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**Guidelines for Integrating Gender Issues into Bank Group
Health/Population Projects**

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GENESYS

**GUIDELINES FOR INTEGRATING
GENDER ISSUES
INTO BANK GROUP
HEALTH/POPULATION PROJECTS**

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GUIDELINES FOR INTEGRATING GENDER ISSUES INTO BANK GROUP HEALTH/POPULATION PROJECTS

1 INTRODUCTION

1.1 Gender Is an Economic Variable

The principles that lie behind enhancing the role of Women in the Development process are:

- The principle of economic efficiency
- The principle of equity

Men and women are partners in the development process. Although they play different roles, each makes significant contributions. Governments can help maximize women's and men's individual inputs and productivity through policies and public programs and services.

When emphasis is put on distinguishing between men and women in data collection and in enhancing the benefits directed towards women in project design, it is not to isolate or marginalize men. It is intended to underline the major differences in the roles men and women play in society and to better understand their needs and constraints with respect to access and control over resources. These elements play a capital role in the success or failure of a project.

Gender must be considered as an economic variable. Evidence from all sectors shows that when gender issues have been considered in project design and implementation, women and men have better control over their income and other resources. In fact it has been demonstrated that when women acquire more time and resources they invest them in activities that are more productive than men. This results in:

- Improved production quality
- Increase in production
- More effective use of credit
- Better credit repayment
- Better family education
- Better family nutrition
- Better family health
- Decline in child and infant mortality
- Decline in fertility

1.2 Key Terminology

The inclusion of gender considerations in project development introduces a number of new concepts and terms that must be defined before we enter our subject. These are:

Gender Roles

The concept of Gender Roles refers to socially acquired behaviors that are often culture specific. It must be distinguished from the concept of sex which is biologically given. Gender roles can and do change.

Gender Considerations

By Gender Considerations we mean taking the different roles and responsibilities of women and men into account in project design. This is necessary because men and women engage in different types of economic and social activities, have different sources of income and different access to and control of resources.

Gender Analysis

Gender Analysis is a two step process. The first step is the identification and description of gender roles and responsibilities in a project area. The second step is to assess the constraints and opportunities that result from differences in gender roles. Gender Analysis provides the information necessary to reduce or remove constraints and build upon opportunities.

1.3 Objectives of the Guidelines

The goal of these guidelines is to assist African Development Bank (ADB) Project Officers to apply gender considerations in project planning and design by conducting a thorough gender analysis of all project elements. As the planning process evolves, gender analysis should reveal many positive and negative effects of the proposed project on women and men. The study of expected direct and indirect project impacts on women's and men's economic and social roles will help Project Officers in suggesting modifications to project elements or the inclusion of new elements. Such improvements in project design will increase project viability and reduce the risk of failure.

The Guidelines will also assist Project Officers in identifying key data to be collected during the project cycle. These data will later be used to evaluate the success of the project.

1.4 Process Guidelines Development

The Guidelines are the result of a collaborative effort which brought together professionals from ADB Country Program Departments, Operations Departments, and Central Project Department. The elaboration of the guidelines was conducted in two phases:

- Analysis of Bank procedures and portfolio combined with staff interviews.
- Presentation and testing of Guidelines during training sessions with Bank professionals.

1.5 Organization and Use of Guidelines

The guidelines have been organized following the ADB project preparation cycle, as outlined in the Operations Manual. They are designed so that Project Officers will be able to begin exploring gender issues early enough in the project cycle to be able to have an impact on the project design. They review phase by phase the type of analysis and data collection that will be expected at each step of the project design and implementation.

While these phases are conducted sequentially, many iterations take place in the process of project design, providing opportunities to examine data and analyze proposed interventions. During the process of negotiating a project with member country decision-makers, Project Officers have the unique opportunity to raise critical gender issues and thus, contribute to positive changes in member countries' economic and social sector policies.

