

Gender mainstreaming for health managers: a practical approach

FACILITATORS' GUIDE



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**Gender mainstreaming for health managers:
a practical approach**

Facilitators' guide

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ACRONYMS

AFRO	WHO Regional Office for Africa
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COPD	Chronic Obstructive Pulmonary Disease
CSW	Commission on the Status of Women
ECOSOC	United Nations Economic and Social Council
EURO	WHO Regional Office for Europe
FGM	Female Genital Mutilation
GAD	Gender and Development
GAM	Gender Analysis Matrix
GAQ	Gender Analysis Questions
GAT	Gender Assessment Tool
GRAS	Gender Responsive Assessment Scale
MDG	Millennium Development Goals
MSM	Men who have sex with men
PAHO	Pan American Health Organization
PHC	Primary Health Care
SARS	Severe acute respiratory syndrome
STI	Sexually transmitted infections
UNIFEM	United Nations Development Fund for Women
VAW	Violence Against Women
WAD	Women and Development
WED	Women, Environment and Development
WHA	World Health Assembly
WHO	World Health Organization
WID	Women in Development



INTRODUCTION

Why do public health managers need a manual on gender mainstreaming?

Contemporary public health mandates include addressing a wide range of determinants of health such as sex, gender, poverty and equity¹. This Manual focuses on gender as a determinant of health for women and men and the particular ways that gender equality contributes to better health outcomes for women and girls. In particular, this Manual addresses how gender norms, roles and relations affect health-related behaviours and outcomes as well as health sector responses. At the same time, it recognizes that gender inequality is a cross-cutting determinant of health that operates in conjunction with other forms of discrimination based on such factors as age, socioeconomic status, ethnicity or place of origin and sexual orientation. The Manual provides a basis for addressing other forms of health-related discrimination.

Gender mainstreaming provides tools to reduce the harmful effects of the determinants of health

Specific strategies are required to address gender-based health inequities. **Gender mainstreaming** is an internationally accepted strategy that aims to institutionalize gender equality across sectors². Given the powerful impact that gender has on the health of women and men, it is imperative that health managers be equipped with the skills to address gender-based health inequities in their work. This Manual responds to a perceived gap in the practical application of gender-mainstreaming strategies for health managers involved in decision-making and agenda-setting with respect to public health policies, programmes and services.

Gender is an important determinant of health with two important dimensions:³

- 1) **Gender inequality** puts the health of millions of women and girls at risk globally. Addressing gender equality helps to counter the historic burden of inequality and deprivation of rights faced by women and girls in households, communities, workplaces and health care settings. Addressing gender equality in health enables the important work to improve the health of women.
- 2) Addressing **gender norms, roles and relations** enables better understanding of how sociocultural identity construction (male and female), attribution of rights and unequal power relations can affect (among other things) risk and vulnerability, health-seeking behaviour and – ultimately – health outcomes for men and women of different ages and social groups.

Understanding and addressing gender-related causes of ill health and inequity enables appropriate and adequate policies and programmes to be developed in the health sector.

Gender mainstreaming addresses women's specific health needs but is about women and men

Historically, work on gender has focused on women. Although the status of women and conditions for gender equality have improved considerably across high-, medium- and low-income countries, women and girls remain disadvantaged relative to men and boys in various ways. Such disadvantage is internationally recognized as both a violation of human rights and a barrier to broader social development. It is also widely acknowledged that women's lower status is often institutionalized through social, economic and political structures. Institutions tend to marginalize women in training, employment, policy-making, health planning, programme implementation and monitoring. These institutions can also perpetuate images of and ideals for men that are not always congruent with reality, contributing to increased pressure and stress on men who are either unable to or are discouraged from fulfilling certain roles and responsibilities in a changing, globalized world.^{3,4}

In response to institutional and systemic forms of discrimination and stereotypes about women and men, the field of gender and gender mainstreaming entered the international policy arena as a way of recognizing that an individual focus on women without long-term visions towards changing attitudes, beliefs and structures that promote inequality will yield limited results. Since the 1990s, increasing attention has been paid to how men can and do contribute to improving gender relations and how gender norms may adversely affect men's health and life opportunities.^{2,3,5,6}

Gender norms, roles and relations serve as both protective and risk factors for health among groups of women and men. However, women's disadvantaged social, economic and political status often makes it more difficult to protect and promote their physical and mental health, including their effective use of health information and services.^{1,2} Although women live longer than men do in many contexts, these additional years of life are often spent in poor health. Women experience avoidable morbidity and mortality as a direct consequence of gender-based discrimination.^{3,7,8}

Men, on the other hand, often delay seeking health care longer than women and may even refuse to comply with treatment. For example, in some regions, men choose not to undergo treatment for TB, because the treatment requires that they avoid consuming alcohol for its duration.^{9,10} This affects their overall health status. Because of their responsibilities to promote and safeguard health, public health actors must be empowered with the skills to identify and address the factors that put women and men at risk.

Gender mainstreaming means a new way of doing business in the health sector

The steps towards achieving health equity goals, such as *health for all*, must begin from the basic acknowledgement that “all” are not the same. Differences and disparities in health between countries and regions are widely recognized and recorded in health statistics and profiles. Public health workers at all levels need to recognize and identify differences within populations in their countries and address these differences systematically and appropriately. This may require various interventions to facilitate the attainment of the highest possible level of health across various groups within the population. It also often means that business-as-usual procedures are not the most effective ones. New ways of thinking and new ways of doing business need to move beyond rhetoric to address global health inequities and the different health needs and challenges facing men and women across the life course.

Gender mainstreaming can help in identifying differences and disparities – and in changing how the health sector operates to achieve its objectives. It does this through two contiguous approaches: programmatic (or operational) gender mainstreaming and institutional gender mainstreaming.¹¹

1. Programmatic (or operational) gender mainstreaming

Based on human rights principles of equality, participation and nondiscrimination, programmatic approaches systematically apply gender analysis methods to health problems to better understand how gender norms, roles and relations affect the health of women and men across the life course.

Programmatic gender mainstreaming can do the following:

- address how health problems affect women and men of all ages and groups differently;
- focus on women's empowerment and women-specific conditions to address historical and current wrongs women and girls face;
- examine how gender norms, roles and relations influence male behaviour and health outcomes and how these shape the role of men in promoting gender equality;
- adopt a broad equity approach to look at issues of age, socioeconomic status, ethnic diversity, autonomy, empowerment, sexuality, etc that may lead to inequities; and
- provide an evidence base to enable appropriate, effective and efficient health planning, policy-making and service delivery.

