GENDER EVALUATION

Final Report on Phase 3 – Gender Training Workshop

FACILITATOR GEH GENDER EVALUATION TRAINING REPORT: RECOMMENDED NEXT STEPS

of

GOVERNANCE EQUITY and HEALTH PROGRAM

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE

Kartini International
Dana Peebles and Neena Sachdeva

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1. INTRODUCTION

The GEH Gender Evaluation Training Workshop was held in Ottawa from September 8th – 9th, 2008 (GE Workshop Agenda – Appendix A). Twelve staff, including four regional staff, participated in the workshop (List of GE Workshop Participants - Appendix B). The participants evaluated the workshop with an overall score of 4.4 out of 5 or 88% (Participants Evaluation of GE Workshop – Appendix C).

2. WORSHOP LEARNING OBJECTIVES

The purpose of the workshop was to both provide GEH staff with feedback from the gender evaluation and to build their capacity related to the integration of gender equality and equity issues in health systems research context. The specific learning objectives of the workshop were to:

1. To establish greater common understanding of gender terminology;
2. To gain more in-depth understanding of social and gender integrated research approaches;
3. To introduce social and gender analysis (SGA) frameworks;
4. To learn diverse ways of negotiating the integration of gender equity/equality in research contexts; and
5. To initiate discussion on a GEH gender strategy.

3. MAIN FINDINGS and FACILITATOR RECOMMENDATIONS

The main issues that arose during discussions and related staff as well as facilitator recommendations are outlined below.

3.1. Gender Terminology

Highlighting the project reviews, the facilitators discussed the evaluation's findings that when partners did address gender issues, they were generally concerned with "women specific" issues. The related needs and issues affecting men e.g. in sexual and reproductive health, as well as social relations that impacted the weakness in health systems is often ignored. In discussions, staff pointed out the difficulty in the professional training of partners from the academic health community which was based essentially on the natural sciences. Understanding and applying the term "gender" was therefore, problematic. Analysing gender considerations in health systems was compounded by the issue that the health community does not often view the social sciences as having a scientific evidence base. Health systems in developing country context were also seen to have other priorities, as well as a lacked capacity in many important areas.

An important gap identified during the workshop was training for the health community, academics and partners in social and gender analysis and its significance to research in making health systems more equitable. The team felt that GEH could explore this gap further and look at ways at addressing it through its current project partnerships and new ones.

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There remains some debate, particularly within IDRC, about the use of the terms "equity and equality".[1] Common practice within the health sector appears to favour the use of "equity".[2] However, the majority of development institutions take the approach of focusing on achieving greater gender equality as their overall goal and use increased equity as one means of achieving this goal. As the GEH hopes to work with a diverse donor base, understanding both these terms was considered crucial.

While there appeared to be a greater consensus about the terminology used by the end of the workshop, the difference between these two terms can be significant when applied to a research and development context and GEH will need to be very clear in how it presents these and related terminology to its partners.

Recommendations

Gender
- Avoid confusion about the term "gender" if need be, as this concept does not translate well in other languages, and speak about working to increase equity between women and men in accessing health systems.

- Use additional resources (mentioned at the workshop for the GEH team and partners), such as the World Bank report, *The Other Half of Gender* to develop a better understanding about the gender construct. It focuses on how masculinities are defined and acted upon and recommends ways to change them in order to achieve greater gender equality. http://www-wds.worldbank.org/servlet/main?menuPK=64187510&pagePK=64193027&piPK=64187937&theSitePK=523679&entityID=000090341_20060620141950
These materials (and others) could be included in building GEH resource base as outlined in GEH's gender action plan.

- Explore through a specific GEH project(s), the importance and the integration of social and gender analysis into health systems research and identify potential changes needed in the curricula of public health professionals and bureaucrats.[3] Gender sensitization training has been provided at public administration training centers by various organizations including UN agencies.

Equity and Equality
- Clearly define these two terms, equity and equality, in any future prospectuses or other related program documents. For reference, the first gender evaluation report

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[1] In its 2005-2010 Corporate Strategy and Performance Framework, IDRC focuses its foundation on equitable human activity and equitable access to knowledge. Its guiding principles for research include taking into account "gender considerations", which must outline gender discrimination and social inequality and inequity. IDRC's Corporate Assessment Framework refers to both gender inequity and gender inequality.

[2] Gender equity is the commonly used term in the health sector and reflected in documents produced by WHO, PAHO, Health Canada, Canadian Centre for Health Research, etc.

