gender mainstreaming to the programs themselves is however, reinforced: "Gender mainstreaming in programs will continue to be provided by gender specialists within the programs themselves, or outside experts, rather than by the in-house Gender Unit."¹⁸

The 2000-2005 Corporate Assessment Framework (CAF), 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 constraints but also aims to transform existing gender relations in a more egalitarian direction. IDRC also recognizes the importance of gender equality as a goal of the development process by supporting a specific program of research on gender issues.¹⁹

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

¹⁴ IDRC, Corporate Strategy for 2005-2010, p. 3-1 (55)

¹⁵ IDRC, Corporate Strategy for 2005-2010, p. 3-2 (59)

¹⁶ IDRC, Performance Framework for 2005-2020, Social and Economic Policy, p. 7-10 (81)

¹⁷ IDRC, Performance Framework 2005-2010, Women's Rights and Citizenship, p. 7-10 (82)

¹⁸ IDRC, Performance Framework 2005-2010, Explorations, p. 9-1 (100)

¹⁹ IDRC. 2004. Development of the Corporate Assessment Framework (CAF). Report to IDRC's Board of Governors. Evaluation Unit (March 2004).p. 23.

A gender evaluation of three program areas under the CAF, carried out in 2005 by consultant Carole Houlihan, found that progress on gender mainstreaming was uneven and that only a relatively small portion of IDRC funds are used to support gender-focussed projects.²⁰ The majority of its “funded research projects, do not focus specifically on gender inequality²¹”. The report recommended that in order for IDRC to achieve “good performance” on gender, it is essential that the Centre seriously address the challenges of gender mainstreaming in all parts of the organization.

2.2 Institutional Commitments to Gender – Staff Perceptions

The evaluation team has emphasized staff views in this evaluation since staff play an essential role in implementing gender integration and mainstreaming into their programs, and their buy-in is imperative. The GEH staff's perception of IDRC management's commitment to gender issues was generally positive. Management commitments were also positive within the program as indicated by the wide discussion of gender issues during GEH team meetings.

In interviews with GEH staff, Program Officers (POs) pointed out that IDRC, as an institution had a strong commitment to incorporating gender equity which was reinforced by IDRC's outgoing President, Maureen O'Neill who has a strong gender background²² and is perceived by staff as having a solid commitment to gender issues. She also supported the creation of the WRC program and often communicates this support through her messages and activities (e.g., on International Women's Day, moderating a UN session on Making Tax Reforms Work for Women, etc.). One Program Officer noted that senior male management often participate in gender-focused seminars and workshops, demonstrating commitment to gender issues at a fairly high level within the organisation.

Some staff interviewed, however, also noted that while there are many women employed by IDRC, few of them work in the upper echelons of management. One interviewee commented that “commitment (to gender issues at IDRC) was passive and implied, with an assumption (that since) IDRC employees are liberal-minded (they must support gender)” - mainly due to their high level of qualification. This assumption could be misleading. The 2007 gender survey conducted by intern Riswana Soundardjee found that some Program Officers have had to struggle with their own personal process of gender awareness and as one observed “the examination of one's own personal values and relationships with a gender-lens could be perceived as a personal attack on core values and lead to an attitude of resistance to the importance of addressing gender analysis and integration issues with partners”.

With regard to institutional commitments to providing resources for gender mainstreaming, Program Officers commented that formerly, while the Gender Unit's mandate was to mainstream gender within the whole institution, the unit was poorly resourced. This unit provided various types of gender training using technical, feminist, and political themes but the training was viewed, by one staff member, to be theoretical and did not provide practical entry points on how to address and integrate gender into

²⁰ IDRC Evaluation Unit, Carole Houlihan, “Report on the Corporate Assessment Framework: Considerations of Gender, 2005” p. 4

²¹ CAF. p. 23.

²² She served as Canada's Coordinator (Deputy Head) of Status of Women Canada in the early 1980's.

various programs, especially technically based programs such as health. The management, programs and Program Officers unanimously agreed that it was more beneficial for gender mainstreaming to take place within individual programs so that specific thematic complexities could be addressed. Almost all the GEH Program Officers were unaware of gender resources and tools available to staff and partners on IDRC's website. The research officers (ROs) had better knowledge of the gender resources available within IDRC and externally.

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 policy influence; significant policy influence potential nationally, regionally or globally.

Navsharan Singh, IDRC

Program Officers were generally unaware of the Corporate Assessment Framework (CAF) and its definition of good performance for the consideration of gender, but one Program Officer did make the effort to review it before being interviewed by the evaluation team. Another noted that gender was one of four key areas in the CAF. It was not mandatory for the Program Team Leader (PTL) and Program Manager (PM), herein referred to as the management team, to report on gender results. The main focus for management team was to ensure that resources be allocated and disbursed. As a gender strategy, the Program Manager suggested that a part of the program budget could be allocated to address gender transformative research as outlined in the CAF.²³

The Program Officers and management staff could not point to any initiatives designed to formally share gender related lessons learned across programs in IDRC. Some Program Officers thought that this would be useful. The PTL thought the efficacy of lessons learned from other program initiatives was limited as GEH had its own technical challenges with health systems research and governance, social and gender equity.

There were minor references to gender results in the annual returns of the past few years, and the responsibility for gender oversight in strategic documents and reports since the disbandment of the gender unit is unclear. The communications department produces colourful brochures such *Equality for Girls and Women*, for International Women's Day with gender-specific projects showcased. This year, one of them is a GEH project which supports the Tropical Disease Research Centre (CIET) research on the reasons for the failure of AIDS prevention efforts in South Africa, Lesotho, Swaziland and Botswana (2004-2007).

Findings: Although institutional gender commitments had been made at IDRC, there were no formal and standard mechanisms to mainstream gender uniformly into all the programs or to monitor for any corporate level results in meeting gender equity goals. Beyond gender specific projects, there seemed to be a general dilution in reporting on gender equity issues at IDRC over the past few years (e.g., in the Annual Reports).

According to the WRC, it was important that all IDRC's program initiatives remain flexible to make independent decisions on the level of gender analysis and integration required in their own thematic areas. They were responsible for hiring gender expertise as needed to assist them in the process. However, the accountability structures to monitor

²³ The definition of gender transformative research is provided by former intern and WRC , Navsharan Singh for the PAN program.

this are not apparent. Consequently, whether or not gender is considered in each program depends a great deal upon the commitment and understanding of the staff concerned.

The findings of this evaluation supports that of the CAF gender evaluation in 2005: "IDRC has the potential to move to a new level of supporting and promoting gender transformative research and may wish to consider formalizing mechanisms, beyond the transition of the Gender Unit to a Program Initiative, to ensure that the potential is attained."²⁴

2.3 Gender Mainstreaming in IDRC Programs

The level of gender integration in other programs at IDRC varies considerably as illustrated by a review of a small number of program gender evaluations, and supported by GEH team and WRC observations. The CAF Review in 2005 recommended that lessons learned in gender should be shared between programs in the Centre as significant corporate capacity exists in the use of "tools" and "mechanisms" in some program areas. These tools and mechanisms are dispersed among various programs at IDRC. Although there was some awareness of these resources, they are not consolidated for easy reference. But staff does consult with one another across programs.

The evaluation team has presented a summary of lessons learned on various aspects of gender integration from gender evaluations and reviews of other program areas below for consideration in the future development of a GEH gender strategy.

a) Lessons Learned on gender analysis and mainstreaming from MINGA

The former Alternative Approaches for Natural Resource Management in Latin America and the Caribbean (MINGA) project had a three-pronged gender mainstreaming strategy:

- 1) Enhance MINGA in-house gender capacity and knowledge;
- 2) Integrate gender dimensions into the MINGA-supported research; and
- 3) Support partner's efforts to enhance gender capacity.

Some recommendations made by consultant Abra Abramo, who conducted the gender evaluation of MINGA in June 2003 to strengthen MINGA's gender mainstreaming strategy were:

- Invest time and resources for gender mainstreaming strategically, i.e., instead of prioritizing coverage or including some level of gender analysis into all projects. The long term goal is to attain full coverage of all projects.
- Target support to the development of regional case studies to illustrate the process of integrating gender analysis at the regional level - illustrate best practices, document lessons learned, and the development, testing, evaluation

²⁴ IDRC Evaluation Unit, Carole Houlihan, "Report on the Corporate Assessment Framework: Considerations of Gender, 2005" p. 4

and documentation of culturally appropriate research methods for gender analysis.

- Offer networking, research and exchange spaces to researchers, projects, and institutions so that partners have an opportunity to learn about what others are doing in gender and natural resource management in LAC and scout out resource people to provide mentorship and other kinds of support.
- Explore opportunities to link projects together at the country or sub-regional level for project-to-project monitoring to ensure more effective and meaningful monitoring at the project level.
- Consider developing a strategy to assess the readiness of partner institutions to mainstream gender and to identify entry points to support this process within partner institutions. MINGA's experience to date suggests that support for gender sensitive research at the project level may not be influencing the policies and programming of institutions as expected. As part of this strategy, MINGA should also assess the needs of regional partners.

During the CAF evaluation, some practical tips offered by MINGA's Team Leader and Program Manager include²⁵:

- Address the *real* needs of women, but focusing on women (without doing proper analysis and understanding gender relations) also leads to failure.
- Select appropriate partners (those who are truly committed to equity and devolve responsibility for a good social and gender analysis to them).
- Discuss gender relations as an issue of real concern for the project (not as a mandatory hoop that the partner must address for the sake of IDRC).
- Start immediately asking questions about who is involved and who benefits.
- Discuss power relations between men and women as it relates to the project.
- Speak clearly about women and men and relations between them - avoid the use of "gender jargon".
- Do not leave the issue to the end – at that point it is too late to do anything constructive.

b) Lessons Learned on gender mainstreaming mechanism from Environment and Natural Resource Management Program (ENRM)

Level	Tools & Methods
Program Area (PA)	Specialised Staff Training (e.g., workshops ²⁶) All Staff Learning Session (e.g., critical review held in March 2005)
Program Initiative (PI)	GE Integrated into PI Prospectus PI level gender strategy (e.g., MINGA) Specialised Staff training (e.g., MINGA) Hiring staff with gender expertise Gender Methodology workshops (for staff and partners) ²⁷ Gender tools, methodologies & resource materials ²⁸ Peer review and networking (all PIs)

²⁵ IDRC Evaluation Unit, Carole Houlihan, "Report on the Corporate Assessment Framework: Considerations of Gender, 2005" p. 19 & 22

²⁶ For example, Workshop on Gender in Environment and NRM, 7-12 March 2001 and other workshops for Asia.

