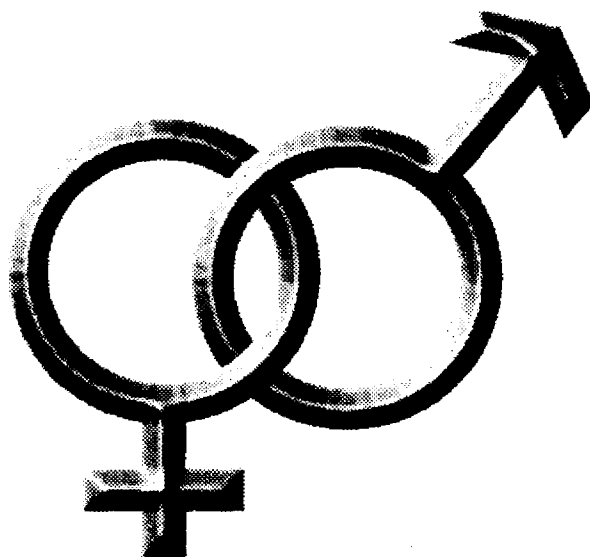




PAN AMERICAN HEALTH ORGANIZATION
PAN AMERICAN SANITARY BUREAU, REGIONAL OFFICE OF THE
WORLD HEALTH ORGANIZATION



WORKSHOP ON GENDER, HEALTH AND DEVELOPMENT

Women
health and development

DIVISION OF HEALTH AND HUMAN DEVELOPMENT

PAHO wishes to acknowledge the contribution made by the Inter-American Commission of Women of the Organization of American States toward the publication of this manual.

Facilitator's Guide

WORKSHOP ON GENDER, HEALTH AND DEVELOPMENT: FACILITATOR'S GUIDE

Workshop on Gender, Health and Development: Facilitator's Guide--
Washington, D.C.: PAHO, ©1997
219 p.

ISBN 92 75 12211 3

I Pan American Health Organization. II. Hartigan, Pamela.
III. Gómez, Elsa. IV. de Schutter, Martine V da Silva, Janete.
1 GENDER. 2 HEALTH. 3. COMMUNITY DEVELOPMENT
4 HEALTH EDUCATION - methods
LC HQ1075



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
World Health Organization

Regional Program on Women, Health and Development

525 Twenty-third Street, N.W.
Washington, D.C. 20037
USA

Tel: (202) 974-3405
Fax: (202) 974-3671
E-mail: HDW@paho.org
Internet: <http://www.paho.org/english/hdwmuje.htm>

January 1997
©1997 Pan American Health Organization

TABLE OF CONTENTS

Overview and Acknowledgements	1
Facilitator's Guide	4
Summary of Workshop: Gender, Health and Development at a Glance	13
Introduction to Workshop	15
Component A.1 Introduction to Gender, Health and Development	17
Component A.2 Participants' Introductions/Icebreaker	21
Component A.3 Workshop Objectives and Expected Outcome	23
MODULE 1	SEX AND GENDER
	Overview
Component 1.1 To be a Man or a Woman. What define us?	26
Component 1.2 Definitions of Sex and Gender	27
	28
MODULE 2	GENDER ROLES, ACCESS TO AND CONTROL OF RESOURCES AND HOUSEHOLD STEREOTYPES
	Overview
Component 2.1 Daily Life and Gender Roles: The Work that Women and Men Do	32
Component 2.2 Access and Control of Resources	34
Component 2.3 Household Stereotypes	43
Component 2.4 Health Crisis	48
	51
MODULE 3	THE ORIGIN OF HEALTH NEEDS
	Overview
Component 3.1 Differences in Health/Illness Profiles of Women and Men	55
Component 3.2 An Example of the Influence of Sex and Gender in the Health/Illness Profiles of Men and Women	56
	62
MODULE 4	PRACTICAL AND STRATEGIC GENDER APPROACHES
	Overview
Component 4.1 Practical and Strategic Gender Approaches	68
Component 4.2 Empowerment Process	70
Component 4.3 Health Interventions	75
	80

CONTENTS

MODULE 5	DEVELOPMENT APPROACHES	
	Overview	94
Component 5.1	Approaches used by International Development Agencies	95
Component 5.2	Equity and Efficiency	99
MODULE 6	APPLYING THE CONCEPTS TO CASE STUDIES	
	Overview	102
Component 6.1	Applying the Concepts to Case Study #1	103
Component 6.2	Applying the Concepts to Case Study #2	109
MODULE 7	APPLICATION OF GENDER ANALYSIS TO EXISTING HEALTH PROJECTS	
	Overview	114
Component 7.1	Reviewing the Concepts	116
Component 7.2	Project Work	119
EVALUATION	121
REFERENCES	125
SAMPLE AGENDA (2 DAYS)	126
ANNEXES	Flipcharts Handouts Overhead Transparencies	

It is said that the most effective way to learn a subject is to have to teach it. The story behind the construction of this manual attests to this axiom. Almost three years ago, in March, 1994, the four members that then comprised a newly formed team of the Regional Program on Women, Health and Development at the Pan American Health Organization (PAHO) set out to convince PAHO colleagues that looking at health through a gender lens significantly contributes to our understanding of men's and women's health-illness processes and can improve the equity with which roles, responsibilities and rewards are distributed in health promotion and care.

We began by reviewing what others before us had done—in UN sister organizations, in multilateral and bilateral development agencies, and in non-governmental organizations. We looked at numerous gender training manuals, talked with many women who had spearheaded gender awareness efforts in these respective institutions, and received important advice from those who had, with mixed success, been responsible for implementing mechanisms to incorporate a gender perspective into their organizations' programming and planning.

The four of us approached these initial explorations with mixed feelings. We vacillated between great optimism, convinced that with energy and dedication and with help from the experts on gender training we could successfully undertake an effort to "engender" PAHO, and great anxiety, convinced that to undertake gender training at PAHO was a quixotic undertaking at best, and at worst was downright dangerous because it exposed our program to PAHO's technical staff, many of whom thought that "gender" was a straw man (or woman) and had little to contribute to the hard analysis needed to examine the interconnections between health and human development.