[3] For example, the work of organizations such as the Asian-Pacific Resource & Research Centre for Women (ARROW), based in Malaysia should be explored in this context. The justification for such studies already exist in research such "What evidence is there of health care reforms on gender equity, particularly on health?" http://www.euro.who.int/HEN/Syntheses/genderEquity/20051025_3

provided an extensive list of gender definitions used in the health sector. Additional background reading for the workshop, included a PAHO's *Gender Equity in Health* and WHO's *Social Determinants of Health Report.* Both reports provide an analysis of the reasoning behind the use of equity instead of equality in the health sector.

> Equity is not the same as equality, and not every inequality is considered an inequity. While equality is an empirical concept, equity represents an ethical imperative which is associated with the principles of social justice and human rights. Equity in health involves the minimizing of avoidable disparities in health – and its determinants – between groups with different levels of social privilege
>
> Equity in health care implies that: health resources are distributed according to need; services are received according to need; and contributions of financing of health care are made according to economic capacity.
> The concept of need is at the root of the equity in health philosophy, which emphasizes a distribution of resources that is different and not egalitarian, in order to meet the particular requirements of specific groups.
>
> <div align="right">PAHO's Gender Equity in Health, pg 2</div>

3.2. Social and Gender-Integrated Research Approaches

Participants agreed that it was critical to their mandate to support research for greater equity in health systems to link gender analysis with social analysis. Both focus on increasing access to health care systems and services of particular population groups. The different demographic variables involved are often inextricably linked. It is also an approach that will facilitate a more comprehensive assessment of a particular context and which will make it easier to gain support from IDRC partners to adopt.

For this reason, for the project reviews the facilitators used, with a slight variation, a gender assessment classification tool adopted by PAN to incorporate the related social-gender analysis categories.[4] The existing tool outlines the following research categories: gender-transformative, gender-integrated, women-specific, women-inclusive, and women-incidental.

Workshop discussion on these classifications focused on whether it was necessary for all projects to be gender transformative. The conclusion was that it was not, but there remains a need to define these categories more clearly within the context of GEH research work and for the team to assess if there are any existing projects that could become gender transformative with some additional inputs.

Recommendations
- In order to take social-gender analysis beyond rhetoric – the GEH will need to demonstrate to its partners that this is an institutional priority within its prospectus. PAN's gender strategy outlined in its Prospectus 2006-2011 (Appendix D) provides a good example of a gender strategy within an IDRC program initiative. A list of

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[4] The classification tool has been outlined in both the 1st and 2nd evaluation reports. The 2nd evaluation report demonstrates the practical application of this tool.

questions which were posed by individual team members in terms of relevance to a GEH gender strategy are summarised for consideration in Appendix E.

- Other gender strategies recommended for reference are those of GEH supported projects such as the Global Forum on Health Research and the WHO Knowledge Network (boxes below). They include gender objectives, how these objectives will be operationalised in workplans and the resources allocated for their implementation in project research budgets.

The GFHR's Workplan and Budget identifies some <u>objectives specific to both poverty and gender:</u>
- Give special consideration to the health problems of the poor; and
- Ensure that gender analysis is consistently and systematically applied to all of its work on the 10/90 gap.

These objectives will be <u>implemented</u> through the following <u>strategies</u>:
- Include gender issues as a major dimension of the application of the "combined approach matrix" for priority setting proposed for the Global Forum;
- Incorporate gender sensitivity in research design in all the funding criteria for all projects supported by the Global Forum;
- Disseminate guidelines for gender-sensitive work to health researchers; and
- Analyse systematically the interaction of poverty, gender and development through the studies related to poverty and health;
    (For a full analysis of the GFHR project – refer to Pg 25 of Report II)

The WHO Knowledge Network first technical report outlines the KN's process for <u>addressing gender in its work</u>:
- A gender expert (who is approved by the Women and Gender KN) sits on the KN and is charged with mainstreaming gender through all of KN's work;
- A gender balance is reflected in the composition of the KN;
- A need to reflect gender considerations in the terms of reference of commissioned papers;
- Considerations of gender issues will be incorporated into the terms of reference for the review process of individual pieces of work and the KN's overall report;
- A joint paper on gender-related issues will be commissioned with the Women and Gender KN
    (For a full analysis of the WHKN project – refer to Pg 28 of Report II)

- The gender monitoring tool was found to be very useful and the facilitators recommend that GEH adjust it according to its needs for social and gender analysis and adopt it as a method of monitoring its projects on a regular basis. The tool will ensure that no new project fails to address social and gender issues and well as monitor for progress in gender considerations from one phase to the next.
- The facilitators discussed the possibility of the GEH team developing a gender action plan that would include clear targets for GEH to fund an increased number of gender transformative projects each year.