²⁷ For example, two East Africa projects held gender workshops for research partners (#101744 & 100633)

²⁸ Many resources and tools are available to researchers and partners on the IDRC website. (See for example, the UPE site on gender).

	Internships (all PIs) Consultant Study and reviews (e.g. Adamo study among others)
Project	Gender scholarships/research awards (e.g. Agropolis awards and Masters research # 100997)
Selection	Project selection criteria/RFP
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. ²⁹)
Project Implementation	Funds to hire (staff) gender expert on staff (e.g. MINGA) Gender consultant (MINGA partners encouraged to hire) Assistance/advice from PO (all PIs)
PCR	Clear standards for critical assessment of gender lessons learned (MINGA)
Partners	Selection of Partners (e.g. MINGA) Regional Training (by theme) including professional short courses (e.g. MINGA)
Devolution of Responsibility to the South	Support to Centres of Excellence & Dedicated fund for partners to assist other partners ³⁰

c) Lessons Learned from the PAN on gender monitoring and evaluation using a project classification tool

Pan is the Pan Asia Networking initiative. The 2007 gender survey of several program initiatives (PIs) by former intern, Riswana Soundardjee included the following good practice in monitoring and evaluation which challenges gender integration in the other PIs.

PAN implemented both a monitoring and an evaluation tool for Information and Communication Technologies (ICT) projects. The monitoring tool was based on Navsharan Singh's work on gender that contained five categories of research: gender transformative, gender-focused, women inclusive, women specific and women incidental. The PI developed a monitoring chart that documented and classified the projects according to these categories. One of the objectives was to advance projects improving their gender integration, e.g., moving from gender-focused research to gender transformative research. PAN implemented the Gender Evaluation Methodology (GEM) for ICT projects that is now widely used.

Navsharan Singh's, former intern and now Senior Program Specialist at WRC, defines five categories of analysis and criteria to measure the level of gender inequality/inequity in research work. They include.³¹

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,

²⁹ Adamo, Abra. 2003. *Mainstreaming Gender in IDRC's MINGA Program Initiative: A Formative Evaluation*. p. iii.

³⁰ See the discussion of these initiatives under the section on MINGA above.

³¹ 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>

and relations between women and men, through policy influence; significant policy influence potential nationally, regionally or globally.

Gender-focused 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.

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 research project: Women are incidental to the project. Women may be mentioned in passing but there is no analysis of women as a target group.

The evaluation team does not suggest that *all* the projects have the need or ability to be gender transformative or only those that are, signal good research. However, the GEH team needs to target some projects to be specifically gender transformative as indicated in IDRC's CAF. A two pronged gender strategy which integrates both women's and men's concerns in all policies and projects, as well as specific activities aimed at empowering women is a common strategy used by a variety of organisations (CIDA, DFID, UNICEF, AfDB, ADB, etc).

Lessons Learned from the 2007 survey of other Program Initiatives:

The 2007 survey of other PIs identified the following successful strategies dedicated to improving gender integration (See Appendix 2 for a detailed analysis):

- Programs compile gender resources and links to organizations to keep team members up-to-date on gender.
- Programs provided gender training to research partners and one to team members (the experience of three program initiatives).
- Implementation of a gender strategy by Rural Poverty and Environment program, a gender evaluation methodology and a monitoring framework with a gender component by Pan Asia Networking Initiative.

Challenges to integrating gender concerns in other PIs included³²:

- A dearth of sex-disaggregated data.
- Many regional researchers remain unconvinced of the importance of gender analysis.
- There is a need to address cultural sensitivity and acknowledging resistance to addressing gender.
- Staff turnover and lack of training for new staff on gender considerations;
- Time constraints.

³² IDRC Evaluation Unit, Carole Houlihan, "Report on the Corporate Assessment Framework: Considerations of Gender, 2005" p. 19 & 22 and * Riswana Soundardjee 2007 Gender Survey for GEH.

- Expectations that team members who are knowledgeable on gender issues have the duty to raise gender issues at proposal review meetings as opposed to this being the responsibility for all research staff.
- Concerns that although addressing gender concerns and analysis are necessary, this integration requires much effort and time and they should not jeopardize and delay team activities.

Findings: The gender evaluation team found the lessons learned from all three programs to be invaluable in the development of a prospective GEH gender strategy: gender mainstreaming strategy; gender mainstreaming mechanism; gender classification system; and keeping in mind to address and incorporate other lessons learnt.

In interviews with GEH staff, the evaluation team found similar challenges to that found by the gender survey in other PIs. Similarly, GEH staff identified similar strategies for improving gender integration as outlined above. These will be further elaborated in section 3.2.

2.4 Women's Rights and Citizenship Program

Launched in 2006, the Women's Rights and Citizenship is an independent program initiative which evolved out of the previous Gender Unit at IDRC. IDRC created the WRC program initiative due to a high demand from women's organisations from around the world for research funding specifically to address women's issues. While the Gender Unit was responsible for mainstreaming gender within all IDRC programs and operated on a small budget of only \$ 800,000, the current WRC has a budget of \$ 4.2 million. The WRC goal is to support research projects that focus on the needs of poor and marginalized women, using empowering research methodologies and engaging meaningfully in policy debates.

According to the WRC, the commitment to gender at IDRC varies with staff changes, as well as from program to program depending on individual program leadership commitment. Staff justified and explained the difference in how gender issues are treated within IDRC and by other donors as stemming from the fact that the generally higher qualified staff (in terms of education) at IDRC are highly committed to gender issues but not necessarily from a feminist perspective. Much of the commitment to social equity which is the core of IDRC programming and how it is implemented depends upon which program staff worked, e.g., those working on poverty tended to focus their research on socio-economic and class analysis.

The WRC is no longer responsible for mainstreaming or providing any gender related technical support to IDRC programs although they continue to do this on an informal basis. GEH staff refer to the WRC for technical expertise on an as-needed basis, both at HQ and in the regional. WRC sometimes partners with other program initiatives within IDRC to fund collaborative programs of interest to both initiatives such as with the GEH. For example, the WRC is proposing to collaborate with the GEH on the theme of Violence Against the Girl Child.

The WRC felt that the GEH has a strong information base available, in Canada and overseas, on gender and health issues. It was important to build the staff capacity to engage researchers in the process of engendering health systems but at the same time they acknowledged that it was generally difficult to engage partners to do so in all programs.

The WRC collaborates with other program initiatives on annual events such as International Women's Day (this year the focus was on gender-sensitive budgets) and with Status of Women Canada. The WRC continues to build on institutional work in gender equality and is presently working with corporate planning on evaluations of four major program clusters to review the new prospectuses and ask key questions on gender.

Finding: Although the former Gender Unit was not responsible for monitoring and evaluation (this was and continues to remain decentralised and the joint task of the programme initiatives and evaluation unit), it played a significant role in sharing lessons learned among programs. This role has been diminished considerably and should be re-considered. In conjunction with the WRC, a co-joined unit could provide information on emerging gender issues, leadership in gender mainstreaming work undertaken by the individual programs, a common gender results framework and support in monitoring for gender results at the corporate level. Considering the huge demand for its resources, the WRC program is small and its resources need to be expanded to allow for more external and collaborative programming with other IDRC programs.

2.5 GEH POs on Gender Mainstreaming in other PIs

A small number of GEH POs working on PIs in addition to GEH. They had the following comments on gender mainstreaming in other programs. No independent assessment has been conducted by the evaluation team.

- **Ecohealth:** Gender considerations are central to the program and one of three key principles of the program. Substantial efforts have been made to mainstream gender e.g. staff training and hiring a staff person for two years with specializations in gender, the environment and health to help the Ecohealth team with gender mainstreaming.
- It is a requirement that each research team include a gender specialist. Unfortunately sometimes this approach has been ineffective as male-dominated teams with senior researchers often/sometimes choose women who are junior and basically have no real authority or voice to influence the gender analysis and process in the project.
- The program differs from the GEH as its work is at the community level and integrating gender concerns into each project is mandatory, while the GEH has many projects that are at the policy and global level which may or may not make integrating gender more challenging.

Findings: There are important lessons to be learnt from other programs such as Ecohealth i.e. hiring a gender specialist to assist the program for a limited time period, integrating a gender objective into each project, and each team of researchers, and include a gender specialist or a health/gender institution for consortia or regional programs. The evaluation team recommends that a gender specialist be hired at HQ and gender advisor(s) be hired in the regional offices This is a common and often successful

gender mainstreaming strategy. A multidisciplinary team and peer-review panel, and the experience of working with biomedical scientists, clinician scientists, social scientists, and epidemiologists can prove exciting and transformative., However, it does not recommend this as a mandatory requirement for all partners, as this sometimes encourages lip-service, rather than real practice, for the process of gender integration. Partners should be nevertheless encouraged to work seriously on gender mainstreaming.

3. GEH PROGRAMME

3.1 Program Background

The Governance Equity and Health (GEH) program at IDRC was a response to the relatively low level of commitments to health research globally. It not only has an influence on governance instruments on health but also examines social inequities to access of healthcare. The program commands a budget of \$ 6 million (with additional external funds resulting in a total budget of roughly \$ 12 million) and has a staff of 7 program officers.

In its first prospectus, GEH's approach was to examine health systems through a governance lens and approaches questions of governance and the management of public good through the entry point of health.³³ In the first phase, 2003-2006, the GEH supported research and developed knowledge translation mechanisms around three objectives - 1) Strengthening Health Systems; 2) Promoting Civic Engagement; and 3) Making Research Matter.

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

In its second prospectus, the GEH approach was to examine health systems through a governance and equity lens, supporting evidence-based implementation of focused interventions to health system strengthening.³⁴ In phase two, 2006-2011, the GEH addresses three specific objectives – 1) Making a difference on the ground; 2) Informing Global Policy Debates; and 3) Institutionalising a GEH approach.

Research Matters has its own prospectus for the second phase from 2006-2010. There are no gender considerations in the prospectus and it is a gender blind document.

3.2 Program Framework for Gender Commitments

The gender framework in the first prospectus 2002-2006 encompasses both social and gender health inequalities:

³³ GEH Prospectus, 2002-2006, p. 1

³⁴ GEH Prospectus, 2006-2011, p. ii

Experience in supporting health sectors demonstrates that policy and institutional reforms not rooted in specific realities as well as technical solutions which ignore power and social dynamics have failed³⁵ Yet countries in Sub-Saharan Africa and Latin America and the Caribbean are characterised by persistent and in many cases worsening social, economic, gender and health inequalities³⁶.

