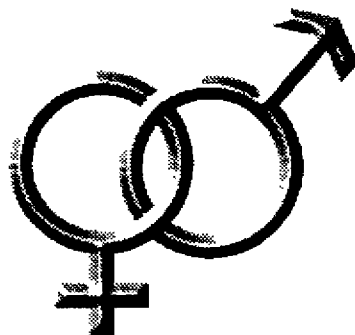


MODULE **5**

**DEVELOPMENT
APPROACHES**



DEVELOPMENT APPROACHES

OVERVIEW: MODULE FIVE

Objective	Present information on the difference between the women, health and development approach and the gender, health and development approach, and their respective relation to approaches used by multilateral, bilateral and national development agencies.
Core Message	Approaches that focus exclusively on women do not resolve gender inequity.
Expected Outcome	Participants will be able to recognize the different approaches to women that have been supported by various development models and will be able to identify the influence that these different approaches have on the treatment of women as a population subgroup within health and development policies, programs and projects.
Methodology	Lecturette Small Group Work/Plenary Feedback
Materials	OHT No. 8: Development Approaches (summary) Handout No 16: Development Approaches Handout No 17: Extracts from Policy Documents Flipchart No 16: Group Task
Components	5.1 Approaches used by International Development Agencies 5.2 Equity and Efficiency
Time	5.1 20 minutes 5.2 30 minutes <u>Total: 50 minutes</u>
Preparation	<ul style="list-style-type: none"> ■ Copy Handout No 16-17 ■ Prepare Flipchart No. 16

APPROACHES USED BY INTERNATIONAL DEVELOPMENT AGENCIES

Method:	Lecture
Material:	OHT No. 8 Handout No 16: Development Approaches
Time:	<u>20 minutes</u>
Preparation:	Photocopy Handout No. 16

PROCESS

- Facilitator points out that:

Any effort to understand the situation of women in our countries should investigate the effects that the theories and practices of the different models of development have had on women's condition and gender position. The elements of these models are incorporated in the strategies utilized in agencies such as PAHO when health programs and projects are formulated. One major development theory, the theory of modernism, continues to have a significant impact on the policies of cooperation agencies to date.

- Facilitator shows OHT No. 8 and explains that it is possible to distinguish 5 approaches to woman, gender and development that are utilized in development policies, programs and projects. The first three approaches derive directly from the theory of modernism. Facilitator, with the help of Overhead Transparency No. 8 presents those approaches, and distributes Handout No. 16.

APPROACHES OF PROGRAMS AND PROJECTS DERIVED FROM MODERNISM**WID APPROACHES****EARLIEST WID APPROACH****Welfare approach** ←←←←← **Passive beneficiaries**

- To help the most vulnerable groups, including women;
- Sees women as passive recipients of development;
- Perspective centered on the family as unit, emphasizing the reproductive role of women;
- Views better child rearing as the principal contribution of women to development;
- Has a practical gender approach.

SECOND WID APPROACH**Anti-poverty approach** ←←←←← **Gender inequalities reflect poverty, not gender subordination**

- Attempts to ensure increased productivity of poor women;
- Women are poor because of economic limitations, not gender structured constraints;
- Recognizes the productive role of women;
- Emphasis on small income-generating projects;
- Has a practical gender approach.

THIRD WID APPROACH, NOW PREDOMINANT**Efficiency approach** ←←←←← **Women cushion impact of structural adjustment process**

- Women seen in terms of their ability to compensate for deterioration of public services,
- Rely on all three roles of women and their supposed free or flexible time,
- Women seen entirely in terms of delivery capacity and ability to extend working day; most popular approach with governments and multilateral agencies;
- Has a practical gender approach

- Facilitator points out that the next two approaches presented below were strongly influenced by networks and organizations of women in the northern and southern hemispheres. To date, they have had limited visibility within the programs and projects of development agencies.

Handout No 16 (cont.)

