

Facilitator Guide



1.5 days

Workshop Audience:

This training is for program staff working in safe motherhood who want to build their skills to integrate gender into their programming. The module provides capacity building on foundational gender and gender analysis concepts and tools, with a special focus on how gender impacts safe motherhood. No prior knowledge or gender training is assumed.

Workshop Objectives:

By the end of this workshop, participants will be able to

- Define gender and related concepts;
- Identify key gender-related barriers to safe motherhood;
- Recognize gender-related barriers to safe motherhood across the life cycle;
- Understand the continuum of approaches to integrating gender into projects;
- Understand a framework for gender analysis and integration for addressing gender in safe motherhood programs;
- Apply gender analysis and integration to safe motherhood case studies; and
- Identify initial actions to integrate gender into their own projects.

Pre-workshop Preparation

- Prepare flipcharts.
- Make copies of handouts for each participant.

Facilitator Guide

Materials

Flipcharts, markers, tape

Prepared flipcharts:

- Introduction Questions
- Objectives and Agenda
- Definition of Gender
- Definition of Safe Motherhood
- Instructions for “How Gender Affects Safe Motherhood Across the Life Cycle” Activity
- Continuum of Levels of Caregiving
- Six Areas of Gender’s Impact on Safe Motherhood
- Gender Continuum
- Gender Continuum Activity Instructions
- Sample Objective (With Blank Columns)
- Gender Analysis Activity Instructions
- Action Planning Questions

Handouts:

- Objectives and Agenda
- Gender-Related Terms and Definitions
- Gender Continuum
- Case Studies: Gender Continuum
- Case Studies for Gender Analysis
- Gender Analysis Tables (1&2)
- Evaluation

PowerPoint presentations:

- How Gender Impacts Safe Motherhood
- Introduction to Gender Analysis and Integration

Video:

Video: Step By Step: Toward Safe Motherhood, accessible at: <http://www.igwg.org/training/GenderMotherhood.aspx>



Gender and Safe Motherhood



Facilitator Guide

Agenda

Day 1:

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|------|--|--------------------|
| I. | Welcome and Introductions; Review of Agenda and Objectives | 30 minutes |
| II. | Vote With Your Feet | 45 minutes |
| III. | Defining Gender and Related Concepts (including 15-minute break) | 1 hour, 15 minutes |
| IV. | Introduction to Gender and Safe Motherhood | 1 hour |

Lunch 1 hour

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| V. | How Gender Affects Safe Motherhood across the Life Cycle | 1 hour, 30 minutes |
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Break 15 minutes

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| VI. | Gender Continuum | 1 hour, 30 minutes |
| VII. | Wrap-up | 15 minutes |

Day Two:

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|------|---|------------|
| I. | Welcome, Check-in | 15 minutes |
| II. | Introduction to Gender Analysis and Integration in Safe Motherhood | 1 hour |
| III. | Applying Gender Analysis and Integration in Safe Motherhood (including 15-minute break) | 2 hours |
| IV. | Action Planning | 30 minutes |
| V. | Close and Evaluation | 15 minutes |

Session I: Welcome, Introductions, Review of Agenda and Objectives

Activity 1: Welcome

 5 minutes

1. Welcome the group to the workshop. Explain that the IGWG is committed to providing training and information critical to understanding how gender impacts our work in reproductive health. The focus of this workshop will be introducing participants to the topic of gender and its impact on maternal health.
2. Introduce yourself and explain your role over the next day and a half. Have any other facilitators introduce themselves as well and explain their role during the workshop.

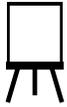
Activity 2: Introductions

 20 minutes

Materials

Prepared Flipchart: Introduction Questions

1. Divide the group into pairs and ask them to find out the following about each other. Display flipchart with this information.



- Name
- What programs/projects they are responsible for
- Experience with gender in maternal health and/or development
- ONE expectation for this workshop

Allow 10 minutes for this exercise.

2. After 10 minutes, ask the pairs to BRIEFLY introduce each other to the larger group. Record their expectations on a flipchart for use during the review of the agenda. As participants are introduced, note any similarities in experience or unique experiences.

Session I: Welcome, Introductions, Review of Agenda and Objectives

Activity 3: Review of Workshop Objectives and Agenda

 5 minutes

Materials

Prepared Flipchart: Objectives and Agenda

Handout: Objectives and Agenda (to be prepared by facilitator; tailored to workshop-specific dates, timing, etc.)

1. Review the workshop objectives and agenda, displaying a flipchart listing both. Direct participants to follow along with their own copy in their folder. Tie participant expectations mentioned in the introductions to the objectives and activities in the workshop. Any expectations that do not fall within the scope of the workshop should be written on a flipchart marked “Parking Lot.” Explain that you will talk to IGWG staff about expectations mentioned here that are not addressed and where participants may find information on the topic.
2. Ask participants if they have any questions on the objectives and agenda for the workshop.

Transition to “Vote With Your Feet.”

Session II: Vote With Your Feet

Activity 1: Values Clarification: “Vote With Your Feet”

 45 minutes

1. Ask the group to stand in the center of the room. Explain that you are going to call out a statement. Tell the participants to step to the right if they agree with the statement, or step to the left if they disagree. Sample statements are below:

1. Increasing men’s participation in antenatal care will only further increase men’s control over women’s fertility and health.
2. Safe motherhood will always be a more important issue to a woman than to a man because she is the one who will give birth and care for the baby.
3. Many health workers are uncomfortable counseling men on safe motherhood issues.
4. Men are uncomfortable going to a female-oriented health facility.
5. The most important thing a woman can do is to have babies and care for them.
6. A man is most valued for his ability to make money and provide for his family.
7. Women are naturally better parents than are men.
8. A man is more of a “man” once he has fathered a child.