- GEH could also consider developing a set of guidelines for both its staff and partners outline of the basic methodologies involved for each of these classifications, their implications in terms of analytical approaches to be used and the resources needed to implement them and that indicate when it is appropriate to use gender transformative, women-specific, women-inclusive and women-incidental research approaches.
- Other possible ways of promoting an increased use of research that integrates social-gender analysis would be to highlight partners' good practices in this area as they are identified. The evaluation found some good practices in social and gender analysis, e.g. in a research project funded through the Municipal Services Programme (MSP) on the Electricity Crisis in Soweto (Appendix F). However, the project review found that although the social and gender analysis initially presented was very good, it was not systematically integrated throughout the research paper.
- Use the GEH website as a resource tool (e.g., citing the best practices, providing access to social-gender analysis tools and frameworks, situational analysis etc.)

3.3. Social and Gender Analysis Frameworks

In addition to promoting the inclusion and correlation of other key social variables such as age, education, class, ethnicity/race and location (e.g., rural/urban) in a gender analysis, the facilitators discussed how to negotiate this approach with GEH partners.

It is also important the focus not be solely on integrating social-gender analysis in projects, but that GEH also works to ensure that research projects also have explicit social and gender equality/equity objectives in order to adequately monitor the integration.

Projects were assessed for gender-sensitive design features using the following design criteria:

- Social analysis
- Goal/Objective and the presence and degree of gender focus
- Gender analysis examining both basic and strategic needs in health and based on sex disaggregated data currently available (both quantitative and qualitative data)
- Target policy of research (health, MDGs, HIV, reproductive health)
- Gender strategy articulated, including training, collection of sex disaggregated data
- Constraints/risks to including gender equality/equity identified
- Mitigation measures
- Participation of researcher with gender experience in design
- Gender specialist or gender/health organization listed as team member
- Gender parity on research project team
- Participation of Ministry of Health/Women/Social, or civil society organizations who specialize in gender/health
- Reasons why gender is not a factor articulated (e.g. socio-economic or race a more important issue in that particular circumstance)
- GE analysis effect on research and policy recommendations
- Monitoring for gender inputs

Since it was felt that the emphasis of the presentation was on gender analysis frameworks, the facilitators provided an additional list of simplified but relevant resources for social and gender integrated analysis research developed by the World Bank:

- **Building social analysis into project design** which examines the dual goals of equitable and sustainable development
- **Gender analysis as base for gender based social analysis** which integrates key concepts such as practical gender needs, strategic gender needs, intra-household dynamics and inter-household dynamics. These concepts are then included into gender planning process as a part of the overall planning processes.
- **Tools for gender analysis and social assessment** - desk review, household review, focus group review, direct observation, semi structured interviews; and additional gender analysis tools such as case studies, stakeholder workshops, trend analysis, day time use analysis, social mapping.
- **Ways to integrate gender into social assessment tools –** a user friendly table which simply illustrates how to intertie the two.

Recommendations

- GEH review its grant application processes to ensure that social- gender analysis is mandatory and presented in partner proposals. If a social and gender analysis is not considered relevant, the reasons should be fully justified.
- To facilitate this GEH would need to establish the minimum standards regarding social-gender analysis requirements and use these requirements to negotiate the level of social-gender analysis GEH staff would reasonably expect from each partner.
- It would also be essential to outline clear expectations of what this type of analysis entails and how this should be addressed in the research design. GEH staff could then use these design elements to monitor the actual implementation of social-gender analysis in the research project – and to track what kind of quality it adds to the research results.
- Use the available social and gender analysis on various themes to produce various situational analysis. Some of this work has already been done but the situational analysis can identify gaps in research e.g. a paper by Asha George, *Human Resources for Health: A Gender Analysis,* identifies various gaps in health systems research. (Refer to Pg 31 of Report II)

3.4. Negotiating Social-Gender Analysis with Partners

There is an inherent tension between GEH staff opinion that integrating increased gender equality approaches in research design should not be conditional and the facilitator recommendation and subsequent discussion that the inclusion of social-gender analysis be made a research design requirement. Their experience has been that if this requirement is **not** included in the application process from the onset, it is unlikely that these issues will be addressed systematically in the research projects. Not making social-gender analysis a funding requirement would leave its implementation up to ad hoc decisions and the interest/commitment/degree of understanding of particular individuals.

Staff did think that they should use multiple fora to raise awareness with partners of GEH's interest in promoting increased use of social and gender analysis within projects

Recommendations
- As opposed to seeing this as a form of conditionality, it makes sense to present the use of standardized use of social-gender analysis as the foundation of good research practice and the practice of good science. As such, it is not actually an optional methodology.