PROGRAM AND PROJECT APPROACHES ORIGINATING FROM WOMEN'S GROUPS

Equality approach ←←←←← Affirmative action to ensure women have active role in development

- Women are the target population of programs and projects;
- By means of legislation, policies are designed to assure the incorporation of women in the paid labor force, in educational institutions and to ensure that their autonomy and rights are respected;
- Projects are designed to reduce inequality between men and women, especially with respect to the division of labor by gender, increasing the political and economic autonomy of women;
- Directed to any of the three roles (reproductive, productive or community),
- Has a strategic gender approach, through top-down state interventions giving political and economic autonomy to women in order to decrease their inequality.

Empowerment approach ←←←←← Defines empowerment as access to and control of the use of material/ economic resources, political, information/ education and time

- Its origins in Third World women's grassroots organizations; Freire's theory has great influence on awareness of oppressed peoples;
- In health, it proposes a new relationship of "shared power" between the health sector and different groups of a population;
- Seeks to empower women through greater self-reliance: women's subordination seen not only in relation to men at the individual level, but also of predominant development models;
- Tries to serve the particular needs of men and women in their multiple roles, through mobilization from the bottom up as a way to confront different types of oppression,
- Bottom-up mobilization around concrete health needs in a manner that incorporates strategic gender approaches—can be a practical and strategic gender approach.

- Facilitator distributes photocopy of Handout No. 16 to each participant and ends with the following observation:
- Projects prepared in agencies such as PAHO usually reflect a combination of approaches. This set of approaches can be utilized as an analytical tool to recognize and understand the relationship between gender, health and development, and policies, programs and projects directed to various populations.

COMPONENT 5.1

Text of Overhead Transparency No. 8

Development Approach	Type	Characteristics	PGA/SGA
Welfare	WID/WHD	Modernization economic development model	PGA
Anti-Poverty	WID/WHD	Gender inequalities result of poverty, not gender subordination	PGA
Efficiency	WID/WHD	Women cushion impact of structural adjustment	PGA
Equality	GAD/GHD	Affirmative action to ensure women have active role in development	SGA
Empowerment	GAD/GHD	Access and control of the use of resources	SGA

EQUITY AND EFFICIENCY

- Method:** Small Group Work/Plenary Feedback
- Materials:** Handout No. 17: Policy Document Extracts
Flipchart No. 16: Group Task
- Time:** 30 minutes
- Preparation:** Copy Handout No. 17
Flipchart No. 16
-

PROCESS

- Facilitator distributes Handout No. 17, Policy Document Extracts, which contains extracts from policy documents from PAHO and other multilateral organizations. The participants are divided into groups of four (counting off so that the groups are different from those working on the Household Situations).
- Facilitator displays Flipchart No. 16 and asks participants to read the extracts and answer the following questions

Text of Flipchart No. 16:

Task
<p>Read the extracts and answer the following:</p> <ol style="list-style-type: none"> 1) Do the selections reflect a PGA or a SGA or both? 2) Which Development Approach or combination of development approaches are reflected in the selections? Check against Handout No. 16.

Plenary discussion: Each group presents their observations one at a time, without initial comment. Ask groups to justify their answers. Ask other group members to comment on why a particular group's answer differs with theirs. The aim in this plenary discussion is to have the groups respond to each other and provide the justification for the correct answers. Facilitators adds comments only when needed.

NOTE: If insufficient time, this exercise should be conducted as a plenary discussion.

Text of Handout No. 17:

POLICY DOCUMENTS: EXTRACTS

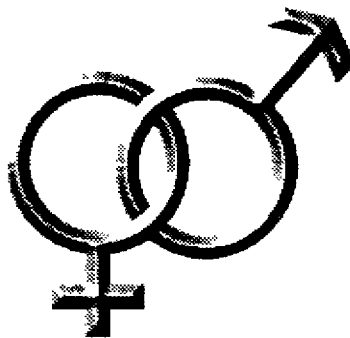
- Investment in health and education for women produces significantly greater benefit to the society than similar investments in men because of the close correlation between the health, nutritional level and education of women and the health, educational level and productivity of future generations. These correlations are still greater when women have control over how resources are distributed within the home.
- Lack of access to credit, land, information and technology aggravates gender inequity. When women have access to credit, the effect on the well-being of the family and its members is notable. The provision of financial resources to women is related to improvements in the health levels of children.
- Women are more vulnerable than men to micronutrient deficiencies which damage health. Bad health and nutrition diminish productivity and the ability to take advantage of the gains from investments in education. Recent estimates suggest that the combined effects of only three types of deficiencies on morbidity and mortality—vitamin A, iodine and iron—could waste up to 5% of the gross domestic product, and that correcting these deficiencies would cost less than 0.3% of GDP in developing countries.
- Malnutrition of infants is related to poverty and the low educational level of mothers.
- Data from Brazil indicate that when women are given more control over resources, there is a greater impact on the anthropometric measures of their children, a greater level of nutrition in their families, and a greater proportion of the family budget devoted to the health and education of children, than when the man controls the resources.
- There is a critical connection between the provision of public health services and women's access to educational opportunities. A mother who has been taught to seek preventive care and timely treatment for her own illnesses and those of her children, particularly her daughters, will reduce expenditure for health care and in many cases will prevent premature death. Many of these services are cost effective and can be provided in primary health care centers.

■ Answers.

1. PGA : Efficiency
2. PGA : Anti-Poverty/Efficiency
3. PGA : Welfare/Anti-Poverty
4. PGA : Welfare/Anti-Poverty
5. PGA/SGA : Efficiency
6. PGA : Efficiency

MODULE 6

**APPLYING THE CONCEPTS
TO CASE STUDIES**



APPLYING THE CONCEPTS TO CASE STUDIES

OVERVIEW: MODULE SIX

Objective	To apply the practical methodologies to case studies.
Core Message	The methodologies presented in the workshop assist in the identification and reduction of gender inequities in health.
Expected Outcome	Participants will successfully apply the concepts presented to case studies.
Methodology	Lecturette Question/Answer/Discussion Small Group work on Cases/Reportback Plenary/Facilitator Feedback
Materials	Handout No. 18: Case Study 1. Center for Integral Community Health Handout No 19: Guide to Analyze Case Studies Handout No 20: Worksheet. Case Study #1 Handout No. 21: Case Study 2: Improvement in Community Health Through Better Water Equality Handout No 22: Worksheet: Case Study #2
Components	6.1 Applying the Concepts to Case Study 1 6.2 Applying the Concepts to Case Study 2
Time	6.2 90 minutes 6.3 60 minutes <u>Total: 150 minutes</u>
Preparation	<ul style="list-style-type: none"> ■ Photocopy Handouts ■ Prepare flipcharts based on Handout Nos. 20 and 22

APPLYING THE CONCEPTS TO CASE STUDY #1

Method:	Case Studies/Small Group Work Plenary Reportback Plenary/Facilitator feedback
Materials:	Handout No. 18: Case Study: Center for Integral Community Health Handout No. 19: Guide to Analyze Case Studies Handout No. 20: Worksheet: Case Study #1
Time:	60 minutes: Introduction and Group Work 30 minutes: Plenary report/feedback <u>90 minutes:</u> Total
Preparation:	Ahead of time, assign participants to small working groups, providing a mix of experience, gender and personal style to ensure the best balance possible. Write the names of each group on a flipchart. Photocopy Handout Nos. 18, 19, & 20. Prepare Flipcharts based on Handout No. 20.

PROCESS

- Facilitator distributes the first case study, "Center for Integral Community Health", the guidelines and the chart for facilitating the analysis and discussion of each case and explains the process, including the following points:

- Introduce the case study that will be analyzed by all the groups and point out that we will focus on three groups in the case study, namely:
 - 1) The Intercommunity Coalition of Mothers (ICM)
 - 2) Women of childbearing age, and
 - 3) The Pro-Land Commission (PLC)

Emphasizes that the first two groups are mutually exclusive.

