

Facilitating Data Use for Gender-Aware Health Programming

GUIDANCE FOR WORKSHOP FACILITATORS



The data demand and use materials and presentations used in this Guidance were developed by the MEASURE Evaluation project. The gender training materials and presentations were developed by the Iris Group, drawing on several sources. The core materials used were adapted from modules originally developed by the Interagency Gender Working Group (IGWG) for the purposes of gender training in the health sector for USAID personnel and implementing partners. Recent updates and adaptations of the materials were made under DevTech Systems Inc's Task Order for Short-Term Technical Assistance and Training, funded by the USAID Office of Gender Equality and Women's Empowerment. Additional presentation guidance for these materials was provided by the MEASURE Evaluation project.

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MEASURE Evaluation

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Overview

Health organizations worldwide routinely collect sex-disaggregated and gender-sensitive data to understand how services affect the lives of men and women, girls and boys. This data can be used to identify the gender-related factors that affect access to and use of health services as well as determinants associated with risk behaviors and conditions. Health organizations also need to know who benefits from their services, and whether their approach widens gender disparities or contributes to more equal gender relations.

Even though this data may be routinely collected, health providers often do not have the additional capacity to analyze and interpret data from a gender perspective. It can be a challenge to identify gender discrepancies and equality issues from sex-disaggregated data sets that require a high profile attention. After data is interpreted, leadership and management skills are needed to advocate for and incorporate recommendations to address gender disparities into the planning process.

This document provides guidance for designing and implementing a two-and-a-half-day workshop on gender analysis of routine health data to inform evidence-based decision making. Through lectures and group activities the workshop introduces and defines gender concepts, provides tips to interpret gender-disaggregated data, applies the Gender Analysis Framework tool to understand underlying causes of gender gaps, and facilitates gender integration planning into ongoing health services. The guidance document can be used to expand efforts to mainstream gender into the analysis and interpretation of monitoring and evaluation (M&E) data for health services throughout a health system. Specific learning objectives for the workshop include the following:

- interpret routine data to identify gender-related service disparities;
- assess and prioritize potential reasons for gender disparities;
- identify actions to address prioritized causal factors; and
- identify indicators and a plan to monitor changes over time.

The facilitator's guidance and accompanying materials illustrate how best to present and interpret gender-related health data so as to improve health service delivery. Adaptations and further development of select sections of the training materials by a gender expert and/or an M&E specialist is necessary to tailor the training to local contexts prior to delivery of the workshop content. It is recommended that a local gender expert:

- consult with decision-makers responsible for health programs or policies (e.g., heads of health agencies or organizations) about the gender constraints and opportunities they are aware of or experience in health service delivery;
- provide and present details on the 'National Gender Policy Context'; and
- assist in the facilitation of gender awareness building exercises with a familiar understanding of the local social and cultural environment.

It is recommended that an M&E specialist with extensive knowledge of routine data sources:

- Assess the information needs of those attending the workshop.
 - » Consult with participating team members about the types of key decisions they make that may have an impact on the how men, women, girls, and boys access health services.

- » Based on those key decisions, identify the types of information and data sources that could be used to inform these decisions. Typical decision making areas include: program design, program management, program evaluation, strategic planning, advocacy, or policy development. For more details on this process, refer to the MEASURE Evaluation guide: 7 Steps to Use Routine Information to Improve HIV/AIDS Programs available at <http://www.measureevaluation.org/ddu-toolkit>.
- Compile, analyze, and synthesize relevant routine data sources into data packets tailored to participating teams' needs (see Session 3: Review Data Analysis Packets and Handout: Sample Tailored Data Packet).

Intended Audience

The course is designed to target teams of data users and data producers from the same organization or governmental level. Data producers are those health professionals whose primary function is to manage health information systems such as M&E specialists, data clerks, or researchers. Data users are the key decision-makers who manage and monitor health service delivery such as program managers or directors, policy makers, service providers, or civil society. It is best if each team attending the workshop is actively involved in the same health sector, but in separate geographic locations. In this way, each team will review the same indicators, only tailored to their geographic catchment area.

Ideally teams should also include a gender expert or focal point, a community health worker coordinator or focal point, and a representative of civil society or non-governmental organization active in the community of interest. These additional team members provide valuable contextual information when interpreting data as well as ensure recommendations to address gender disparities are practical and feasible. Teams should not exceed 6 members in order to maximize group work efficiency. The ideal number of participants at the workshop is 25–30, or 4–5 teams. The workshop is designed to be led by two facilitators with an understanding of gender as well as data demand and use.

Workshop Components

The workshop is divided into three parts:

1. Gender Concepts and Continuum of Approaches to Gender Integration (1/2 day)
2. Gender Gaps in Health Services and Application of a Gender Analysis Framework (1 day)
3. Gender Integration and Gender-sensitive Indicators into Action Plans (1 day)

This facilitator guidance document contains 9 sets of power point slides with speaker notes to assist the trainer in covering key concepts. Of these power point slides, 7 of them can be used 'as is' without any needed changes to content. There are 2 lectures that require local information:

1. A brief lecture on the current national context of gender and policy for the country in which the training takes place (see Session 1: Setting Gender Policy Context).
2. A presentation of key gender findings from existing data sources. Facilitators will need to select routine data sources for health services that each participating team wants to analyze from a gender perspective. In preparation for the course, it is recommended that facilitators review, compile, and synthesize each data source into tailored data packets for each participating team. In the Training Tool Kit there is a sample tailored data packet and a sample presentation to orient teams in their analysis (see Session 3: Review Data Analysis Packets and Handout: Sample Tailored Data Packet).

There are 3 group exercises designed for all participants to build a common language around gender terms and concepts as well as review available data sources. There are also 2 team activities to practice skills taught and develop a gender integration action plan for participants to apply in their work setting after the training.