- One strategy suggested that could help with this transition was to employ social and gender guidelines as criteria for moving into subsequent phases of current projects.

4.   ADDITIONAL FACILITATOR RECOMMENDATIONS

4.1.   Capacity-Building of Partners

A discussion to facilitate the transition to the inclusion of social-gender analysis requirements in research project applications GEH will need to consider allocating additional funding to build partner capacity in social-gender analysis.

This could be done through:
- regionally-based training;
- by including a funding category for internal research team training in the research application budgets;
- incorporating social-gender analysis training into other IDRC efforts to improve the overall research design of partners in general;
- providing funding in the budget for the hiring of additional expertise to conduct social-gender analysis within projects; and
- ensuring that partner meetings include themes on the agenda that are gender-integrated.

Facilitators also recommend developing a list of gender experts in the regions as a way forward in promoting social-gender analysis in GEH programming. This roster would need to focus on identifying gender expertise as opposed to social analysts. Past experience in diverse contexts has shown that often social analysts do not automatically include gender as a research and analysis variable. With time and experience, the

4.2.   Building GEH Staff Capacity

GEH staff suggested several ways of strengthening their own capacity in social-gender analysis. These included:
- conducting a meta-analysis on around 10 papers on a thematic of gender integrated research to be presented to as part of GEH's team meeting to build internal capacity;
- requiring each project incorporate a team member or consultant who has social and gender analysis;
- looking into developing a course on social and gender theory in Public Health training could be looked at so that we develop it for the public and for ourselves; and

- developing modules that could be used and inserted into existing programs.

Recommendations

The facilitators also recommended that GEH develop a series of thematic social-gender analysis briefing guidelines focused on key themes related to health systems such as health financing, etc. These more generic analyses would serve to provide GEH staff with both a greater understanding of the key issues within each theme and help them develop talking and negotiating points with partners.

4.3. Additional Research Areas

Research areas that have not been given much attention include:
- gender-based violence from a health systems perspective (includes sexual, domestic, social violence) especially in Africa – tends to be NGOs, Amnesty working on the topic but not really from a strengthening health systems perspective.
- physiological differences in men and women and how it relates to health outcomes and health research

Both of these are themes that GEH could consider promoting among its partners.

4.3. Finding Additional Resources

- GEH will need to assess what it considers to be core social-gender analysis issues and processes and which are more transitional processes. The core processes would need to be funded from institutional core funding in order to ensure that they are implemented systematically and seen as an institutional priority.
- For the transitional processes GEH may consider asking funding agencies for a one-time input of funding to build partner capacity, etc., much like the UN theme trust funds. The idea behind these are to ensure that there is extra funding available for a time limited period of time while all of the organizations involved make the transition to social-gender analysis being a requirement of GEH's research funding.
- It will be important to put this additional transitional funding in place so that the introduction of a more systematic approach to social-gender analysis and objectives in GEH's projects does not lead to money being taken away from one or more areas of the project to put towards gender. By the same token, it is also important to establish that spending in this area must become a regular part of project budgets in the medium and long term.

5.0 GEH GENDER ACTION PLAN

By the end of the workshop GEH staff had discussed and identified short, medium and long term actions to support the integration of social and gender analysis in its research program and the promotion of increased gender equity/equality within health care systems. These are listed below with the facilitators observations:

5.1. Short Term*:*
- To further build team capacity through in-house training

- To develop a new section on gender in the prospectus
- To refine proposal review process to integrate social-gender analysis

Facilitator Observations

1. The proposal review process will need to focus on finding ways to articulate social-gender analysis and objectives systematically articulated in the projects through the establishment of standard procedures and expectations
2. For the building of team capacity it will be as important to build staff capacity to negotiate increased use of social-gender analysis with partners as it will for staff to learn more about actual social-gender analysis methodology.
3. Given that social-gender analysis is an area of professional expertise in and of itself, it would be unrealistic to expect staff to become overnight experts in these methodologies on the basis of a few training workshops.
4. However, GEH could develop a set of minimum standards and expectations related to social-gender analysis in its projects and staff can refine their knowledge about how to apply these in diverse contexts with different partners.
5. GEH's social-gender strategy will need to set realistic targets for achieving or developing social-gender analysis in its research projects, but should place sufficient emphasis on achieving these targets that it is not perceived by staff or partners as an optional luxury.
6. These targets initially could be based on the areas of research where it is easiest to integrate social-gender analysis or where a catalytic influence could be readily achievable.
7. The targets will also need to focus on going beyond the inclusion of social-gender analysis in research to using this methodology and the related research findings as a means of increasing social and gender equality through influencing health systems policy and programming.