Explains that each working group will read the case individually bearing in mind the questions posed on the guideline. After 10 minutes the groups will discuss each question in turn and select a person to record the discussion.

- The facilitator should prepare a flipchart based on same scheme used in Handout No. 20, and record answers groups provide during plenary feedback.

- Facilitator reads out the questions in the guide and invites clarifying questions.
- Facilitator reminds the groups they will have 60 minutes to complete the exercise. Circulates to ensure they do not spend too much time reading the case, and to ensure they understand the procedure.
- After 30 minutes, announce that they have 30 minutes left; repeat at 15 minutes and 5 minutes.

Text of Handout No. 19.

GUIDE TO ANALYZE CASE STUDY

I. PROJECT OBJECTIVES

- a What gender roles did the project target in its objectives and to what purpose?
- b What particular health needs of women and men did the project target in its objectives?
- c What development approach predominated in its objectives: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?
- d In the objectives, did it use a practical gender approach (PGA) or a strategic gender approach (SGA)?

II. IMPLEMENTATION AND IMPACT OF PROJECT

- e What gender roles did the project affect and how?
- f What particular health needs of women and men were affected and how?
- g. What development approach actually predominated: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?
- h. Did a practical gender approach (PGA) or a strategic gender approach (SGA) predominate in the implementation?
- i What changes occurred during the process of the project's implementation in terms of access to and control over one or more resources (material/economic, political, information/education, time, internal)? Discuss each target group in turn.
- j. Referring to Labonte's Continuum of Empowerment, give an example of what elements of that continuum could have been incorporated, either in the project design or during its implementation, to respond more equitably and efficiently to the particular health needs of women and men.

- Back in plenary, each of the four groups reports back on their findings. Facilitator records answers on prepared flipchart. Asks for volunteers to go first; after their presentation, the next group volunteers until all four have been heard.

Process:

- 1) Group presenter reports the group's findings on first two or three questions (depending on number of groups);
- 2) The other group members are asked to add points if they wish;
- 3) Participants are invited to ask clarifying questions only;
- 4) Facilitators ask clarifying questions and reserve general comments until the end, when comparisons can be made.

This process is repeated until all groups have presented and all the questions have been answered.

- Facilitator invites any participant to comment on the content of the findings: anything that has struck them particularly, that they learned from another group, that they disagree with.
- Facilitator comments on the findings of all the groups, pointing out strengths and areas which could have been done differently for each group. Ensure that the focus has been gender.

Time: Plenary work will take 30 minutes

Facilitator's Guide

- **Possible Responses for Case Study #1:**

Although it is better that the participants identify them, some possible responses for the discussion in the plenary session are.

PROJECT OBJECTIVES

- a. **What gender roles did the project target in its objectives and to what purpose?**
- Women of childbearing age
Reproductive role: improve their reproductive health and situation and the health of their children
 - ICM
Community management role improve its ability to manage and develop a health plan
 - PLC
None
- b. **What particular health needs of women and men did the project target in its objectives?**
- Women of childbearing age
Need to improve the health of women and their children under age 6 through preventive and health care services.
 - ICM
None
 - PLC
None
- c. **What development approach predominated in its objectives: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?**
- Welfare with empowerment elements
- d. **Did the objectives reflect a practical gender approach (PGA) or a strategic gender approach (SGA)?**
- Both approaches. In addition to improving the health of women and children, it specifically proposed to train the Inter-Neighborhood Commission of Mothers to improve its ability to manage and develop a health plan.

IMPLEMENTATION AND IMPACT OF PROJECT

e. What gender roles did the project end up affecting and how?

- Women of childbearing age
Reproductive role: it solved the problem of their sick children, but not that of their own health.
- ICM
Community management role: it weakened its ability to negotiate.
- PLC
Community management role: it strengthened their ability to negotiate and power

f. What particular health needs of women and men were affected and how?