2. Call out the first statement. Repeat it to ensure everyone heard it. After everyone chooses whether they agree or not, ask 2 or 3 participants from each side to explain why they voted the way they did. Facilitate a brief discussion on their reasons. Read up to 4 statements.
3. Debrief the activity by explaining 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 work with gender issues.

Transition to Defining Gender

Tell participants that, next, we are going to explore how we define gender and related concepts.

Session III: Defining Gender and Related Concepts

Activity 1: Defining Gender and Related Terms

 1 hour, 15 minutes (including a break)

Materials:

Prepared Flipcharts: Definition of Gender
Definition of Safe Motherhood
Handout: Gender-Related Terms and Definitions

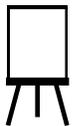
1. Divide the group into 8 small groups. Assign each group one of the following terms:

- gender
- sex
- gender equity
- gender equality
- women's empowerment
- gender integration
- gender mainstreaming
- constructive men's engagement

Tell them to take 10 minutes and define the term. When they are done, ask them to write the definition on a flipchart and tape it up on the wall.

15-minute break

2. Have the group assemble around each term, have the group read the definition, and ask the larger group for their thoughts on how it was defined, anything they would change and why. Clear up any incorrect information if necessary.
3. Display the flipchart with the IGWG's definition of gender. Explain to the group that gender is defined in many different ways, as displayed by their words, but for our purposes today, we are going to use the IGWG definition:



Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.

4. Give participants the handout with the definitions of gender and related terms for their future reference. Review any key additional points for the related terms not yet covered in the discussion.

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Session III: Defining Gender and Related Concepts

(continued)

Sex refers to the biological differences between women and men. Sex differences are concerned with women and men's physiology.

Gender refers to the economic, social, political, and cultural attributes and opportunities associated with being women and men. The social definitions of what it means to be a woman or a man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.

Gender equity is the process of being fair to girls/women and boys/men. To ensure fairness, measures must be available to compensate for historical and social disadvantages that prevent girls/women and boys/men from operating on a level playing field.

Gender equality permits girls/women and boys/men equal enjoyment of human rights, socially valued goods, opportunities, and resources.

Women's empowerment means improving the status of women to enhance their decisionmaking capacity at all levels, especially as it relates to their sexuality and reproductive health.

Gender integration refers to strategies applied in program assessment, design, implementation, and evaluation to take gender norms into account and to compensate for gender-based inequalities.

Gender mainstreaming is the process of incorporating a gender perspective into policies, strategies, programs, project activities, and administrative functions, *as well as into the institutional culture of an organization.*

Constructive men's engagement promotes gender equity with regard to reproductive health; increases men's support for women's reproductive health and children's well-being; and advances the reproductive health of both men and women.

5. Ask the participants if they have any further questions and/or comments.
6. Next, ask the group to define Safe Motherhood. Generate responses and record key words and phrases on a flipchart. Share a definition of safe motherhood with the group:



Safe motherhood is the ability for a woman to have a safe and healthy pregnancy and delivery. The goal is to ensure that every woman has access to a full range of high-quality, affordable sexual and reproductive health services, especially maternal care and treatment of obstetrical emergencies to reduce maternal death and disability.

7. Remind the group that we will be focusing on how gender impacts maternal mortality and morbidity.

Safe motherhood definition adapted from: The POLICY Project. 2003. Networking for Policy Change: An Advocacy Training Manual, Maternal Health Supplement. Washington, DC: POLICY Project.

Session IV: Introduction to Gender and Safe Motherhood

Activity 1: PowerPoint presentation: How Gender Impacts Safe Motherhood

 20 minutes

Materials:

PowerPoint Presentation: How Gender Impacts Safe Motherhood

1. Deliver an interactive lecturette (asking questions as you deliver key points) with a PowerPoint presentation that provides a general framework/explanation of safe motherhood and lays the groundwork for how gender affects maternal mortality and morbidity. Include prevalence data for the country/region where the workshop is being held.

Activity 2: Film and Discussion Highlighting the Impact of Gender on Safe Motherhood



40 minutes

Materials:

PowerPoint Presentation: How Gender Impacts Safe Motherhood

Video: “Step by Step: Toward Safe Motherhood”

1. Transition to the second section of the PPT, noting that underlying these causes of maternal mortality are a number of socio-cultural barriers—especially barriers related to gender. Show the transition slide, and ask for participants’ initial thoughts on gender barriers to safe motherhood.
2. Next, explain that we will show a short, 18-minute film that highlights the specific gender barriers to safe motherhood, “Step by Step: Towards Safe Motherhood.” Explain that we will discuss the group’s reactions and observations after the movie. Provide background on the movie, noting that it is from Mexico (with English subtitles) and was made by an non-governmental organization (NGO) named La Casa de La Mujer Rosario Castellanos.
3. After viewing the movie, give participants a couple of minutes for spontaneous discussion with others. Then facilitate a large group discussion asking the following questions:
 - What did you think about the video?
 - What emotions did it elicit?
 - Was there anything that surprised you? Shocked you?
 - What were the factors that contributed to Chayo’s ultimate death?
 - Did she have any other options? What might have helped to increase her options?
 - How do the experiences shown in this video relate to other program experiences with which you are familiar?
4. Conclude the discussion by reviewing the specific data on gender factors related to maternal mortality, highlighting any points that participants may not have already covered. Use the second half of the PPT presentation and/or list key points on a prepared flipchart for review. Be sure that the following gender-related factors have been discussed:

Session IV: Introduction to Gender and Safe Motherhood

(Continued)

Poor maternal nutrition is very common in many countries. Due to women's low status, they are often served less nutritious foods, where husbands and sons receive better food. Poor nutrition in girls can stunt growth and thus limit the size of pelvises. Women who are underweight are less likely to have healthy pregnancies.