5.2 Medium Term

- There is a need to clarify what is the value added of using social-gender analysis to team members and to communicate this well across team and to partners
- There is a need for regular team discussion about these issues and to develop a more formal gender equality strategy, possibly working with an external consultant
- GEH needs to showcase new projects that will be gender transformative or which will have gender transformative components. To do this GEH will need to work collaboratively with IDRC's Women's Rights and Citizenship unit at IDRC
- GEH could develop issue a call for proposals with its existing partners for research work that focuses on social-gender analysis

Facilitator Observations

1. GEH will need to find a process to start documenting the value-added of the systematic inclusion of social-gender analysis in its research projects. This could be done in various ways, including through:
   - including reporting requirements specifically related to social-gender analysis and related issues in project monitoring and progress reports;
   - conducting case studies or mini-evaluations of research projects that have included social-gender analysis as a key part of their methodology;
   - identifying and disseminating case studies and evaluation reports on these themes in the health sector from other institutions; and

- documenting the social-gender components of existing projects such as MSP, Politiques Publiques, PAHO, EQUINET, HRCS and NEHSI.
2. GEH will need to set a target date for the development of its formal gender equality strategy and its implementation.
3. Annual staff retreats could include a regular agenda item for the discussion of progress made on the implementation of GEH's gender equality strategy and to further build staff capacity in this area.
4. The social-gender strategy would also need to address the issue of how to integrate social-gender analysis and objectives in new projects. To support the transition to better socially-gender integrated projects, GEH may need to identify new partners with which to work that have gender expertise

5.3   Long Term:
- To develop a critical mass of projects that focus on gender in health systems issues
- To write articles as a team on what it means to incorporate social-gender analysis into a project
- To develop a community of practise on gender by consolidating and maintaining a resource bank of social-gender analysis tools and regional social-gender experts for partners and staff
- To build a data-base on social-gender analysis literature and a solid collection of background papers
- To map out champions in the region and develop an understanding of who the allies are and on whom GEH can rely on
- To make links with donors with a strong gender focus such as DFID, CIDA, and the Scandinavian development cooperation agencies

Facilitator Observations
We would recommend that the last two points be moved up to the short and medium term actions as GEH will need to work on these two areas from the onset in order to develop and implement its social-gender equality/equity strategy effectively.

IDRC GEH Gender Analysis and Gender Integration Training Workshop Agenda

Day One: September 8th, 2008

09:00 - 09:20   **Introductions & Warm-up Activity - Dana**
- Workshop Learning Objectives
- Appointment of the Eye and the Ear

9:20 – 9:50   **Summary of Evaluation Findings - Neena**

9:50 – 10:05   **The Chocolate Challenge - Dana**

10:05 – 10:40   **What is Social and Gender Integrated Research? - Neena**

10:40 – 11:00   *Break*

11:00 – 11:40   **Small Group Exercise: Classifying Research Projects - Neena**

11:40 – 12:30   **Small Group Activity: Gender Values, Attitudes and Practices Tree - Dana**

12:30 – 2:00   *Lunch (BBQ)*

2:00 – 2:30   **Dealing with Resistance - Dana**

2:30 – 3:00   **Role Play – Negotiating Gender Integrated Research Approaches with IDRC Partners - Dana**
- Small Group Preparation for role play

                     Role Play Presentations & Debriefing - Dana
3:00 – 3:30

                     Break
3:30 – 3:45

                     Gender Analysis Tools - Neena
3:45 – 4:15
3:30 – 3:45   *Break*
3:45 – 4:15   **Collecting Gender-Sensitive and Sex-Disaggregated Data - Dana**

4:15 – 4:45   **Pair Work Exercise: Collecting Gender-Sensitive Data**

4:45 – 5:00   **Report back from the eye and ear - Dana**
- Wrap Up
- Daily evaluation/feedback

Day Two: September 9th, 2008

09:00 – 09:25	**Warm-up Activity – What Do You Think? - Dana**
09:25- 09:30	**Today's Learning Objectives - Dana** o Appointment of the Eye and the Ear
09:30 – 10:00	**Social and Gender Analysis Frameworks - Neena**
10:00 – 10:45	**Small Group Exercise – Applying Social and Gender Analysis frameworks - Neena**
10:45 – 11:00	*Break*
11:00– 11:30	**Presentation - Tools: Gender-Responsive Budget Processes in a Health Systems Context**
11:30 – 12:15	**Presentation - Tools: Canada Health Strategy**
12:15 -1:30	*Lunch*
1:30 – 2:00	**Concept Review Activity: Gender Concentration - Dana**
2:30 – 3:00	**Strategic Entry Points to Integrate Gender Equality in the Research Project Cycle - Neena**
3:00 – 3:15	*Break*
3:15 – 3:50	**Way Forward Exercise - Dana**
3:50 – 4:30	**Way Forward Exercise Presentation and Next Steps Discussion**
4:30 - 4:45	**Report back from the eye and ear - Neena** Wrap Up Workshop Evaluation