What our team did agree on was that as an isolated Program in the Organization, we alone could not ensure that a gender perspective was incorporated in PAHO's technical cooperation efforts. We needed partners and our partners had to be PAHO's technical programs: health services, water and sanitation, nutrition, reproductive health, mental health, occupational health, adolescent health, communicable and non-communicable diseases, health policy, health research . . . and so on. Sensitizing them to the ways in which gender, interacting with biology, can have protective or adverse outcomes on the health of men and women was of critical importance. There was no way of avoiding our need to embark on this effort to systematically expose our partners to concepts of gender equity and its practical applications.

The other point we all agreed on was that someone else had to conduct this process—someone who was an expert in gender and who had trained others in the application of the concepts to development work. We thought of many reasons why it had to be someone outside the Organization, all of them perfectly plausible. But the main reason was terror—both personal and professional. By hiring an expert from outside, if it went well, we could take the credit, if it went badly, we could more easily avoid the blame.

The results of the first attempt at gender and health training at PAHO was a two day session at Headquarters that lived up to our worst fears. Fortunately, we had carefully selected the participants among PAHO technical staff who were

OVERVIEW AND ACKNOWLEDGEMENTS

“allies,” men and women who believed gender had a significant impact on wellness and illness. After our first disappointment we brought them together to analyze the contents, the method, the dynamics and what went wrong.

It hadn't been the outside consultant—a person with many years of experience in gender and development training who had conducted many such successful sessions for international development organizations. Our own Program was responsible for this first truncated attempt—we had failed to assist the consultant in making the connection between gender, health and human development. The biological differences between the sexes and the implications of the interaction between biology and gender for health had not been incorporated sufficiently into the analysis.

Why was this first experience crucial to the Program? It forced us to acknowledge that to date there had been little work conducted in laying out a methodology for health planning professionals that made visible the linkages between gender, health and human development and helped health professionals gain confidence in applying that method to their areas of expertise. We also realized the importance to the success of our efforts of being thoroughly familiar with PAHO's technical cooperation programs. It was hardly fair to expect an outside consultant to know about PAHO “culture.” Ultimately, we came to grips with the fact that regardless of how we felt about our capacity and knowledge, we ourselves had to design and implement the training package for PAHO. If we could not transmit in a logical and coherent manner the relationship of gender to the health and development of men and women, then we had no business being involved in technical cooperation in that field.

That should be the conclusion of this introduction, but it is really only the beginning. It took us 9 months to put a first draft of this manual together, after which we shared it with our focal points in PAHO's Offices of Representation in Latin America and the Caribbean. Their contributions served to enhance the logic of the sequencing of the modules, adjust the length of the components and enrich the content. After incorporating their modifications and additions, we received our first request for the workshop from Cuba. The response to the seminar in Havana was exhilarating and gave us the confidence to continue—onto Belize, Barbados, Bolivia, Peru, Venezuela, Colombia, Paraguay, Costa Rica, Nicaragua, St. Kitts and Nevis, Honduras, El Paso and Geneva, for a session at WHO Headquarters.

Each country's experience has been crucial in the construction of this manual. Participants' suggestions have served to enrich our examples. Their constructive criticisms as well as their applause and encouragement have found their way into the spirit of the approach used throughout the sessions.

As we continue to learn more about the factors that affect women's and men's health, both biological and social, we will continue to improve this manual. The fact that it is joined together in loose leaf binder fashion speaks to our conviction that we must continuously improve upon it, add to some components and modify others.

Although the Regional Program for Women, Health and Development was directly responsible for this endeavor, many others have been part of its construction. We would like to thank Caroline Moser, pioneer in gender planning in development, for her initial guidance and continuous encouragement and conviction in the process we had chosen to undertake, Elizabeth Shrader Cox for her important contributions and positive reinforcement; Amelia Fort for her critical input at the beginning of the process, and Stephanie Urdang, whose ability as a trainer and as keen observer of human experience was invaluable to our growing awareness that people learn best when they are able to draw upon their own knowledge and experience and when they are actively involved in the discovery of new ways of looking at the world. Stephanie's influence is strongly reflected in the way the content of this workshop is communicated.

OVERVIEW AND ACKNOWLEDGEMENTS

Within PAHO, a special thanks to Hernan Rosenberg who sat through numerous pilot sessions with us, challenging us to consider issues we hadn't addressed and not giving up until he and we were all confident we could convincingly respond to them


We wish to note the efforts of Karen Sealey, Caribbean Program Coordinator, for her support in ensuring that this manual and the process of its construction reflected the needs of the English speaking Caribbean. Thanks also to all our PAHO colleagues at Headquarters who participated in the pilot sessions and gave their time and thought to this process and its contents.

In acknowledgements of this sort, it is often the norm to thank persons in key management positions of an organization who have somehow facilitated—or at least not impeded—these efforts. But our experience to date attests to the rarity of finding such an instrumental figure who takes the quest for gender equity in health as a personal and professional goal. George A.O. Alleyne, who for five years was directly responsible for the Women, Health and Development Program at PAHO, and who subsequently has become PAHO's Director, is such a person. The thinking that has gone into this manual, and the advances made by the Women, Health and Development Program at PAHO, have benefitted from his guidance, his challenges, and our many discussions and debates, but most of all, from his unflagging belief in the importance of women's health, and the incorporation of a gender perspective in the health and human development work of the Pan American Health Organization.