2. Institutional gender mainstreaming

This aspect looks at how organizations function: policy development and governance, agenda-setting, administrative functions and overall system-related issues. Institutional gender mainstreaming acknowledges that an institution must be equipped with mechanisms to create an *enabling environment* for programmatic approaches to succeed. It also ensures that organizational procedures and mechanisms do not reinforce patterns of gender inequality in staffing, functions or governance.

Institutional gender mainstreaming seeks structural changes, calling for a transformation of the public health agenda so as to include the participation of women and men from all population groups in defining and implementing public health priorities and activities.

Institutional gender mainstreaming addresses the alignment of human and financial resources and organizational policies which include:

- recruitment and staff benefit policies, such as:
 - establishing work-life balance;
 - sex parity and gender balance in staffing;
 - equal opportunities for upward mobility; and
 - mechanisms for the equal participation of male and female staff in decision-making procedures.

Institutional gender mainstreaming also addresses reflecting gender equality dimensions in strategic agendas and policy statements as well as monitoring and evaluation of organizational performance, via:

- developing tools and processes to address gender in planning activities (both institutional and programmatic planning);
- mechanisms of accountability on gender and health via advisory bodies, steering committees, etc.; and
- building staff capacity to implement the gender analysis methods required by programmatic approaches.

This Manual focuses on **programmatic gender mainstreaming** by outlining concrete ways to uncover how biological factors interact with gender norms, roles and relations (or sociocultural factors) to affect the health of women and men and that of their communities. Guidance on **institutional issues** for consideration – especially in health planning and programming is also provided. Although analysis of health equity typically focuses on socioeconomic disparity and responses, applying gender analysis methods to public health programmes, research and policies addresses unnecessary, avoidable and unfair differences in health status^{11,12} beginning from the interaction of sex and gender as core determinants of health inequity. This means that the differences between and among groups of women and men (age, ethnicity, socioeconomic status, sexual orientation region of residence, etc.) are incorporated into a systematic gender analysis. This added value of gender analysis therefore enhances operational approaches to health equity.

WHO'S POSITION ON GENDER MAINSTREAMING, EQUALITY AND HEALTH

WHO adopts both a programmatic and institutional approach to gender mainstreaming, including World Health Assembly (WHA) resolutions on staffing that aspire to 60% of women in professional positions within WHO – a percentage that has increased since the first resolution in 1979.^{13,14}

With respect to organizational policies to create necessary frameworks for institutional gender mainstreaming, WHO has adopted two important policy documents. In recognition of the role of gender-based differences and inequalities in health, and in accordance with its long-standing concern for health equity and the right to health, the Sixtieth WHA in May 2007 discussed and noted with appreciation a strategy for integrating gender analysis and actions into the work of WHO. The WHO Gender Mainstreaming Strategy¹⁵ aims to progressively mainstream gender throughout WHO as a way to better support Member States in achieving the goals of gender equality and health equity. Four strategic directions are included:

- build WHO's capacity for gender analysis and planning;
- bring gender into the mainstream of WHO's management;
- promote the use of sex-disaggregated data and gender analysis; and
- establish accountability.

The WHO Gender Mainstreaming Strategy mirrors the objectives of the United Nations system-wide policy and strategy on gender equality and the empowerment of women¹⁶ and furthers WHO's commitments to gender equality and health as outlined in the 2002 WHO Gender Policy¹⁷, the objective of which is to:

...ensure that all research, policies, programmes, projects and initiatives with WHO involvement address gender issues. This will contribute to increasing the coverage, effectiveness, efficiency and, ultimately, the impact of health interventions for both women and men, while at the same time contributing to achievement of the broader United Nations goal of social justice.

The Directing Council of the Pan American Health Organization (PAHO), also known as the WHO Regional Office for the Americas, adopted a gender equality policy through Resolution CD46.R16 on 30 September 2005.¹⁸ Building from the 2002 WHO Gender Policy, the PAHO Gender Equality Policy aims to contribute to achieving gender equality in health status and health development through research, policies and programmes. In particular, the Policy states that:

PAHO/WHO will integrate – and support the integration by its Member States of – a gender equality perspective in the planning, implementation, monitoring, and evaluation of policies, programmes, projects, and research, in order to achieve [...its] objectives.

In 2003, the WHO Regional Office for Africa (AFRO) adopted a Women's Health Strategy; Resolution AFR/RC53/R4 on women's health: a strategy for the African Region¹⁹ that outlines key interventions required to promote and protect women's health based on a comprehensive exercise of developing gender and women's health country profiles. A subsequent call for action was released during Regional Committee discussions in 2008.²⁰

Other WHO regional offices have developed strategic directions based on either the WHO Gender Mainstreaming Strategy or the WHO Gender Policy to guide their work.

This Manual, then, supports efforts towards both institutional and programmatic gender mainstreaming by contributing to the implementation of global and regional gender and health policies. It furthers WHO's efforts to integrate gender considerations* in all aspects of its work and in building country-level capacity to address gender-based health inequalities. It supports the Eleventh General Programme of Work²¹, which outlines the Organization's strategic priorities until 2015, as well as the strategy for integrating gender analysis and actions into the work of WHO and numerous other international mandates on gender mainstreaming and health equity. The Manual also supports the WHO Global Competency Model, a framework designed to support WHO staff in having a shared vision and direction as well as promoting positive behaviour.

Tools for integrating gender into public health

Gender mainstreaming is essential to realizing the right to health and it puts people at the centre of public health programmes and policies!

A range of stakeholders across sectors have developed numerous tools, guidelines and frameworks to inform the process of examining the ways in which gender-based differences and inequalities influence the health of women and men (known as gender analysis). These are generically referred to as gender analysis tools.

Usually formulated as questions, gender analysis tools guide one through a systematic process of examining the influence of gender-based differences and inequality on health.^{12,22} The reasons behind gender-based differences in health are often difficult to uncover by using traditional health analysis methods. Conducting gender analysis is, in many ways, similar to tending a garden. What appears on the surface neither adequately reflects the complexity of the intertwining roots beneath nor reflects the stronghold these roots may have in the soil. Gender analysis is a similar process. Things must be examined in a bottom-up manner, understanding the realities of local populations before moving up to national and international levels to understand the root causes of how and why power, rights and access to important health-related resources are distributed unequally among internal groups.

This Manual equips you with practical tools to detect where and why gender inequality has harmful effects on health in order to develop adequate and appropriate interventions. **WHO gender analysis tools** are introduced throughout the Manual, with guidance on how to use them. They are also available on the CD-ROM accompanying this Manual as well as on the website of the Department of Gender, Women and Health (www.who.int/gender).