This document will assist the trainer with the timing of each session, soliciting feedback from the group, and facilitating team activities. The Training Tool Kit provides all of the resources needed to develop the course, including training materials, team activities, background materials and sample country-specific presentations and data packets. The specific components of the Training Tool Kit include:

1. Facilitator Guidance

2. Training Sessions: PowerPoint Slides

- » Session 1: Setting Gender Policy Context (sample lecture)
- » Session 2: Key Gender Terms and Concepts
- » Session 3: Review of Data Analysis Packets (sample lecture)
- » Session 4: Introduction to the Gender Analysis Framework
- » Session 5: Options for Further Investigation and Information Flow
- » Session 6: Gender Integration with a Special Focus on Indicators

3. Group Exercises and Team Activity Handouts (include instructions and blank versions of the tools for use in group work)

- » Group Exercise 1: Vote with Your Feet
- » Group Exercise 2: Gender Continuum
- » Group Exercise 3: What don't we know?
- » Team Activity 1: Gender Analysis Application
- » Team Activity 2: Gender Integration

4. Background Reading

- » *Building the Bridge from Human Resources Data to Effective Decisions: Ten Pillars of Successful Data-Driven Decision Making*. Ummuro Adano, Management Sciences for Health, 2009. http://www.cpc.unc.edu/measure/tools/data-demand-use/data-demand-and-use-training-resources/high-impact-research-training-curricula/copy_of_background-reading-materials.
- » *Data Demand and Information Use in the Health Sector: Conceptual Framework*, MEASURE Evaluation, 2007. <http://www.cpc.unc.edu/measure/our-work/data-demand-and-use/publications>.
- » *Gender Analysis and Integration for HIV and Sexuality*, IGWG. Website: <http://www.igwg.org/training/GenderAnalysisIntegration/GenderAnalysisIntegrHIV-Sexuality.aspx>.
- » *Guidelines for Gender-based Analysis of Health Data for Decision Making*, Pan American Health Organization (PAHO), 2009. <http://www2.paho.org/hq/dmdocuments/2009/GBA-INGLES.pdf>.
- » *Improving Data Use in Decision Making: An Intervention to Strengthen Health Systems*, MEASURE Evaluation, 2012. <http://www.cpc.unc.edu/measure/our-work/data-demand-and-use/data-demand-and-use-publications>.
- » *Integrating Gender in Care and Support of Vulnerable Children, a Guide for Program Designers and Implementers*, FHI 360, 2012. <http://www.fhi360.org/resource/integrating-gender-care-and-support-vulnerable-children-guide-program-designers-and>.

- » *Making Research Findings Actionable, A quick reference to communicating health information for decision-making*, MEASURE Evaluation, 2009. <http://www.cpc.unc.edu/measure/our-work/data-demand-and-use/data-demand-and-use-publications>.
- » *7 Steps to Use Routine Information to Improve HIV/AIDS Programs, A Guide for HIV/AIDS Program Managers and Providers*, MEASURE Evaluation, 2011. <http://www.cpc.unc.edu/measure/our-work/data-demand-and-use/data-demand-and-use-publications>.

5. Other Resources

- » *Gender and Health Data and Statistics, an Annotated Resource Guide*, MEASURE Evaluation, 2011.
- » *Information Use Map*, MEASURE Evaluation, 2011. <http://www.cpc.unc.edu/measure/tools/data-demand-use/data-demand-and-use-strategies-and-tools.html>
- » *Introduction to Basic Data Analysis and Interpretation for Health Programs: A Training Tool Kit*, MEASURE Evaluation, 2011. <http://www.cpc.unc.edu/measure/tools/data-demand-use/data-demand-and-use-training-resources>.
- » Jerome, J. and P. van den Oever. 1994. *Sex and Gender—What's the Difference?: A Tool for Examining the Sociocultural Context of Sex Difference*, in Genesys, the Futures Group with Management Systems International and Development Alternatives Inc, *Gender Analysis Tool Kit*. Office of Women in Development, USAID.
- » *Tools for Data Demand and Use in the Health Sector, Version 2*. MEASURE Evaluation, 2011. <http://www.cpc.unc.edu/measure/tools/data-demand-use/data-demand-and-use-strategies-and-tools.html>.
- » UN Women. (2011). *Progress of the World's Women: In Pursuit of Justice*. <http://www.guardian.co.uk/global-development/poverty-matters/2011/jul/06/un-women-legal-rights-data>.

Session and Activity Descriptions—Quick Reference Table

Session/Activity	Title	Key Concepts	Training Resources
Introduction	Introduction and Agenda Review	<ul style="list-style-type: none"> • Training objectives • Overview of sessions 	Power Point slides: Data Use for Gender-Aware Health Programming
Session 1	Setting the Gender Policy Context (sample lecture)	<ul style="list-style-type: none"> • National gender policy • Gender equality issues and health programs • Routine health data sources • Other health data sources 	Power Point slides: Setting the Gender Policy Context (sample lecture)
Group Exercise 1	Vote with Your Feet	Personal experiences and values impact projects	<ul style="list-style-type: none"> • Handout: Vote with Your Feet • Handout: Vote with Your Feet Examples
Session 2	Key Gender Terms and Concepts	<ul style="list-style-type: none"> • Review of key gender terms • Build common understanding of concepts 	<ul style="list-style-type: none"> • Handout: The Gender Game (Answers) • Handout: The Gender Game (Blank) • Power Point slides: Key Gender Terms and Concepts
Group Exercise 2	Gender Continuum	Interagency Gender Working Group (IGWG) Gender Integration Continuum	<ul style="list-style-type: none"> • Handout: Gender Integration Continuum Instructions • Handout: The Gender Continuum Categories • Handout: The Gender Continuum Examples
Session 3	Review Data Analysis Packets	Presentations of key gender findings from existing data sources	<ul style="list-style-type: none"> • Handout: Sample Tailored Data Packet • Power Point slides: Review of Data Analysis Packets (sample lecture)
Session 4	Introduction to Gender Analysis Framework	<ul style="list-style-type: none"> • Identify underlying causes of gender gaps • Tips for sex-disaggregated data interpretation 	<ul style="list-style-type: none"> • Power Point slides: Introduction to a Gender Analysis Framework • Power Point slides: Interpreting Sex-Disaggregated Data
Team Activity 1	Gender Analysis Application	<ul style="list-style-type: none"> • Factors to explain gender gaps in services • Gender-based constraints and opportunities 	<ul style="list-style-type: none"> • Handout: Table 1 – Gender Analysis • Handout: Table 1 – Gender Analysis Example
Group Exercise 3	What don't we know?	<ul style="list-style-type: none"> • What is missing from the data? • How can we find answers? 	Power Point slides: What don't we know?
Session 5	Options for Further Investigation and Information Flow	<ul style="list-style-type: none"> • How to collect more data • Information flow for better gender-aware programming 	Power Point slides: Why is this happening in the program? Options for Further Investigation and Information Flow
Session 6	Gender Integration with a Special Focus on Indicators	<ul style="list-style-type: none"> • Application of gender analysis in the program • Characteristics of a good indicator • Sex-disaggregated indicators and gender-specific indicators • Recommendations for selecting appropriate indicators • Linking gender-based constraints to indicators 	Power Point slides: Gender Integration—A Special Focus on Indicators
Team Activity 2	Gender Integration	<ul style="list-style-type: none"> • Apply adapted Framework for Linking Data with Action • Prioritize constraints and opportunities • Identify appropriate actions and decision makers • Indicators and data sources • Timeline and communication channels 	<ul style="list-style-type: none"> • Handout: Table 2—Integrating Gender into Programming • Handout: Table 2—Integrating Gender into Programming Example
Closing	Next Steps	<ul style="list-style-type: none"> • Review of Key Themes • Next Steps • Workshop Evaluations 	Handout: Evaluation Questionnaire

How to Use this Guidance Document

The training materials in this Guidance are designed to be adapted to a variety of audiences and contexts. Lectures and participatory activities explain the main concepts and approaches for the use of data to ensure that gender equality is appropriately addressed in a health program. The learning methodology includes lectures followed by facilitated active participation by participants based on their professional experiences in reviewing health-related, routine data and managing health service delivery. The training content is designed to assist teams to interpret existing sex-disaggregated and gender-related data to achieve an appropriate gender balance in health service delivery.