Pamela Hartigan
Program Coordinator


Elsa Gómez Gómez
Advisor


Janete da Silva
Advisor


Martine de Schutter
Advisor

WORKSHOP ON GENDER, HEALTH AND DEVELOPMENT

INTRODUCTION:

A training manual is much like a recipe book. Depending on the cook's personality, cooking style and the amount of experience, he/she might follow the instructions verbatim to the last ingredient, or add this or that to make it more interesting to the cook. Eventually the cook might totally dispense with the instructions, or might continue to experiment. One of the challenges of training and facilitating is to find one's own style and to explore different approaches. Use this training manual as a guide, a "recipe" book to be adapted and experimented with in terms of methodology. The basic ingredients will remain the same.

The manual, designed for conducting a workshop on GENDER, HEALTH AND DEVELOPMENT, incorporates a number of different training methods and approaches. In the following pages you can find some helpful hints in how to conduct training using these methods. We hope they will prove useful for both those new to training and those experienced, as you continue to develop and adapt your training to incorporate your own technique and approaches.

ADULT LEARNING:

There is a "question" that trainers like to pose in appropriate settings. "What is the difference between education and training?" And the answer is, "Would you like your daughter or son to be given sex education or sex training?"

There is a distinct difference between the two. In the case of this workshop, training is particularly suited to adult learning, as it is participatory, involves the learner, draws on his/her knowledge already gained over the years, while filling gaps in that knowledge. Skills are imparted through practice, a process to which trial and error is essential. When mistakes are made during training they enhance learning; when they are made on the job they can be costly.

Attention spans differ. They go up and down in waves. Each adult in a training setting experiences these waves unevenly. While the wave is at the peak for one, it is at the lowest ebb for another. If a piece of information is presented at the low ebbs, it will be washed over and not grasped. Training therefore needs to involve the participant in practical, hands-on exercises, and the core messages to be repeated at regular intervals to ensure optimum comprehension.

Further, research has shown that adults respond differently to different ways of imparting knowledge, and retention differs according to the medium in which the learning took place. Thus participants will retain:

- 10 percent of what they read;
- 20 percent of what they hear;
- 30 percent of what they see;
- 50 percent of what they both hear and use;
- 70 percent of what they do.

To quote a Chinese saying:

"I hear, I forget. I see, I remember. I do, I understand."

Training can be very effective among adults because they tend to be self-directed, believing in and relying on their own personal experiences to provide critical resources. They learn best when the subject matter is highly relevant and can be applied shortly after the training takes place. In fact if the new skills are not used within a short time of the training, they are likely to atrophy very easily.

A trainer's task is often one of facilitating this process rather than providing knowledge, although substantive resource persons must be available. A trainer who also has the substantive knowledge is preferable but not essential and he/she can work closely with a resource person.

The following manual caters to adult learners' need to participate actively in the acquiring of skills rather than learning in a static atmosphere where knowledge is imparted in lecture form by an expert.

METHODOLOGIES:

Different methods are used in the sessions to vary the way material is learned and skills are acquired. Among these are:

PAIRS:

Participants are invited to pair off to introduce themselves, to discuss a point that arises during the workshop, to discuss a particular question prepared ahead of time and posed by the facilitator. If this is used a number of times during the workshop it is helpful to make sure the partners change for each exercise as this helps the participants to get to know each other better.

Advantage: It can be used more formally as in the introduction of the participants. It allows one-to-one communication that helps the building of group cohesiveness. It can be used spontaneously when a question arises that the facilitator feels is worth discussion. This is helpful when the question is a difficult one to answer for whatever reason. Participants are asked to pair off, discuss the question for a few minutes (3 - 5) (using a timer helps) and then offer their findings in plenary discussion. This allows participants to think through an issue and articulate it more effectively than if they were presented with the facilitator's viewpoint or thought about it on an individual basis.

Disadvantage: It can take time when used spontaneously and while it might be useful tool, it can play havoc with time control. It best be used sparingly for highest impact.

SMALL GROUP WORK:

This is very important for a participatory workshop and is a key training methodology.

It provides an important shift from the plenary and is one of the key ways to build understanding, awareness and skills.

It also allows those participants who are more reticent about asking questions in a large group a chance to voice their opinions.

In this manual small group work is used for the long exercise of project analysis and for shorter exercises such as working on brief cases

Groups should be limited to no more than six participants in each. Such an arrangement provides sufficient variety but minimizes the time taken for presentation and feedback.

For the longer exercises break out rooms are needed, or a training room that is large enough for participants to be divided into groups at four tables so that they do not distract each other. This is important.

Because it is useful to have participants discussing points and exercises in small groups throughout the workshop, an effective lay out is to have up to six participants sitting at a table [see Training Room Set Up below]. Changing the participants at the tables each day will enhance interaction and learning.

This can be done each morning, asking participants on the left side of the table, for instance, to move by rotating clockwise to the next table. Have participants on the right side rotate anti-clock wise. Depending on how many are sitting at the table, it could be repeated once more

The change in seating arrangements can also be planned the evening before the second day to ensure that different personality types and levels of knowledge and experience are spread throughout the room. In this case, ask participants to leave their name tents on the tables so that they can be rearranged.

Process: Pose questions for discussion (Group Task), and hand out cases if these are being used. Ahead of time, write the Group Task on a flipchart—one for each group if the task is long, and if they will be working in break out rooms. Inform participants of the total time they have for the group work, ask them to appoint a rapporteur and a recorder/notetaker to write their findings on a flipchart. Facilitators should circulate at the beginning to ensure they understand the exercise and should be available for clarifying questions.

Give time signals at a number of points, with the minimum of half-way and ten minutes and three minutes before the return to plenary

Back in the plenary, ask the groups to volunteer to report back. Allow each group 5 minutes (or time appropriate to exercise) to present their findings. When the group's presenter has completed the report, ask other members of the group if they have anything to add. Ask the other participants for clarifying questions only (discussion will be held after all groups have presented). Continue this process for all the groups.

BUZZ GROUPS:

These are informal groups that can be set up spontaneously when an important but perhaps complex question is asked, and the facilitator does not want to become the "expert" or be put on the spot.

Ask the participants to form groups of three or four to discuss the question, and give them time to give their opinions. Time allotted should be brief: about five minutes.