Sound gender analysis requires high-quality data from multiple sources

The use of sound evidence in making decisions is very important in public health work. This also applies to work on gender and health. The Manual includes some of this evidence from various regions – on women's and men's vulnerabilities due to gender norms, roles and relations – but should not be considered a complete and up-to-date summary of gender and health data. Users are required to dig under the surface of their contexts to use local, relevant data that can guide their own process of gender mainstreaming. This means that facilitators and participants alike need to actively engage themselves in searching out good sources of context-specific information. This engagement is part of an institutional approach to gender mainstreaming.

Data to support the development of gender mainstreaming efforts as well as methods to comprehensively evaluate their impacts are lacking. In addition to the challenges of measuring gender norms, roles and relations across countries and programme areas, the struggle to obtain adequate sex- and age- disaggregated data persists.

Despite this evidence gap, gender-based health inequities can – and must – be addressed and alleviated. Existing evidence is sufficient to know that gender inequality is an important determinant of health. However, while data sets and methodologies are strengthened, men, women, girls and boys should not continue to suffer the health consequences of harmful gender norms, roles and relations. They should **not** have to wait indefinitely for the health sector to consider and address the inequalities they face. We can act **now** on the information we have, and this Manual will help get you started in the right direction. The millions of women, girls, boys and men for whom harmful gender norms, roles and relations pose a risk to their health and well-being have been waiting too long for such action.

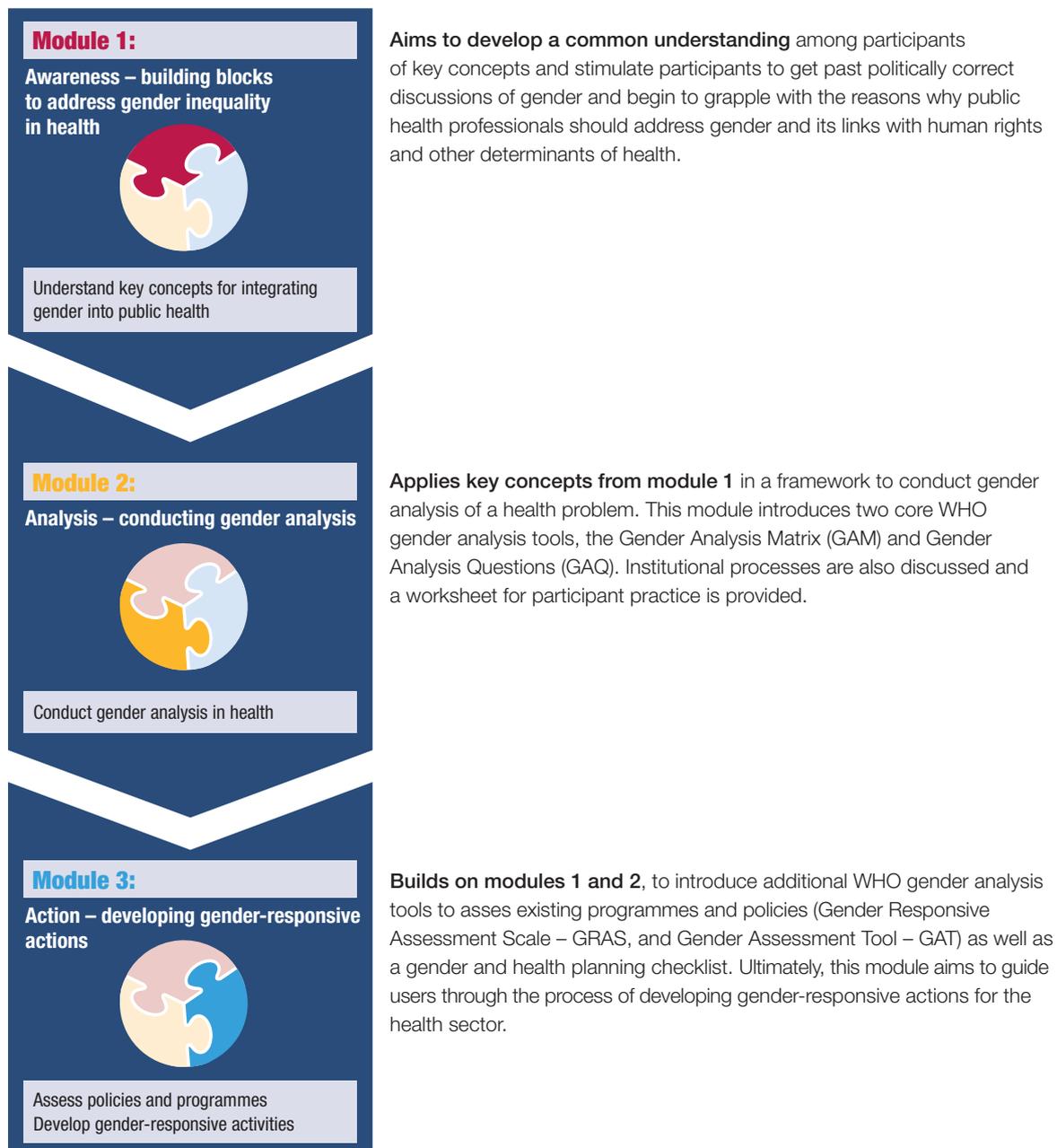
* "Integrating gender considerations" is used interchangeably with "gender mainstreaming".

ORGANIZATION OF THE MANUAL

The manual adopts a modular, practical approach and is aimed at public health managers in international, national or community-based institutions. Modules are conceptually organized around answering the questions “What do we know?” and “What can we do?” about gender inequalities in health through global and regional examples, case studies and evidence. These questions are asked about a health condition or problem as well as about organizational mechanisms and structures through which health-related interventions are implemented.

Progressive approach: from awareness to action in three Modules

Three consecutive core Modules provide you with understanding and basic skills to integrate gender into public health activities. The Modules progressively introduce tools to conduct gender analysis and assessments and to develop gender-responsive actions. The figure below provides an overview of the three modules and their general content.



Components of the Manual

The Manual consists of two booklets to guide work across the three modules: the **Participant Notes** and a **Facilitator's Guide**. A complete reference list and a glossary are provided. The accompanying CD-ROM includes electronic versions of WHO gender analysis tools, the entire Manual and other relevant electronic materials that may be of use while applying gender mainstreaming methods in your daily work.