GEH Prospectus, 2002-2006, p.7

In addition, without explicit attention to equity – a symbol, a function of power and social dynamics – reforms do not benefit the poor.....health care reforms of the 1990s.....implementation of user fees combined with inadequate or ineffective exemption schemes and decreased funding for public health services resulted in worsening of access by the poor, specially women.³⁷

GEH Prospectus, 2002-2006, p.1

Addressing equitable financing and delivery of priority public health and health care services³⁸ promoting the dual goals of health and social equity³⁹systematically examine health sector reform experiences and results in order to identify opportunities and challenges in translating lessons learned and policy recommendations on equitable access to health services among different countries and policy environments⁴⁰.

GEH Prospectus, 2002-2006, p.14-15

The overall focus is on social equity demonstrated by, “In development policy and practice, much more attention needs to be paid to issues of equity in improving the quality, quantity and accessibility of essential services”.⁴¹ This focus on social inequities, with gender subsumed as one, continues in the GEH Prospectus for 2006-2011:

.....health inequalities are the core concern of IDRC's Governance, Equity and Health (GEH) program initiative.....Most reflect systematic disadvantage determined by socio-economic status, gender, ethnicity, or the intersections of geography or “place”, public policy and socio-cultural and political mores^{42,43}. They are not simply inequalities, but inequities: systematic, avoidable and unfair differences in health outcomes and access to health promoting conditions and interventions. These inequities are ultimately manifested in individual bodies and lives, but they cannot be addressed without understanding and changing relationships and practices at higher levels: households, communities, public policy and services, international action, and the broader political cultures shaping the vision of what is and is not feasible. GEH supports research efforts that seek to better understand and redress health inequities facing the populations of Africa, Asia and Latin America and the Caribbean.⁴⁴

GEH Prospectus, 2006-2011, p.1

In the broad area of equity, the GEH Prospectus 2006-2011 emphasises socio-economic and gender equity within and across particular regional and geographical contexts.⁴⁵ The

³⁵ GEH Prospectus, 2002-2006, Executive Summary, p.1

³⁶ GEH Prospectus, 2002-2006, Development Challenges, p.7

³⁷ GEH Prospectus, 2002-2006, Executive Summary, p.1

³⁸ GEH Prospectus, 2002-2006, GEH Mission and Objectives. p.14-15

³⁹ GEH Prospectus, 2002-2006, GEH Mission and Objectives. p.14-15

⁴⁰ GEH Prospectus, 2002-2006, GEH Mission and Objectives. p.14-15

⁴¹ GEH Prospectus, 2002-2006, What is Equity? p.8

⁴² Heyman, Jody et al.(eds) Healthier Societies: From Analysis to Action. New York: Oxford University Press, 2006.

⁴³ Kanbur, R., and A. J. Venables. Rising Spatial Disparities and Development. Policy Brief 3. United Nations University, 2005.

⁴⁴ GEH Prospectus, 2006-2011, p.1

⁴⁵ GEH Prospectus, 2006-2011, Background, Rationale and Development Challenge, p.1

criteria for all projects and activities includes equity and fairness: socio-economic and gender equity, as well as other dimensions

3.3 GEH Commitments to Gender Integration

The main findings of the evaluation team, based on staff interviews, a documentation review and the gender survey conducted in 2007 are as follows:

a) Prospectus

The GEH team and management⁴⁶ conveyed that the prospectus allows the GEH team to remain flexible to changing contexts and priorities in health systems research. However, team members felt that guidance on the importance of gender issues to the POs in the prospectus is limited. The GEH team mentioned that there was extensive discussion on gender issues during development of the second phase of the program prospectus, but little of this is reflected in the prospectus. Staff felt that the cross-cutting nature of gender equity should be highlighted in all projects in the program, thereby clearly indicating to staff and IDRC partners that it is a priority. The Program Officers support the inclusion of a much stronger and explicit commitment to gender in the next prospectus.

Gender Mainstreaming and/or Gender Integration

It refers to the integration of gender concerns into policy making and research so that policies and programs reduce inequalities and inequities between women and men. Gender-based analysis is a gender-mainstreaming tool that assesses the differential impact of proposed and/or existing research, policies, programs, and legislation on women and men.

Health Canada. June 2003. *Exploring Concepts of Gender and Health*. Ottawa

The evaluation team was told there was no situational analysis or briefing paper to support the gender analysis inputs into the new prospectus which would guide POs. The team also found that there were no specific targeted gender results outlined in the prospectus.

Recommendation: The gender evaluation team supports incorporating gender strategy into the next prospectus, as well as specific gender-related outcomes. The gender strategy needs to be supported by

briefing papers on each cluster of research project activities and priorities, such as the (proposed) focus on maternal mortality. Thematic areas in which gender transformative projects can be useful need to be discussed and outlined in the gender strategy.

b) Common Understanding on Gender Terms and Analysis

There was a general consensus among GEH staff that gender considerations are important in the team's work on health. The evaluation team did not find any misconceptions among staff about gender considerations referring only to women.⁴⁷ Gender concerns intersect with the research topics proposed for GEH financing in a multitude of ways, and have implications for human resources, leadership within health systems and governance structures, financing, access to care, home based care, etc. The 2007 gender survey found that if the team had a common understanding of gender terms, they would have a stronger rationale for encouraging and requiring partners to integrate it into their research proposals.

⁴⁶ The GEH Management team, for the purposes of this paper, refers to the Research for Health Equity Programme Leader and GEH Programme Leader

⁴⁷ Supported by Riswana's analysis in her 2007 gender surveys.

Recommendation: The forthcoming gender training hopes to forge this common understanding on gender perspectives in health research and also clarify questions raised during the interviews about how gender is “integrated” into a project and what this means. Appendix 4 includes detailed terminology for health and gender research. This should be reviewed by the team to ascertain if this would be useful in attaining an enhanced common understanding. The evaluation team believes that the list of gender definitions given at the front of this report may be too general to serve this purpose adequately.

c) Social and Gender Analysis

It was pointed out by GEH management that partners (and GEH staff) are already required to provide varied and nuanced analyses e.g. research methodologies, governance concerns, in addition to social equity analyses - gender, age, socio-economic, ethnicity, rural–urban considerations, etc. It was suggested by management that there are already many different criteria required for funding and analyses, and that, only projects which would clearly benefit from a full-fledged gender analysis should be required to do so. As IDRC encourages gender transformative projects, the program management suggested that a possible strategy for the program could be to set aside a specific budget for gender transformative projects. Another management suggested was the best approach for GEH may be to have a gender-specific project in each “cluster” of projects. However, there was also strong support of gender as a “cross-cutting” analytical methodology for all projects.

Team members were sceptical about including gender analysis into all of the projects and said that it should only be included where it made sense to do so.
GEH Team member

Recommendation: Develop a gender strategy so that gender analysis becomes integral to *all* GEH projects. However, the evaluation team suggests that this decision be made by the team, collectively, during development of GEH’s gender strategy. Restricting gender concerns to gender specific projects will result in “siloeing” gender into a few projects.

The demand is for global health systems to be more socially equitable. The traditional approach to health systems tends to be management orientated with focus on issues such as infrastructure, technology, logistics and financing. But there is a social component that characterises service delivery and health care systems may fail gender equity from the perspective of women as both consumers (users) and producers (carers) of health care services.⁴⁸

It is possible to disaggregate data based on sex and/or gender without putting the data in context. Similarly, a proper analysis of sex-disaggregated data is sometimes ignored in the development of policy or programs emanating from research and evaluation. In contrast, sex/gender-sensitive research entails a comprehensive analysis and assessment of the findings and the impact of recommendations on diverse groups of men and women.
Health Canada. June 2003.
Exploring Concepts of Gender and Health. Ottawa

⁴⁸ Sen, G, Ostlin, P., & George A., “Unequal, Unfair, Ineffective and 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.79
http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf

d) Partner Capacity

Management staff was concerned that partners with good research projects might be rejected or not be able to meet requirements if a strict criteria for high quality gender analysis was adopted. So far, none of the projects have been rejected due to poor gender analysis. Many GEH partners are university research institutions whose main incentive is to publish their research. Management staff are already concerned with the limited capacity of research partners who actually qualified for the grants. They raised concerns not only about partners ability to conduct the needed research for gender analysis, but also about their ability to integrate and monitor it throughout the project.

Team members recognized that researchers in many countries have a good understanding of gender analysis, while others associate this concept with funding requirements, women's rights and sex disaggregation.⁴⁹ However, staff pointed out that gender is often equated with gender parity in the Project Approval Documents (PADs) and even if sex-disaggregated data or gender analysis is provided, there is often little evidence that it has been addressed or integrated in the research project methodology.

Recommendation: Although some partners may perceive the gender integration requirement as donor-imposed, the evaluation team felt a strong rationale would have to be presented for including it in the research.

e) Gender and Governance

Gender Mainstreaming and Democratic Governance

Gender mainstreaming as an institutional and cultural transformation process should include eliminating gender biases in national and international development frameworks and paradigms; incorporating gender awareness into health policies, programmes and institutional reforms; involving men to end gender inequality; and developing gender sensitive tools to monitor progress and ensure accountability.

UNDP

According to staff, "GEH's focus for supported research is for it to influence policy. Often, researchers are asked whether their research is needed or has been requested by national policy makers/decision-makers. GEH also funds strategic research on issues that may be neglected by policymakers as a means to highlight other perspectives. It is not known if any of these are specific to addressing health and gender inequities. Research support may address a general issue that is of interest to policy makers, e.g., health financing structures but it may be addressed through an angle that isn't often examined and provides another perspective (e.g., assessing health

financing structures through an assessment of maternal health services; assessing HIV prevention by examining the capacity of vulnerable groups to make their own choices)."

Although there is a good general understanding of the importance of gender in a development context, staff said there was limited or no gender analysis in the proposals (Research in Health Equity generally) of how gender affects decision-making or where power lies among men and women in different

DFID found that including gender equity in design had little impact in public health systems, unless partner government policies and practices were favorable.

World Bank 2002 "The Gender Dimensions of World Bank Assistance: An Evaluation of Results", OED; DFID 2001 "ODA/DFID Support to Health Sector Reform and Health Management: A Synthesis Study" Andrew Cassels and Julia Watson.

⁴⁹ Supported by Riwana's analysis in her 2007 gender surveys

groups. The WRC is considered a useful resource in this area as their focus is to address citizenship rights. However, it is not their mandate to provide technical assistance to the other IDRC research programs or partners.

Recommendation: It would be useful to define some of the gender terms and apply them in a health and governance context. This would allow the Program Officers to better facilitate discussions with partners to intervene at key points and where gender considerations play out in the context of larger project dynamics.

f) Thematic Issues

There were three thematic clusters – health systems, health financing and human resources for health. Staff found that integrating gender issues into projects which deal with health systems financing difficult since it requires specialised knowledge of feminist economics at various levels of the economy and more importantly, how to integrate that knowledge into a research framework. Moreover, the data used is many times secondary data and the extent and quality of the data available determined the level of gender analysis possible.