Buzz groups can also be used intentionally as a break in a lecture. Think of questions to pose ahead of time, and write them on a flipchart.

Buzz groups and pairs are particularly useful after lunch on a hot day when attention will be flagging.

LECTURETTES:

Think about the lectures you have heard. It may be that many of them really kept your rapt attention throughout. But, how much do you remember from them? Were you involved or, rather, simply a passive listener aware of the length of time. This is the disadvantage of using lecture as a method for training. Captivating lecturers have a special talent that most of us do not have.

As we have seen, the attention span of adults peaks and ebbs, and this method of acquiring information can be disappointingly ineffective. Lectures tend to place the facilitator in the role of expert, to minimize the potential for participants to examine and draw on their own knowledge and experience.

However, there IS place for lectures in a training workshop.

- Lectures provide a contrast to the other methods utilized in the workshop.
- They enable the facilitator to present information in a short space of time, and if followed by exercises that re-entrench that information, they can be extremely useful.
- A well balanced workshop will limit the number of sessions that rely on lectures for the transmittal of information/knowledge.

Therefore in this manual you will find places in which lectures are delivered, as well as short lecturettes. The latter is much more preferable as it is short, so that the information is easier to absorb and is often a highly effective way of introducing a topic.

Delivering a Lecture/Lecturette:

Some useful tips in making your lecture/ lecturette as interesting as possible include:¹

¹ For further ideas and guidance, see: Eitington, J. *The Winning Trainer*. Houston: Gulf Publishing Co., 1989.

■ Content:

- State objectives up front
- Personalize content—experiences, illustrations, laugh at self
- Integrate anecdotes, humor, examples, metaphors
- Try to grab attention with your openers
- Repeat core messages in different ways
- Sum up main points at the end

■ Preparation:

- Practice with tape recorder, mirror, video-camera
- Over-prepare
- Write salient points on flipchart and write cues in pencil

■ Presentation techniques

- Use visual aids such as flipcharts, OHTs containing succinct information, written in clear, large type
- Avoid notes or cue cards (e.g., use flipcharts as above)
- Vary voice, tempo
- Avoid standing in one place and "delivering"
- Maintain eye contact, but with whole group. Don't focus on one or two participants
- Speak in a clear strong voice, with a conversational tone
- End on time!

■ Involving participants.

Perhaps the biggest key to a successful lecture is to involve the participants. For instance:

- Encourage questions
- Pose a question and have them break into pairs or buzz groups for 3 minutes to discuss and give responses
- Use visual aids (Flipcharts/OHTs/ Handouts) [See page 10]
- Provide a short reading assignment ahead of time
- Ask for participants' experiences/ anecdotes to bear out a point
- Turn a participant's question back on the group, e.g., "That's a great question. Discuss it in pairs for two minutes and let's see what you come up with."
- Begin with a brainstorming.

BRAINSTORMING:

This method allows participants to give their ideas freely without prior thought. Innovative and useful ideas come from this method.

It entails the facilitator posing a question and asking the participants to call out their spontaneous answers. Nothing is censured. Everything is written up on the

flipchart, even repeats. The idea is to get as many ideas out in as short a space of time as possible. Participants will get into the rhythm of it quickly and enthusiastically. When the time is up, the facilitator then asks the group to categorize the responses into topic areas. Using color markers, each idea is given a letter in a different color. In the end, overlaps and repeats can be eliminated, and the ideas prioritized if wished. Group discussion follows during which some points might be emphasized, others discarded, until the sense of the group is achieved.

Some guidelines:

- Present a limited problem or question
- The participants give one idea at a time.
- Record ideas on the flipchart.
- When recording, do not edit or comment.
- Only general comments allowed such as "Wow! we're getting a lot of good ideas," not praising one idea, or saying another is not to the point. This will stall the process as people get self-conscious.
- Keep the tempo quick.
- Ask participants not to self-censor. Tell them that some of the best ideas are the spontaneous, unfiltered ones. Comments that are critical are not allowed and evaluation of the ideas comes once the ideas have stopped flowing or the time is up.

This is a useful exercise as it is very involving, fun, and everyone is likely to contribute.

QUESTIONS:

Question/discussion time can be set at a specific time, e.g., at the end of a lecture, or during plenary feedback. In fact in a participatory training workshops, questions are key and need to be encouraged.

However there are inherent dangers: The participant who likes to hear his/her voice and asks constant questions, even when they are not relevant, the very relevant question that takes time to answer and so disrupts the timing of the session, the questions that turn into commentaries, the questions that turn into active debate. Training Workshops are marked by the need to cover a lot of material in a short time and questions can derail this. However, they are an intrinsic part of the participatory process.

The facilitator has to be firm about the time taken up in questions particularly when they are irrelevant.

- **PARKING LOT.** One way to get around this is to establish a "PARKING LOT" at the beginning of the workshop. Head a flipchart with these words, and stick it up on a visible wall. Right from the beginning of the workshop, tell participants that some questions might be answered later in the workshop, or

might be taking up too much time in a particular session. When this happens "park" the question on the flipchart so that you will be sure to answer it during the workshop. Some of the questions will cease to be as burning as the workshop continues, some will be answered, and those still floating at the end can be left to the participant's desire to have them answered. This is a useful mechanism for controlling time and allowing participants not to feel brushed aside.

- **Refer Questions Back:** Sometimes the facilitator is not sure how to answer a question, sometimes the question is key; the question comes at a time when concentration is flagging. If so, then refer the question back to the group and.
 - Commend the question and ask the participants to give their answers.
 - Move to pairs or buzz groups to consider the question.
- **Dominating Participants:** You will have to try and defuse persistent questioners:
 - Politely but firmly say that other participants need to be given a chance.
 - Park their questions, while praising their enthusiasm.
 - Suggest that you can talk to him/her later to clarify points, if you think other participants are not interested. Often, once in a one-to-one setting, the questioner will lose interest in his/her question.
 - Use humor to defuse any tension or resentment that might be building up among other participants who feel dominated.
 - Break into buzz groups more frequently.
 - Ensure that such dominators are moved from one small group to another, so that no group has to "live" with the participant for the whole workshop.
 - If the questioner is persistent and you are running short of time, ask the group as a whole to decide whether they would like to continue with this line of question which means losing some of the content of the session. This allows the participants to curtail the questioner, and not the facilitator.