The **Facilitators' Guide** consists of step-by-step guidance to work through the objectives of each Module. Supporting material is provided in the format of PowerPoint slides, handouts, flip-chart content, group work templates, evaluation forms, etc. Each Module has an overview at the beginning stating the **estimated timing for learning activities as well as materials required**. The Facilitators' Guide is divided according to the three main Modules, including a **general introduction** and **conclusion to the workshop**. Each part is further divided into sections that contain at least one related **learning activity**. The aims of each learning activity are outlined, followed by preparations required, notes for facilitators as well as a **suggested process** for conducting the activity.

The **suggested process** refers to learning materials and relevant sections of the Participant Notes to enable facilitators to easily navigate through the materials for both preparation and implementation. Specific points to highlight or summarize various topics, and with the use of PowerPoint slides, are provided; these are not intended to serve as dogmatic scripts for facilitators but to serve as a guide on key messages to be conveyed. Notes are included on the PowerPoint slides for facilitators so that sessions can be run with minimum reading from the Facilitator's Guide during the workshop.

To support smooth transitions between learning activities, a feature called **suggested transition to next section** is included with tips and ideas for facilitators to draw upon.

Materials for learning activities include a range of items such as:

- flip-chart content;
- participant handouts;
- specific activity materials;
- PowerPoint slides (for be transferred to overhead slides or flip charts as necessary); and
- group work templates.

The accompanying CD-ROM includes the PowerPoint slides in electronic, modifiable versions as well as selected learning materials and tools for easy adaptation and use.

Tips for facilitators are included throughout the Modules. These tips have been prepared based on numerous pilot tests and applications of the Manual across WHO regions and at all levels. They are designed to support facilitators in using the Manual. They are not meant to be unduly prescriptive but are suggestions intended to help in running the workshop. If you come across other tips that would be helpful for other facilitators, please contact the Department of Gender, Women and Health for inclusion in future updates of the Manual.

The Participant Notes includes background reading, worksheets and WHO gender analysis tools that mirror each section of the Facilitator's Guide. Facilitators are strongly encouraged to read and refer to the Participant Notes throughout the workshop – and to encourage participants to read them before coming to the workshop. The Participant Notes are the main source of information for participants and are referred to often throughout the workshop.

Key to symbols			
	Core learning activity		Participant notes
	Flipcharts		Optional learning activities
	Presentations		Tips for the facilitator
	Handouts		Suggested transitions from one section to another
	Group work / activity		Exercises
	WHO gender analysis tools		

HOW TO USE THE MANUAL

The Manual is intended to guide face-to-face capacity-building activities (known as gender training) on gender mainstreaming for public health programme managers. The method is progressive, participatory and based on principles of adult and experiential learning.

Typically, the Manual is used in **three- to four-day workshops** to accommodate the range of activities included and allow enough time for participant involvement and sharing of experiences that contribute to achieving the objectives of each section. The Modules do not have to run during the same training event. However, adjustments need to be made if long delays are planned between Modules to include adequate review of previously covered materials.

The Modules also allow for a great deal of flexibility in **adapting** the content. Selected learning activities can be used for different purposes. For example, if you are required to prepare an awareness raising briefing on the links between gender equality and health, activities can be selected from Modules 1 and 2 and may be sufficient for the objective and target audience at hand. Symbols indicate in each Module the activities considered to be **core learning activities** to transfer skills on gender mainstreaming and health. Facilitators are strongly recommended to include all core learning activities.

Optional learning activities are provided in annexes to each Module that allow facilitators to choose from a range of activities and methods, including learning activities that may be more appropriate to specific target audiences, such as managerial, administrative or communications staff. Optional learning activities can also be used to complement multiple learning activities across Modules; this is indicated so that facilitators can choose the best time and place within their workshop for these activities. The following considerations are important if optional learning activities are used:

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- Optional learning activities can be used in evening sessions, as “homework” or referred to for participants to look at after the workshop.
 - Including optional learning activities will have time implications that require advance planning.
 - Optional learning activities can be conducted with specific participants in parallel sessions to allow for more in-depth discussion on certain areas, such as developing human resource plans. If this is done, the following should be considered.
 - Use a co-facilitator.
 - Make sure to bring the group back together to share the various activities, with short summary presentations as necessary.

Additional Modules and/or activities will be developed to complement areas that are not covered in the three core Modules. For updates and information, please visit <http://www.who.int/gender>.

Adapting the Manual

The Manual has been developed as a resource and may require adaptation to different contexts. Prepare your Modules before the workshop. Use and adapt the material according to your facilitation style, the group (professional and geographical background) and the resources available.

The Modules are global in nature, and the examples and evidence included tend to be global. When possible, regional or country-specific examples and data have been included. Facilitators are encouraged to use data that are most relevant for the group. Use global and other comparative data or strategies provided in the Manual when necessary to provide some contrast and let participants know how similar issues are represented in other parts of the world where appropriate.

It is strongly recommended to always use sex-disaggregated data. When sex-disaggregated data are not available, this should be stated and discussion generated with participants about the obstacles that non-disaggregated data poses to gender analysis. Always link the material to local examples and issues.

Training techniques such as icebreakers, buzz groups, group discussions, case studies and games are used throughout the Manual. These can all be modified to the training technique that may be better suited to your audience. Other training techniques to consider in experiential, adult learning include: brainstorming (through balloons, free writing or listing, etc); statement ranking; sentence completion; questionnaires or case studies; creative work (such as drawing, mapping, role playing, etc.) and debates. Adapt training techniques to your group and comfort in facilitation.

Facilitator preparation

Gender training is a complex task, as it aims to raise awareness, change behaviour, build skills and knowledge of participants related to gender – which touches on personal and political issues.^{4,23,25} Facilitators must be professionally and personally equipped to accompany participants in a process of consciousness-raising and active engagement with new skills, navigating through sometimes difficult waters when faced with scepticism or resistance to addressing gender as a determinant of health.

Facilitators may find the following tips useful:

- Be familiar with the local context, concepts and applications of gender and health before facilitating a group with this Manual. If gender training is relatively new for you, take some time to think about how you feel about and understand the concepts. Be prepared for your own views to be challenged and to deal with participant reactions that may be antagonistic. **Learning about gender is a process**, and you will discover things along the way from participants and yourself as you begin to reflect deeper on the issues at hand. Ask for support if you need it!
- The broader development and social science literature may define gender and gender analysis differently. The definitions presented here are those used by WHO and have been adapted to public health contexts as necessary. Facilitators are encouraged to use these definitions; if not, make necessary adjustments to audiovisual materials and the Participant Notes to avoid confusing participants.
- **Co-facilitation** (or shared between three or four facilitators for different sections) has proven to be effective regardless of group size. This allows for increased diversity in delivery for participants, diverse facilitator experiences and allows for better coverage of group work and overall logistics preparations.