Recommendation: Staff reactions were positive to the evaluation team's suggestion that consortia such as those working with regional health systems could consider including a partner or two with a gender and health systems perspective. The evaluation team will make further recommendations after the individual project review. However, briefing notes on how gender issues intersect and should be addressed in each thematic cluster is recommended by the evaluation team as an essential guideline.

g) Time Constraints

Program Officers unanimously agreed that gender is discussed in relation to the different projects in the program but that this discussion often gets lost. GEH management are committed to integrating gender more extensively into GEH projects but had reservations about the extent to which gender could be integrated in *all* of the projects due to time constraints. Both management and Program Officers raised the issue of serious time constraints compounded by large work-loads and travel commitments.

Recommendation: The consultants and some GEH Program Officers understand that the exclusion of gender perspectives in any health research project would greatly diminish the quality of the research supported. The evaluation team's recommendation to encourage the partners to do the gender analysis thereby not only reducing the Program Officers burden but build partner capacity, was welcomed. Partners could be guided through the process at various points of the project cycle starting with before the proposal is submitted.

For time constraints that hinder a more complex gender analysis, the technical services of a senior gender advisor could be considered if not a specific gender and health staff person. However, it was stressed that since gender integration is a long term process, time commitments are necessary to build up the capacity of Program Officers and their research partners.

h) Gender Integration Tools

According to the 2007 gender survey, the GEH team's gender analysis and integration was limited by:

- Too theoretical an understanding and approach to gender in the program;

- The need to have culturally gender-sensitive approaches that are context-specific; and
- Lack of tools to assist them and their partners with gender integration.

The GEH team identified the need for the following tools and guidelines to help them improve their capacity for gender analysis, and to support their partners to enhance their capacity to integrate gender issues in their research projects:

Gender Transformative

- Include what is meant by “gender transformative projects” and provide case studies of projects classified as such for partner and staff reference on the website.

Gender Toolkit

- Create a tool kit or mechanism, including a conceptual framework and methodological guidelines, training, periodical analysis on how to include gender in projects.

Case Studies

- Develop examples of projects or case studies, in the format of two page executive summaries, that POs and management can read in a short period of time and include as an attachment a more complete document for those interested and who have the time.

Partners and Program Officers

- Provide prospective applicants with a guideline for gender analysis, to be included in the concept paper, and post it on the GEH website.
- Develop a simple list of guidelines to include gender analysis in the concept paper/research idea for POs and for research partners for requested proposals (research support projects).
- Develop a template to facilitate discussion of unsolicited proposals which includes gender analysis
- Request specifics on how the gender analysis will be addressed in the project, in the implementation plan and through the indicators for monitoring change.
- Integrate an item (e.g., an objective) looking into gender equity and how it should be monitored and evaluated into the format for technical reports

Recommendation: Include into the gender strategy a plan to systematically create the tools necessary to allow POs to address gender considerations and perspectives into their work. Some case studies will be prepared as a part of the gender evaluation. In the Appendices, staff should review the following and assess their usefulness: a toolkit on gender analysis from Health Canada (4a); guidelines of research and gender based analysis (Appendix 4c); and Guiding Questions for Grant applicants (Appendix 4c).

i) Gender-Specific Projects

There were a number of gender-specific projects in all three programs of Research for Health Equity program area, including GEH, which pointed to strong commitments to addressing gender concerns. Staff perceived these gender-specific easier to monitor than those that required gender to be integrated in general. There did not seem to be an understanding that gender-specific projects also need to address the priority needs of the other sex.

Recommendation: The importance of addressing the priority needs for both sexes even in a gender specific project will be touched upon in the gender training.

j) Organisation of Information

Staff also identified a need to organise gender information and resources more efficiently. There is no systematic update of resources available and they find that IDRC's intranet is hard to navigate. Consequently, they find that they can waste a great deal of time looking for information. Apart from the Research Officers, all the Program Officers said they did not know where to find gender resources. It was suggested by some Program Officers that a summary of new gender resources be circulated among staff so that they are able to keep up to date on latest developments in health research and gender.

Recommendation: A central space for filing all gender related information for easy access for RHE/GEH staff should be established.

k) Rewards

GEH management agreed that there should be rewards for Program Officers who actively participate in gender training, who analyse gender considerations in research projects and who push the gender agenda. One manager suggested that individual staff commitment to gender be reflected in staff performance reviews and salaries. Since both institutional and personal commitments to gender integration are crucial in any organisation, the evaluation team thought that this was a very innovative idea on the part of GEH and fully supported it.

Recommendation: It was recommended this idea be implemented as soon as possible. The suggestions should also be made by management to IDRC management for uniform and consistent application to all programs.

l) Gender Champions

Staff views on who championed gender in the program varied from it being all of the Program Officers to one or two who consistently raise the topic of gender. Other Program Officers felt that gender issues were addressed by various Program Officers. Almost all GEH staff saw others as very supportive and committed to including gender, although some staff considered attempting to engender already weak health systems premature.

Recommendation: Weak health systems generally also signal poor integration of gender concerns e.g. high maternal mortality rates signal a poor health system. A proactive approach to promoting gender concerns is therefore suggested by the evaluation team, both at HQ and at the regional level with partners and policy makers.

3.4 Gender Integration into the Project Cycle

IDRC supports research projects in two ways:

1. Research organisations approach IDRC for funding of specific unsolicited proposals; and
2. Where IDRC Program Officers develop a proposal and identify appropriate partners for that research.

The Guidelines for Project Applications to GEH outline a methodological approach for project applicants. Project proposals are required to address dynamic interactions – analyses and relevant demographic factors which include:

- policy and political systems analysis;
- gender analysis; other inequalities as relevant - socio-economic, occupational, ethnic, gender and age; and
- participatory approaches.

There are no specific guidelines on the modalities partners need to provide. The GEH team felt that this area could be further strengthened by providing grant applicants with guidelines on addressing gender concerns in their overall research topic.

The Project Approval Document (PAD) format for Research Support projects does not include any requirements or reference to gender considerations.

The PAD for Research projects includes information about the research methodology and guidelines as to where the applicant should include gender. A member of GEH management pointed out that the quality of the gender analysis provided is variable. Generally, it is in line with gender parity in the research institute applying for the grant and some sex disaggregated data. Sometimes a good gender analysis is provided but how it will be used in the context of the research methodology is unclear or simply missing.

Team members suggested that the PAD be used as a tool to request research partners for more information on gender issues in their project once the proposal has been approved. The request for further information should include tangible ways in which the analysis will be implemented, and benchmarks for evaluating the project. All team members unanimously agreed that a strong proposal has a likelihood of being funded even if it includes a poor gender analysis.

There were various constraints and challenges to integrating gender into projects. One challenge is that it is not feasible to include gender requirements in the Memorandum of Grant Conditions (MGC). This document outlines financial and legal conditions but also includes project milestones and a schedule of deliverables.

The evaluation team did not have gender guidelines and tools in order to assess the gender analysis provided by partners in proposals to GEH. Some team members used their own resources and informal networks to assist them with the analysis. Occasionally, team members consulted informally with the WCR, both at HQs and in the regional, since they no longer had a formal role to play in providing technical advice to the program initiatives.

The evaluation team will focus on assessing the main points of entry in the project cycle to integrate gender consideration during the next phase based on the individual project reviews planned.

4. GENDER TRAINING NEEDS ASSESSMENT

The gender training needs assessment below combines the findings of the *Gender Analysis: Views and Perspectives* survey carried out in 2007 by intern Riswana Soundardjee (Appendix 2), and the findings of the interviews conducted by the gender evaluation team over February and March 2008. The objective of the gender training for GEH was to build their capacity for gender analysis and integration as well as those of their partners in three priority thematic areas: governance, health systems, health financing.

The GEH team members identified their gender training needs as follows:

Capacity Needs

Almost all POs and management staff interviewed had never received any gender training. Those that had been trained did not have the practical tools to apply it, especially in a technical program such as the GEH. Several common capacity building needs were expressed by the PO's, which included the need to:

For GEH Team

- **Develop** a strong rationale for why gender analysis and integration is important in “technical” aspects of health research, financing health systems and research matters.
- **Arrive** at a common understanding of the concepts of gender and sex within the health research framework.
- **Address** gender issues in health research at different levels, themes and impacts.
- **Develop** an understanding of how to practically integrate both social, as well as gender equity analysis into the design, implementation and monitoring of projects.
- **Deconstruct** homogenous categories such as “families”, “communities”, “households” so that it is not gender blind; differentiate power bases within certain categories of women e.g. educated-illiterate, mothers-in-law – daughters-in-law, and apply this to health research.
- **Develop** a better understanding of where an emphasis on gender equity is essential and where it can play an important but lesser role, and still play a role within the context of a larger project.
- **Support** slow but essential change in shifting towards a more equitable balance with respect to health services, health policy, governance (issues of voice and power), without deferring to a typical ‘western’ approach towards gender issues - learning to grapple and understand the issues in their own context.

For Research Partners

- **Guide** partners with the right questions so that they can conduct a good gender analysis and integrate it into project design and implementation.
- **Technically comprehend** gender as a social determinant of access/ utilization of health care and to convince partners that this is not simply a donor imposed requirement.
- **Demonstrate** the rationale and skills needed in engendering health systems and governance, specifically with partners with limited gender awareness in countries with weak health systems.

Research Matters

- **Tailor** knowledge translation efforts which include the importance of gender considerations; and
- **Demonstrate** to partners the impact of good practices in gender integration in similar projects.

Training Methodology

The GEH team suggested various training methodologies including:

- **Introducing** concepts, methods and practical exercises with case studies of GEH projects, both existing and new.
- **Addressing** gender in health research at different levels, themes and impacts.
- **Focusing** analysis on: What should we have looked at? What have we missed? How should we provide the appropriate directions?
- **Accessing** specific and simple guidelines to help us assess gender dimensions in the project cycle - concept paper, proposal, RFP, PAD, rPCRs and PCR, as a crucial limitation is time.
- **Using** short and succinct tools, guidelines and case studies, no more than two pages long.

5. GENDER TERMINOLOGY and GUIDELINES

The evaluation team carried out internet based research for gender terminology strategies and guidelines used by other research organisations in the regional of health and gender research and policy making. The main websites consulted were Health Canada and Canadian Institute of Health Research. A list of gender terminology specifically related to health research is included in Appendix 4.

The evaluation team found an excellent guide on Health Canada's website – Exploring Concepts of Gender and Health. The table of contents is reproduced in Appendix 4a and a list of questions that research partners could be asked is included in Appendix 4b.

