

SEA-WHD-12
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Gender Mainstreaming Training Package and its Field Testing

*Report of a Review Meeting
WHO/SEARO, New Delhi, 17-19 July 2001*

WHO Project: ICP OSD 002



World Health Organization
Regional Office for South-East Asia
New Delhi
August 2001

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1. INTRODUCTION

Decades of hard work culminated in the establishment of the women's health programme in the South-East Asia Region of WHO, but it is still a challenge to operationalize concepts into actions, to really make a difference in utilization of health care and further on to improve women's health of the Region.

The WHO publication "*Women of South East Asia - A Health Profile*" released in September 2000 highlighted the fact that gender-based inequalities adversely affect women's health in every phase of their lives. The twenty-third Special Session of the UN General Assembly on Beijing Plus Five 2000 concluded that gender mainstreaming should be taken as the key approach to attain gender equality in health. The Declaration on Health Development in SEAR adopted by the Health Ministers in 1997 had identified investing in women's health and elimination of gender discrimination as two of the important areas of action for health sector reform.

In November 2000, a technical consultation came up with gender mainstreaming tools consisting of gender analysis and gender mainstreaming matrices. In April 2000, an APW to develop a generic training package for gender mainstreaming in health was concluded with Dr Prakasamma.

From 17-19 July 2001, five Member Countries were invited to the Regional Office to review this training package. Only three countries turned up (India, Indonesia and Maldives).

2. OBJECTIVES AND EXPECTED OUTCOME

Objectives

- (a) To review the draft training package for gender mainstreaming in health, and
- (b) To field-test the training package.

Expected outcome

- (a) Draft of generic training package on gender mainstreaming in health reviewed, and
- (b) Plan of action for field testing of the generic training package.

3. PARTICIPANTS

The meeting was attended by seven participants representing three Member Countries (India 2, Indonesia 3, Maldives 2) and five observers from India. (see list of participants in Annex 1).

4. PLENARY SESSIONS

The review meeting was opened by Dr. N Kumara Rai, Acting Director Department of Health Systems and Community Health. He extended a warm welcome and said that the informal nature of the meeting did not detract from its importance and was expected to maximize communication to attain the expected output. It was necessary to continue moving forward, incorporating gender mainstreaming in priority health programmes. The participants were invited to improve the draft of the Gender Mainstreaming Training Package and prepare for its field testing in the next biennium (2002-2003). Dr. Ilsa Nelwan, STP-WMH, WHO/SEARO explained the process and the concept of gender mainstreaming training to increase utilization of health services, particularly for women and children, and then presented the ICP II WMH SEARO 2002-2003. Dr. M.Prakasamma, presented the draft of Gender Mainstreaming Training Package.

5. GROUP DISCUSSIONS

The group discussions covered four areas.

5.1 Draft of gender mainstreaming training package

- Gender Mainstreaming Training Package should be targeted at health professionals and programme managers.

- The training should be planned carefully, taking into account the context (at which level, for whom), the facilitators and the target group characteristics.
- The existing tools are too complex, difficult to use, especially for non-disease programmes such as 'Making Pregnancy Safer'.
- Another tool 'Gender Analysis Pathway' was suggested by the group that will be easier to implement. The group blended it with the proposed tool.
- The group exercised the tools for disease and non-disease control programmes.
- India shared the Gender Training Module in Health that had been utilized by a non-governmental organization for two years with grassroot participants at state, district and village levels.
- Inclusion of additional important terms was also suggested.

5.2 Plan for field testing the gender mainstreaming training package

- It was necessary to involve NGOs for field testing the training package.
- Communication with and dissemination of information for the parties concerned was essential.
- The draft had to be adapted and translated for common understanding.
- Time frame of the field test had to be drawn up.

5.3 Plan of action before the next biennium budget could be released

- Not all participants have access to or control of resources needed to undertake the field test.
- Therefore, the feedback of the meeting is a crucial factor to attain country response.
- The short time frame and the non-existence of special budget to make necessary preparations caused concern.

5.4 Country strategies for field testing the training package

- India has a life-cycle approach to the health programme, since gender discrimination cut across all age groups; also the need for advocacy to increase attention for adolescent and women's health was felt.
- Maldives identified activities, time frame and the responsible officers.
- Indonesia is planning to blend the training package with their existing gender mainstreaming activities involving various sectors and facilitate other related activities.