- Look for **regional or national examples** of gender mainstreaming from the countries or districts of the participants attending the workshop. This acknowledges existing work being carried out in countries and does not assume that this workshop is the starting point of gender work in the given context.
- Do not read the presentations word for word; summarize the key points. This requires reading and **having a sense of ownership of the material** before the workshop begins.
- Talking points on several of the slides are provided to guide you through the sessions if needed. These points may also be useful for clarifying concepts during discussions.
- Let participants read the material to the rest of the group, when necessary, and **ensure participation by both men and women** during discussions.
- Give participants an opportunity to read the material on their own and ask questions. **Refer to the Participant Notes** and remind them of additional reading throughout the workshop.
- In addition to changing the mode of presentation, the key to avoiding boredom and maximizing learning is to **apply theory with examples and to encourage discussion, drawing on participants' experience**.
- Counterbalance the intense nature of the workshop with energizers, breaks and fun activities. See below text box for suggested energizers.
- Gender work is often challenging. It is closely linked to participants' own values, beliefs and culture. Be aware of and sensitive to this when engaging in discussions on contentious or charged topics such as religion or cultural traditions. **Avoid judgement at all costs and enable open dialogue on ways to mitigate harmful health impacts of gender norms, roles and relations.**
- Remember, the focus of this workshop is on improving public health policies, programmes and service delivery. The Manual has been designed as a resource to **encourage critical, analytical thinking and action**. Even though some participants may have personal gender biases, the tools can help to uncover gender issues in the context of health in an accessible and non-threatening manner.

Suggested energizers – for use throughout the Modules when needed

When facilitators notice that participant energy is lagging, or after a long session, energizers are good tools to bring participants back into focus. Here are a few examples of energizers that can be used; facilitators may need to adapt or use those that are culturally appropriate. It can also be fun to ask participants (in advance) to share energizers from their cultures with the group – an especially effective technique to involve participants, promote sharing of cultural songs or dances. Energizers should not take more than 5-10 minutes.

1. **Get the malaria mosquito!** Have everyone stand up. Participants pretend that they are being attacked by a swarm of malaria mosquitoes. Ask them to try to kill the mosquitoes by clapping their hands together. Start with a swarm above their heads, moving down to in front of them, to their left and right, and finally at their feet. An alternative is to ask them to protect their neighbour and kill the malaria mosquitoes in the same direction around their neighbour.
2. **Body gender.** Have everyone stand up and form small groups with their neighbours. Assign each group a "gender term" that has been used in the training, making sure to select short ones. Examples include sex, gender, equality, norms and roles. Each group must quickly decide together how to spell out the assigned term with their bodies (in line formation, with movement, etc.) and then demonstrate this for the larger group. If facilitators would also like to use this as a way of recalling terms, groups could be asked to define their term after their "spelling" demonstration.
3. **Affirming commitments to gender equality.** Write the phrase "Gender equality is good for health" on a flip chart or somewhere visible where everyone can see it. Ask everyone to stand in a circle – away from their workshop materials. One by one, each person counts. ^{1,2,3,4} The fifth person will say the first word of the phrase (gender). The counting restarts from 6, and the tenth person will say the second word of the phrase (equality). Counting restarts from 7 and the 15th person says "is", and so on. If someone loses count or forgets to replace a number with a word in the phrase, the group must start over again with the word gender. Continue until the phrase is complete.

Note: these energizers were modified from other materials. For further examples of energizers that can be used, facilitators can consult the Oxfam gender training manual²³, trainingfairy.com²⁴ or the wide range of adult learning materials available on-line and in-print.

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- The course outline is a guideline that has been based on progressive learning competencies; use and adapt it to group needs. Timing depends on the size, level of existing gender knowledge in the group and logistics such as travel, tea breaks and catering arrangements. Factor all these variables into your planning. The Modules can be run in a flexible manner – if you are short of time, shorten activities, modify the mode of delivery or select only those highlighted as core learning activities.
 - A complete reference list is provided at the end of both the Facilitators' Guide and the Participant Notes. The Participant Notes should be sent to participants in advance for preparation. It is advisable to provide them with the materials at least on the first day of the training for background reading and activity completion.
 - Modify the PowerPoint slides as necessary, including photos, images and data that will be most relevant and stimulating for the group of participants.
 - Incorporate progressive evaluations of participant understanding between Modules. This helps to ensure that objectives are met and provides facilitators with crucial input on areas that may need to be revised.

Workshop preparations

The preparations and arrangements detailed below are suggested to ensure that the workshop runs smoothly. If implementation is shorter or longer than three days, facilitators need to make necessary adjustments.

General preparatory procedures

1. Prepare materials (as outlined at the beginning of each Module) in advance.
2. Photocopy, reproduce or distribute materials for participants (see materials for distribution below).
3. Select a few energizers to be used periodically throughout the workshop when needed.
4. Prepare flip charts for the Modules.
5. Prepare name tags for participants.
6. Ensure enough blank flip charts, markers of different colours, adhesive tape, coloured index cards and other supplies are available.
7. Prepare necessary materials for evaluation.

Room arrangements

1. A U-shaped seating arrangement is preferable – with enough space for people to move around and view the presentations and flip charts. The activities involve some degree of both facilitator and participant movement, and the set-up of the room should allow for such interactivity.
2. Audiovisual equipment should be arranged and tested.
3. Equipment for hanging flip charts, projecting presentations should be available and tested.
4. Flip-chart paper and various coloured markers should be available and set up.
5. Laptops or other methods of recording (such as flip charts) for group work in Modules 2 and 3 are recommended with appropriate templates readily available.
6. Space for group work in Modules 2 and 3 should be arranged. Groups can work in the same room if the room is large enough and the noise does not carry too much from one group to another. A typical training session with 20-25 participants will have four working groups. Ideally, break-out rooms are best for the group work to allow the groups to discuss without interrupting others.

Materials for distribution

Folders are recommended for the participants – and ideally should be sent in advance to participants for their review and preparation. Suggested content for the participants' folders include:

- programme or agenda of the training session;
- list of participants;
- Participant Notes;
- handouts for each participant as indicated in the relevant Modules;
- copies of the PowerPoint slides used during the Modules; and
- note pads.

In addition to the general preparations above, here is a suggested **checklist for planning and preparing a workshop**, noting that each Module includes an overview of detailed preparations required for specific activities.