- Women of childbearing age
Need to improve the health of their children; thus, it had an effect on women mothers because they had to invest less time and economic resources in caring for sick children. However, it had a **NEGATIVE** impact on the health needs of women themselves, by eliminating the focus on gynecological services in the Multi-service Center.
- ICM
None
- PLC
None

g. What development approach actually predominated: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?

- Welfare

h. Did a practical gender approach (PGA) or a strategic gender approach (SGA) predominate in its implementation?

- The project negatively affected the interests of the ICM because they lost power at the community management level to participate in preparation of the District Health Plan. Thus, the project did not really have an SGA because it did not balance inequity in the control of resources. Some may point out that the project's implementation was gender blind.

i. What changes occurred during the process of the project's implementation in terms of access to and control over one or more resources (material/economic, political, information/education, time)? Discuss each target group in turn.

- Women of childbearing age
They had more access to time and material resources with regard to the health of their children. However, they remained as before with respect to access to gynecological services (material).
 - ICM
They did not have access or control of additional time to participate in the negotiations for preparation of the District Health Plan.
 - PLC
Had more access to and control of political and economic resources to achieve the necessary changes in the Integral Health Service; also, they had control of the use of their time because they could participate in the deliberations on the District Health Plan.
- j. **Referring to Labonte's Continuum of Empowerment, give an example of what elements of that continuum could have been incorporated, either in the project design or during its implementation, to respond more equitably and efficiently to the particular health needs of women and men.**
- Needs of women and men
Ensure greater response capacity at the Integral Health Service by including in the project budget adequate equipment for attending to greater complications. If not possible, be sure before starting the project that there is a clinic for referrals and discuss the possibility of its accepting cases from the service.
 - SGA
Start the project by strengthening the negotiating capacity of the women who comprise the ICM,

Ensure that there is a childcare mechanism established in the community to make it easier for women from the ICM to participate in the procedures of the District Health Plan;

After strengthening these women's ability to negotiate, prepare a women's strategy for involving male leaders from the five settlements from the outset in the discussion of the components of the Plan

APPLYING THE CONCEPT TO CASE STUDY #2

Method:	Small Group Work/Plenary Report/Feed back
Material:	Handout No. 21: Case Study 2: Improvement in Community Health Through Better Water Quality Handout No. 22: Worksheet: Case Study #2
Time:	30 minutes: Group Work 30 minutes: Plenary <u>60 minutes</u> : Total
Preparation:	Assign groups, changing composition from previous exercise. Write names of groups on a flipchart. Photocopy Handout Nos. 21 and 22 Prepare flipcharts based on Handout No 22

PROCESS

- Facilitator asks the participants to divide up into their assigned group and read the case study "Improvement of Community Health Through Improved Water Quality" and makes reference to using the copy of Handout No. 19 which was handed out for the previous case study.
- Time for group work is 50 minutes. Follow the process for Component 6.1.
- Time for plenary session 30 minutes.

- Possible Responses for Case Study #2:

Although it is better that the participants identify them, some possible responses for the discussion in the plenary session are:

PROJECT OBJECTIVES

- a. **What gender roles did the project target in its objectives and to what purpose?**
 - Women
Community management role: women were recruited to care for the latrines, learn about hygiene, water use and safe food preparation.
 - Men
Community management role: men were recruited to care for the wells and the hand pumps.
- b. **What particular health needs of women and men did the project target in its objectives?**
 - Women
Need to improve the health of the community, particularly of women and children, by contributing to the diminishing of enteric diseases in children and skin diseases. It also sought to augment the water supply and diminish the time used to collect and prepare water for consumption.
 - Men
Needs were similar, but women stood to benefit more directly because improved access to a sufficient supply of good water would reduce the time spent on water fetching and preparation, and on the care of sick children.
- c. **What development approach predominated in its objectives: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?**
 - Welfare - it was a top-down approach where women and men were passive recipients of goods and services.
 - Efficiency - it used men and, particularly women, to improve health conditions.
- d. **Did the objectives reflect a Practical Gender Approach (PGA) or a Strategic Gender Approach (SGA)?**
 - Neither because it did not assess the roles that men and women play in the community nor the way they lived their lives. It designed a project based on gender stereotypes and accentuated the roles and relationships of power of men over women.