1.6 Gender Issues in the Health Sector

The critical role women play in the health sector has yet to be properly addressed in development assistance. Women carry, deliver and nurse the babies who are the human resource potential of a country. Women also play a major role in nurturing, health maintenance, nutrition, water management and sanitation for the health of the whole family. They play these roles in addition to others dealing with economic production. However, these roles are usually not quantified in the measures of economic output for most countries.

"Women in developing countries are 200-500 times more likely to die for reasons related to their reproductive role than women in industrialized countries." The risk of maternal mortality can be greatly reduced through adequate ante-natal and delivery care and through good family planning programs with emphasis on birth spacing, prevention of unwanted pregnancies, management of infertility and improvement in reproductive health. On both ethical and practical grounds, family planning is an essential component of development. It is not possible to achieve the necessary changes in health, nutrition and population growth without addressing the roles of women in these areas.

As a result, in developing countries, the health sector is focused on some of the critical needs of women. However, projects sometimes fail because the details of the roles played by women and the variety of constraints they face have not been taken into account in the design of projects to help them. The epidemiology of diseases clearly guides us in the selection of interventions needed to attain better health for men and women. Gender analysis will help us design project elements corresponding to the true needs and constraints of women and men.

1.7 The African Development Bank Health Portfolio

Over the last decade the African Development Bank has devoted about 6 percent of its resources to providing support to member countries in the health sector. Nearly 87 percent of the funds have been devoted to infrastructure development. While the objectives stated in project appraisal reports for most of these loans focus on improving primary health care and/or maternal and child health, it is not always clear that these goals can be attained with the strategies proposed. Many projects apparently directed towards improving women's health focus more on the building and renovation process than on developing the means to definitely impact on women's and men's health. Clearly, the development of infrastructure is only one of the many implementation objectives that can be used in designing projects to improve health status.

2 GENDER ANALYSIS IN PROJECT IDENTIFICATION

This phase of the project is rooted in the "Economic Prospect and Country Programming Paper" (EPCP) and in the "Country Strategy Paper" (CSP) as well as in the contacts between Bank staff and member country officials. It is of primary importance that background papers be designed to address social conditions in addition to carrying out an economic analysis of the member country. Obviously, the social sectors exist to respond to human needs but also to improve economic productivity. It will be important to add a human dimension to the economic analysis before gender analysis can be conducted. At the moment, few of these papers refer to the social sectors and their impacts on productivity. Until the EPCPs and the CSPs format and content are revised, information will need to be collected outside of this context. This can be accomplished by including the collection of key missing data in the Terms of References for teams conducting feasibility studies and other analyses during the preparation phase.

During the project identification phase, the focus should be on identifying women's needs in the health/population sector and assessing how these needs relate to the member country's health and population policies. Once an intervention is identified, it is important to try to assess the possible positive and negative effects of the proposed interventions or project elements on the situation of women. Box 1 contains examples of questions which serve to uncover these needs and impacts.

QUESTIONS TO ASK DURING THE PROJECT IDENTIFICATION PHASE

- What needs and opportunities exist to improve women's health with this project?
- How many women will be affected?
- What needs and opportunities exist to increase women's access to health services or health education through this project?
- Might the project adversely affect the situation of women?
- Will the impact of the project have a direct or indirect effect on women? Will the effect be immediate or in the long run?

BOX 1

During this phase, the first draft of the Project Brief is prepared. The standard outline of the project brief includes a section describing the project design. At this early stage the project design should be considered highly flexible. The design of project elements should only be finalized when the project preparation phase is complete. However, this phase is a good time to introduce a concern for the gender issues in the project.

3 PROJECT PREPARATION

3.1 Project Context

This phase of project development deals with gaining an understanding of the environment of the project. The following will be looked at in progression:

- The country profile.
- The health/population sector profile.
- The immediate environment of the project.

The analysis of the country profile should include an assessment of existing and pertinent policies such as population policy. If the member country has a specific WID (Women In Development) policy or gender specific policies they should be considered at this point. Information on the legal status of women can usually be obtained in the "Code de la Famille" in countries with code law. In other countries the information may be more diffused throughout the entire system of laws. Legislation is the basis of women's rights and status in society and can directly affect access to health services.