Research is an important tool for reducing gender biases in policy development and program planning. The exclusion of sex and gender as variables in any type of health research is a serious omission that leads to problems of validity and generalizability, weaker clinical practice and less appropriate health care delivery.

Research needs to be conducted in ways that are sensitive to manifestations of sex and gender, or it may perpetuate rather than illuminate sex and gender biases. Research on sex, gender and health may also suffer from significant shortcomings.⁵⁰

Health Canada

GEH team members thought that a gender strategy would be useful for their work. They felt it should include mechanisms for integrating gender considerations such as briefings on thematic clusters and guidelines at various points of the project cycle, and a toolkit to guide partners in addressing gender concerns. Capacity building initiatives, including colloquiums, workshops and regional training programs, should also be included. The

⁵⁰ Health Canada, The Research Process and Gender-based Analysis, In Exploring Concepts of Health and Gender on Health Canada's website http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/explor5_e.html

Team Leader mentioned the possibility of having one such initiative at the November meeting in West Africa.

Recommendation: The gender strategy may be created soon after the evaluation and should be revised and become a part of the next prospectus.

6. SUMMARY OF MAIN FINDINGS and PRELIMINARY RECOMMENDATIONS

The main findings of the first phase of the gender evaluation team's review pointed to a number of institutional processes and mechanisms which needed to be addressed in order to support GEH team capacity for gender analysis and integration in the program and research projects. These processes, many of which are identified by GEH team members, require management, time and resource commitments to be implemented and strengthened.

The following recommendations include those made by the GEH team and the gender evaluation team. These recommendations may be further strengthened and revised after the review of projects in the second phase of the GEH gender evaluation.

1. Prospectus

Integrate gender considerations more substantially into the prospectus. This should particularly include but not be restricted to gender transformative research. The prospectus should highlight the cross-cutting nature gender as a key feature to address all projects in the program, in addition to encouraging the implementation of gender-specific projects where this is appropriate.

Given the length/space restrictions in the prospectus, the gender strategy for the program should be attached or at the very least briefing notes included so that it provides common guidance to the Program Officers and partners.

A gender specific thematic (such as health impacts of gender-based violence on maternal and infant mortality, as well as mental health) may also be considered for the next prospectus as it relates to a whole gamut of health related and health systems issues for which there is limited funding available for technically sound research.

2. Resources

Allocate resources in the GEH budget to:

- Hire a gender specialist at the HQ level to assist the team;
- Conduct research and briefing notes on gender related issues;
- Develop a GE strategy and identify possible gender transformative project ideas, as well as the level of gender integration in other projects;
- Continue regular gender training programs and feedback loops;
- Revise the proposal guidelines to strengthen social and gender analysis required from prospective partners;
- Evaluate a select number of projects from a gender lens on an on-going basis;
- Reassess the central information sharing database for the team and resources for partners;
- Create gender databases on organisations and individuals working on gender and health in the regions

The role of the gender specialist to GEH would be to provide specific technical expertise, one-on-one training for GEH staff and monitoring support especially while POs were away on mission. Students and interns may provide viable options to carry out some of the work on databases.

2a . Roster of National Gender Consultants

Create a roster of qualified, national gender consultants in each regional office where the GEH is present to provide POs with gender analysis support when needed.

2b. Gender Definitions, Tools and Guidelines

Assess the definitions on health, gender and governance terminology provided in Appendix 4 from Health Canada, the Institute of Health Research and the UNDP. Program Officers are asked to consider their relevance and usefulness to the GEH team, in addition to the tools and guidelines for sex and gender based analysis in Appendix 4a, 4b, and 4c.

At the conclusion of the projects review, the consultants will use these guidelines as a foundation to build on specific guidelines for the GEH team and their partners for various entry points of the project cycle. PO feedback is therefore crucial and the guidelines will be adjusted to fit in with the GEH program.

3. Gender Strategy

Develop and implement a gender strategy which underscores the fact that gender is a crucial part of social equity at all levels of policy making and governance – macro, micro and meso. The gender strategy needs to include background briefings for Program Officers working on each thematic area, starting with hard to integrate gender analysis projects, such as health systems financing using feminist economic analysis as a rationale.

The gender strategy needs to signal that gender is a regular and normal work requirement in the GEH program that must be supported by tools and guidelines that are simple to follow both for staff and for partners. It also needs to provide a clear process and timeline for implementation.

For the gender strategy, develop consensus in the team on various contentious issues:

- Should every project include a full social and gender analysis?
- What is a gender transformative project for the GEH team?
- Should there be a separate budget for gender transformative projects or should each cluster have a gender specific project?
- Is a two pronged gender strategy which integrates both women's and men's concerns in all policies and projects, as well as specific activities aimed at not only empowering women/girls but men/boys viable?
- Could the move to multi-disciplinary teams consisting of biomedical scientists, clinician scientists, social scientists, and epidemiologists be considered an approach to equity?
- Would it be useful to ask partners to prepare gender assessment papers examine existing policies and programs from an evidence-based gender perspective?
- Would it be useful for the GEH to have gender assessment briefing papers as reference guides?

- Should a gender objective be mandatory for some or all projects so that monitoring is easier for both the partners and the POs?
- Is building partner capacity in gender a priority – for old partners or new ones?
- Should resources be included for gender training in project budgets?
- Should partners be asked to identify a gender specialist/advisor or social scientist on the project?
- Are more partnerships with gender and health organisations in all the regions a possibility and of interest to the team?
- What kind of health and gender research results would the team like to see?
- Could projects be categorised to monitor gender progress into: gender transformative, gender-focused, women inclusive, women specific and women incidental? Taking the example from the PAN program, the objective would be to improve gender integration into certain projects.
- Should monitoring and evaluation of a certain percentage of projects from a social and gender perspective be required?
- Should knowledge translation work include the collation of topic-based gender impact assessment papers to demonstrate the disconnection between gendered evidence and policy and practice?⁵¹

4. Time Allocations

Allocate sufficient time for team members to include gender considerations, conduct a gender analysis and address it within the projects at every level. There was a general consensus in the GEH team that a stronger focus on gender issues is a long-term process that will require substantial time commitments, not only with internal capacity development but also in building the capacity of partners and monitoring outputs and outcomes. Management would have to make a decision on time commitments and priorities.

5. Project Cycle

Develop a series of simple and short guidelines for both POs and partners on how to conduct a gender analysis from concept stage to monitoring and evaluation. These guidelines must outline not only how the social and gender analysis will be conducted, but also how the research, baseline data and subsequent monitoring will address this analysis. A specific gender objective(s) could be considered in most projects for monitoring purposes, with reasons for why it was considered to be irrelevant clearly outlined for those that don't have one.

6. Partnership Assessment

Include an institutional gender assessment of research partners' commitment to gender considerations, and how they plan to address and implement gender concerns, especially for partners who receive funding for more than one funding cycle.

⁵¹ The elements of the gender and health framework within which this work fits are gendered data, gender impact assessment, gender analysis training and capacity building from which improved policy and practice flows.

7. Information Sharing With Staff and Partners

Reassess and reorganise centralised information sharing of resources on gender among the team – GEH or RHE as a whole, depending on the new structure. This information is currently centralised on the intranet for RHE/GEH staff and needs to be made available to partners.

This site and would serve to:

- Organise and facilitate access to current resources available on gender;
- House all new information on gender analysis related to programming objectives (after it was circulated to POs) such as briefing notes, reports, gender impact assessments, etc;
- Link to good practices, tools, guidelines, etc from other IDRC PIs;
- Link to other external resources developed by national and international organisations such as country gender profiles (e.g. World Bank)⁵²; and
- Post a roster of national gender experts.

Tools and additional information may be placed on an internet site in order for research partners to access, apply and adapt gender analysis to their areas of research.

8. Linkages and Partnerships with Gender/Women/Girls Health Institutions

Actively support and encourage partners to seek linkages and partnerships with national and regional research organisations working on health systems which also focus on gender, women and girls issues. Consortiums of research organisations managing a project should have a requirement to include a gender and health organisation and a person at the senior level representing it at the project level.

GEH also needs to encourage more research partnerships with gender and health research institutions and faculties to allow a larger range of diverse partners to work in consortia and to build the gender analysis capacity of university facilities and organizations which may have otherwise not have the opportunity.

Resources that are targeted to specific research studies in sex, gender and health systems need to be expanded focusing on women's and girls health but also to the often marginalised but important health concerns of men and boys.

⁵² The links to gender profiles for organisations such as the World Bank and the latest PRSPs provides team members with national policy making instruments and the focus of national health plans. These will also identify important gaps and challenges in the policies.

Appendix 1: List of Documents Reviewed

IDRC Reports

1. IDRC Annuals Reports 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007
2. IDRC (2 November 2004) Corporate Strategy and Program Framework 2005-2010
3. IDRC. March 2004. Development of the Corporate Assessment Framework (CAF). Report to IDRC's Board of Governors. Evaluation Unit.
4. Houlihan, Carole. May 2005. *Report on the Corporate Assessment Framework: Consideration of Gender*. Ottawa: IDRC. [Evaluation Unit]
5. Woolfrey, Joy. February 2001. *Special Expert Advisory Fund for Mainstreaming Gender in IDR. Projects: 95-0802, 96-0803, 97-0801, 98-0007: A Learning Study*. Ottawa. IDRC. [Evaluation Unit]
6. Singh, Navsharan. March 1999. *Thinking Gender in Development Research: A Review of IDRC-Funded Projects (1996-997) From a Gender Perspective*. Ottawa.
7. Guidelines for Writing a Project Proposal
8. Submission of Idea for an IDRC Grant
9. Application for an IDRC Research Grant

GEH Program Related Documents

1. Adamo, Abra, June, 2003. *Mainstreaming Gender in IDRC's MINGA Program Initiative. A Formative Evaluation*. Ottawa
2. Dachs, Norberto, Macfarlane, S. & Stansfield, S. September 2005. *External Review of the Governance, Equity and Health Prospectuses*. Final Report. Ottawa.
3. GEH Guidelines for Project Applications
4. GEH Project Approval Document (PAD) – Research Support Projects
5. GEH Project Approval Document (PAD) – Research Projects
6. GEH List of declined project ideas
7. GEH Outputs by project: EQUINET.
8. Governance, Equity and Health. Prospectuses 2002-2006.
9. Governance, Equity and Health. Prospectuses 2006-2011.
10. Soundardjee, Riswana. February 2007. *Gender Analysis: Views and Perspectives. GEH Reflections and Programme Initiative Survey*. Ottawa.