VISUAL AIDS:

The Visual Aids used most commonly in this workshop are Overhead Transparencies (OHTs), Flipcharts and Handouts. A section at the end of the manual provides photocopy ready OHTs (to be copied onto transparency sheets) and Handouts. In addition, the content of the flipcharts have been placed all together to facilitate reproduction.

OHTs:

The advantage of these visual aids is that they can contain important information in a clear and neat manner. A whole lecturette can be presented with OHTs, or they can be used intermittently to stress a point and help participants retain the information as it is being both orally and visually presented. When a lot of material is to be presented visually, OHTs are more useful than flipcharts. They are easy to carry around.

They can be handwritten or typed, and the typed OHTs can be highlighted with the use of different colored overhead projector pens

Disadvantages include: passive interaction between participants and facilitator; the need to stare at a lighted screen, the facilitator can't move around.

■ Use of OHTs:

- Four or Five words per line; 5/6 lines per page
- Large type
- Use colors
- Use diagrams/charts
- Use stiff card to highlight one or two lines at a time; hide what isn't being focused on at the moment
- Cardboard frames help the handling (sheets don't fly or slide away at critical moments) and you can write cues on the cardboard for the lecture
- Make sure you have an extra projector bulb on hand

FLIPCHARTS:

Flipcharts provide the opportunity to be more interactive.

They can be written on the spot, they can be dramatically highlighted with the use of color

They can be pasted on the walls for later use, or to provide the opportunity to see a number of flipcharts at once, or to refer back to during a subsequent session.

■ Use of FLIPCHARTS

- Prepare them ahead of time, including flipcharts to be used for brainstorming or responses from the plenary where only a heading is needed;
- It is essential to write legibly in large letters (people at the back of the room have to be able to see them without straining);
- Brighten up with colors: Underline alternate points with two different colors;
- Stick a post-it or tape on the side of the flipchart so that it juts out, with the content and number for easy reference during the presentation,
- Write cue points in pencil to dispense with cards or sheet of paper. Pencil marks cannot be seen by participants,
- Separate sheets with a blank sheet if flipchart paper is thin enough so that the underlying flipchart shows through. Catch the two flipcharts sheets together with tape;
- Stand to the side so that you don't turn your back to the participants;
- Make sure you have plenty of fresh pens of different colors. Drying out pens are an irritation as they are hard to write with, and hard to see;
- Use waterbased markers when possible, as some participants react to the strong smell;
- Have plenty of masking tape around to stick the flipcharts to the wall. Tear off pieces of masking tape ahead of time and attach them in a row on the flipchart stand;

- Drawing a different color border around the flipchart enhances the presentation;
- It is useful to have as many as three flipchart stands up front, so that the facilitator can move between them, have more than one flipchart on display at the same time

TRAINING ROOM SET UP:

The most common configuration is a deep "U" with participants sitting around the edge of the U and the facilitator standing up front in the gap. This is useful if the group is small, as the facilitator can move into the center and remain close to the group.

For larger groups—over 12 or 15—individual tables seating five to six participants so that they all face the front of the room is more effective. They can talk in quick buzz groups or work at their tables when undertaking a case study

To ensure that they get a chance to work with different participants and benefit from a variety of input and experience, move the groups around each day. [See Small Group Work page 5]

TIME:

One of the most essential elements to a smooth running workshop—and often one of the most difficult—is a fanatical adherence to time.

Components need to be realistically timed so that facilitators do not get boxed in. Adjustments might have to be made for larger groups, by cutting down some of the content of the sessions to allow for full interaction and participation.

The training room should be equipped with a large, visible clock.

It is important to get a balance of the need and desire for participants to contribute through questions, comments and anecdotes and the need to move on so that all the content can be covered effectively.

One of the best comments in the evaluation is that the time was too short—provided the workshop covered the material and was efficiently run.

During group work announce the time left at regular intervals. During lecturette, feedback sessions and other plenary activities, remind participants of the time available for the session. If they are very involved in a topic and are having difficulty grasping it and want to continue, stop and ask for their views about continuing longer. It might mean staying later. Participants need to make their own decision on this. Often they will opt for staying longer if they feel they are getting something worthwhile out of the session

FURTHER READING:

Ertingham, J., *The Winning Trainer*. Houston: Gulf Publishing Co., 1989.

Silberman, M. *Active Training: A Handbook of Techniques, Designs, Case Examples, and Tips*. New York. MacMillan, 1990

GENDER, HEALTH AND DEVELOPMENT AT A GLANCE

- OBJECTIVES:**
- To examine the difference between sex and gender
 - To discuss the gender approach and its particular relevance to the area of health and human development
 - To acquire skills and methodologies to enable participants to ensure that their work in health and human development is grounded in a gender approach
- TARGET AUDIENCE:** Health and Development practitioners responsible for development policy, programs and projects in health and human development
- GROUP SIZE:** 20 participants, to absolute maximum of 24; minimum of 12
- METHODS:** Highly participatory, including:
- | | |
|------------------|--------------------------|
| Lecturettes | Group/Plenary Discussion |
| Small Group Work | Videos |
| Case Studies | Question and Answer |
- DURATION:** 14 hours (2 days)
- TRAINERS:** Minimum of two facilitators including: One facilitator who is experienced in conducting participatory workshops, one facilitator who is a specialist in Health and Development and familiar with the broad range of activities in health
- TRAINING FACILITIES:** One training room to comfortably accommodate entire group. Small break-out rooms, one per every 6 participants, or a room large enough so that work can be completed in small groups out of ear-shot of each other.
Training Room should have sufficient wall space for attaching flip charts
- MATERIALS:** Flipchart stands, flipcharts
Different Colored Markers
Masking tape (tape that does not mark walls)
Overhead Projector (with spare bulb)

SUMMARY OF WORKSHOP

MATERIALS (CONT):

VCR and Monitor
Stiff cards for name tents, either pre-printed or blank
Name tags (adhesive backed or pinned)
Note paper, pens/pencils

METHODOLOGY USED IN THIS TRAINING WORKSHOP:

The training manual is based on the premise that people acquire knowledge more effectively when encouraged to discover the facts for themselves and draw on their own work and personal experiences. It therefore uses participatory techniques to support this process of learning and allows for time to discuss, question, think and entrench knowledge through a variety of methods.