Health sector information is usually collected from a number of sources. Some of the data and analyses come from Bank Economists, the bulk of the information is collected by the Country Officers and the Health project Officers and in some cases sector studies are conducted. Country census and periodic demographic studies, Demographic and Health Surveys (DHS), Contraceptive Prevalence Surveys are good sources of gender disaggregated data. There are also many excellent secondary sources of data on women's health and status, such as the UNICEF Situation Analysis or the World Bank country studies on the role of women in economic development.

Many of the key variables of particular importance to the health/population sector are already included in the list suggested in the Operations' Manual for inclusion in the background section of the Appraisal report; these should be disaggregated by gender whenever possible. The following variables are also very important:

- Population by gender and by age group (women of reproductive age).
- Maternal Mortality (specify if community based or hospital based).
- Proportion of deliveries occurring in controlled environments, such as a hospital or maternity.
- Infant mortality rate by gender.
- Child mortality rate by gender.
- Vaccination coverage by gender and by disease.
- Literacy/education level by gender and by age group.

The sector analysis usually involves an assessment of the health status of various groups in the population. Health Project Officers are already familiar with assessing the health status and needs of various population subgroups (pregnant women, children under five, women of reproductive age, etc.). Gender analysis at this stage will allow more systematic and comprehensive assessments. As a result of the analysis, it may be found that some key data elements are missing from the project data bank, which should lead to inclusion of the collection of such data in the Terms of Reference for the Preparation Mission.

The assessment of the organization of health services must deal with two aspects of health care:

- Those who provide the services.
- Those who receive services.

It will be important to find out who provides what services by gender in urban and rural areas. For example, in Senegal female midwives provide family planning services in urban areas and male nurses provide these services in remote rural areas when midwives are not available. Failure to know this may negatively affect a project if resources and training are directed to the wrong people.

The analysis of the household and agriculture responsibilities and of "free" time of those who receive services is important in the design of appropriate services. For example opening hours of a maternal and child health center should take into account the workload and free time of the women who use these services.

The sector analysis also includes a study of the financing of health services. While governments commonly underwrite a portion of the costs of services and pharmaceuticals, the beneficiaries always incur some additional expenses (sometimes limited to opportunity costs). Information on household earnings and expenditures by gender will be important information in designing the project.

Box 2 presents some questions to ask in analyzing the health sector/subsector prior to designing a project.

QUESTIONS TO ASK DURING THE HEALTH SECTOR ANALYSIS

Health Care Providers

- Who provides what services by gender (for example male or female nurses) by urban and rural area?

Clients of Services

- What are the main characteristics of women's responsibilities and occupations in their daily lives, in the project area that may influence their access to, or demand for, various types of health care services or family planning services?

Financing of Services

- Who pays for what services by gender?
- Who spends time obtaining services?

BOX 2

In some situations, entire new studies may need to be conducted prior to designing a new project. This is currently the case for population projects. These new studies are projects in themselves, and in the future will constitute an increasing share of the Bank's health sector portfolio.

The analysis of the immediate project environment is a very important element of the project preparation phase. This analysis starts with a very good definition of the "catchment area." The official catchment area of a project may be very different from the actual area of project impact. For example: a maternity may be established to serve an entire province, but the real catchment area of the maternity is limited by the travel time required to reach it. This time may vary according to

the availability of transport and roads. Indeed, the same facility can have a different catchment area depending on the nature of the patient's medical condition. For instance, postpartum hemorrhage management is more sensitive to distance/time than obstructed labor. The planning and design of more appropriate facilities rests on an adequate definition of the number and spatial distribution of their intended users.