Checklist for planning and preparing a workshop

Planning ahead

- Develop **List of Participants**, considering functions, roles and expected follow up actions with respect to gender mainstreaming in health sector activities.
- Determine **workshop objectives with respect to Module 3** (planning activities). For example, will participants work within existing policies and programmes (e.g., an existing national health strategy) or will the exercises be forward-looking to future development of activities (e.g., country X has plans to develop a gender and/or women's health policy)?
This may mean you also need to acquire and review these materials, incorporating them throughout the materials either as examples or part of the group work in Modules 2 and 3.
- Draft **agenda** (see Agenda template)
- Procure local information, data, reports, etc necessary for **activity adaptation** (see Modules for further information).
- Draft and send **invitation letters**.
- Arrange **travel, accommodations, venue, food** for a successful workshop.

Opening the workshop

- Determine **opening ceremonies** and what formalities are required for the context. Contact dignitaries well in advance to ensure availability and make sure to follow up as the workshop dates come closer.

Module 1

- Ensure an **open space for the Power Walk**, with a back up location in case of bad weather.
- Adapt activities** (e.g., Flash Card Facts, Power Walk) to local context as necessary.

Module 2

- Ensure **space (or break out rooms)** for two to four groups.
- Based on the type and number of participants, **divide the group for conducting gender analysis of a health problem**.
- Select topics for group work** based on context and mix of participants for "voting".
- Prepare group work material** electronically or on flip-chart paper. For example, group work templates can be downloaded into laptops for group work.
- Select **optional learning activities** as appropriate.

Module 3

- Ensure **space (or break out rooms)** for two to four groups.
- If using parallel sessions (see Module 3 optional learning activities), ensure enough space and time in advance.
- Prepare group work material** electronically or on flip-chart paper. For example, group work templates can be downloaded into laptops for group work.
- Photocopy Module 2 group work outputs** for use in Module 3 group activities.
- Adapt or develop GRAS examples** to local context as necessary.
- Select and/or solicit country work plans / policies / programmes for use** in group activities.
- Select **optional learning activities** as appropriate.

Concluding the workshop

- Test, modify or adapt Gender Jeopardy**.
- Adapt Certificate template** and determine who will sign, ensuring to secure necessary authorizations and permissions in advance. Note that certificate preparation and printing should only begin once a list of participants is finalized.
- Prepare photocopies of all group work** (Modules 2 and 3) for distribution.

Evaluation²

- Prepare Progress Check flip charts or handouts as indicated in Modules 1 and 2.
- Identify an "evaluation officer"** or someone in the group that could report back on the previous Module's content during Progress Checks as appropriate.
- Photocopy participant evaluation forms** (see Concluding the workshop) and distribute at the beginning or mid-way through Module 3 to give participants time to complete them.
- Develop pre and post test questionnaires** as necessary. Ensure that these are simple, that there are clear ways of grading them, and that time is included in the conclusion session to conduct and discuss.

² Note that monitoring and evaluating gender mainstreaming skills building and transfer is an important component of capacity building that enables follow-up on concrete actions after this hands-on workshop. Facilitators should check <http://www.who.int/gender> for forthcoming tools to monitor and evaluate application of skills developed from the use of this manual.

MORE THAN CAPACITY-BUILDING

Gender training has multiple objectives with respect to awareness-raising, behavioural change and development of new knowledge and skills on gender.^{23,24,26} The health sector has paid less attention to gender than other sectors until recently, as the focus has tended to be on physiological factors of health and illness or on sex-specific conditions affecting women or men. This means that capacity in the health sector to address gender as a determinant of health may be disparate across contexts. It is important to use gender training opportunities as a means to **foster dialogue and develop a network with local partners on ways to reduce the harmful health effects (or enhance any positive health effects) of gender norms, roles and relations.**

Such a dialogue is achieved through acknowledging, from the outset, that scepticism on gender and health exist – often from partners that hold much decision-making power. Activities in the Manual are designed to challenge sceptics and supporters alike to develop **practical ways to address gender inequalities in health** – and ultimately, improve the health of women and men of all ages and social groups.

One very practical, concrete step to achieve gender training objectives is to recognize that the work of **gender mainstreaming is not an individual task**. Collective action and learning are crucial to address gender equality in health. Due to contextual particularities and the nature of gender norms, roles and relations, what works in one setting may not work in another – but the lessons learned from different experiences can benefit everyone. **Network building** should not be underestimated as a means to ensure the sustainable development of capacity on gender mainstreaming. When the implementation of this Manual is planned, it should be remembered that convening public health managers with a responsibility to integrate gender into their public health activities in capacity-building workshops has a **dual purpose of strengthening their capacity to use and apply gender analysis tools and creating a network for sharing experiences and collaborating within and between countries**. This is reflected in the template agenda through the inclusion of sessions for inter- or intra- country presentations. Such mechanisms for sharing in the workshop agendas may increase the time needed for activities and discussion; however, the strengthened networks and lessons learned that result are valuable towards progressively mainstreaming gender in public health activities in community, national, regional and international efforts.

You will be asked to think outside the box throughout this Manual: to rethink the way you view your programmes and policies. You will be asked to look for hidden answers to hard questions, to dig them out and to find their roots. This requires an open mind to see the world in a different context than the norm and an insatiable curiosity to ask “*Why does this happen?*” for phenomena that you may have never questioned before.

WORKSHOP AGENDA TEMPLATE

An outline is provided for a three- to four-day workshop. Facilitators need to make necessary adjustments to suit local contexts, formalities, group size and selection of optional activities. Note that days and times are provisional and include core activities only.