All general directions and comments to the facilitator for each session are noted in the Facilitator Guidance. Resources and materials are also referenced at the beginning of each session in the Facilitator Guidance, including group exercises and team activity handouts. Speaker notes for additional information relevant to specific slides are found on the notes pages of the PowerPoint slides. It is recommended that facilitators also review the background readings in preparation for delivery of the training.

Sample Detailed Agenda

DATA USE FOR GENDER-AWARE PROGRAMMING

Dates of Program

Learning Objectives:

- Interpret routine data to identify gender-related service disparities;
- Assess and prioritize potential reasons for gender disparities;
- Identify actions to address prioritized causal factors; and
- Identify indicators and a plan to monitor changes over time.

Day 1—Date: Gender Concepts and Continuum of Gender Aware Programming	
1:00–1:30	Introductions and Agenda Review
1:30–2:00	Session 1: Setting the Gender Policy Context
2:00–2:45	Group Exercise 1: Vote with Your Feet
2:45–3:30	Session 2: Key Gender Terms and Concepts
3:30–4:30	Group Exercise 2: Gender Continuum
4:30	End of Day 1 and Health Break

Day 2—Date: Gender Gaps in Services	
9:00–10:15	Session 3: Review Data Analysis Packets
10:15–11:15	Session 4: Introduction to Gender Analysis Framework
11:15–11:30	Health Break
11:30–12:15	Team Activity 1: Gender Analysis Application
12:15–1:15	Lunch
1:15–2:00	Group Exercise 3: What don't we know?
2:00–3:15	Team Activity 1: Gender Analysis Application (continued)
3:15–3:30	Health Break
3:30–4:30	Session 5: Options for Further Investigation and Information Flow
4:30	End of Day 2

Day 3—Date: Gender-Aware Programming, Action Plans, and Indicators	
9:00–10:30	Session 6: Gender Integration with a Special Focus on Indicators
10:30–11:00	Team Activity 2: Gender Integration
11:00–11:15	Health Break
11:15–12:00	Team Activity 2: Gender Integration (continued)
12:00–1:00	Lunch
1:00–2:30	Team Activity 2: Gender Integration (continued)
2:30–3:30	Poster Session: Sharing Gender Analysis Results, Action Plans, and Indicators
3:30–3:45	Health Break
3:45–4:30	Review Key Themes, Next Steps, and Workshop Evaluation
4:30	End of Workshop

Introduction and Agenda Review

Materials

- Flip chart, markers, and masking tape
- Projector, laptop, and screen
- Power Point Slides: Introduction and Agenda Review
- Flash Drives with all materials for each participant (photocopies of materials if Flash Drives are not available)

Time

30 minutes

Objectives

- Welcome participants
- Review Learning Objectives and Agenda
- Agree on Workshop Ground Rules & Norms

Step 1: Preparation

30 minutes

Prepare for the opening session: Before the session, the trainer should prepare the room for team activities. The ideal learning environment would be a circular table for each team, with participants seated in a semi-circle facing the facilitator, projector screen, and flip chart. Also a separate table with copies of training handouts and a participant sign-in sheet should be located near the entrance. Make sure you are able to post flip chart paper on the walls.

Step 2: Introductions (slides 1–2)

10 minutes

Welcome the participants to the training, allowing the hosting organization to make remarks as appropriate. Choose a method for participant introductions as an icebreaker (a suggested method is included in the Introduction and Agenda Review power point slides). You could ask participants to introduce themselves with a brief statement about themselves or ask them to turn to the person to their right and spend a few minutes interviewing them. Each person then introduces the person on their right to the larger group.

Step 3: Learning Objectives and Brief Agenda (slides 3–4)

10 minutes

Review the workshop learning objectives and brief agenda. Discuss team structure, team assignments, and team presentations. Make any necessary logistics announcements.

Steps 4–6: Expectations, Ground Rules, & Workshop Evaluations (slide 5)

10 minutes

Ask participants to list their expectations for the training. List these expectations on flip chart paper. When finished, post expectations on the wall. Make sure the expectations remain posted throughout the duration of the workshop.

Ask participants to set the ground rules for the training (i.e., no cell phones, take turns speaking, etc.).

Note that each participant will be asked to complete an evaluation form at the end of the training but that comments, thoughts, and suggestions are welcome throughout the workshop—either one-on-one during a break or at the beginning or end of the day.

Session 1: Setting the Gender Policy Context

Materials

- Projector, laptop, and screen
- PowerPoint slides: Setting the Gender and Policy Context (sample layout requires background information relevant to specific context of training)

Time

30 minutes

Learning Topics

- Brief history of gender policies in the country and their impact on the health sector
- Gender equality challenges to consider in health program planning
- Overview of sex-disaggregated or gender-related, routine health data sources
- Other gender-relevant health data sources (assessments, surveys, research, secondary analyses, program evaluations, etc.)

Step 1: Sample Lecture

The first session is an introduction to the national gender policy context. It is best to ask a gender specialist with expertise about the national gender policy context to design and present this brief overview session. If a local gender expert is not available, these slides provide an outline of the topics that need to be researched and briefly presented. The aim of this lecture is to give participants an understanding of the progress towards gender equality within the country, what remains to be accomplished, and possible implications to the health sector. In addition, it is good to introduce participants to possible sex disaggregated or gender-relevant data sources available to their health organizations.

Step 2: Brief History of Gender Equality (slide 3)

Provide a brief overview of the historical milestones and events within the country that have shaped gender relations. Areas to focus on may include changes in legal restrictions/rights, access to different social and profession roles in society, or evolving cultural inhibitions. If you are not familiar with the historical gender situation in the country, it would be worthwhile to set up a meeting with a local gender expert and/or spend some time researching on the Internet. Searching for policies related to women or gender equality would be a good place to start. Investigating women's representation in the national parliament, existence of a domestic violence law, and wage gaps between men and women. A good resource to get this information is the UN Women document *Progress of the world's women: In Pursuit of Justice*. A summary with a useful chart can be found here: <http://www.guardian.co.uk/global-development/poverty-matters/2011/jul/06/un-women-legal-rights-data>.