6. RESULTS

6.1 Simplification

The tools have been simplified and made more user-friendly :

- The training package consists of facilitator guide and handbook for participant.
- Additional terms to be included: gender equality, access (potential and realized), gender focal points, affirmative action
- A separate package could be prepared for policy-makers with emphasis on gender gap and support needed to reduce the gap. For grass-roots level training materials, a simple package of questions and answers was proposed.
- In the training package, immediate references should be made to the respective para, e.g. Beijing plus5 WHO Fast Sheet, CEDAW and CRC.

6.2 Adaptation/Modification

Each country has the liberty to adapt/modify the training package; however, it is anticipated that no major changes will be made in respect of the tools, (the field testing results should be comparable).

6.3 Activities

Activities for the three countries participating in the review meeting before January 2002:

- Identification of existing gender gaps in some priority health programmes;
- Administrative steps: within one month, proceedings of the meeting will be sent to the participating countries. Response should be communicated to the Regional Office within one month. The response should cover adaptation of the package, suggestions to be covered in the field-testing implementation plan, and
- Dissemination of information for field testing the training package to the relevant parties.

For six other countries (Thailand, Bangladesh, Sri Lanka, Myanmar, Nepal, Bhutan) not attending this meeting, orientation on the GMS Training package will be included in the APW for rapid assessment in 2002.

7. FOLLOW-UP

Dr. N Kumara Rai, Acting Director Department of Health Systems and Community Health in his concluding remarks mentioned that gender is a concept that needs continuous advocacy to operationalize. The field testing is not meant to be a multicentric study. For the field trial of the training package, the Regional Office would conclude another APW. For the finalization of the training package countries will be consulted as needed.

An APW has been concluded with Dr. Prakasamma for finalization of the Gender Mainstreaming Training Package based on the proceedings of this meeting. The revised training package will be ready by the fourth week of August 2001.

Annex 1

LIST OF PARTICIPANTS

India

Dr N. Namshum
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Short-Term Professional, Reproductive Health
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Dr Sanu M. Dali
Short-Term Professional, Making Pregnancy
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Dr J.M. Luna
Regional Adviser, Child & Adolescent Health

Dr Duangvadee Sungkhobol
Regional Adviser, Nursing & Midwifery

Dr Jai P. Narain
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Dr P.R. Arbani
Regional Adviser, Malaria

Mrs Vanaja Sundaresan
Senior Administrative Secretary

Annex 2

PROGRAMME OF WORK

Tuesday, 17 July 2001

- | | |
|-------------------|---|
| 08.30 – 09.00 hrs | Registration |
| 09.00 – 09.30 hrs | Opening remarks and introduction by Dr N. Kumara Rai, Ag. Director, Department of Health Systems and Community Health |
| 10.00 – 12.00 hrs | Plenary Session I:
Draft Gender Mainstreaming Training Package and discussion
(Dr Prakasamma) |
| 13.00 – 14.30 hrs | Discussions |
| 14.45 – 16.30 hrs | Group Work on Gender Mainstreaming Training Package (two groups) |

Wednesday, 18 July 2001

- | | |
|-------------------|---|
| 09.00 – 10.00 hrs | Group Work on Gender Mainstreaming Training Package |
| 10.15 – 12.00 hrs | Group Work on Gender Mainstreaming Training Package (continued) |
| 13.00 – 14.30 hrs | Plenary Session:
Group Presentation on Gender Mainstreaming Training Package |
| 14.45 – 16.30 hrs | Issues on Gender Mainstreaming Training Package |

Thursday, 19 July 2001

- | | |
|-------------------|--|
| 09.00 – 10.00 hrs | ICP II on WMH for 2002-2003 |
| 10.15 – 12.00 hrs | Group work on Draft Plan of Action: Field testing
National Strategy to implement Gender Mainstreaming
Training Package |
| 13.00 – 14.30 hrs | Group presentation on Draft Plan of Action: National
Strategy to implement Gender Mainstreaming Training
Package |
| 14.45 – 15.30 hrs | Discussion and reaching consensus on Plan of Action: |
| 15.30 – 16.00 | Gender Mainstreaming national strategy and Field
Testing plans of the Gender Mainstreaming Training
Package |
| | Closing |

Annex 4

GENDER ANALYSIS MATRIX

Variables	Exposure and vulnerability	Outcome and impact	Access and utilization
Biological*			
Social**			

* Biological: Age, sex

** Social: socio-economic class, caste, education, occupation, rural/urban.

All information for each column and row should be given separately for male and female.

Result of Gender Analysis Matrix used to fill the first column of Gender Policy Formulation Matrix

Gender gap identification	Policy formulation	Programme implementation	Indicators for monitoring and evaluation
Exposure and vulnerability			
Outcome and impact			
Access and utilization			

Annex 3

GENDER TRAINING TO CREATE AWARENESS