External Documents

1. 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.
2. Canadian Institutes of Health Research. Spring 2004. *What's Sex and Gender Got to Do With it? Integrating Sex and Gender into Health Research*. Final Report. Ottawa.
3. Caron, Joseph. February 2003. *Report on Governmental Health Research Policies Promoting Gender or Sex Differences Sensitivity*. Canadian Institutes of Health Research. Institute of Gender and Health. Ottawa.
4. Health Canada. June 2003. *Exploring Concepts of Gender and Health*. Ottawa.
5. Health Canada. *Gender-based Analysis Policy*. Ottawa.
6. Sen, Gita., Östlin, P. & George, A. September, 2007. *Unequal, Unfair, Ineffective and Inefficient Gender Inequity in Health: Why it exists and how we can change it*. Final Report to the WHO Commission on Social Determinants of Health. Women and Gender Equity Knowledge Network. Sweden.

Appendix 2:

Results of Gender Surveys 2007

Gender Analysis: Views and Perspectives Surveys

Two gender surveys were conducted in 2007 by Riswana Soundardjee a GEH intern. Respondents were eight GEH members and ten members of other seven PIs⁵³. The aim was to encourage a self reflection of GEH team members on gender analysis; to learn from other PI experiences implementing gender analysis and to identify the successes and challenges of strategies used in this process. Ms. Soundardjee presented her findings at the GEH retreat on February 23, 2007. The evaluation team expanded the analysis based on the review of the interviews and the objectives of gender evaluation.

GEH reflections

Understanding of gender concept

Most team members demonstrated a good understanding of what gender means and were aware of the misconception that the term 'gender' refers only to women. Few respondents understood it to mean strictly the sex of the individual or biological differences between male and female. Gender was also associated with gender parity in research teams, particularly having a female team leader. The survey findings indicate that the team will benefit from achieving a common understanding of the concepts of gender and sex within the health research framework.

Gender analysis

Even though some responses demonstrated good knowledge of what gender analysis entails, the majority of responses indicated that the current capacity of the team in gender analysis is limited (e.g. gender analysis as percentages of women and men). This is a crucial issue, since the responsibility for gender mainstreaming rests with the programme. Furthermore, a respondent saw the need to have a gender expert in the GEH team to assist this process, while other members asked for training and means to support research partners to integrate gender. Other respondents indicated their preference to use social analysis over gender analysis, as it includes not only gender but other inequities affecting health, such as poverty. The findings of the survey indicate that team members would benefit from strengthening gender analysis within the framework of the determinants of health and governance issues.

Integration of gender analysis in health research

Team members recognized that some researchers in many countries have a good understanding of gender analysis, while others associate this concept with funding requirements, women's rights and sex disaggregating. According to the respondents, gender integration in research is constrained by the lack of tools and the predominance of a theoretical approach with poor application. In addition, there is a need to have culturally gender-sensitive approaches that are context-specific. Of concern was the need to exercise caution when working with partners, as some of them may see gender integration as a donor-imposed element. The evaluation will address these issues, particularly the development of tools to integrate gender in the programming cycle.

⁵³Peace Conflict and Development (PCD), Women's Rights and Citizenship (WRC), Ecohealth, Innovation, Technology and Society (ITS), Rural Poverty and Environment (RPE), ACACIA (Sub-Saharan Communities ICTs), PANASIA (Asia ICTs)

Personal gender awareness

One of the survey responses reflected on the personal process of gender awareness, which often leads to examine one's own personal values and relationships with a gender-lens. Within this context people could view gender as a personal attack on their core values and this could lead to an attitude of resistance. Being aware of this process and developing strategies to address resistance is key for gender integration in programming, e.g. developing evidence-based on GEH good practices to present to partners. The training program will address this issue.

Good Practices

All team members were able to identify GEH projects that exhibit good gender analysis, most of them were projects coordinated by GEH with other PIs⁵⁴. The evaluation will use this information and will also identify and document other good practices through the projects review to develop case studies for the training program.

Gender integration in programming

Some team members viewed GEH projects as weak in terms of how well they incorporate a gender analysis. The gap between theory and practice was restated. It was noted that some projects do have a social equity analysis, but lack an explicit gender analysis. The exception was that of the good practices identified and projects funded by the Global Health Research Initiative (GHRI). Team members were concerned with being able to support research partners in order to integrate gender and obtain their agreement. Negotiation was praised as gender cannot be forced on research partners. The degree of gender integration was associated with the type of the project. A similar comment indicated that in some projects it may not be possible to integrate gender. Addressing this issue is important, in order to avoid gender-blind research associated with the belief that it is not feasible to integrate gender issues on "technical" topics of research.⁵⁵

Capacity Building Needs

The majority of the team members perceived the need for a training program on gender analysis focused on GEH and health systems. They recommended a hands-on methodology based on discussions on how to integrate gender on GEH case studies and in new projects. The aim would be to develop a common understanding of gender issues and practical application of gender analysis, taking into consideration the level at which different team members are.

Findings of the survey with the PIs

Gender Analysis

One of the respondents indicated that his PI shifted from gender mainstreaming to social and gender analysis, in order to capture the realities in the field, which a sole focus on gender misses. Another factor that favoured the use of social analysis was the association of gender with a feminist perspective and its political connotations in some countries, e.g. Asian, which could lead to resistance. The survey findings indicate that a context based situational analysis that includes background information of the project could facilitate the integration of gender in programming.

⁵⁴ Research for International Tobacco Control (RITC), Ecohealth, Women's Rights and Citizenship (WRC)

⁵⁵ Navsharan Singh, "Thinking Gender in Development Research: A Review of IDRC Funded Projects (1996-1997) From a Gender Perspective." March 199, p. 25

Monitoring & Evaluation

PANASIA implemented both a monitoring and an evaluation tool for ICT projects. The monitoring tool was based on Navsharan's work on gender that contained five categories of research: gender transformative, gender-focused, women inclusive, women specific and women incidental. The PI developed a monitoring chart that documented and classified the projects according to these categories. One of the objectives was to advance projects improving their gender integration, e.g. moving from gender-focused research to gender transformative research. PANASIA implemented the Gender Evaluation Methodology (GEM) for ICT projects that is now widely used.

Achievements of gender integration

- All PIs included gender in all team discussions and retreats.
- A gender component was included in all Prospectuses, with one exception.
- Almost half of the PIs had gender expertise within the team who addressed gender issues in proposals review meetings.
- Almost half of the PIs had gender "champions."
- Gender resources and links to organizations compiled to keep team member up-to-date on gender.
- Three PIs provided gender training to research partners and one to team members.
- A gender strategy⁵⁶, a gender evaluation methodology and a monitoring framework with a gender component were implemented.

Challenges of gender integration

- Gender analysis requires much effort and time
- There is an expectation that team members who are knowledgeable on gender issues have the duty to raise gender issues on proposals review meetings.
- Discussions around gender and gender analysis are necessary but should not jeopardize team activities, as it requires much effort and time

Lessons learned

- Start small and then build upon progress (e.g. PCR, Trip Reports)
- Formal systems help to incorporate gender, e.g. in the appraisal of the project.
- Gender has to be contextualized in a social context.
- Partners should be involved and gender integration should be tailored to each project
- Document the process and good practices
- Sponsor capacity-development projects that support gender integration
- Trainings should be part of a gender strategy and applied to the field.

⁵⁶ RPE

Appendix 5: List of IDRC Staff Interviewed

Research for Health Equity /Governance, Equity and Health

Aku Kwamie, Research Officer GHRI/NEHSI

Anna Dion, Research Officer, GEH**

Christina Zarowsky, Research for Health Equity Programme Leader

Ernest Dabire, Senior Program Specialist, GEH/WARO (Dakar)**

Graham Reid, Senior Program Specialist, GEH, (Nairobi) *

Jean Michel Labatut, Senior Program Specialist

Marie-Claude Martin, Senior Program Specialist

Nasreen Jessani, Programme officer, Research Matters

Pat Naidoo, GEH Program Leader

Portia Taylor, Research Officer, RHE

Roberto Bazzani, Senior Program Specialist (Montevideo)

Sandy Campbell, Project Coordinator, Research Matters (Nairobi)*

Sharmila Mhatre, Senior Program Specialist

GEH Consultant

Riswana Soundardjee, RN

Women's Rights and Citizenship

Rawwida Baksh, Women's Rights and Citizenship Program Leader

Claudie Gosselin, Senior Program Specialist

*Interviews incomplete due to phone transmission challenges.

** Interview questionnaire received.

Appendix 3a: Interview Questions - GEH Programme Officers

Name of PO:

Title:

Speciality:

of years with GEH:

Location:

Percentage of time allocated to GEH:

Percentage of time to other PI (provide name) duties:

Institutional Assessment

Do you think there is a strong level of institutional commitment to gender equity/equality at IDRC in GEH and other PIs? How is this commitment manifested? Are there any institutional level constraints to integrating GE into your work?

Are you familiar with the definition of “good performance” of the Corporate Assessment Framework (CAF) related to gender integration? If so, how is this integrated into your work at GEH?

Do you have ready access to lessons learned or other types of gender equality work within IDRC? If you also work on another PI, how has this contributed to your knowledge/skills on gender equity?

Overall Programme Framework Assessment

Do you think that gender considerations are relevant to your work in research in the development of health systems policy? Why? When and where do you think they are not relevant?

How is your work on integrating gender equity guided by the GEH Prospectuses? How could the prospectus framework be strengthened in terms of gender and social equity as a cross-cutting theme to support your work?

How does gender cross-cut into the theme of governance and health in GEH projects?

During team meetings (e.g.) to discuss whether the project should be funded, is gender equity a consideration?

How and where are gender considerations addressed in the project cycle and where do you see the entry point should be?

Do particular team members support gender integration?

Programme Support for Gender Integration

Do you feel that you have adequate knowledge, skills and support for gender integration?

In which specific areas do you think that you need to strengthen your knowledge and technical skills?

Are there any documents, resources (WRC) or tools (guidelines, checklists) that you can access to assist you to integrate gender equity into programming? If not, would you find them useful?

Is GE support available at field office level e.g. management, other PIs with gender specialists/ advisors, roster of national gender consultants?

Are there any other GEH projects you manage in particular that you feel are good examples with regard to increasing gender equity that you would like to share? Why – what were the main results? Conversely, projects that you thought had the potential to integrate gender but you did not have the time/skills to ask the right questions?

What do you think are the main results that GEH is achieving with regard to increased gender equity in your areas of work which may or may not be documented? How are these results being measured? Is data disaggregated by sex collected?

Can you give an example from any of the programs/projects on which you work?

What do you think are the main factors that contributed to these positive results?

Work with Partners – research orgs (grantees) and co-donors

Do you work with GEH partners on any gender specific program/project initiative? If yes, please identify. Do you have partners that you think are good at integrating gender considerations into their work that others could aspire towards?