INTRODUCTION TO WORKSHOP

MODULE: INTRODUCTION / OVERVIEW

Objectives	<ul style="list-style-type: none"> ■ To provide participants with the framework of the workshop ■ To introduce the participants ■ To review the objectives of the workshop.
Core Message	The Workshop provides practical skills for incorporating a gender perspective in the participants' work
Expected Outcome	Participants will understand the relevance of the workshop within the context of PAHO's Strategic Orientations and Programs
Method	Lecturette Pairs Plenary Report Back
Materials	<i>Flipchart No. 1</i> Introductions <i>Flipchart No. 2</i> Workshop Objectives <i>Flipchart No. 3</i> Expected Outcome Participant Binders (ring) or folders containing Workshop Agenda, Participant List Objectives, Expected Outcome
Components	A 1 Introduction to Gender, Health and Development A 2 Participant Introductions A.3: Workshop Objectives and Expected Outcome
Time	A.1: 10 minutes A.2. 35 minutes A.3: 10 minutes <u>Total: 55 minutes</u>
Preparation	<ul style="list-style-type: none"> ■ Introductory Lecturette ■ Prepare Flipcharts (<i>See</i> Section: Flipcharts in Manual Copy or adapt as needed. Also, read section on preparing flipcharts in Guide to Facilitation in this manual.)

Preparation (Cont.)

- Prepare Participants' ring binders or folders to contain)
 - Agenda
 - Participant List
 - Objectives
 - Expected Outcomes
 - Background Reading
 - Module dividers, so that handouts can be filed in appropriate modules (if Ring binders used)
 - Holed paper for note-taking, to fit into binders
 - Set up training room
(See section on room setup in Guide to Facilitation, p. 12, in manual)
-

INTRODUCTION TO GENDER, HEALTH AND DEVELOPMENT

Method:	Lecturette
Materials:	Participants' Binders
Time:	<u>10 minutes</u>
Preparation:	Review lecturette and customize as appropriate

PROCESS

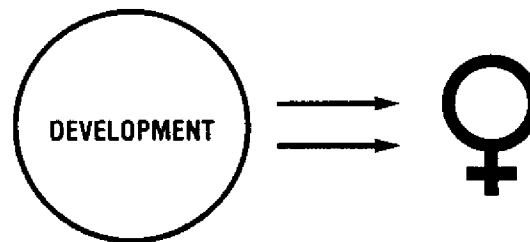
- WELCOME: Facilitator welcomes participants and introduces self. {1 minute}
- LECTURETTE: Facilitator explains {9 minutes}
 - Workshop sponsored by the Regional Program on Women, Health and Development (WHD) of the Division of Health and Human Development of PAHO
 - History
 - 1986. Program launched when XXII Pan American Sanitary Conference approved guidelines
 - 1987 First meeting of WHD Focal Points in Caracas. Agreement on need to promote national and subregional action plans to improve women's health
 - 1988: Latin American meeting in Cuba focussed on women's health and analyzed participation of women in health
 - 1988: "Health, a Bridge for Peace" strategy in Central America approved first subregional initiative for women
 - Program has continued to promote initiatives designed to advance understanding of interaction between biological and social factors and its impact on health

COMPONENT A.1

- The facilitator explains:

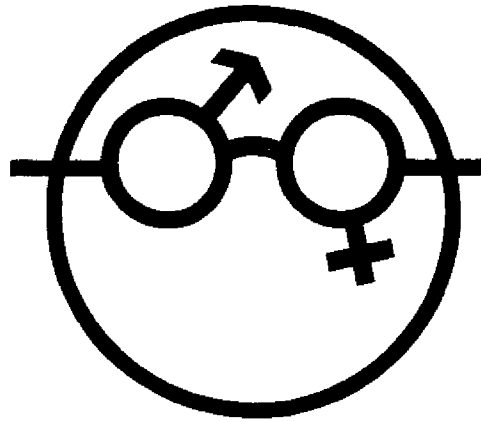
During the last three decades, the problems of women and their participation in development have received increasing from bilateral and multilateral development agencies, including governmental and non-governmental organizations. This interest began with the so-called "Women in Development" or WID approach. WID grew out of the idea that women had been "outside" health and development processes and that, in order to integrate them, it was necessary to target efforts specifically to women that were designed to correct this situation. This approach focuses on women in isolation, with projects designed to generate income, improve the nutritional status of children and control fertility. The goal: more effective and efficient socioeconomic development through improvements in the conditions of women.

- Facilitator draws:



- It was later recognized that, far from being "outside" the development process, women had always been an indispensable part of this process. But they were invisible. We began to understand that women were not the "problem." Rather, the problem arose from inequitable gender relations which relegated women to a disadvantaged and subordinate position vis-a-vis men with respect to access to and control of resources that promote health and development.
- This new approach, called the "Gender, Health and Development" (GHD) approach, holds that inequity in the relations between men and women places one or the other sex at a disadvantage in terms of access to and control of the resources needed, for example, to protect health. The GHD approach holds that in order to balance these relations, the entire process of promoting health and development should be looked at through a gender lens.