Step 3: National Gender Policies (slides 4–5)

Here we have given examples of national gender policies in Senegal and Malawi. These are just examples of the type of information that would be helpful to set the policy context of the training. Please feel free to replace these examples with context specific policies or laws in your country or region. This information can be found by talking with local colleagues or searching the Internet or records for laws and policies that mention or affect men and women differently.

Step 4: Gender and Health Programming (slides 6–7)

Explain why gender equality is important to health. The slide includes several examples of benefits of gender equality. Feel free to discuss specific examples of data that shows gender equality is associated with better health outcomes. The second slide of Gender and Health Programming (slide 7) is an opportunity to highlight health programs that have made efforts to integrate gender. A local gender expert or person involved in gender integration into various health programming at the national or district level would be a good resource for this information.

Step 5: Routine Data Sources (slide 8)

Remind participants that the goal of the training is to include gender in interpretation of M&E data for health services. Explain M&E data comes from routine and non-routine data sources, and explain the difference between routine and non-routine data. Present the provided examples of routine data sources. Here it is also important to mention where the data came from that you will be using for this workshop.

Step 6: Non-routine Data Sources (slide 9)

Describe the non-routine data sources listed, and any other non-routine data sources you will be discussing during the workshop.

Step 7: Gender Policy Context—Key Themes (slide 10)

Bring together the key themes you would like to convey about the local gender context. The facilitator can use this slide to start a group discussion about:

- a. local gender context,
- b. data sources that relate to gender and their work, and
- c. what participants think they may be able to learn from available data sources.

Group Exercise 1: Vote with Your Feet

Materials for this exercise were retrieved from the IGWG website: <http://www.igwg.org/training/SettingTheStage/VoteWithYourFeet.aspx>

Materials

Vote With Your Feet Example Bank

Time

45 minutes

Objective

Understand that personal experiences and values impact how we view our projects

Step 1: Preparation

Ask participants to stand up and move to a part of the room where there are no tables or chairs.

Step 2: Introduction to Group Exercise

Explain that we will be doing a fun exercise to start the discussion about gender called ‘Vote with Your Feet’ developed by the Interagency Gender Working Group (IGWG) . At first, it is important to create a common language around what gender means for those participating in the training. That is the goal of this group exercise. The facilitator will read a statement. S/he will then ask participants to step to one side of the room if they agree with the statement, or another side of the room if they disagree.

Steps 3–4: Facilitation

After everyone indicates whether they agree or not, ask 2 or 3 participants from each side of the room to explain why they voted the way they did. Facilitate a brief discussion about their reasons. Read 3–5 statements (as time is available for this exercise).

Step 5: Debrief the activity

Explain the following:

- Even though we may be familiar with gender and the importance of gender-sensitive programming, some questions are still difficult for us to work with.
- Our own experience with and beliefs on gender can have an impact on how we view and understand our projects/programs.
- We need to keep this in mind as we ask staff and project beneficiaries to address gender issues.

Session 2: Key Gender Terms and Concept

Materials for this lecture were retrieved from the IGWG website: <http://www.igwg.org/training/DevelopingSharedVocabulary/TheGenderGame.aspx>

Materials

- Handout: The Gender Game for all participants
- Projector, laptop, and screen
- Power Point Slides: Key Gender Terms and Concepts

Time

45 minutes

Objectives

- Review key gender terms
- Build a common understanding of key concepts to be used in the workshop

Step 1: The Gender Game

Pass out a copy of ‘The Gender Game’ handout without the answers to all participants. Ask participants to indicate whether each statement refers to either sex or gender. Give participants 5 minutes to complete the form on their own. After the lecture presentation, the facilitator will discuss the answers as a group.

Step 2: Present technical content

30 minutes

It is helpful to ask for volunteers from the audience to read through slide content. Pause after each definition to ensure participants understand the meaning. Some slides include further clarification in the speaker notes.

Step 3: Review Gender Game

Ask a volunteer from the group to read a statement. Ask the group to vote on whether they labeled the statement as referring to sex or gender. Ask a participant to clarify their choice. Facilitators can define these terms: sex refers to biological differences between men and women, while gender refers to cultural, societal, and interpersonal attitudes, beliefs, and norms. People are identified by their sex at birth; they are taught their gender roles by others and their environment

Group Exercise 2: Gender Continuum

Materials for this exercise were retrieved from the IGWG website: <http://www.igwg.org/training/ProgrammaticGuidance/GenderContinuum.aspx>

Materials

- Flip chart, markers, and masking tape
- Handout: Gender Integration Continuum Categories
- Colored cards with project examples

Time

1 hour

Objective

Understand the IGWG ‘Gender Integration Continuum’ as a lens for assessing project approaches.

Step 1: Preparation

5 minutes

Draw on the flip chart the diagram found on the ‘Gender Continuum’ handout. Divide one wall of the training room into 3 sections. Label each section with flip chart paper as ‘Exploitative’, ‘Accommodating’, and ‘Transformative’.

Step 2: Review Gender Continuum

10 minutes

Pass out a copy of the ‘Gender Integration Continuum Categories’ handout to all participants. Explain that the way in which policies, programs, or services are structured can be categorized as exploitative, accommodating, or transformative for gender norms and relations within a society. These categories can be applied throughout the project cycle; in the design, implementation, and evaluation of a program or policy.

Those who develop these policies, programs, or services can do so by being either aware of the gender norms and relations within a society, or by being blind to them. “Gender blind” refers to the absence of any proactive consideration of the larger gender environment and specific gender roles affecting program/policy beneficiaries. “Gender aware” programs/policies deliberately examine and address anticipated gender-related outcomes during both design and implementation.

Ask volunteers to read aloud the range of gender sensitivity in policies, programs, or services. Pause after each definition to ensure participants understand the meaning. Projects may not fall neatly into any one category. They may include, for example, both accommodating and transformative elements. If necessary, review the examples below. After each example, ask participants how they could change these programs so that they could be classified as being closer to being gender transformative.

Gender exploitative Example

A health message campaign in Latin America around condom use develops a football (soccer) advertisement where the star player brags about using a different colored condom for each of his sexual partners. This message exploits societal beliefs that manhood is defined by the man’s number of sexual partners. Although the message encourages condom use, it reinforces concurrent sexual behavior as acceptable and respected.