List of GE Workshop Participants

Anna Dion, Research Officer, GEH

Brenda Ogembo, Research Intern, GEH

Christina Zarowsky, Research for Health Equity Program Manager

Ernest Dabire, Senior Program Specialist, GEH/WARO (Dakar)

Graham Reid, Senior Program Specialist, GEH/ESCARO, (Nairobi)

Jean Michel Labatut, Senior Program Specialist, GEH/Ecohealth

Michele Lafleur, Program Assistant, GEH

Nasreen Jessani, Programme Officer, Research Matters, GEH/ESCARO, (Nairobi)

Pat Naidoo, GEH Program Leader

Portia Taylor, Research Officer, RHE

Roberto Bazzani, Senior Program Specialist, GEH/LACARO (Montevideo)

Sharmila Mhatre, Senior Program Specialist

IDRC GEH Gender Analysis & Integration Workshop
September 8-9, 2008

PARTICIPANTS EVALUATION

	Low				High		
1.How satisfied are you with the course?	1	2	3	4	5	Total	Avg.
1. The background materials?			1	10	1	48	4
2. The session achieved a balance between practical and theoretical work?				8	4	52	4.3
3. The pace?			2	10		46	3.8
4. Your ability to adapt and apply what you have learnt from this session?			3	4	5	50	4.2
5. The overall information provided?				6	6	54	4.5
2. How satisfied are you with:							
1. The facilitators were well prepared/organised?				5	7	55	4.6
2. The facilitators were knowledgeable about the course material?				3	9	57	4.7
3. The facilitators were helpful and flexible to the needs of all?				2	10	58	4.8
4. What is your overall evaluation of the facilitators?				4	8	56	4.7
Average score			6	52	50	476	4.4
3. Individual GEH team Comments: What worked well for you and suggestions for changes							

1. More interactive techniques could have helped at various times e.g. too many presentations. Contents were extremely helpful and will significantly facilitate the strength of the team on gender.

2. Very relevant and useful – lots to draw and build on – but alas, no easy answers!

3. This was a good start to what is a complex set of challenges. It was helpful to catalyze discussion (which hopefully will be ongoing) and bring greater vigor in the approach for greater social and gender analysis both internally and with partners.

4. The theory work on Day 2 was a bit dry. The challenge as trying to connect the presentations with the relevance of GEH's work and the gender strategy. The definitions provided on the first day were tested by the game played the second day. The flexibility and adaptability of the facilitators was very helpful overall.

5. I appreciated the training and the facilitators flexibility. The whole process was exciting and rewarding. The resources were very helpful and informative. I hope that concrete steps will be taken in the future to integrate social and gender processes into suitable projects. This will not occur quickly, but I hope progress will be made.

6. The depth of the portfolio knowledge of the evaluators had been remarkable and allowed us to better understand how our own projects reflected gender. I found this much more effective and

prefer it to using fictional or non-relevant examples. The opportunity to put theory into practice immediately is of most value. Thank-you!

7. The course was relevant and interesting and the discussion based on practical examples. Using GEH projects as case studies were useful. It would be helpful to have additional exercises on gender sensitive indicators. I suggest we develop more discussion on tools and ways to operationalise gender concepts.

8. There was a large consensus among the team to facilitate the success of this session which contributed to the process and content. The 2nd day had a good balance between theory and practice. Very good ambiance. The flexibility of the facilitators was appreciated and excellent facilitation.

9. Appreciated the flexibility of the facilitators. Felt that some sections needed more interaction. Sometimes too much time was spent on individuals sharing examples and not the whole group exploring and discussing ideas. The interactive activities were good. Facilitators were well organized and created a great atmosphere for us.

10. The power point presentations were not at times optimally organized. The activity on how to deal with resistance was not fully appropriate. The facilitators were flexible and adaptable and the overall balance between presentations and discussions was good.

11. Background materials good but summaries of materials for quick read and understanding would have helped. Some advance circulation e.g. a 2 pager on social and gender analysis would have helped to get everyone on the page more quickly. Definitions in the gender vocabulary and some discussion on the terms could have been more useful right at the start.