- Facilitator draws:



- Today, our efforts are aimed at correcting this imbalance between the position of men and women in terms of access to and distribution of resources and benefits. We could say that we are looking for an ideal state of development in which gender relations are equitable. In most cases, women are in a position of socioeconomic disadvantage that negatively affects their health, and it is thus necessary to promote interventions that seek to improve women's disadvantaged situation. As a result, until equity is achieved, this requires a gender approach to give special focus to women's situations. As pointed out in the Human Development Report of the United Nations Development Program (UNDP): "No society treats its women as well as its men." However, there are instances in the health/disease process where men are at a disadvantage; it is necessary not to be blind to these cases. A gender approach must be applied to both men and women and where men are identified as being at a disadvantage or at risk, we must promote the necessary interventions that seek to improve their particular situations.

- New approach emerged, away from women as isolated population group to gender relations between sexes and their impact on health of women and men. This gender perspective allows for analysis and programming that addresses gender-based social inequalities.
- Why need for program on Women, Health and Development given that men generally die younger than women? Although longer, women's lives not necessarily lived in wellness and comfort.
- Scientific Research: Women everywhere suffer greater morbidity than men. higher incidence of acute conditions across the life-span and higher prevalence of chronic illness or short and longer term disabilities. Thus, their health and quality of life seriously compromised throughout life cycle
- Use of health services: Are women favored because they are principal users? Women have higher morbidity, for one. But, due to social construction of gender, women seek care for others for whom they are responsible, and not necessarily for their own health needs.
- Women are not a vulnerable group. Women born with a biological advantage. Social construction of gender can be highly detrimental to men's health as well. Men die younger for several reasons including accidents, violence, cirrhosis, lung cancer, etc.
- Gender constructions involve protective and harmful factors for the health of both women and men.
- Gender approach related to PAHO's challenge to overcome social and economic inequities that are manifested in health profiles of men and women in the region.
- Training is a critical first step towards sensitizing professionals on interrelationship between gender and health and providing skills to incorporate the gender approach in their daily work

PARTICIPANTS' INTRODUCTIONS/Icebreaker

Method:	Pairs/Plenary
Materials:	<i>Flipchart No. 1</i> Introductions
Time:	5 minutes: Interviews 30 minutes: Plenary <u>35 minutes:</u> Total
Preparation:	Prepare Flipchart No. 1

PROCESS

- Facilitator asks the participants to

Form pairs and interview each other, responding to the questions written on Flipchart No. 1 (text below). Each interview should take 2 minutes (4 minutes per pair).

Note: Depending on time and size of group, both middle questions can be asked, or facilitator can choose one, depending on context

Text of Flipchart No. 1

INTRODUCTIONS
<ul style="list-style-type: none"> ● Your Name/Your Work ● When you were a child, what did you want to be as an adult? ● If earning a living was not an issue, what interests/activities would you pursue? ● One expectation

- Time keeping: Facilitator first announces two minute mark and invites interviewers to switch partners and after 4 minutes, time up.
- During interviews, prepare a flipchart, headed "Expectations."

COMPONENT A.2

- Each participant is asked to introduce his/her partner. Co-facilitator writes responses to expectations on flipchart during plenary introductions and comments on responses, pointing out relevance to workshop, particularly in regard to expectations. (Facilitator later refers to these when presenting Workshop Objectives.)

WORKSHOP OBJECTIVES AND EXPECTED OUTCOME

Method:	Facilitator presentation/questions
Materials:	<i>Flipchart No. 2:</i> Objectives (abbreviated) <i>Flipchart No. 3:</i> Expected Outcome (abbreviated)
	In Participant Binders. Objectives of Workshop Expected Outcome
Time:	<u>10 minutes</u>
Preparation:	Prepare Flipchart No. 2 and No. 3

PROCESS

- Facilitator introduces OBJECTIVES Points to summarized objectives on flipchart as they are briefly presented.

Text of Flipchart No. 2

WORKSHOP OBJECTIVES
<ul style="list-style-type: none"> ● To examine the concept of gender ● To discuss the gender approach and its relevance to Health ● To acquire skills and methodologies to operationalize Gender Approach

Handout No. 1

WORKSHOP OBJECTIVES
<ul style="list-style-type: none"> ● To examine the difference between sex and gender ● To discuss the gender approach and its particular relevance to the areas of health and human development ● To acquire skills and methodologies to enable participants to ensure that their work in health and development is grounded in a gender approach

- Facilitator presents EXPECTED OUTCOME of Workshop and points to the summary on flipchart
- Points out which expectations on part of participants cannot be met in workshop and which will be.

Text of Flipchart No. 3:

EXPECTED OUTCOME
<ul style="list-style-type: none"> ● Understand: Gender approach essential for health planning and sustainable human development

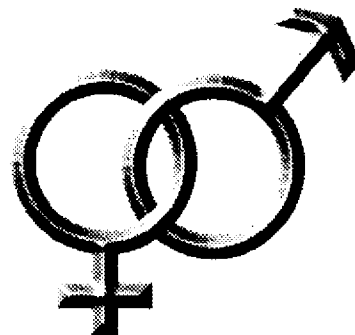
Handout No 2:

EXPECTED OUTCOME
<ul style="list-style-type: none"> ● Participants understand that the gender approach is essential for health planning and sustainable human development

- Questions are invited
- Facilitator introduces WORKSHOP AGENDA, pointing out that it comprises 7 modules plus an introduction. The methodology used is a participatory one based on the awareness that all participants have a wide range of experience and knowledge that will enhance the learning process. The workshop methodology will encourage their contributions. The process will include individual and group work with report back in plenary, plenary discussions, and case studies using actual PAHO or country projects, programs and/or policies. They will have a chance to apply what they have learned to analyzing and making recommendations to strengthen these projects, programs and policies