Tentative times and activities	Planning remarks
Days before the workshop	
Planning meetings Preparing the folders and room Facilitators' briefing	Refer to the introduction of the Facilitators' Guide for more information.
Day 1 – Day 2	
08:30 – 09:00 Opening remarks and welcome Workshop objectives, agenda Overview	Module 1 includes the setting of workshop objectives, participant introductions and general ground rules. Each region or country will need to adjust the scheduling according to contextual protocol for opening ceremonies. See Introduction to the workshop for more details.
09:00 – 10:30 Module 1: Does gender really matter in health?	Sections to be covered: <ul style="list-style-type: none"> • 1.1: Does gender really matter in health? <ul style="list-style-type: none"> – Learning activity 1.1: Flash card facts • 1.2: Sex and gender are not the same <ul style="list-style-type: none"> – Learning activity 1.2a: Sex and gender – what is the difference? <p><i>Please note that the activities estimated in each time slot will depend on the size and level of the group.</i></p>
10:30 – 11:15 Break	
11:15 – 11:45 Country presentations	This session can be useful in either a country or intercountry workshop to foster sharing of experiences. Country focal points provide brief presentations with respect to the following questions. <ol style="list-style-type: none"> 1. What are your main activities in gender mainstreaming? 2. What are the main supporting factors for successful gender mainstreaming in public health? 3. What are the main challenges for successful gender mainstreaming in public health? 4. How have you overcome or addressed these challenges? 5. What do you and your team require to successfully mainstream gender into your activities over the next five years? 6. What can WHO or the health ministry do to support gender mainstreaming in health?
11:45 – 12:45 Module 1: Unpacking gender	Sections to be covered: <ul style="list-style-type: none"> • 1.2: Sex and gender are not the same <ul style="list-style-type: none"> – Learning activity 1.2b: Unpacking gender
12:45 – 14:00 Lunch	
14:00 – 14:30 Country presentations	As needed; same process as above with additional, selected participants.
14:30 – 15:30 Module 1: Gender equality and health	Sections to be covered: <ul style="list-style-type: none"> • 1.3: International framework for working on gender equality and health <ul style="list-style-type: none"> – Learning activity 1.3a: A global view – international and organizational commitments to gender equality and health – Learning activity 1.3b: Gender, human rights and health
15:30 – 15:45 Break	
15:45 – 17:30 Module 1: Gender is a determinant of health	Sections to be covered: <ul style="list-style-type: none"> • Section 1.4: Gender is a determinant of health <ul style="list-style-type: none"> – Learning activity 1.4: Power walk • Section 1.5: Equality or equity? <ul style="list-style-type: none"> – Learning activity 1.5a: Gender equality, equity and health equity – Learning activity 1.5b: Identifying ways to address gender and health inequities • Section 1.6: Conclusion to Module 1 <p><i>Please note that the power walk works best after lunch or a break – you may need to adjust the agenda if country presentations are included to accommodate this.</i></p>

Tentative times and activities	Planning remarks
Day 2 – Day 3	
08:30 – 09:00 Progress check on Module 1	
09:00 – 10:30 Module 2: Gender Analysis	Sections to be covered: <ul style="list-style-type: none"> • Section 2.1: What is gender analysis? • Section 2.2: Introducing WHO gender analysis tools <ul style="list-style-type: none"> – WHO Gender Analysis Questions – WHO Gender Analysis Matrix: <ul style="list-style-type: none"> ◦ Gender-related considerations <i>Please note that the activities to introduce the tools may vary – either in plenary, buzz groups, etc.</i>
10:30 – 10:45 Break	
10:45 – 11:30 Country presentations	As needed; see previous explanations.
11:30 – 12:45 Module 2: WHO Gender Analysis Tools	Sections to be covered: <ul style="list-style-type: none"> • Section 2.2: Introducing WHO gender analysis tools? <ul style="list-style-type: none"> – WHO Gender Analysis Questions – WHO Gender Analysis Matrix: <ul style="list-style-type: none"> ◦ Health-related considerations <i>Please note that the activities to introduce the tools may vary – either in plenary, buzz groups, etc.</i>
12:45 – 14:00 Lunch	
14:00 – 14:30 Country presentations	As needed
14:30 – 16:00 Module 2: Using WHO Gender Analysis Tools	Sections to be covered: <ul style="list-style-type: none"> • Section 2.3. Using WHO gender analysis tools <ul style="list-style-type: none"> – Learning activity 2.3a: Group work <i>The time for the group work should consider the number of participants, range of expertise on the selected topics and number of groups (for reporting back). It has been found that a minimum of 1 hour is needed for a thorough “mock” gender analysis of a health problem (entire Gender Analysis Matrix completed).</i>
16:00 – 16:15 Break	
16:15 – 17:15 Module 2: Group reports	Sections to be covered: <ul style="list-style-type: none"> • Section 2.3. Using WHO gender analysis tools <ul style="list-style-type: none"> – Learning activity 2.3a: Group work – reporting-back session <i>The time for the reporting back is usually underestimated, but this is really when participants have a chance to discuss and reflect on their “first” gender analysis. Allocate at least one hour for this activity – or 15 minutes per group presentation.</i>
17:15 – 17:30 Conclusion to Module 2	

Tentative times and activities	Planning remarks
Day 3 – Day 4	
08:30 – 09:00 Progress check on Module 2	
09:00 – 10:30 Module 3: Policy and programme assessments	Sections to be covered: <ul style="list-style-type: none"> • Section 3.1: WHO gender analysis tools II: assessing policies and programmes. <ul style="list-style-type: none"> – Learning activity 3.1a: WHO Gender Responsive Assessment Scale and the WHO Gender Assessment Tool
10:30 – 10:45 Break	
10:45 – 12:45 Module 3: Gender planning	Sections to be covered: <ul style="list-style-type: none"> • Section 3.2: Integrating gender into health planning and programming <ul style="list-style-type: none"> – Learning activity 3.2: WHO Gender and health planning and programming checklist
12:45 – 14:00 Lunch	
14:00 – 14:30 Country presentations	As needed
14:30–16:00 Module 3: Developing gender responsive workplans	Sections to be covered: <ul style="list-style-type: none"> • Section 3.3: From analysis to the work plan: developing gender responsive work plans <ul style="list-style-type: none"> – Group work – Reporting back (See notes about group work timing in Module 2)
16:00 – 16:15 Break	
16:15 – 16:45 Module 3: Group reports	Sections to be covered: <ul style="list-style-type: none"> • Section 3.3: From analysis to the work plan: developing gender responsive work plans <ul style="list-style-type: none"> – Reporting back – continued
16:45 – 17:30 Wrap-up of the workshop, jeopardy, recommendations Distribution of certificates (as appropriate)	There are several ways to conclude the workshop: slides are provided, a jeopardy quiz is provided (time intensive but worthwhile as it is a fun review of core concepts) and worksheets are provided in the Participant Manual that incite reflection on the next steps for participants. In some regional and country workshops, this time has also been used to have a round-table discussion on recommendations to implement skills developed in the workshop, broad evaluation of the tools (especially if a regional or country adaptation is envisaged) or other discussions on capacity-building, gender and health. This session has proven very dynamic when used and can give both WHO and other partners a tentative agenda for follow-up actions to support countries. Certificates for participants are always a welcome end to the workshop!

Feedback form

WHO is committed to mainstreaming gender into its work at all levels and to supporting Member States and country partners to do the same. WHO is also aware of the need to update approaches and information on gender and health to keep abreast of changing trends across contexts, especially from the users of its materials.

We are very appreciative of feedback on these materials. We are interested in learning how you used the materials and tools; their user-friendliness and adaptability to different contextual realities. A feedback form on ways to improve them and to identify gaps or missing information is included here for your use.

Please take a moment to fill out the below form, and return it with the attention line as "capacity-building feedback" via one of the options listed below.