12. More synthesis of theory with what they saw from evidence in presenting the information rather than outside anecdotes would have been more useful. Really liked the approach of both the facilitators – flexible, experienced, mature and aware of their audience. Extremely well done!

PAN Asia Networking Prospectus 2006 – 2011, IDRC, February 17, 2006

3. Gender Strategy

As with other domains of development research and practice (i.e., agriculture, natural resource management, community development, etc.) it is no longer acceptable to focus on the viability of ICT technologies or policies without considering the social relations that will mediate or restrict access, decision-making, use, rights, costs, etc. of these technologies and policies amongst a socially differentiated target community or group. In this prospectus, PAN will recognize that technologies and policies become meaningful in communities that are differentiated, organic, socially fragmented, and gendered. Since households, communities, and governments can be simultaneously collaborative and competitive, research within the three thematic areas must recognize and engage with the social and gender relations of power that cross boundaries of household, community, and state. This acknowledges that the intended beneficiaries of development research and practice are not passive recipients, nor even willing "participants" in a process designed outside their life experiences. Rather they are actors in the research and policy processes, ultimately contributing to their success or failure. Policy-makers, researchers, and activists are not totally in control of the process.

The popular assumption that policies (thematic area #1), for example, are gender neutral actually leads to policies that are at best gender blind and more often gender discriminatory. Using neutral and inclusive language in policies does not guarantee that the effects of said policies are neutral. As Elson (1994) indicates for economic policy reform, macro policies become meaningful at the meso and micro scale. What appears gender neutral (i.e., in terms of access) at a macro scale proves to be quite gendered as rights are negotiated at community (meso) and household (micro) scales.

Applied research on ICT applications (thematic area #2) must focus equally on technological design and community use/application. We cannot test the technology in a social vacuum. In order for a technology to work well in a development context, we must ask "work for whom, and how?" Whose health, whose access to services, whose education, whose transaction? Just as the introduction of a new irrigation system in a rural community can intensify existing gender and social struggles at community and household levels over rights, decision-making, economic goods and other resources, so too will the introduction of new ICTs. How do men and women, youth and adults, farmers and fishermen, use new technologies differently? How do we monitor and assess unanticipated applications of new technologies that could be scaled up more broadly amongst a particular target population?

The third thematic area (Effects) allows PAN to build and support a group of Asian researchers with strong social science research skills who can generate new knowledge on gender transformative aspects of ICTs on Asian communities and support better and stronger research in the other two thematic areas. Gender and social analysis on the political economy aspects of the knowledge revolution will bring new understanding to the positive and negative implications of ICTs on socially differentiated groups, and economically differentiated communities and states in Asia. What are the implications of the Internet, for example, on gender justice within the context of the proliferation of

sexual trafficking and pornography on the Internet? How has/could the introduction of new technologies in politically fragile states contribute to the re-enfranchisement of young men struggling to understand modern changes in gender relations?

Over the next four years, as PAN supports a diversity of research in the three thematic areas outlined in this Prospectus, PAN will foster and promote cutting-edge research on social and gender dimensions of ICT4D. Drawing on internal and external expertise, PAN will support a capacity-building program within the region in order to build an appropriate endogenous skill-set and knowledge base on social dimensions of ICTs in Asia that is respectful of the cultural diversity of the region. Our goal is twofold: a) to ensure that PAN-supported projects do not create additional development problems by neglecting the social/gender implications of a research issue; and b) to support research on ICTs in Asia for gender transformative outcomes.

PAN will appraise projects using the assumption that "there is no gender-neutral project." By adopting this assumption, PAN staff will open spaces to engage partners in discussing the conceptual and methodological implications of considering gender and social dimensions. While projects at various stages may not have explicit methodological requirements for gender and social analysis, the conceptualization of the research problem should at least outline the future social and gender implications of the overarching research issue with a view to addressing these dimensions as the research process matures either through a multi-phase research effort or a subsequent research intervention (supported by IDRC or another institution). To ensure that gender is adequately and appropriately integrated into PAN-supported projects, the team will develop a simple monitoring tool that can be used to analyze each project's integration of gender and social analysis.