Improvements in maternal weight can be achieved by delaying **age of first pregnancy**, an issue linked closely to **marital age**. Globally, more than one-third of women are married or in unions before they reach 18 years of age, and in 10 percent of countries, that is the case for more than half of all women. (UNICEF. 2007. *The State of the World's Children 2007: Women and Children: The Double Dividend of Gender and Equality*. NY: UNICEF).

Girls ages 10–14 are five times more likely to die in pregnancy or childbirth than women age 20–24, while girls ages 15–19 are twice as likely to die. (UNICEF. 2001. *Early Marriage: Child Spouses*. Florence: UNICEF Innocenti Research Centre).

Pregnancy-related deaths are the leading cause of mortality for 15–19 year-old girls worldwide. (Otoo-Oryortey, N. and S. Pobi. 2003. "Early Marriage and Poverty: Exploring Links and Key Policy Issues." *Gender and Development* 11(2): 42–51.

Lack of education and information also take a toll on women's health. Women's education is strongly correlated with positive maternal health outcomes. High rates of illiteracy/low rates of school attendance among women and girls, common in many parts of the world, contribute to high maternal mortality.

Restriction of women's movement outside the home, in some societies, limits their access to services or ability to seek services.

Gendered division of household labor in most societies, rooted in social norms and values, means that girls and women bear most of the domestic, farming, and childcare tasks. This work responsibility continues through many women's and girls' pregnancies and is sometimes resumed immediately after delivery. This heavy workload can have negative impacts on the mother's health.

Gender-based violence, which disproportionately affects girls/women, greatly contributes to maternal mortality. Some women experience violence for the first time during pregnancy. Intimate partner violence against women may increase during pregnancy. Women who suffer intimate partner violence in pregnancy are more likely to miscarry, which can cause complications. Female genital cutting, which is prevalent in some countries, can also complicate childbirth, leading to, for example, obstetric fistula.

Women, in many societies, also lack **decisionmaking power** over how money and other resources are used. Women do not always have the power to spend money on their own antenatal care or to decide if the money can be spent on emergency obstetrical care and transportation to hospital/health center. In many societies, it is up to her male partner or other family members, especially mothers-in-law. Due to a woman's low status, family members sometimes decide her health is not worth the expense.

Women also do not always have a say in how many children they would like to bear, how to space

Session IV: Introduction to Gender and Safe Motherhood

(Continued)

their children, and in use of contraception. Women who do not space births face consequences to their health.

Gender barriers exist at many different levels, including in healthcare systems and the policy arena. Sometimes gender barriers are more readily identified at the level of families and the community. Yet, they exist across multiple levels: Health systems are social institutions with complex dynamics of power, including those based on gender and other inequalities. These gender-related barriers affect the degree to which health systems can function and deliver high-quality, timely care to pregnant women. Gender discrimination also affect the degree to which policy decisions—at multiple levels from the family and community to government systems—do or do not get made to prioritize safe motherhood.

Women’s status. Finally, informing all of these different areas of gender barriers, are broader gender norms and inequalities that result in women’s low status. Even though women are valued as givers of life, they are often devalued in other ways—especially when their health during pregnancy and childbirth are not viewed as a priority for action.

5. Ask for any final thoughts or reflections about this activity from the group. Note that, in the next activity, we will continue to refine our understanding of gender barriers related to safe motherhood and then will move to implications for how to address these barriers.

Lunch

60 minutes

Session V: How Gender Affects Safe Motherhood across the Life Cycle

Activity 1: How Gender Affects Safe Motherhood across the Life Cycle

 90 minutes

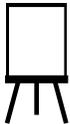
Materials:

Prepared Flipcharts: Instructions for Life Cycle Activity
Continuum of Levels of Caregiving
Six Areas of Gender's Impact on Safe Motherhood

1. Explain that now we are going to look specifically at four stages in a woman's/girl's life related to maternal health and gender roles and norms. Divide the participants into four smaller groups. Assign each group one of the following categories:

- Pre-pregnancy
- Pregnancy
- Labor and Delivery
- Postpartum

2. Ask the groups to do the following (display flipchart):



1. Brainstorm and list on a flipchart the gender norms and roles for both women and men at each stage and the possible impacts they can have on the health outcome for the pregnant girl/woman at that stage.
2. Choose a presenter.
3. You will have 20 minutes for this activity.

3. After 20 minutes, call time. Ask each group to briefly report the results of its discussions. Responses for each category should include the following:

Pre-pregnancy:

- Decision whom/when to marry.
- Early age of marriage.
- Girls are denied education in many societies due to their families' need for them to work, lack of school fees, and early marriage. Limited resources for education are often allocated to the boy child.
- Girls and women often do not receive education/information about sexuality, pregnancy, etc.
- Girls and women in many societies lack access to proper nutrition due to their low status, which impacts their overall health and development.
- Women and girls do not always have the power to control when, and with whom, they have sex.
- Women and girls, and especially young or nonmarried women/girls, do not always have access to contraceptive information, services, or supplies.

Session V: How Gender Affects Safe Motherhood across the Life Cycle

(Pregpregnancy, continued)

- Women often do not have a voice in deciding on family planning matters.
- Couples are discouraged from discussing their desired number of children.
- There is pressure to prove fertility for both women and men.
- Due to the lack of FP use, births are not limited or spaced at least two years apart; this can create complications, especially for young married girls.
- Unintended pregnancies are high risk, as they are more likely to end in abortion, and unsafe abortions can result in death.