Gender Accommodating Example

In Zambia, one project has sought to involve young people in the care and support of people living with HIV/AIDS (PLWHA). This project carried out formative research to assess young people's interest and to explore the gender dimensions of care. The assessment explored what care-giving tasks male and female youth feel more comfortable and able to carry-out, as well as what tasks PLWHA themselves would prefer to have male or female youth carry out. Based on this research, the project adopted an approach that incorporates preferred tasks for young women and young men in order to develop youth care and support activities for PLWHA.

Gender Transformative Example

An HIV/AIDS prevention project worked with low-income young men, ages 14–25 to promote healthier sexual behavior. Adult men led weekly workshops using videos, role plays, discussions, individual reflection, and other participatory activities. Through these activities the participants questioned norms related to manhood, the health and other “costs” of inequitable gender-related views to themselves and their partners, and the advantages of gender equitable and safer sex behaviors. Young men participating in this program reported having more respect for and understanding of women and girls, improved relationships, and improved attitudes towards safer sex behaviors. As one young man put it, “Used to be when I went out with a girl, if we didn't have sex within two weeks of going out, I would leave her. But now [after the workshop], I think differently. I want to construct something [a relationship] with her.” As a result of their improved attitudes and behaviors, the young men participants were eight times less likely to report STI symptoms over time.

Ask participants to work in pairs to review project examples on colored cards. They then decide together whether each project example is gender transformative, gender accommodating, or gender exploitative. After each team has posted their cards under the continuum headings, invite the participants to explain why they classified their project examples as they had, particularly in those cases where the same project was classified differently by two or more teams. Facilitate a group discussion on how program interventions can be modified to change harmful gender norms and promote gender equality.

END OF DAY 1

Session 3: Review Data Analysis Packets

Materials

- Data packets tailored to each teams' health services (see Handout: Sample Tailored Data Packet)
- PowerPoint slides: Data Analysis Packets Review (sample layout requires background information relevant to information needs of workshop participants)

Time

1 hour and 15 minutes

Objectives

- Understand how routine data is produced, analyzed, and reported
- Define selected indicators within packets
- Brief review of data analysis methodology
- Routine Data Analysis Review:
 - » Reporting rates over time

- » Service coverage
- » Sex-disaggregated data
- » Analysis challenges and recommendations

Step 1: Sample Lecture

Session 3 is a presentation of sample data from packets tailored to the health services provided by participating teams. It is best to ask an M&E Specialist familiar with routine data sources to prepare this lecture and tailored data packets. If an M&E Specialist is not available, these slides provide an outline of the topics to be researched and presented. There are also examples of how to present routine data sources. The aim of this lecture is to orient teams to their tailored data packets, understand how the data is generated, and provide helpful guidance in how to interpret the data.

Step 2: Preparation

Pass out tailored data packets for each team. The interpretation of these data packets will be the basis of the gender analysis and integration plan that the team develops during this workshop.

Step 3: Production of Routine Data (slides 2–3)

In the sample lecture, there are 2 routine data sources presented: 1) HIV/AIDS-related direct services and 2) HIV/AIDS-related community outreach activities. The lecture begins with a simple table, the ‘Information Use Map’, which depicts the source of the routine data and maps it to the information life cycle.

In the Information Use Map template, each row is represented by a specific stakeholder group. The first stakeholder on the top row is typically a group that collects data, often a direct health service provider, health facility, or hospital. The subsequent stakeholders are those involved in the aggregation of routine data. They are stakeholders who represent higher levels of the health system hierarchy such as district, provincial, and national levels, often including a specific M&E unit.

The columns represent a specific stage in the information life cycle:

- a. Data collection—transfer of data from records to reports
- b. Compilation—aggregation of these reports
- c. Storage—keeping the data in a re-usable form such as data entry into a computer
- d. Analysis—making inferences from the data
- e. Reporting—disseminating data to other stakeholder groups
- f. Use—review of data that results in an evidence-informed decision for health programs

As data is transferred to each stage of the information life cycle, this transfer is indicated by a line or arrow. It is not always the case that information is transferred to another stage in the life cycle or to another stakeholder group.

In the sample slides provided the first example describes how HIV/AIDS-related service data is collected using a National Health Management Information System (HMIS). Data is collected in a patient register at a health facility that provides counseling and treatment. Clinic staffs at the health facility compile data from the patient registers, and a facility data manager enters this data into a computer. The facility data manager then sends a compiled report to the Biostatistics Unit. This unit is responsible for data analysis and reporting. They are also responsible for providing feedback to each of the individual health facilities.

The second example portrays the data life cycle for HIV/AIDS-related community outreach activities. The initial data collectors are registered community partners active in the district. They provide monthly reports to the District AIDS Coordinator who compiles the data, enters the data into computers, and then sends reports to a specialist who manages only HIV/AIDS-related community outreach data. This person is within the Biomedical Unit, and is responsible for analysis and reporting. In this example, analyzed data is reported to the national level and donors. However there is no feedback to community partners built into this information life cycle.

If you need some assistance in developing an ‘Information Use Map’, guidance and templates are available on the MEASURE Evaluation website: <http://www.measureevaluation.org/ddu>

Step 4: Select and Define Indicators (slides 4–5)

When selecting which routine indicators to include in this workshop, it is helpful to consider the following criteria:

- a. Data that is of good quality:
 - » Accurate—Data measures what they are intended to measure;
 - » Reliable—Data collected in a consistent manner;
 - » Precision—Data has sufficient detail (is sex-disaggregated for example);
 - » Completeness—Data represents complete list of eligible persons (or units);
 - » Timeliness—Data represents most up-to-date information and is relevant to current program activities as well as decision-making processes;
 - » Integrity—Data protected from deliberate bias or manipulation;
 - » Confidentiality—Clients assured their data is maintained following accepted standards and is not disclosed inappropriately.
- b. Priority information needs of those attending the workshop. In particular, the team members who are key decision-makers that manage and monitor health service delivery such as program managers or directors, policy makers, service providers, or civil society.

For each indicator selected, at minimum it is important to provide a clear and concise definition and outline how the indicator is calculated. If available, it is good to provide indicator reference sheets. Other optional information about each indicator that could be helpful include: brief justification for indicator in relation to the health program, data source, frequency of data collection, collection and analysis process, as well as any available baseline values of the indicator. In the sample lecture, the HIV/AIDS-related HMIS data includes:

- a. Anti-retroviral therapy (ART) for pediatric patients, adults starting treatment, adults currently on treatment, and adults on treatment after one year
- b. Voluntary Counseling and Testing (VCT) for clients who received services, those who had been tested and received results, and those who test positive for HIV
- c. VCT–Provider Initiated Testing (VCT–PIT), which is the same as VCT data only the client was referred to a VCT clinic by a health care provider

In the sample lecture, the HIV/AIDS-related community database includes:

- a. Indicator IEC: People reached through community outreach activities with at least 1 HIV information, education, or behavior change communication message;
- b. Indicator IEC Youth: Number of youth reached with HIV information, education, or behavior change communication through HIV youth clubs;
- c. Indicator OVC Services: Number of Orphans and Vulnerable Children (OVC) who received support services as part of the National Minimum Package of Services.