MODULE 1

SEX AND GENDER



SEX AND GENDER

OVERVIEW: MODULE ONE

Objective	To understand the basic concepts underlying the definitions of sex and gender and examine the characteristics of the concept of gender
Core Message	The characteristics that define what is masculine and feminine are largely culturally determined.
Expected Outcome	The understanding that gender is a social construction that defines the roles and relations of men and women, giving rise to different experiences, skills and needs.
Method	Brainstorming session Group Discussions/Lecturette Report back Lecturette
Materials	Flipchart No. 4: Women/Men Flipchart No. 5: Characteristics of Gender OHT No. 1.a: Sex/Gender OHT No. 1.b: Social/Biological OHT No. 1.c: Gender and Health Handout No. 3: Definitions of Sex/Gender (Copy of OHT No. 1.a)
Components	1.1. To be a Man or a Woman. What Defines Us? 1.2. Definitions of Sex and Gender
Time	1.1: 10 minutes 1.2: 20 minutes <u>Total: 30 minutes</u>
Preparation	<ul style="list-style-type: none"> ■ Photocopy sufficient copies of Handout No. 3 ■ Prepare Flipchart No. 4. Women/Men ■ Prepare Flipchart No. 5 Characteristics of Gender

TO BE A MAN OR A WOMAN. WHAT DEFINE US?

Method: Brainstorming/Group Discussion

Materials: Flipchart No. 4: Women/Men

Time: 10 minutes

Preparation: Prepare Flipchart No. 4

PROCESS

- Facilitator draws a vertical line down the middle of the flipchart, and heads the one side "women", the other "Men," and poses the question **"What are the characteristics of women and men?"**¹ to be answered in sequence. The facilitator encourages participants to randomly call out their answers without reflection, for a fast and dynamic interaction. Facilitator or co-facilitator fills in the flipchart, until it is full, without comment—unless childbirth and lactation are omitted, in which case, poses a question to ensure the inclusion of these biological functions

Text of Flipchart No. 4:

MEN	WOMEN

- After contributions have concluded, facilitator then crosses out the headings, and replaces "men" with women, and "women" with men, (in order to reverse the assumptions) and poses the questions: **"Which characteristics could not be possible in any society?"** The facilitator will only need to underline "childbearing" and "breast-feeding" (or equivalent terms). These are the only characteristics which are biologically determined. All the rest are socially constructed.

- The facilitator then asks

What do these characteristics that you have identified as socially constructed have in common?

- Look for: change over time; differences between cultures; differences within cultures; learned behavior, historical. Point out that these are the key characteristics of gender. (See page 29 for further details of the key characteristics of gender)

¹ If participants ask "In what society?" or "Should we say what is real or ideal?," facilitator can respond that the characteristics can be from any society, during any historical period, and can be either real or ideal

DEFINITIONS OF SEX AND GENDER

Method: Lecturette

Materials: *Flipchart No. 5:* Characteristics of Gender
OHT No. 1.a: Sex/Gender
OHT No. 1.b: Social/Biological
OHT No. 1.c: Gender and Health
Handout No. 3: Definitions of Sex/Gender (Copy of OHT No. 1.a)

Time: 20 minutes

Preparation: Photocopy Handout No. 3
Prepare Flipchart No. 5

PROCESS

- Facilitator displays OHT No. 1 a with the following definition:

*Text of OHT No. 1 a /
Handout No. 3*

DEFINITIONS
<p>"Sex" refers to the biological differences between men and women</p> <p>"Gender" refers to roles that men and women play and the relations that arise out of these roles. They are socially constructed, not physically determined</p>

Flipchart No. 5

CHARACTERISTICS OF GENDER	
● Relational:	Socially Constructed
● Hierarchical:	Power Relations
● Changes:	Changes over time
● Context:	Varies with ethnicity, class, culture, etc.
● Institutional:	Systemic

■ The facilitator points to Flipchart No. 5, and says that what the participants have defined in the previous exercise is the difference between sex and gender. This emphasizes that there are very few characteristics that are biologically determined; most are socially constructed. The analytical category of gender has the following characteristics:

- **RELATIONAL:** It is relational because it refers not to women or men in isolation, but to the relationships between them and how these relationships are socially constructed.
- **HIERARCHICAL:** It is hierarchical because the differences established between women and men, far from being neutral, tend to attribute greater importance and value to the characteristics and activities associated with what is masculine and to produce unequal power relationships.
- **CHANGES OVER TIME:** Even though gender is historical, the roles and relations do change over time and, therefore, have definite potential for modification through development interventions.
- **CONTEXT SPECIFIC:** There are variations in gender roles and gender relations depending on the context: ethnic group, socio-economic group, culture etc., underlining the need to incorporate a perspective of diversity in gender analysis.
- **INSTITUTIONAL:** It is institutionally structured because it refers not only to the relations between women and men at the personal and private level, but to a social system that is supported by values, legislation, religion, etc.

■ **NOTE:** In presenting these gender characteristics, ideally the facilitator would ask participants to contribute their own examples. If time is short, facilitators can offer their own examples. The facilitator would want to provide examples that are relevant to the context/country of the workshop.

- Facilitator shows Overhead Transparency No. 1.b

Text of OHT No. 1.b

SOCIAL/BIOLOGICAL
<ul style="list-style-type: none">● Emphasizing the social, does not exclude the role of biology● Recognition of social factors is crucial to an analysis of this interrelationship in order to identify the differential disadvantages and/or advantages for men and women's health

- And points out:

- The emphasis on social factors within the gender approach does not imply the exclusion of the profound influence of the biological element. On the contrary, this perspective provides for the examination of interactions between biological factors and factors in the social environment that lead to situations of relative disadvantage or advantage for one of the two sexes

- Facilitator shows OHT No. 1.c:

Text of OHT No. 1.c

GENDER AND HEALTH
<p>In HEALTH, advantage and disadvantage can be measured by:</p> <ol style="list-style-type: none">1 Probability of maintaining health, or becoming ill or dying from preventable causes2 Equity of access to and control of resources, responsibilities and rewards in health work