IMPLEMENTATION AND IMPACT OF PROJECT

e. What gender roles did the project end up affecting and how?

● **Women**

Reproductive role: they were better able to care for the health and wellbeing of their families because of their increased knowledge of hygiene and food safety. They also benefitted from the decrease in family illness, particularly of their children.

Productive role: they became involved in the agricultural work needed to produce goods for market.

● **Men**

Productive role. they were better able to engage in commercial transactions because their wives had extra time to devote to agricultural production.

Community management role: men were trained in the care of the wells and the hand pumps.

f. What particular health needs of women and men were affected and how?

● **Women**

The health of their children was much improved, and, although the case doesn't state this, we can surmise that the incidence of skin diseases also diminished in the community. However, the elimination of the need to fetch water may have had implications for their mental health and well-being, as this was the one moment of the day where they were able to control their time and engage in conversation with one another

● **Men**

We do not know, but we can assume that their health benefitted from the decrease in skin diseases and better hygiene.

g. What development approach actually predominated: welfare, anti-poverty, efficiency, equality or empowerment? What other approaches can be identified?

- Welfare - sees women as best vehicle through which access to others can be effective.

h. Did a practical gender approach (PGA) or a strategic gender approach (SGA) predominate in its implementation?

- The project emphasized a PGA because it tailored the intervention to help women do better what they were already doing, i.e., raising children and caring for their families, and it assigned to men those tasks that were stereotypically "masculine," i.e., maintenance of equipment (water wells and hand pumps). However, the project negatively affected gender equity as women once more became the mechanism through which health interventions are channeled so as to ensure project effectiveness. Moreover, it caused an alteration in the way in which the community, at least the women, interacted with one another, an outcome with possibly detrimental effects for women's mental health.

i. What changes occurred during the process of the project's implementation in terms of access to and control over one or more resources (material/economic, political, information/education, time and internal resources)? Discuss each target group in turn.

● **Women**

They had more access to material resources with regard to the health of their children and other family members (water supply and quality water). They also had more access to information on hygiene, food preparation and the proper use of water. Their access to material resources was probably enhanced with their involvement in agricultural production. However, their access and control of their time was diminished. It is difficult to assess to what to what degree they had control over the additional material resources that came as a result of their increased involvement in agricultural production. We can surmise that the loss of access to the one group activity (water fetching and carrying) affected women's internal resources.

● **Men**

They had access to information on the use and maintenance of the wells and the pumps. They were affected positively from having healthier families, and thus one might say that they had increased access to material resources (saved money on medicine and services). They also had increased access to such material resources because their wives became involved in agricultural production, which enabled the men to work more in commercial transactions. We can assume that the men had more control over time and over material resources as a result of the project, particularly over additional monetary rewards as a result of their wives' involvement in agricultural production, a task which the men used to have to do.

j. Referring to Labonte's Continuum of Empowerment, give an example of what elements of that continuum could have been incorporated, either in the project design or during its implementation, to respond more equitably and efficiently to the particular health needs of women and men.

● **Needs of men and women**

Ensure that prior to the project's development, women's groups are fully involved in the description of their own activities, roles and responsibilities, to avoid "gender stereotyping" by project officers. In the case of this project, such stereotypes served to eliminate the only moment in a woman's day for respite, and made women solely responsible for tasks associated with reproductive roles (hygiene, food preparation). The way these tasks could have been distributed may have been an important opportunity to further the incorporation of men in caring and nurturing activities. In addition, it would have been important to draw upon existing community organizations, ensuring that these included women that were in touch with other women in the community. Such groups could act as an advisory group to the project to make certain that the interventions planned were acceptable to the community, for example, as in the case of the latrines. Such a group would also have been able to address women's interests in the way they wished to use their free time.