Detailed information on the geographic site of a project may not be easily available from existing sources. In this case Project Officers may need to become creative and develop some rapid methods to collect data. The data collected does not always need to be precise and of good quality as long as the user understands the limits of the data in the framework of the type of decision it is used to influence. Following is a list of rapid assessment methods:

- Local studies.
- University and professional theses and papers.
- Informal methods of data collection.
- Discussions with experts.
- Focus group discussions.
- Group discussions in the community with project beneficiaries.
- Direct observation.
- Small informal studies.

Finally, the sector/subsector assessment also contains a human resources analysis. The information obtained should be gender specific (to the extent possible) and also indicate how human resources are distributed geographically in the project area. Typically, urban areas have more resources than remote rural areas, which must be taken into consideration during the design phase of the project.

3.2 Project Design

This phase deals with the final design of the project and the preparation of the appraisal report. First the project objectives and activities are established from which an early list of budget categories can be derived, then the project elements are refined. In developing project objectives, gender-specific target groups should be identified. If women are the sole direct beneficiaries of the project the task is easy; if not, the objectives statement can include several key target groups. For example:

- | | | |
|---------------------------|---|---|
| OBJECTIVES: | ● | Decreasing Maternal and Infant Mortality. |
| ACTIVITIES: | ● | Improving Maternal Health Care. |
| | ● | Increasing Vaccination Coverage. |
| BUDGET CATEGORIES: | ● | Build/Renovate an MCH Center. |
| | ● | Provide Drugs and Equipment. |
| | ● | Train Midwives. |

Sometimes women are only one set of potential beneficiaries of a project and the project objectives cannot be gender specific. In this case, it is important to ensure that the project activities include clear indications of how the project will affect women. For example:

- | | | |
|---------------------------|---|--|
| OBJECTIVES: | • | Decreasing Mortality and Morbidity from Malaria. |
| ACTIVITIES: | • | Improving Vector Control. |
| | • | Increasing Access to Drugs for Treatment. |
| | • | Improving Access to Prophylaxis for Pregnant Women and Young Children. |
| BUDGET CATEGORIES: | • | Build/Renovate an MCH Center. |
| | • | Build/Renovate Latrines and Drug Storage Facility. |
| | • | Procure Drugs. |
| | • | Conduct Health Education Campaign Using Female Community Workers. |

There are many different types of health and/or population projects but they often include the following components with varying degrees of emphasis:

1. Enhancement of Health Services: including Vaccination, MCH, Family Planning, Infectious Diseases Control and Prevention, Curative Services. (Services can be clinic based or community based.)
2. Health Education: including Nutrition, Oral Rehydration, Sanitation.
3. Training: including Doctors, Midwives, Nurses, Community Health Workers, TBAs.
4. Institutional Development: including Policy Development, Management Information Systems, Equipment/Facilities Management and Maintenance, Commodity Procurement and Distribution Systems.
5. Construction/Renovation: including Hospitals, Health Centers, Public Health Schools.
6. Commodity Procurement: including Drugs, Contraceptives, Hospital Equipment, Vehicles.
7. Research and Evaluation: including Process Evaluation Studies, Impact Studies, KAP Surveys, Service Statistics.

In order to ensure that the welfare of women has been taken into consideration during project design a two step analysis is needed: (1) conduct the gender analysis and (2) evaluate the potential impact of the project on women and correct the design by adding elements or modifying them.

(1) Gender Analysis

Gender analysis should be conducted on each component of the project. This entails answering the following questions for each project component:

- What will be the role of women and men in this component; how many women and men will be involved and in what capacity?
- How will women and men access the resources or benefits of this component of the project (jointly or separately)?
- What control do women and men have over resources and benefits of this component of the project?

THREE KEY QUESTIONS IN GENDER ANALYSIS

1. Role Description by Gender
2. Access to Resources by Gender
3. Control of Resources by Gender

BOX 3

Boxes 4-6 in the next pages provide sample questions for several project elements. In order to accomplish this part of the analysis successfully the project activities need to be broken down into simple and separate tasks and subtasks.