By regular mail to:

Department of Gender, Women and Health
World Health Organization
20, Avenue Appia
CH-1211 Geneva 27
Switzerland

By e-mail to:
genderandhealth@who.int

By fax to:
+41 22 791 1585

Capacity-building feedback on the *WHO gender mainstreaming manual: a practical approach (Facilitators' Guide)*

	Yes	No	Not quite	Comments
The Facilitators' Guide provides adequate guidance and support to run capacity-building activities on gender mainstreaming in health.				
The materials are user-friendly and comprehensive.				
The progressive organization of the Modules is logical and easy to follow.				
The materials are easily adaptable to local contexts.				
The accompanying CD-ROM includes materials to support the implementation of gender-mainstreaming capacity-building activities.				
The materials included in the Participant Notes are a good supporting resource to facilitators when developing capacity-building activities on gender and health.				

2. Gaps and omissions

Please indicate which areas or materials should be included, expanded upon or excluded in upcoming updates of the Manual (both Facilitators' Guide and Participant Notes):

3. User perspectives

a. I have used these materials in the following context(s):

b. I plan to use these materials in the following context(s):

4. Additional comments

Would you like to be a part of WHO's gender, women and health mailing list? Check here if yes and include the information requested below when sending your form back to us.

Note that this is optional for those that would like to provide anonymous feedback.

Name	
Institution	
Address	
E-mail	
Telephone	
Fax	
Web site	

CERTIFICATE OF ATTENDANCE

The below template can be used to generate a certificate of attendance for participants. Note that this template exists in modifiable format on the accompanying CD ROM for easy preparation and printing.



**World Health
Organization**

Certificate of Attendance

This is to certify that:

"FIRSTNAME"

"LASTNAME"

participated in the Gender Mainstreaming for Health Managers workshop
organized by

"ORGANIZATION NAME AND PARTNERS"

at "LOCATION AND DATE"

"SIGNING AUTHORITY"

"DATE"



INTRODUCTION TO THE WORKSHOP

Creating the right atmosphere for learning

Activity: Introductions

Materials to be prepared and used: PowerPoint slides (0.00–0.07) and/or flip charts (0.00–0.03)

Proposed running time: 15 minutes

Aims

Participants will:

- get to know other participants and facilitators
- share expectations with the group
- understand the progressive structure of the Modules and overall workshop objectives
- establish ground rules to maximize learning and sharing throughout the workshop
- receive information relating to workshop logistics (as necessary).

Notes

Before the workshop, take some time to set up the room, adapt and display flip chart 0-.00 for participants to see when they enter the room.

Optional: Include welcome greetings in multiple languages – especially local languages. Invite participants as they enter the room to write greetings in the language of their choice on the flip chart as they enter the room.



Suggested process

Step 1: Welcome everyone. Introduce yourself and other facilitators. Ask participants to introduce themselves to the group, using or adapting information from **slide 0.01** (*Introductions*) as a guide. Record participant expectations on an empty flip chart; hang the flip chart somewhere visible throughout the workshop for quick reference and to ensure that relevant topics are incorporated in various Module discussions.

Step 2: Present the outline of the Modules and workshop using slides **0.02 – 0.03**.

- Using **slide 0.02** (*A workshop designed to help you in your daily public health work*), highlight that the manual contains **three consecutive Modules that aim to increase awareness and build skills to conduct gender analysis and develop gender-responsive actions**.
 - Outline the **methods of the workshop**: participatory, interactive and draws upon participant experience and group work on regional or national gender and health priorities.



- Use **slide 0.03** (*Progressive learning activities*) to highlight the progressive nature of the Modules, indicating that **WHO gender analysis tools** are presented throughout. In particular:
 - **Module 1** provides an introduction to key concepts for integrating gender into public health work. This Module ensures that everyone is on the same page about certain concepts – and what they mean for working in the health sector.
 - **Module 2** builds on the key concepts towards using WHO gender analysis tools (*Gender Analysis Matrix and Gender Analysis Questions*) aimed at conducting gender analysis of a health problem.
 - **Module 3** combines the knowledge and skills from Modules 1 and 2 to apply remaining WHO gender analysis tools (*Gender Responsive Assessment Scale, Gender Assessment Tool, Gender and health planning checklist*) to assess policies and programmes and develop gender-responsive actions.
- When possible, highlight where participant expectations (from step 1) and workshop objectives converge, identifying additional expectations you feel you can incorporate; and noting those that fall outside the parameters of the programme.
- Hang **flip chart 0.01** (*Outline of workshop modules*) on the wall to refer to throughout the workshop (as necessary).



Flip chart 0.01 Outline of workshop modules

<p>Module 1: Awareness – building blocks to address gender inequality in health</p> <p>Understand key concepts for integrating gender into public health</p> <p>Sex, gender, gender equality: what are they? Why are they important for health?</p>	
<p>Module 2: Analysis – conducting gender analysis</p> <p>Learn how to conduct a gender analysis in health</p> <p>Gender Analysis Matrix</p> <p>Gender Analysis Questions</p>	
<p>Module 3: Action – developing gender-responsive actions</p> <p>Learn to assess policies and programmes and develop gender-responsive activities</p> <p>Gender Responsive Assessment Scale</p> <p>Gender Assessment Tool</p> <p>Gender and health planning and programming checklist</p>	
<p>Conclusions</p>	

- Refer to, or introduce, the **Participant Notes** and encourage participants to read them throughout the workshop if they have not already done so.
- *Optional:* Many issues will arise that you may not be able to cover during any given section of the Modules or workshop. To address this, pin a blank flip chart on a separate space and use it to highlight important issues that will be covered later. This can be called the “parking lot”.



Step 3: Use **slide 0.04** (*Ground rules*) to introduce suggested ground rules (adapt as necessary). Ask participants for additional ground rules; including them on a flipchart as necessary. You may need to remind participants of the ground rules throughout the workshop (such as phone interruptions and being on time) to ensure a smooth workshop. Make sure you follow them too!



Tips for facilitators

The introduction to the workshop may need to be altered depending on the format and opening ceremony formalities of the workshop you are organizing. Adapt it as necessary – ensuring that you record participant expectations, establish ground rules and provide an overview of the three Modules so that participants know what to expect.

Additional points to keep in mind and/or share with the group include:

- Gender is not something that exists “out there” to “other people” – or only to women from poor, marginalized communities.
- Gender norms, roles and relations are a part of the daily lives of everyone and affect us all – facilitators and participants alike.
- Learning about gender can be challenging because it may require challenging our own beliefs, traditions and behaviour. This can be tough and requires an open attitude from everyone involved.

Step 4: Go over the workshop agenda, logistics, housekeeping announcements, etc.