Step 5: Analysis Methodology (slide 6)

It is best to keep this simple and brief. The aim is to give participants a basic understanding of how data was compiled into the tailored data packets. In the sample lecture, the data packets were put together from Facility Data Manager and District AIDS Coordinator reports submitted to the Biomedical Unit. The Biomedical Unit then shared this raw data with MEASURE Evaluation for analysis. For any missing data sets, the MEASURE Evaluation project contacted health facilities and District AIDS Coordinators directly. The data was then disaggregated by sex, province, district, and facility. For each district team, the data was presented by facility within their district. The period of time for each data sources was also indicated.

Step 6: Reporting Rates (slides 7–11)

In the sample lecture, data was compiled across eight districts to provide an understanding of the performance of all eight districts together. Another approach could be to present an example data packet tailored to just one of the eight districts.

The aim of these slides is to provide participants with an understanding of the limitations of their data. Although some of the data may be limited due to underreporting, even this limited data can be used to inform decision-making.

It is best if all the teams at the training work within the same health sector, but in different geographic locations. In this way, each team will review the same indicators, only tailored to their geographic catchment area.

Whenever data is presented in a graph or chart, it is helpful to explain how to read the analysis as demonstrated in the lecture notes of each slide. After explaining the analysis, it is also helpful to provide some key messages based on an interpretation of the analysis.

The sample data presentation begins with the proportion of facilities reporting over time among all participating teams (slide 7). An explanation of the graph is provided in the speaker notes.

Key Message

This is an example of a data source with a very high reporting rate.

The sample community database source portrays the proportion of all community partners across 8 district teams for 3 specific indicators (slide 8).

Key Message

This is an example of a data source with a declining reporting rate.

If you have more than 1 data source, it is helpful to compare proportions of reporting rates (slide 11). This gives participants an understanding of which data source may be more reliable and therefore more influential in making an evidence-informed decision.

Key Message

One data source (HMIS) is more reliable than the other (Community Outreach Database).

Step 7: Understanding the extent of services (slides 13–15)

Based on the available data, it is good to give participants an understanding of health service coverage rates across teams (or districts as indicated in the sample lecture). Ideally, you would also provide prevalence and/or incidence statistics for the teams' specific health sector focus and for the teams' geographic catchment area. At the very least, national prevalence or inci-

dence would be helpful. Also, if available, the latest population estimates for the geographic catchment areas could provide some indication of the demand for services. Another option would be to focus on any established targets for the health program.

If both population and prevalence/incidence are available, then it is important to include an estimate of the demand for services compared with program coverage. For assistance in calculating coverage rates, an 'Introduction to Basic Data Analysis and Interpretation for Health Programs' facilitator's guide and training is available on the MEASURE Evaluation website: <http://www.measureevaluation.org/ddu>

The graphs provided in the sample lecture represent numbers of individual patients. This is what is typically reported from health facility registers. The speaker notes in the sample lecture give you an example of how to present the graphs. It is good to offer some interpretation for the participants as you orient them to the information.

Key Message (slide 13)

In Districts A, there are a large number of clients who test HIV positive compared with a low number of clients starting ARV treatment. Teams may want to discuss whether there is potential for some clients who need treatment not receiving it.

Key Message (slide 14–15)

District teams learn about the size of their programs relative to other participating districts. This is most useful when you also have data on HIV prevalence and estimated populations for each district.

Key Message (slide 15)

When comparing these analyses, District G had a lower number of HIV+ patients, the largest VCT program, and the highest number of people reached through IEC campaigns. There may be potential for other teams to learn lessons from District G about how they provide health services.

Step 8: Sex-disaggregated data (slides 17–26)

The sample lecture provides examples for presenting sex disaggregated data. For the presentation, data is listed by district. However in the team data packets, indicators are disaggregate by sex for each health facility or partner providing services with the team's district.

As you go through each slide, it is helpful to point out the differences for each district. By allowing all the teams to see how their district compares with others, it prepares teams for where they might want to focus their gender analysis during the next session.

In the next session, participants will use this disaggregated data to discuss potential reasons why there might exist a disparity between men and women for specific indicators within their respective districts.

Key Message (slide 17)

District B had the highest disparity between boys and girls less than 15 years for ART services. During team activities, District B may want to focus their discussions on ART pediatric services.

Key Message (slides 18–20)

All districts demonstrated a disparity between adult men and women currently on, starting, or receiving 1-year of ARV treatment. During team activities, each district team may want to

discuss: 1) whether this reflects the nature of the HIV epidemic in the country (i.e., how HIV may disproportionately affect women and to what extent) or 2) whether the way in which ART services are offered reaches more women than men and why.

Key Message (slide 21)

Districts B, C, D, E, and F experienced high disparities between men and women for VCT services. During team activities, these district teams may want to focus their discussions on VCT services.

Key Message (slide 22)

All districts demonstrated a disparity between men and women accessing VCT-PIT services. During team activities, each team may want to discuss: 1) whether this reflects the nature of the HIV epidemic in the country (i.e., how HIV may disproportionately affect women and to what extent) or 2) whether the way in which VCT-PIT services are offered reaches more women than men and why.

Key Message (slide 24)

In terms of communicating HIV information to the community, Districts A, B, D, and E reached a higher proportion of women than men. During team activities, these district teams may want to focus their discussions on why current activities tend to reach more women and how to reach more men with HIV information.

Key Message (slide 25)

Districts D and F contacted more young women than men. While Districts A, E, and H reached more young men than women with HIV information. During team activities, these district teams may want to discuss with each other the specific aspects of their outreach programs. There may be some lessons to be learned about reaching men and women in the various districts with HIV information.

Key Message (slide 26)

All districts demonstrated a high disparity in those who receive OVC support services in health, with an overwhelming proportion of young boys benefiting from existing programs. During team activities, all district teams may want to discuss why there are so few young girls in their OVC services programs.