Pregnancy:

- In some societies, there is pressure to have a boy child.
- The timing of pregnancy often is not in the woman's control.
- In many societies, women's mobility is limited, thereby limiting their ability to seek proper antenatal care.
- In many societies, women are not allowed to make independent decisions to access healthcare or to arrange transportation to antenatal visits.
- In many societies, women and their male partners feel it would be shameful for a woman to be examined by a male provider.
- In many societies, women do not have access to financial resources to pay for antenatal services or for transportation to antenatal visits.
- Men and women alike may not understand the pregnancy and childbirth process, the signs of pregnancy complications, proper nutrition, etc.
- In many societies, women and girls are denied proper nutrition, especially food rich in iron and vitamin A, due to their low status.
- Many women are responsible for strenuous work in the household. Male partners and families may not understand that it jeopardizes her health or the health of the developing fetus.
- Studies show that women experience intimate partner violence (IPV) during pregnancy, and that in some country contexts, women may experience IPV for the first time or at greater levels while pregnant. (Gill, K., R. Pande, and A. Malhotra. 2007. "Women Deliver for Development." *Lancet* 370(9595): 1347–1357).
- Communities may not understand the importance of timely access to emergency obstetric care and/or may not prioritize women and their safe motherhood.
- At multiple levels of policy (from national to municipal government and health services to community), women's health and well-being is not prioritized.

Session V: How Gender Affects Safe Motherhood across the Life Cycle

Labor and Delivery

- In some cultures, sex selection is practiced and female fetuses are aborted or female infants killed.
- In some cultures, women are expected to go through labor and delivery alone, without help, and/or in dangerous and unhygienic conditions.
- Skilled attendance may not be available during labor and delivery, as husbands/male family members/mothers-in-law sometimes refuse to allocate funds to pay for their services.
- Transportation may not be arranged due to husband/male family members/mothers-in-law/community not allocating funds for payment.
- The woman and her partner may not know/understand the symptoms of complications and delay seeking help.
- There can be a delay in receiving adequate care at a health facility, if providers do not see women in labor as a priority, or if providers demand payment up front for delivery and complications services.
- In many societies, women and their male partners feel it would be shameful for a woman to be examined by a male provider.
- In hospitals, women are sometimes forced or coerced to labor in positions not of their choice for the convenience of the provider or to meet rigid clinical norms.
- Providers may not explain interventions and the full range of their consequences to women, impinging on their right to informed consent.
- Fathers are sometimes prevented from being present at birth and/or not welcomed into facilities/spaces where birth will occur.

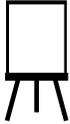
Postpartum:

- Due to gender norms that women do not have a right to knowledge or may not be able to understand information, women are not provided information about postpartum complications. Due to gender norms that pregnancy is not a male concern, men are also not included as a potential partner to be educated about postpartum complications.
- Health systems have not prioritized supervision of women's and child's health status within the first 24 hours after delivery.
- In many societies, women and girls are denied proper nutrition due to their status, especially food strong in iron and vitamin A.
- Women are sometimes expected to return to doing heavy housework, such as gathering water and firewood and taking care of older children soon after delivery.
- Women sometimes cannot make the decision to use contraception for birth spacing or to prevent pregnancy when the desired number of children is reached.
- In many societies, women are discouraged/not allowed to discuss the optimal number of children with their partners.
- In some societies, pressure to have a boy child pushes women to become pregnant too soon after a girl child is born.

Gender and Safe Motherhood

Session V: How Gender Affects Safe Motherhood across the Life Cycle

4. After each group reports out, ask the following:
 - What do you think of the report out?
 - Was anything missing?
 - Did anything surprise you?
5. After all the groups have reported out, share anything they missed.
6. Observe that gender barriers to safe motherhood are not just at the level of individual women and their partners and their families and communities but also within healthcare institutions and policy decisions/priorities. Note that recent frameworks for considering maternal health have included the idea of a continuum of care not only across the life cycle but across these different levels of caregiving (Kerber, Kate J., Joseph E. de Graft-Johnson, Zulfiqar A. Bhutta, Pius Okong, Ann Starrs, and Joy E. Lawn. 2007. “Continuum of Care for Maternal, Newborn, and Child Health: From Slogan to Service Delivery.” *Lancet* 370(9595): 1358–69).
7. Display a flipchart with a graphic of the continuum of care at places of caregiving.



| | |
|--|----------------------------------|
| Appropriate access, referral, and follow-up between levels | Hospitals and health facilities |
| | Outpatient and outreach services |
| | Family and community care |

From Kerber et al., 2007.

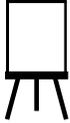
8. Ask the group to re-cap briefly: Based on what participants identified as the key gender barriers in the life cycle, which seem to relate to these different levels of caregiving? Be sure that the following are mentioned:
 - Gender-related factors related to the three delays (recognizing need for emergency care, accessing emergency care, and receiving care once at a facility)
 - Gender-related factors related to quality of care within the healthcare facility and efficient referrals (e.g., respect for women and their community [often female] caregivers, inclusion of men to provide support for their female partners)
 - Gender-related factors to prioritizing resources for adequate, high-quality services and emergency transport by decisionmakers/policymakers at community, municipal, and other government levels.