**QUESTIONS TO ASK ABOUT GENDER CONSIDERATIONS
WHILE DESIGNING A TRAINING
COMPONENT IN A HEALTH PROJECT**

Role Description

- What percentages of members of the various professions considered for training are females (doctors by specialty area, nurses, midwives, traditional birth attendants or natural healers, laboratory specialists, pharmacists, health educators/counselors, public health specialists, hygienists . . .)?
- Do local social customs make it difficult for any of these professionals to function irrespective of their sex in their chosen specialty in the project area?

Access to Resources

- Will women have equal access to training opportunities?
- Are there some barriers that could be overcome to promote better access to training by women (Change training location and/or timing)?

Control of Resources

- Are training quotas appropriate? If so, how might they be implemented effectively in the local context and who would be responsible for monitoring the system?

BOX 4

QUESTIONS TO ASK DURING DESIGN OF A BUILDING AND RENOVATION COMPONENT IN A HEALTH PROJECT

LOCATION OF THE BUILDING

Role Description

- Will women be using this facility to receive services?
- How many women will use this facility? At what times?
- Will women be employed in this facility?

Access to Resources

- How accessible (location, road and public transport) is this facility for women users and employees (cost and time considerations)?

Control of Resources

- If women will be major users of the building have they been consulted on the location of this building or have their needs been taken into consideration?

DESIGN

Role Description

- Has sufficient consideration been given in the spatial design to modesty, privacy, personal hygiene, food management, housing of family members or attendants, presence of children not receiving services in addition to medical needs?
- Has consideration been given to the needs of female employees who will work on the premises? Have specific needs with regard to day care and nursing been considered in the design of this facility?

Control of Resources

- Have female service users and providers been consulted in the design of this facility to identify their needs and desires?

CONSTRUCTION

Role Description/Access to Resources

- Can women be employed either in the construction of this facility or as providers of goods/services used in construction?

MAINTENANCE

Role Description/Access to Resources

- Can women be employed as providers of maintenance services to be used in this facility?

BOX 5

**QUESTIONS TO ASK IN THE DESIGN OF A SERVICE DELIVERY
COMPONENT IN A HEALTH/POPULATION PROJECT**

TYPE OF SERVICES TO OFFER

Role Description

- Has an analysis of women's health problems and situation been conducted to design these services?

Access to Services

- What are the gender-specific barriers women face in obtaining these services?

Control of Resources

- Have women been consulted in planning these services?

SERVICE DELIVERY

Role Description

- Are the methods of delivery of these services compatible with women's needs, lifestyle and schedule?

Access to Resources

- Are these services delivered in a location easily accessible to women?

Control of Resources

- Were women consulted when the services were planned?

PAYMENT OF SERVICES

Role Description

- Who will pay for the services provided and how much?

Access to Resources/Control of Resources

- How will women pay for these services?

TIME SPENT ON OBTAINING SERVICES

Role Description

- Who will spend time procuring the services?

Access to Resources

- Where will the services be provided?

Control of Resources

- Who decided where and when the services will be provided?
- Were women consulted about where and when the services would be provided?

BOX 6

(2) Assess Constraints/Opportunities and Adjust Project Design

Although the detailed analysis presented above may appear burdensome, it should soon be apparent that the task is actually fairly straightforward and becomes intuitive with experience. The assessment of the gender analysis of project components in light of sector background information may suggest the addition of project components or the modification of some components.

Sometimes it will become clear that the project can be improved if more attention is placed on men's needs and role. For example, family planning or vaccination acceptance can improve if education is provided to men when it becomes clear that in a given society, men make all the important decisions, including if and when to obtain family planning and health care services. Potential problems come from ignoring the specific roles of men and women in their social and cultural environment.