Step 9: Challenges and recommendations (slide 27)

This is an opportunity for the M&E specialist and others responsible for managing routine data to briefly emphasize the data analysis challenges as well as recommend ways to improve data quality. In the sample lecture, some common data analysis problems are listed:

- Consistent names for facilities and partners across data files;
- Codebook with variable names, descriptions, and range of values;
- Consistent reporting across facilities and partners

Session 4: Introduction to the Gender Analysis Framework

Materials for this lecture were adapted from the IGWG website: <http://www.igwg.org/training/GenderAnalysisIntegration/IntroGendrAnalysisIntegration.aspx>

Materials

- Projector, laptop, and screen
- Power Point Slides: Introduction to Gender Analysis Framework
- Flipchart

Time

1 hour

Objectives

- The role of gender analysis in shaping the public health response
- Understand the five dimensions of gender
- Differentiate between gender-based opportunities and constraints
- Define sex-disaggregated

Present Gender Analysis Technical Content

Explanations of technical content can be found in the notes sections of Session 4 Power Point slides. Encourage discussion and questions to ensure you do not lose the attention of the participants during the lecture. For further explanation of a gender analysis, you can reference the source materials for this presentation:

- *Gender Analysis and Integration for HIV and Sexuality*, IGWG website: http://www.igwg.org/igwg_media/Training/GendrAnalysisIntegrHIVSexuality.ppt
- Jerome, J. and P. van den Oever. 1994. *Sex and Gender—What's the Difference?: A Tool for Examining the Sociocultural Context of Sex Difference, in Genesys, the Futures Group with Management Systems International and Development Alternatives Inc, Gender Analysis Tool Kit*. Office of Women in Development, USAID.

Team Activity 1: Gender Analysis Application

Materials

- Table 1: Gender Analysis
- Projector, laptop, and screen
- Power Point Slides: Tips and Tools for Sex-Disaggregated Data
- Flipchart

Time

45 minutes

Objectives

- Select 1–2 gender gaps in tailored data packets
- Identify gender norms that may cause or explain each gender gap
- Identify additional information sources about gender relations that would be helpful in the analysis
- Describe how identified gender norms affect the program under consideration as a gender-based constraint or opportunity to achieving program objectives

Step 1: Introduce the activity

Explain that to give participants a chance to practice examining the gender gap in your data packets; we developed two worksheets to help guide this process. Hand out copies of Table 1.

Step 2: Introduce Table 1

Walk participants through Table 1, identifying the various components. Participants will be asked to consider 1–2 gender gaps to focus on from their data packets.

Step 3: Complete an example as a group

Select an example gender gap from a tailored data packet to review with participants how to conduct the gender analysis. In the handouts, an example gender analysis is provided. In order to keep the review brief, this example only included the gender domains of 1) practices, roles, and participation and 2) knowledge, beliefs, and perceptions. You can use this example to guide the discussion, or develop a new based on available data. As you discuss the example, write participant responses on a flipchart. It may be helpful to provide answers to the first and/or second columns of the gender analysis before requesting responses from the participants. For this example, ask the participants to identify the following items, as per the columns in Table 1:

1st column

Key gender relations in each of the 4 domains + power that can be identified from the gender gap or other specific context being considered. Probe to be sure that women and men are considered and then that different levels in the society are considered. These levels may include the individual, their partners, friends and family, their community, the healthcare system, or other institutions. (Record key highlights on a flipchart that looks like column A.)

2nd column

Having identified key information from what is known about the gender gap (in the tailored data packets), ask participants to identify any additional/missing information that might help the program understand the gender barriers or constraints to ameliorating the gap. (Record a couple of these on a flipchart that looks like column B.)

3rd column

Ask participants to identify the key gender constraints for the identified gender gap. A gender-based constraint are gender relations that **inhibit** either women's or men's access to resources or opportunities of any type. Ensure that participants look across different domains and consider a few different levels. Record a couple of these on a flipchart.

4th column

Ask participants to identify the key gender opportunities for the identified gender gap. Gender-based opportunities are gender relations that **facilitate** men's access to resources or opportunities of any type. Ensure that participants look across different domains, and consider a few different levels. Record a couple of these on a flipchart that looks like column D.

Step 4: Power Point Slides: Tips and Tools for Sex-Disaggregated Data

These slides provide some additional guidance when reviewing the data for gender gaps. The key message is that in some situations, one gender may be more exposed to a disease than another. Therefore the data on treatment of the disease would show one gender accessing services more than another. In the gender analysis, it is important to determine whether the gender differences in the service statistics reflects the nature of the epidemic, or some aspect of relationship between genders within the society.

Step 5: Small group work

Have the participants work in small groups (preferably one group per districts, if the data is available at the district level). Ask the groups to complete the table using 1–2 gender gaps from the tailored data packets. Remind participants that there will be time after lunch to continue working on the gender analysis.

Group Activity 3: What Don't We Know?

Materials

- Flip chart, markers, and masking tape
- Projector, laptop, and screen
- Power Point Slides: What don't we know?

Time

30 minutes

Objectives

- Apply a systematic approach to further interpretation of gender analysis
- Develop a strategy for accessing additional information

Step 1: Preparation

The lecture slides for this group activity are designed to provide participants with ideas about what additional questions they may have concerning their health problem. The data sets that participants consult for their gender analysis exercise may not thoroughly answer all of their programmatic or policy questions. This lecture will help participants clarify these additional questions and identify other potential data sources.

This activity is intended to involve the entire group attending the workshop. It is best if all the teams at the training work within the same health sector, but in different geographic locations. In this way, each participant will benefit from the group's collective knowledge and expertise about the health topic.

The open discussion may change how different teams are approaching the gender analysis for their geographic catchment area. Also, this lecture may provide further clarity on how to apply the gender analysis framework. Therefore additional time is provided after this group activity to continue with the analysis and interpretation of data packets.

Step 2: Sample scenario (slides 2–6)

The scenario described in this lecture is based on the sample data packet provided. The health goal determined by participating teams may be very different, concentrating on other gender dimensions more relevant to their particular health sector.

Step 3: Steps to interpreting data (slides 7–10)

These are the steps taken for further interpretation of the gender analysis. At this point, teams have determined the findings from their data and how they apply to the five gender dimensions, i.e., what is happening.

There may be additional questions they need to answer in order to understand why this phenomenon is happening in their health programs. While facilitating this group work, it may be useful to refer back to some of the data analysis presented in Session 3: Review of Data Analysis

Packets. Also, it is important to note on flip chart paper general conclusions from the group discussion. Post these around the room so that teams can reference them as they continue to work on their gender analysis.

Session 5: Options for Further Investigation & Information Flow

Materials

- Projector, laptop, and screen
- Power Point Slides: Options for Further Investigation and Information Flow

Time

1 hour

Objectives

- Introduce research methods and how best they can be applied to address data gaps
- Review of qualitative research methods and their applications
- Introduction to the assessment of information flow through a health system

Step 1: Preparation

In many cases, teams will want to conduct further research to address the data gaps identified in this work shop. This lecture presents an overview of various research methods and the types of information that each method is likely to produce. This is an introductory presentation to research methods concepts. It is recommended that participants seek additional information about any research methods selected before implementing a new research project.