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Session V: How Gender Affects Safe Motherhood across the Life Cycle

(continued)

9. Display the flipchart and explain that the factors affecting women's access to good antenatal care and emergency obstetric care can be categorized under six areas:



1. **Limited access to education:** girls who are denied schooling tend to have poorer health, larger families, and children with a higher risk of death. Women's/girls' low educational levels also lead to early marriage (or early marriage contributes to this limited access).
2. **Limited exposure to information:** men may not see involvement in their partner's health as their concern due to gender norms and roles and, in particular, may be unaware of danger signs and the risks facing mother and child. Women often lack access to information as they are not perceived to be decisionmakers. If women do have knowledge, they may not feel empowered to act on it.
3. **Limited financial resources:** women frequently cannot make independent health decisions or seek services due to lack of access to funds. Communities and local health care services often have not prioritized women and their safe motherhood, and have not sought to ensure available financial resources and transportation in cases of emergency.
4. **Limited mobility:** in some societies, women cannot leave their homes without the permission of the husband/male members of family.
5. **Limited power in decisionmaking:** men and/or mothers in-law often exercise authority over whether and when a woman can seek outside care and whether household resources can be spent on routine or emergency care. Within the community outreach and referral system, female community health workers may not have the respect and authority needed to refer women for emergency care or to have their recommendations acted on with the necessary speed.
6. **Social and cultural norms:** women's pregnancies and safe motherhood are often not prioritized for action by women, their partners, families, communities, and health systems because of the lower status accorded women and the linked assumption that women's death and suffering in pregnancy are a "natural" part of being a woman. Communities and healthcare systems often also assume that pregnancy is a woman's concern and, thus, that men (outside of designated roles as healthcare providers) do not have a role in understanding or supporting healthy pregnancies. Many providers and health systems similarly enact gender norms that discriminate against women, assuming that women's perceptions, preferences, and experiences are not to be listened to or valued; this discrimination may apply to women providers (often female community health workers or midwives), whose knowledge and referrals may be disregarded.

10. Finally, state that as we have seen and discussed, men's roles in many societies as key decisionmakers have an impact on women's health.

- Men need to be involved in community-wide decisions to ensure that resources and systems for medical assistance and transport are in place and available to women who need them.

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Gender and Safe Motherhood



Session V: How Gender Affects Safe Motherhood across the Life Cycle

- Not just the husband/partner, but men in all positions as gatekeepers in a community—community leaders, tribal leaders, religious leaders, policymakers, service providers, and family members—can contribute to saving pregnant and post-delivery women’s lives.
- There is strong evidence showing that men are concerned about the health of women and children, and both men and women see potential benefits from an expanded role for men in safe motherhood and reproductive health (RH).
- As men are engaged, it is crucial to enable *constructive* men’s engagement so that women’s often precarious ability to control their own bodies and decisions is enhanced, rather than unintentionally undermined (Gay J., K. Hardee, N. Judice, K. Agarwal, and K. Fleming. 2003. *What Works: A Policy and Program Guide to the Evidence on Family Planning, Safe Motherhood, and STI/HIV/AIDS Interventions; Module 1: Safe Motherhood*. Washington, DC: POLICY Project).

Break 15 minutes

Gender and Safe Motherhood

Session VI: Gender Continuum

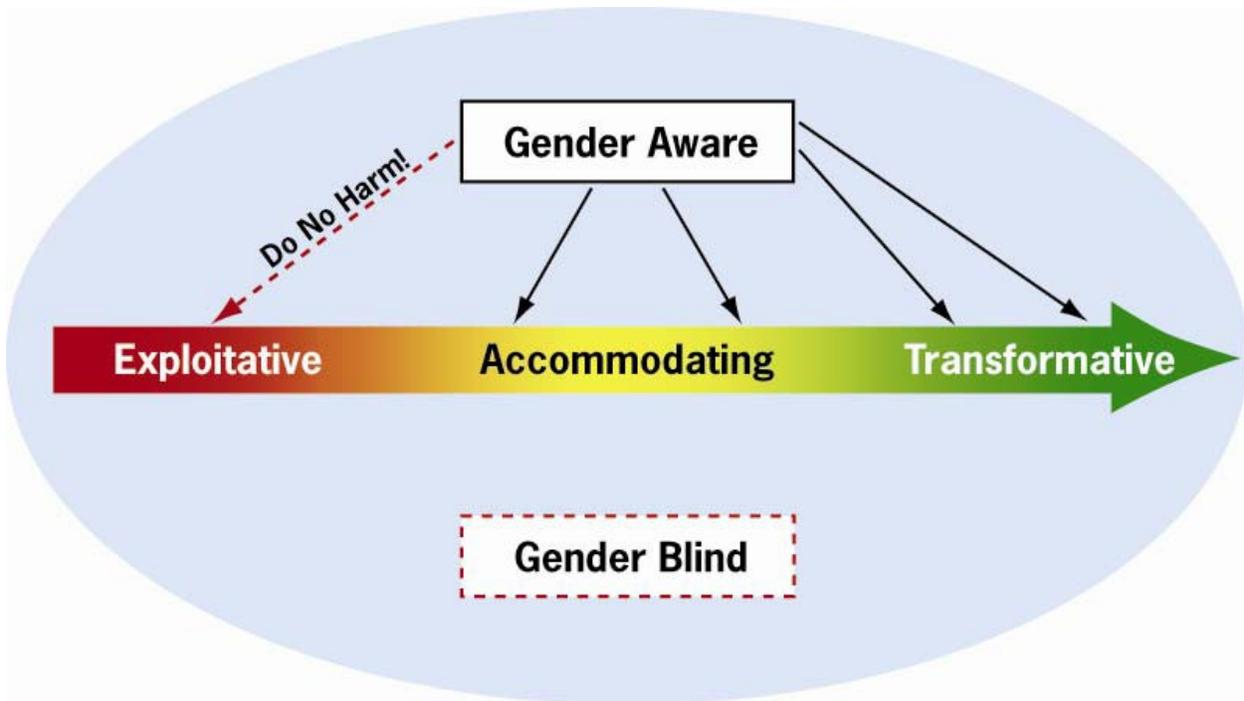
Activity 1: Gender Continuum

 60 minutes

Materials:
 Prepared Flipchart: Gender Continuum
 Handout: Gender Continuum

1. Explain that we have been exploring the importance of understanding how gender can have an impact on safe motherhood and our project outcomes. Next we are going to explore what gendered approaches can look like in projects. To guide various projects on how to integrate gender, the IGWG has developed a conceptual framework known as the Gender Integration Continuum. This framework categorizes approaches by how they treat gender norms and inequities in the design, implementation, and evaluation of programs/policies.