DESIGN CONSIDERATIONS
1. Constraints
2. Opportunities

BOX 7

It would be impossible to list here all the changes that could be made to a health/population project to ensure that it better serves women's needs but the following are some illustrative examples:

- Services could be community based instead of clinic based to facilitate access by women.
- Services could be combined to save time for women (such as post-natal care, vaccination and family planning).
- Designs of rural maternities could be altered to facilitate housing and food preparation for family members who travel long distances to accompany the delivering mother.
- Designs of facilities could be altered to accommodate privacy during examination and delivery.
- The variety of contraceptive methods in a family planning clinic could be modified to suit women's needs, constraints, ability to pay and desires.
- Opening hours of clinics could be modified to better suit women's schedules.
- Training/health education could be conducted by women rather than men since women often relate better to other women about certain issues.
- The mix of drugs ordered for an institution could be modified to reflect higher risk to a large number of men or women for a disease or condition.

In addition to modifying existing project elements, new project components could also be added. Examples of such components include:

- Health training at the village level.
- Mini communal pharmacies.
- Safe water micro projects.
- Latrines and drainage micro projects.
- Functional literacy.
- Environmental sanitation.
- Labor saving activities.
- Day care centers.
- Cooperative development.
- Micro-enterprise.
- Agricultural income generating activities.
- Micro lending programs and "tontine" type saving schemes.

The added activities need not necessarily focus on women's health directly. They can aim to increase women's free time, enhance their income, or improve their quality of life in some other manner. These improvements are likely, in turn, to improve the health status of women and their children.

4 PROJECT APPRAISAL REPORT

Often the "Justification" section of the Appraisal Report discusses the impact of the project on women. In many papers, the statement appearing in this section is almost an after-thought, rather than based on thorough analysis of the situation. In many cases, a brief statement simply asserts that the project will not have any negative impacts on women or claims positive impacts that are not fully substantiated.

If proper gender analysis has been conducted at all the stages of project design, as suggested in the sections above, a summary statement of this analysis should be placed in the Appraisal Report. This statement can be included in the "justification" section or in the section dealing with the impact of the project on beneficiaries. The section should follow the format presented below and reflect the thought process of the gender analysis:

- A summary description of how women's needs have been taken into account in the project elaboration process.
- How the goal of the project will directly or indirectly impact women.
- Which project objectives are more likely to impact women and how.
- A summary of the possible negative effects of the project identified during the project preparation phase, including those on women.

- A summary description and discussion of the project elements added or modified to offset negative impacts on women, and measures taken to help remove barriers to access and control of resources by women.
- A summary of the women's dimension in project implementation.
- Indications of how monitoring and evaluation data will be disaggregated by gender.

Clearly, this section will not be completely free standing. Each section of the Appraisal Report should reflect the findings of the gender analysis that pertains to that particular section.

5 PROJECT IMPLEMENTATION

During project implementation two major issues should be considered. First, the project staffing and management must be discussed with the member country. Through negotiations they may agree to reserve some employment quotas in the project implementation team for women. Although the identification of women with appropriate qualifications may be difficult, efforts to include women in project implementation units will permit the development of more high-level women managers in the member country.

Second, women should be given a fair opportunity to bid in the process of acquisition of goods and services. If the host country is open to considering quotas for contract awards, this should be recommended. At the very least the commodity procurement process should ensure that women's income opportunities are not jeopardized by any of the project components.

6 END OF PROJECT REPORT AND PROJECT POST-EVALUATION

During project implementation data should be collected to monitor how women are benefiting from the project. The identification of the **indicators** to monitor should take place during the project design phase. This data collection will increase the member country data base on women's status, health and opportunities, and should contribute to evaluating the project and eventually to designing future interventions. A list of possible impact and process health indicators is suggested in Box 8 below.

SOME GENDER-DISAGGREGATED HEALTH/POPULATION INDICATORS

Examples of Project Impact Indicators

- Decrease in infant/child mortality rates by gender.
- Decrease in maternal mortality rates.
- Improved nutritional status (weight for age) by gender.
- Fertility rate.

Examples of Process Indicators to Monitor During the Life of the Project

- Female contraceptive prevalence.
- Ratio of females to males trained.
- Vaccination coverage rate by gender.
- Ratio of females to males who benefitted from the project services.
- Number of females who benefitted indirectly.

BOX 8