Do have any official networking linkages with any orgs that focus on gender, governance and health?

In your opinion, what type of support do you think GEH should be giving to its research partners to ensure the integration of gender into GEH research?

What kind of support would you need to assist partners in this process?

Have you faced resistance from research partners to integrate gender into their projects? If so, is there a strategy that worked for you that you would like to share?

GEH encourages all grantees to conduct research that addresses Qs and As that interest policy makers. Are grantees also encouraged to include research that should interest policy makers which includes issues related to health, governance AND gender?

Training Needs Assessment

Have you participated in any type of gender training in the last five years? Ever?

What kind of approach do you find more effective on training workshops?

If overseas, do you have any suggestions for the gender evaluation team on how this training could be best conducted?

Are there any specific issues or themes that you would like a gender equity training to address?

Are there any specific projects you would like to see highlighted as case studies in the training?

What are the best days of the week and time table to implement training workshops? (for Ottawa staff only e.g. four half-day workshops, two full-day workshops).

Appendix 3b: Interview Questions – Senior Management

Name:

Title:

of years with GEH:

Location:

Percentage of time allocated to GEH:

Percentage of time allocated to other PIs (provide the name):

Institutional and Programme Assessment

Are commitments to GE actively promoted by the management at IDRC and RHE level and are senior managers held accountable? If so, how?

IDRC's Corporate Assessment Framework (CAF) has gender integration within its definition of "good performance". How is this integrated into the GEH programme?

Was social/gender equity and how it may be integrated throughout the GEH a part of discussions for the new prospectus 2006-11 in view of the external evaluation's findings of the low level of social/gender integration in the previous phase? Were there any background briefing papers examining the possible gender dimensions which could be addressed through the new phase of the programme?

Do you think a GE strategy and accountability mechanisms would assist in integrating gender better into GEH projects?

What key elements do you think should be included in a potential GE strategy for the GEH program?

What could be the key factors of success to integrate gender into GEH programming?

What do you think are the main challenges to integrate gender equality in GEH programming?

What are the challenges of negotiating the integration of gender with GEH research partners?

Capacity, Leadership and Accountability

Have you received any training in GE? When?

How do you keep informed about the key gender issues which affect the focus of GEH programming? Are these issues discussed at meetings with other RHE team leaders?

How would you grade the level of skills and knowledge of the GEH team on gender analysis?

What is your assessment of the GEH team commitment to integrate gender?

Do you think there is a common understanding amongst GEH team members about gender concepts and terms? Would it be useful to come to some common understanding through the evaluation?

Would GEH team be amenable to some gender tools such as guidelines and checklists to help them support partners for GE?

What kinds of results would the different sectors within the GEH programme (e.g financing, clustering) like to achieve in terms of GE? What would be a relatively easy place to start and where would you like to go? What areas would you like to specifically concentrate on?

Is the monitoring and accountability for GE integration within the rolling PCRs a possibility?

Are there external monitors for the projects and do monitoring and evaluation TORs include gender equity responsibilities?

Do you provide active and visible leadership in GE issues at GEH meetings/discussions, hold staff accountable or ensure adequate resource (e.g time) allocations for GE integration? Do you feel equipped to provide leadership to integrate gender?

Are there any institutional incentives for team members who champion GE issues?

Are POs encouraged to link in networks and partnerships with research organisations which deal with gender issues in their respective fields?

In multi-donor programme partnerships (e.g in LAC with PAHO, Brazilian Ministry of Health and SDC), how is GE promoted and integrated? Is there any lead agency in LAC and in SSA who focuses on gender, health and governance? (e.g CIDA in SSA)

GEH encourages all grantees to conduct research that addresses Qs and As that interest policy makers. Are grantees also encouraged to conduct research that should interest policy makers which includes issues related to health, governance AND gender?

Training

Would you like to partake in the staff gender training or prefer a separate executive session?

What gender equity issues would be of greatest interest to senior managers?

APPENDIX 3c: Interview Questions – Women’s Rights and Citizenship

Name:

Title:

of years with WRC:

Location: OTTAWA

Percentage of time allocated to WRC:

Percentage of time allocated to other PIs (provide the name):

Institutional and Programme Assessment

Do you think there is strong level of institutional commitment to gender equity/equality at IDRC programmes? How is this commitment manifested? Are there any institutional level constraints to integrating GE that you are aware of?

IDRC’s Corporate Assessment Framework (CAF) has gender integration within its definition of “good performance”. Is there a gender monitoring and accountability framework in place for IDRC (aside for the WRC PI)? Does the WRC play a role in this and if so, what is your role?

Are gender strategies, lessons learned and good practices on gender integration in programming shared between the different PIs at IDRC? Are there gender forums/ workshops/seminars to share experiences within PIs and project partners?

In your opinion, what is the general level of gender mainstreaming in IDRC since the disbandment of the gender unit?

According to your experience what would be the entry points for gender in the programming cycle?

What could be the key factors of success to integrate gender into IDRC programmes?

What do you think are the main challenges to integrate gender equality in IDRC programmes?

What are the key elements for a potential GE strategy for GEH programming in your opinion?

Programme Support for Gender Integration

How do the PIs obtain support to mainstream gender which was originally provided by the Gender Unit? Does WRC continue to informally provide this support to other PIs at HQs and field office levels? What are some of the constraints of this?

What do you recommend programme initiatives such as the GEH do to strengthen gender analysis and integration?

Are there any documents, resources or tools (guidelines, checklists) that you can access to assist you to integrate gender equity/equality into programming? Are these available to other PIs?

Does WRC have resources/tools on how gender cross-cut into the theme of governance that could be useful for GEH programming?

In your opinion, do PIs need specific gender support to conduct gender transformative research?

Capacity, Leadership and Accountability

Do you think there is a common understanding in other programmes about gender concepts and terms (e.g. equity/equality)? Which of these two terms are more widely used and understood?

Some of GEH projects are jointly funded with WRC – please list? Are there any specific challenges in working with GEH in jointly funded projects?

Are there any institutional incentives for team members who champion GE issues?

Work with Partners – research orgs (grantees) and co-donors

In your opinion, what type of support do you think PIs should be giving to its research partners to ensure the integration of gender into their research?

Have you faced resistance from research partners to integrate gender into their projects? If so, is there a strategy that worked for you that you would like to share?

Training

What kind of approach do you find more effective on training workshops?

What gender equity issues would be of greatest interest to other PIs?

Appendix 4: Definitions of Selected Terms related to Gender Analysis from other organisations involved in Health Research

Determinants of Health

They are the key factors which influence population health. They include income and social status; social support networks; education; employment/ working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture.

Each of these factors is important in its own right. At the same time, the factors are interrelated. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.

(Public Health Agency of Canada: What determines Health? <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/determinants.html#personalhealth>. Accessed February 2008 –SOURCE NOT INCLUDED IN THE LIST OF DOCUMENTS CONSULTED)

Diversity Analysis

Is a process of examining ideas, policies, programs and research to assess their potentially different impact on specific groups of women and women, boys and girls. Neither women nor men comprise homogeneous groups. Class or socio-economic status, age, sexual orientation, gender identity, race, ethnicity, geographic location, education, physical and mental ability— among other things —may be distinctly affect a specific group's health needs, interests and concerns.

(Health Canada. June 2003. Exploring Concepts of Gender and Health. Ottawa)

Gender

Refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviour, values, relative power and influence that society ascribes to two sexes based on a differential basis. Gender is relational-gender roles and characteristics do not exist in isolation, but are defined to one another. All societies are divided between *at minimum* two categories of sex and gender that are often assigned unequal statuses. Gender roles, constructs and identities exist not as stable entities, but as expressions that are located along a continuum. Ethnicity, socioeconomic status, sexual orientation, geography and other social identifiers situate women and men differently in the social landscape necessarily complicating the relationships between gender, sex and health disparities defined by unequal access to health determinants. Notably these dynamic intersections do not produce uniform outcomes, but are constituted, performed and resisted in various ways by individuals and groups throughout the life cycle.

(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.)

Gender Bias

Is the root of gender inequalities and falls into there broad problem types: over-generalization — adopting the perspective or experience of one sex and applying it to both sexes; gender insensitivity — ignoring sex and gender as important variables; and double standards — assessing the same or essentially the same situation, trait or behaviour differently on the basis of sex.

(Health Canada. *Gender-based Analysis Policy*. Ottawa)

Sex

Refers to biological characteristics such as anatomy (e.g. body size and shape) and physiology (e.g. hormonal activity or functioning of organs) that distinguish males and females. Attention to sex - in all of its variation - is vital to understanding the bio-genetic underpinnings of health. Sex differences may occur at the genetic/molecular, cellular, organ or organism level and result from complex interactions between genetic, hormonal and environmental factors that commence in the genetic and intrauterine environment and continue throughout the lifespan of an individual. Attention to sex - in all of its variation-is vital to understanding the bio-genetic underpinnings of health.

(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.)

Gender Mainstreaming/Gender Integration

It refers to the integration of gender concerns into policy making and research so that policies and programs reduce inequalities between women and men. Gender-based analysis is a gender mainstreaming tool that assess the differential impact of proposed and/or existing policies, programs, and legislation on women and men.

(Health Canada. June 2003. *Exploring Concepts of Gender and Health.* Ottawa)

Sex/Gender-Sensitive Health Research

Investigates how sex interacts with gender to create health conditions, living conditions and problems that are unique, more prevalent, more serious, or for which there are distinct risk factors or interventions for women or men. As groups of women and men tend to lead different lives that result in disparate environmental exposures and social pressures, responses to these factors are the result of an interaction of genetics, physiology, cultural, social and individual responses-in other words of the interplay of sex and gender.

(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.)

It is possible to disaggregate data based on sex and/or gender without putting the data in context. Similarly, a proper analysis of sex-disaggregated data is sometimes ignored in the development of policy or programs emanating from research and evaluation. In contrast, sex/gender-sensitive research entails a comprehensive analysis and assessment of the findings and the impact of recommendations on diverse groups of men and women.

(Health Canada. June 2003. *Exploring Concepts of Gender and Health.* Ottawa.)

Gender and Sex-Based Analysis (GSBA)

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 GSBA is to promote rigorous sex/gender-sensitive health research which expands understanding of health determinants in both sexes, in order to provide knowledge which can result in improvements in health and health care. 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. GSBA is meant to be applied within the context of a diversity framework, that attends to the ways in which determinants such as ethnicity, socioeconomic status, disability, sexual orientation, migration status, age and geography interact with sex and gender to contribute to exposures to various risk factors, disease courses and outcomes. These intersecting factors have significant impact on health and wellbeing.