The term “**gender blind**” refers to the absence of any proactive consideration of the larger gender environment and specific gender roles affecting program/policy beneficiaries. Gender blind programs/policies would give no prior consideration for how gender norms and unequal power relations affect the achievement of objectives or how objectives impact gender. In contrast, “**gender aware**” programs/policies deliberately examine and address the anticipated gender-related outcomes during both design and



implementation. An important prerequisite for all gender-integrated interventions is to be gender aware.

Session VI: Gender Continuum

Talking points to introduce the gender integration continuum:

In the continuum graphic, the circle depicts a specific program environment. Because programs are expected to take gender into consideration, the term “gender aware” is enclosed in a solid line, while the “gender blind” box is defined by a dotted, weak line. Awareness of the gender context is often a result of a pre-program/policy gender analysis. “Gender aware” contexts allow program staff to consciously address gender constraints and opportunities and plan their gender objectives.

The gender integration continuum is a tool for designers and implementers to use in planning how to integrate gender into their programs/policies. Under no circumstances should programs take advantage of existing gender inequalities in pursuit of health outcomes (“do no harm!”), which is why, when printed in color, the area surrounding “gender exploitative” is red and the arrow is dotted.

Gender aware programs/policies are expected to be designed with gender accommodating or transformative intentions or at other points along that end of the continuum. Programs/policies may have multiple components that fall at various points along the continuum, which is why multiple arrows exist. The ultimate goal of development programs/policies is to achieve health outcomes while transforming gender norms toward greater equality; therefore, the area around “gender transformative” is green (“proceed forward”) and the arrow extends indefinitely toward greater equality.

Gender exploitative approaches, on the left of the continuum, take advantage of rigid gender norms and existing imbalances in power to achieve the health program objectives. While using a gender exploitative approach may seem expeditious in the short run, it is unlikely to be sustainable and can, in the long run, result in harmful consequences and undermine the program’s intended objective. It is an unacceptable approach for integrating gender.

Gender accommodating approaches, in the middle of the continuum, acknowledge the role of gender norms and inequities and seek to develop actions that adjust to and often compensate for them. While such projects do not actively seek to change the norms and inequities, they strive to limit any harmful impact on gender relations. A gender accommodating approach may be considered a missed opportunity because it does not deliberately contribute to increased gender equity, nor does it address the underlying structures and norms that perpetuate gender inequities. However, in situations where gender inequities are deeply entrenched and pervasive in a society, gender accommodating approaches often provide a sensible first step to gender integration. As unequal power dynamics and rigid gender norms are recognized and addressed through programs, a gradual shift toward challenging such inequities may take place.

Gender transformative approaches, at the right end of the continuum, actively strive to examine, question, and change rigid gender norms and imbalance of power as a means of reaching health as well as gender equity objectives. Gender transformative approaches encourage critical awareness among men and women of gender roles and norms; promote the position of women; challenge the distribution of resources and allocation of duties between men and women; and/or address the power relationships between women and others in the community, such as service providers and traditional leaders.

(continues)

Session VI: Gender Continuum

(continued)

Program/policy planners should keep in mind that a particular project may not fall neatly under one type of approach, and may include, for example, both accommodating and transformative elements. It is also important to note that while the continuum focuses on gender integration goals in the design/planning phase, it can also be used to monitor and evaluate gender and health outcomes, with the understanding that sometimes programs result in unintended consequences. For instance, an accommodating approach may contribute to a transformative outcome, even if that was not the explicit objective. Conversely, a transformative approach may produce a reaction that, at least temporarily, exacerbates gender inequities. Monitoring and evaluating gender outcomes against the continuum allows for revision of interventions where needed.

Most importantly, program/policy planners and managers should follow two gender integration principles:

- First, **under no circumstances should programs/policies adopt an exploitative approach**, as one of the fundamental principles of development is to “do no harm.”
- Second, **the overall objective of gender integration is to move toward gender transformative programs/policies**, thus gradually challenging existing gender inequities and promoting positive changes in gender roles, norms, and power dynamics.

Activity 2: Applying the IGWG Gender Continuum (Small Group Work)

 30 minutes

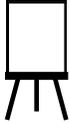
Materials:

Prepared Flipchart: Gender Continuum Activity Instructions
Case Studies: Gender Continuum

1. Tell the participants that next they will have an opportunity to look at a project description and determine where it falls on the continuum.
2. Divide the large group into an even number of triads or pairs (groups of 3 or 2). Depending on the size of the group, you may want to do pairs. Explain that you have four to six project examples (once again, it depends on the size of the group), with two copies of each example.
3. Give two sets of triads the same project description. Project descriptions will be color-coded. All in all, 2 triads will be looking project #1, 2 triads will be looking at project #2, 2 triads will be looking at project #3, etc. (again, numbers of pairs/triads depends on the size of the group). Tell the participants they have 15 minutes for the following activity:

Session VI: Gender Continuum

(continued)



Continuum Group Task:

1. Read your assigned project/activity examples and determine as a group where you would locate the project approach along the gender continuum: **exploitative, accommodating, or transformative**.
2. Paste the project example accordingly on the flipchart under the category titles.
3. If you feel that the project was designed without taking gender into account whatsoever, place the example near “gender blind.”
4. Focus on the intention or design of the project rather than outcomes, as outcomes are influenced by many factors outside the control of the project team.