The second half of this lecture introduces the ‘Information Use Mapping’ tool. This tool is available on the MEASURE Evaluation website (<http://www.measureevaluation.org/ddu-tool-kit>). The way in which information flows through a health system from front-line data collectors to data entry clerks, and eventually to those who analyze and disseminate data is often not thoroughly understood by those providing health services. This tool allows participants to understand their role in the translation of data into useful information, and identifies opportunities for greater use of data to improve health services. By encouraging more health providers to use data for health service improvement, the value and quality of data is enhanced.

Step 2: Quantitative and Qualitative Research Methods (slides 3–16)

This is a brief introduction to the two primary social research methods, and how they may be used to render findings for different purposes. Much of social research involves not only determining what is happening or why a phenomenon is happening, but also the extent that findings can be applied to other population groups. The lecture explains that both quantitative and qualitative methods are often used together to explain from a variety of perspectives, and to the extent possible, a particular phenomenon. There is an emphasis on qualitative methods because often this is the most immediately convenient option for further research after a review of existing data sets have established the size and scope of a health problem.

Step 3: Information Use Mapping (slides 17–26)

This brief introduction aims to make participants aware of the Information Mapping Use Tool available on the MEASURE Evaluation website (<http://www.measureevaluation.org/ddu-tool-kit>), and what it can do to help improve data use, quality, and access. It is based on the premise that health services can be greatly improved if those responsible for data collection are given opportunities to interpret and apply data to how they manage and provide health services.

When data collectors experience the benefits of data applied to decision-making at their level of health service delivery, it enhances the value and quality of the data collected.

END OF DAY 2

Session 6: Gender Integration with a Special Focus on Indicators

Materials

- Projector, laptop, and screen
- Power Point Slides: Gender Integration, A Special Focus on Indicators

Time

1 hour and 30 minutes

Objectives

- Discuss the application of gender analysis in the program cycle through use of Table 1 and Table 2
- Explain the characteristics of a good indicator
- Differentiate between sex-disaggregated indicators and gender-specific indicators
- Review recommendations for selecting appropriate indicators
- Link gender-based constraints to indicators

Deliver the presentation “Gender Integration with a Special Focus on Indicators”

Use the speaker notes included in the presentation. Encourage discussion and questions to ensure you do not lose the attention of the participants during the lecture.

Team Activity 2: Gender Integration Action Planning

Materials

- Table 2: Integrating Gender into Programming
- Flipchart, markers
- Participants’ completed Table 1 handouts

Time

3 hours

Objectives

- Complete the Gender Integration action plan
- Prioritize constraints and opportunities
- Identify appropriate actions, decision makers, indicators, and data sources needed to address selected changes
- Identify timeline and communication channels to implement the targeted change

Step 1: Introduce the Activity

The participants will build upon the work they completed in Team Activity 1 with Table 1. Ask a team of participants to share one priority gender-based constraint to the gender gap being considered that they identified in Table 1.

Related to this constraint, work with the whole group to complete Table 2: Integrating Gender into Programming. It is helpful to complete a separate piece of flipchart paper for each of the headings in Table 2. An example gender integration action plan is included in the handouts. This can be reviewed as well if you think the group needs further clarification. For each action plan, participants should identify:

1st column

A specific activity or programmatic change that would address the priority gender-based opportunity or constraint. Record responses on a flipchart with the heading from column 1 in Table 2. When there are no further suggestions, tape the flipchart paper on a nearby wall.

2nd column

List of decision-makers or other stakeholders who need to approve or support the programmatic change. Record responses on a flipchart with the heading from column 2 in Table 2. When there are no further suggestions, tape the flipchart paper on a nearby wall.

3rd column

A sample indicator that would indicate a) the gender-based opportunity is being taken advantage of, or b) decrease in, or removal of, the gender-based constraint. Include the data source for this indicator. Record responses on a flipchart with the heading from column 3 in Table 2. When there are no further suggestions, tape the flipchart paper on a nearby wall.

4th column

The timeline and communication channel for implementing this programmatic change. Record responses on a flipchart with the heading from column 4 in Table 2. When there are no further suggestions, tape the flipchart paper on a nearby wall.

Finally, ask the group to consider where on the continuum they would place their proposed activities. The categories along the gender continuum include: 1) gender exploitative, 2) gender accommodating, and 3) gender transformative.

Ask participants if they have any questions or comments about Table 2 or the overall suggested process of using Tables 1 and 2.

Step 2: Debrief the Activity

- Ask: What did you think of this framework and exercise?
- Ask: How will/can you apply this framework to your current project work?
- Ask for final questions.

Poster Session: Sharing Gender Analysis Results, Action Plans, and Indicators

Materials

- Flip chart
- Markers
- Masking tape

Time

1 hour

Objective

Presentations and feedback on 'Gender Integration Action Plans'

Steps

About 1 hour before teams complete their 'Gender Integration Action Plans', inform teams to re-create their plans on flip chart paper. They will post these on the wall and present them to their fellow workshop participants.

After all of the teams have put their posters in place, ask them to nominate a presenter. This person will remain with the poster to present it to others throughout this exercise. The rest of the members of the team will proceed to the poster on their left. Presenters have 5 minutes to describe their action plans. The audience then has five minutes to provide feedback, which is noted down by the presenter to share with their team after the exercise.

Teams proceed to the left until they have seen and commented on all posters. Teams then have 10 minutes to discuss the feedback that their presenter noted from others.

Review Key Themes and Next Steps

Materials

Group expectations from Introduction session written on flip chart

Time

15 minutes

Objective

Review key themes presented during the workshop

Step 1: Review technical content

30 minutes if needed

There are no slides for this section. Simply review the key themes from each session. Before concluding the training workshop, ask participants if everything was clear and if they would like to discuss any of the concepts or topics further.

Note

This session is a summary of the content covered in Sessions 1–6 and does not include group work.

Step 2: Review Workshop Expectations

At the end of the workshop, the facilitator should review the training expectations solicited from participants during the Introduction session to determine if they were met. The facilitator also should encourage participants to complete a training evaluation form so that information is collected on how to improve the training to better meet the learning needs of students in their specific context.

Workshop Closing and Evaluation

Materials

Evaluation form

Time

30 minutes

Objective

To close the workshop

MEASURE Evaluation

Carolina Population Center
University of North Carolina at Chapel Hill
206 W. Franklin Street
Chapel Hill, NC 27516

www.measureevaluation.org