Governance and Gender

We define governance as the institutions, processes and traditions which determine how power is exercised, how decisions are taken, and how citizens have their say.

Governance in relation to health occurs at all levels, from the global architecture supporting health research and health investments to the ways in which communities and households manage priorities and resources.

In order for governance to successfully address health, it must address the experiences of both women and men of the target population (e.g. specific ethnic groups, poor sectors of population, elderly population). What is crucial is for governance processes to take into account that men and women experience different forms of marginalization related to the determinants of health, due to their different roles and needs.

(GEH Prospectuses 2005-2011)

Gender Mainstreaming and Democratic Governance

Gender mainstreaming as an institutional and cultural transformation process should include eliminating gender biases in national and international development frameworks and paradigms; incorporating gender awareness into health policies, programmes and institutional reforms; involving men to end gender inequality; and developing gender sensitive tools to monitor progress and ensure accountability.

(UNDP, <http://www.undp.org/governance/gender.htm>)

APPENDIX 4a: Health Canada – Strategy for Gender Integration in Health

The following is an extract of the table of contents from a resource which GEH staff may find useful.

In Exploring Concepts of Health and Gender on Health Canada's website

http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/explor_e.html

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Appendix 4b:

The Research Process and Gender-based Analysis

The following is an extract of the research process and gender based analysis which GEH staff may find useful.

In Exploring Concepts of Health and Gender on Health Canada's website

http://www.hc-sc.gc.ca/hl-vs/pubs/women-femmes/explor5_e.html

Research is an important tool for reducing gender biases in policy development and program planning. The exclusion of sex and gender as variables in any type of health research is a serious omission that leads to problems of validity and generalizability, weaker clinical practice and less appropriate health care delivery (Greaves et al., 1999).

Research needs to be conducted in ways that are sensitive to manifestations of sex and gender, or it may perpetuate rather than illuminate sex and gender biases. Research on sex, gender and health may also suffer from significant shortcomings. These include:

- Treating sex like any other variable and failing to put it into context;
- Assumptions about gender neutrality and the consequent failure to provide gender-sensitive research;
- Treating sex and gender as the same thing;
- Failing to disaggregate data based on sex;
- Failing to analyze sex-disaggregated data;
- Failing to report the results of sex-disaggregated data analyses; and
- Relegating qualitative data to a supplementary role or defining it as having merely anecdotal value (Grant, 2002)

Consideration of the following questions at each stage of the research process should help reduce gender bias in the research process.⁶

Formulate Research Questions

The following series of research questions is adapted from Dr. Margrit Eichler, "Moving Toward Equality: Improving the Health of All People: Recognizing and Eliminating Gender Bias in Health," Health Canada (draft), Women's Health Bureau, 2000c. Permission is granted for non-commercial reproduction of this adaptation on condition that Dr. Margrit Eichler is clearly acknowledged as the author. For a fuller discussion, refer to Dr. Margrit Eichler, *Feminist Methodology*, *Current Sociology*, April 1997, Vol. 45(2): 9-36.

1. Does the research question exclude one sex when the conclusions are meant to be applicable to both sexes? If yes, reformulate the question so that it is applicable to both sexes or so that it is applicable to only one sex.
2. Does the research question exclude one sex in areas that are usually seen as particularly relevant to the other, such as family and reproductive issues in research about men or paid work in research about women? If yes, give attention to the role of the other sex.

3. Does the research question take the male as the norm for both sexes, thereby restricting the range of possible answers? If yes, reformulate the question to allow for the theoretically possible range.
4. Does the research question take the family or household as the basic analytical unit when different consequences for women and men within the family or household can be anticipated? If yes, change the question so that the unit of analysis corresponds to the level at which observations are made.
5. Is the research question different for the two sexes though their circumstances are equivalent? If yes, reformulate the question.
6. Does the research question assume that men and women are homogeneous groups when the impact of the health issues being studied may be different for different groups of men and women? If yes, explore differences among the men and among the women, not just those between the men and the women.
7. Does the research question construct men as actors and women as acted upon? If yes, explore the role of women as actors and of men as acted upon.

Literature Review

1. Does the phenomenon under consideration affect both sexes? If so, does the literature give adequate attention to each sex? If no, note the under-represented or excluded sex.
2. Have studies concerning family roles and reproduction given adequate attention to the role of men? In all other studies in the literature being reviewed, has the role of women been given adequate attention? Are different types of families taken into account? If no, compensatory studies on the under-represented or excluded sex may be necessary before drawing conclusions.
3. Does the literature address issues of diversity among women and men? If no, note the exclusions and limits of the literature.

Research Design

1. If the phenomenon under investigation affects both sexes, does the research design adequately represent both sexes? If no, include the under-represented or excluded sex. If the balance of previous research has largely excluded one sex, a one-sex study may be highly appropriate.
2. Of the major variables examined in the study, are they equally relevant to men and women? To women and men from a variety of diverse groups? Is the diversity within subgroups identified and analyzed? If no, correct the imbalances by including variables that affect the under-represented group.
3. Does the study take into account the potentially different life situations of men and women? If no, explore the context in a gender-sensitive manner.
4. When dealing with issues that affect families or household, is it possible that the event, issue, attribute, behaviour, experience or trait may be different for different family members. If yes, identify and study separately individual actors with a view for potential gender differences. This may involve a drastic revision of the research design.
5. Is the same research focus, method or approach used for both females and males? If not, is the different focus, method or approach justified? If no, provide a detailed rationale.

6. Is the sex of all participants in the study, including researchers and research staff, reported and controlled for? If no, report and control where possible and necessary. Where not possible, acknowledge and discuss the potential distorting effects of the sex of the various research participants.

Research Methods and Data Gathering

1. Has the research instrument been validated on diverse groups of both sexes? If different instruments are used without compelling reasons, develop an instrument that is applicable to both sexes and to diverse groups of both sexes. If different instruments are necessary, justify their use in detail.
2. Does the research instrument take one sex (race, class, etc.) as the norm for both sexes and thus restrict the range of possible answers? If yes, reformulate the instrument to allow for the theoretically possible range.
3. Are opinions asked of one sex about the other treated as fact rather than opinion? If yes, reinterpret other-sex opinions as statements of opinion and no more.
4. Are the same coding procedures used for males and females? If no, make coding procedures identical.

Data Analysis and Interpretation

1. If only one sex is being considered, are conclusions nevertheless drawn in general terms? If yes, make conclusions sex-specific where only one sex is considered, or change the research design and consider both sexes.
2. Are data interpreted by taking males as the norm? If yes, take females as the norm and compare the two.
3. Are practices that abuse or subjugate women or negate their human rights presented as culturally appropriate or justified in the name of a supposedly higher value? If yes, describe and analyze such practices but do not excuse or justify them.
4. Does the analysis pathologize normal female biological processes or normalize male biological processes? If yes, create alternative accounts.
5. Have the potentially different implications for the two sexes of the particular situation, condition or event under investigation been made explicit? If not, make them explicit.
6. Are gender roles or identities presented in absolute terms? Are stereotypes perpetuated? If yes, acknowledge gender roles and identities as socially important and historically grown, but make it clear that they are neither necessary, natural or normatively desirable.
7. When both sexes are included, is equal attention given to female and male responses? If no, create the appropriate balance.

Language of Research Reporting and Research Proposals

1. When both sexes are mentioned together in a phrase, does one sex consistently precede the other? If yes, alternate in some manner.
2. Are any gender-specific terms used for generic purposes? If yes, use generic terms when referring to both sexes.
3. Are any generic terms used for gender-specific situations? If yes, use sex-specific terms when referring to one sex.

Visual Representations

1. Are men and women appropriately represented, given their relative importance with respect to the topic under study (e.g. significance of the problem for each sex, proportion of the population of each affected by the problem)? If no, correct the imbalance by fairly representing the excluded or under-represented sex.
 2. Are females and males depicted in stereotypical ways? If yes, eliminate the stereotypical representation and replace with a more realistic one.
 3. Are men and women depicted in ways that represent their diversity (e.g. images of visible minorities, of people with disabilities, of gay and lesbian couples)? If no, incorporate these and other facets of diversity into the images.
-

APPENDIX 4c:
Guiding Questions for Researchers Applying for Funding from CIHR
Adapted from CIHR website: <http://www.cihr-irsc.gc.ca/e/32019.html#toc5>

The following is an extract of guiding questions for research partners which GEH staff may find useful

Guiding Questions

The following questions are provided as a general checklist for applicants and reviewers. Given the breadth and depth of CIHR funded research-biomedical, clinical, health services and population health-, the questions are general, and may not be equally relevant to all disciplines or methodologies. Applicants should give careful consideration as to how their research addresses these queries and should, where applicable, provide detailed response to these questions in their proposals. See "[Further Readings](#)" for additional information.

Applying Gender- and Sex-Based Analysis

Research Question

- Are sex and/or gender identified and defined? Are the definitions supported by recent academic literature?
- Does the proposal demonstrate awareness of what is known about sex, gender and diversity (ethnicity, socioeconomic status, sexual orientation, migration status, etc.) in this area of research?^{F4}
- Are the concepts of sex, gender and diversity taken into account in the development of the research question(s)?
- Are the concepts of sex, gender and diversity applied clearly and appropriately?
- If used in the study, does the researcher identify and justify the choice of the sex of cells, cell lines, and/or animals?
- If the applicant asserts that sex and/or gender and diversity are *not* relevant to the proposed research, what evidence is presented?
- Does the research question reflect the diversity in and among females and males ?

Data Collection

- Does the sex/gender/diversity composition of the sample reflect the research question?
- Does the sample match the researchers' plans for generalizing from the data?
- Have research instruments (i.e., surveys, measurements) been validated to reflect gender/sex and diversity?
- If sex is used as a proxy for weight, height and body fat/muscle ratios, is there an explicit explanation and analytical strategy provided for employing this approach?
- In the case of clinical trials: Does the sample reflect the distribution of the condition in the general population? For proposed clinical trials, are sufficient numbers of women and men included in the sample to enable safety as well as efficacy analysis? Where appropriate, how will the clinical trial track and account for female menstrual cycles? Does the applicant plan to analyze results in the context of known sex-specific adverse effects, height-weight-sex relationships, and interactions with commonly used drugs?

Data Analysis and Interpretation

- Will the researchers disaggregate and analyze data by sex/gender?
- Does the use of gender as a variable mask or intersect with other potential explanatory factors such as socioeconomic status, physical attributes and/or ethnicity?
- What assumptions are being made about gender and/or sex-especially as they intersect with other diversity indicators such as ethnicity, sexual orientation, socioeconomic class, etc.-while formulating the research problem, sampling, data collection, analysis and interpretation?