Facilitator Note: You should have at least one project description for each category. See the attached handout for continuum examples.

4. After the triads/pairs have placed their project where they believe it belongs on the continuum, moving across the continuum, ask the representatives from each triad to come up and read their project description and explain why they decided it belonged on that spot on the continuum. If the triads with the same project descriptions placed it on the same spot for the same reasons, the second triad does not need to explain it again. They can say they agree for the same reasons.
5. IGWG trainers note that the richness of this exercise comes in the processing. The IGWG has classified the various project examples according to continuum category. That category appears on the project description template as a reference for the facilitator. The IGWG’s advice to the facilitator is to foster an in-depth debate and provide the “IGWG answer” only if it’s helpful to the group. The point of the exercise is to foster discussion about how a project’s design reflects choices vis-à-vis gender.

In most cases, there is no “correct” answer for these examples, as participants will have alternate contexts or scenarios that influence their interpretation of the project’s intention or design and therefore place the example in different locations on the continuum. Encourage diversity in this exercise, letting people explain their placements and any assumptions they made to arrive at their decision.

6. Debrief the activity by highlighting the following points:
 - For the examples categorized as **gender blind, exploitative, and/or accommodating**, ask participants what steps can be taken to move those project designs toward the **transformative** end of the continuum.
 - At a minimum, health and development projects should strive to “do no harm” in terms of gender norms and relations. From the IGWG’s perspective, there is no viable rationale for designing a project that deliberately exploits gender inequality (gender exploitative projects).
 - All USAID-supported projects are required to avoid doing harm from a gender standpoint.
 - When a project team fails to look at gender issues in a project design, they are missing an opportunity.
 - In the case of some gender **accommodating** examples, project managers have opted to conform to



Gender and Safe Motherhood



Session VI: Gender Continuum

existing gender norms in order to enhance programmatic/health outcomes. Other times, a project may accommodate gender norms as an interim step in response to an identified gender issue. Gender accommodating strategies can be a reasonable way to “buy time” while the project figures out how to best address a gender issue in a way that transforms gender relations and promotes gender equity. The IGWG’s position is that transforming gender relations in favor of equity provides a “win-win” situation in terms of health outcomes, addressing both short-term project objectives and long-term sustainability.

- The IGWG’s goal is to challenge project managers to promote projects/activities that transform gender relations. In some cases, a project will be based on a **transformative** intention, but the outcomes fall short. Usually, this calls for re-design work.
- Ask the participants to consider their existing projects and activities and how they would classify them along the gender continuum. (In an extended workshop, participants will have the chance to apply the gender continuum directly to their own projects.)

Wrap-up 15 minutes

End of Day One

Sessions I, II, and III: Welcome, Gender Analysis, and Applying Gender Analysis and Integration in Safe Motherhood

Day 2

Activity 1: Welcome, Check-in

 15 minutes

1. Welcome the group to Day Two. Share any logistical information for the day. Ask the group to share one or two key learnings from the previous day. Ask if participants have any questions from the Day 1 materials.

Transition to Gender Analysis

Activity 2: Introduction to Gender Analysis and Integration in Safe Motherhood

 1 hour

Materials:

PowerPoint Presentation: Introduction to Gender Analysis and Integration

1. Explain to the group that in order to understand the gender norms and roles of men and women in our particular program area, and to understand how these roles may impact our activities and outcomes, we need to conduct a gender analysis. Tell the group that there are many frameworks out there, and today we will present a framework that is adapted from the Liverpool Framework for gender analysis.
2. Tell the group that you will present the framework through a presentation, and then in the next activity we will practice conducting a gender analysis and integrating gender into programming using case studies focusing on safe motherhood.
3. Begin the presentation. **Facilitator Note:** The notes for each slide are included in the “Notes Page” of the presentation. Try to be as interactive as possible, asking the group questions along the way.
4. After the presentation has ended, ask the participants if they have any questions.

Activity 3: Case Studies: Applying Gender Analysis and Integration in Safe Motherhood

 1 hour, 45 minutes; plus 15 minute break to be taken before or during group work

Materials:

Prepared Flipcharts: Sample Objective (with blank columns)
Gender Analysis Activity Instructions
Handouts: Tables 1&2

1. Explain that to give participants a chance to practice integrating gender into health programs, we have developed two worksheets to help guide this process. Hand out copies of Tables 1 and 2.

Session III: Applying Gender Analysis and Integration in Safe Motherhood

2. Divide the large group into four smaller groups. Explain that there are two case studies and that each group will work on one case study (so that two groups will be reviewing the same case study).
3. First, walk participants through Table 1, identifying the various components. Then ask participants to consider a concrete example (a case study that the facilitator has prepared in advance, a scenario from the movie, or their own project context).
4. Supply the participants with a sample overall program goal or health objective, written on a prepared flipchart). **For example**, in the case of a safe motherhood (SM) program, a sample program objective could be “To ensure timely access to high-quality emergency obstetric care for all pregnant women.”

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 four domains +power that can be identified from the case study or other specific context being considered. Probe to be sure that women and men are considered and then that different levels are considered. (Record key highlights on a flipchart that looks like column A.)

2nd column—Having identified key information from the case study, ask participants to identify any additional/missing information that might help the program understand the gender barriers or constraints to safe motherhood. (Record a couple on a flipchart that looks like column B.)

3rd column—Gender-based constraints . . . for the women, for the men. Based on the gender relations identified, ask participants to identify which are *key gender constraints for the SM program (or the specific project being considered)*. Ensure that participants look across different domains and consider a few different levels. (Record a couple on a flipchart that looks like column C.)

4th column—Gender-based opportunities for the woman, her spouse. Based on the gender relations identified, ask participants to identify any that could be *key gender opportunities for the SM program (or the specific project being considered)*. Ensure that participants look across different domains, and consider a few different levels. (Record a couple on a flipchart that looks like column D.)

5. Direct participants to Table 2, explaining that based on the gender analysis in Table 1, we can now consider specific sub-objectives, activities, and indicators. Walk participants through the use of Table 2, identifying the various components (and noting their tie to steps 2, 3, 4, and 5 of the program cycle).
6. Then ask participants to continue with the program example they have been using. Ask participants to choose one *priority gender-based constraint to the SM program (or other program being considered)* identified in Table 1. Related to this constraint, ask participants to identify:

1st column—A specific sub-objective related to a change they would like to see in this gender constraint. (Record on a flipchart that looks like the first column, Table 2.)

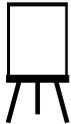
2nd column—1–2 sample activities that could help achieve this objective. (Record on a flipchart that looks like the 2nd column, Table 2.)

Session III: Applying Gender Analysis and Integration in Safe Motherhood

3rd column—A sample indicator that would indicate a decrease in, or removal of, this gender barrier. (Record on a flipchart that looks like the 3rd column, Table 2.)

7. Finally, ask participants to consider where on the IGWG Gender Integration Continuum they would place their brainstormed activities.
8. Ask participants if they have any questions or comments about Table 2 or the overall suggested process of using Tables 1 and 2.

Review the instructions for the exercise:



Instructions for Exercise

1. Read your assigned case study
 - Groups 1A and 1B—Case study 1
 - Groups 2A and 2B—Case study 2
2. Complete Table 1, identifying gender-based opportunities, constraints, and missing information
3. Complete Table 2, identifying gender sub-objectives, activities, and indicators
4. Record highlights of your responses on flipchart paper
 - Groups 1A and 2A—Table 1
 - Groups 1B and 2B—Table 2

Explain that groups will have 60 minutes to complete both Tables 1 and 2 and that each group should complete both tables for its case study (although each group only needs to prepare flipcharts and present on one of the two tables, as assigned per the instructions on the presentation slide).

9. Distribute the case study and the handouts. Rotate through each group, checking for understanding of the assignment and answering any questions. After 60 minutes, call time.
10. Start with Case Study 1, Table 1. Ask one group to read the case study to the full group and then to post its flipcharts and report out on Table 1. After the first group has presented, ask the second group if it had anything to add. Record on a flipchart if necessary. Then ask the second group to post its flipcharts for Table 2 and to present its findings. Ask the first group to add anything. Conclude by asking the larger group if it has any questions to clarify what has been presented.
11. Repeat the process for Case Study 2.



Gender and Safe Motherhood



Session III: Applying Gender Analysis and Integration in Safe Motherhood

12. Debrief the activity by asking the following questions:
 - What did you think of this framework and exercise?
 - How will/can you apply this framework to your current project work?
 - Ask for final questions.

13. Conclude by explaining that these case studies were drawn from actual project settings that developed gender interventions as documented in the IGWG publication *So What II* (forthcoming). Provide participants with copies of the report. Emphasize that the reference is not meant to be prescriptive. Rather, there are many possible options for responding to gender dynamics, including the ones brainstormed by participants in this exercise. Rather, the important take home message is the power of deliberate gender analysis—especially when undertaken collaboratively—to identify important opportunities to improve project outcomes and gender equity. The project descriptions thus provide a reference of one route taken to possible gender interventions; interventions that did result in measurably improved reproductive health and safe motherhood outcomes.

Session IV: Action Planning

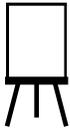
Activity 1: Action Planning

 30 minutes

Materials:

Prepared Flipchart: Action Planning Questions

1. Ask the participants to now turn their attention to their own projects. Explain that you would like them to think about next steps for integrating gender in their current projects/programs.
2. Divide the larger group into project teams if possible. If not, participants can work as individuals. Ask participants to individually record their responses to the following questions posted on the flipchart and then discuss them with others (in their group, or with another participant if not working in a group), taking 15 minutes total:



Considering your own safe motherhood work in light of the workshop:

- What key gender issues have you identified that likely apply to your project?
- What key steps need to be taken to better address gender issues in your project:
 - ◆ In the short term (i.e., the next 3–6 months)?
 - ◆ In the longer term (i.e., the next 1–1.5 years)?
- What resources need to be secured (including leadership commitment, technical assistance, or allocated budget)?
- What is one action you will take when you return home, based on what you have learned at this workshop? By when?

After 15–20 minutes, call time and ask two or three participants to share their next steps with the larger group.

3. Ask the participants if they know of resources related to gender and maternal health that would be useful to everyone. List them on a flipchart. Share the IGWG website address and your email and contact information, reminding the group that the IGWG is available to provide technical assistance for integrating gender when going through this process.

Activity 1: Close/Evaluation

 15 minutes

Materials:

Handout: Evaluation

1. Thank all of the people/organizations that helped organize the workshop. Thank the participants for their high level of participation and contributions to the workshop.
2. Distribute the evaluation. Tell the participants to complete it and leave it with you as they exit. They do not need to put their names on the evaluation.