Consensus Needed for GEH Gender Strategy

GEH's gender strategy will need to develop team consensus on various issues including:

1. Should every project include a full social and gender analysis?
2. What is a gender transformative project for the GEH team?
3. Should there be a separate budget for gender transformative projects or should each cluster have a gender specific project?
4. Is a two pronged gender strategy which integrates both women's and men's concerns in all policies and projects, as well as specific activities aimed at not only empowering women/girls but men/boys viable?
5. Could the move to multi-disciplinary teams consisting of biomedical scientists, clinician scientists, social scientists, and epidemiologists be considered an approach to equity?
6. Would it be useful to ask partners to prepare gender assessment papers examining existing policies and programs from an evidence-based gender perspective?
7. Would it be useful for the GEH to have gender assessment briefing papers as reference guides?
8. Should gender objectives be mandatory for some or all projects so that monitoring is easier for both, the partners and the POs?
9. Is building partner capacity in gender a priority – for old partners or new ones?
10. Should resources be included for gender training in project budgets?
11. Should partners be asked to identify a gender specialist/advisor or social scientist on the project?
12. Are more partnerships with gender and health organizations in all the regions a possibility and of interest to the team?
13. What kind of health and gender research results would the team like to see?
14. Could projects be categorized to monitor gender progress in gender transformative, gender-focused, women inclusive, women specific and women incidental? Taking the example of the PAN program, the objective would be to improve gender integration in certain projects.
15. Should monitoring and evaluation from a social and gender perspective be required of a certain percentage of projects?
16. Should knowledge translation work include the collation of topic-based gender impact assessment papers to demonstrate the disconnection between gendered evidence and policy and practice?[1]

The Electricity Crisis in Soweto

By Maj Fiil-Flynn with the Soweto Electricity Crisis Committee
Occasional Papers Series #4

THE CASE OF SOWETO

In early 2001, detailed interviews were conducted with a random selection of 200 households in two areas of Soweto: Pimville and Orlando East. The residents in these areas are predominantly working-class pensioners or unemployed and most reside in council houses,1[i] which is reflective of Soweto as a whole (Morris 1999, ix). Household selection was discussed with municipal planners and local Soweto residents in order to get a fair representation of family structures in the two sample areas. However, only council housing and private housing dwellers were chosen for interviews because they have generally resided in Soweto for a longer period of time and could provide more detailed historical accounts of their access to electricity. In cases where backyard shacks were accessing electricity from the formal dwelling, the number of residents in these shacks were accounted for, but only members of the main household were interviewed. On average, the main households consisted of 5-6 people, while backyard dwellings brought this average up to 7 (see Table 1). While all households had electricity infrastructure, some had their electricity supply cut off by Eskom at the time of the interview.

Pimville and Orlando East were separated into five areas representing different socioeconomic and demographic profiles. In the five areas, streets were selected randomly and every tenth house was approached for an interview. In cases where the potential respondent was not at home or did not want to participate (this only happened in two cases) the next adjacent house was chosen.

Table 1: Size of Households in Pimville and Orlando (%)					
	Number of residents (main house)				
Area	1 or 2	2 or 4	5 or 6	7 or 8	9+
Pimville	6	16	15	8	5
Orlando East	10	14	13	8	5
TOTAL	16%	30%	28%	16%	10%

N=200

The aim of the survey was to establish a better understanding of the problems experienced by households with respect to electricity supply and the extent to which these problems constitute a social and economic 'crisis'. The preferred respondent in interviews was the person in the household responsible for electricity management. All interviews were conducted face-to-face in the respondent's home and in the respondent's first language, using a mix of quantitative and qualitative questions.

Fieldworkers were selected from the community and went through extensive training and pilot testing of interviews. Both the questionnaires and the survey results were workshopped with fieldworkers several times and a public meeting based on preliminary results was held in Soweto to get feedback from residents. A pamphlet explaining the findings was also circulated to respondents with an invitation to a public meeting. Furthermore, a discussion workshop was held for academics and the electricity industry before this paper was finalised.

Individual, semi-structured interviews were also carried out with representatives at the National Electricity Regulator (NER), Eskom, the Department of Minerals and Energy and several other government agencies (please refer to "List of Interviews and Workshops" at the end of this report).

Composition of Households

Of the 200 people interviewed, 72% were women and 28% men, figures that reflect the fact that many township homes are female-headed as well as the fact that women were more often the managers of energy consumption and payment in the household. It is also worth noting that the women who participated in the survey provided more detailed information than male respondents. In 73% of the cases the respondent was also the breadwinner in the household, while 50% of household breadwinners were mothers (see Table 2).

Table 2: Breadwinner's Status in Household	
	%
Mother	50
Father	24
Child	9
Retired family member	15
Other person	2

N=198

Table 3: Main Breadwinner's Employment	
	%
Pensioner	40
Unemployed	22
Professional	10
Business/self-employed	9
Skilled labour	6
Unskilled labour	11
Informal	2
Other	1

N=197
Note: All figures rounded to the nearest percent and may not add to 100.

In 62% of cases the main breadwinner was unemployed or a pensioner, suggesting that incomes in most of the surveyed households are low. The 9% of interviewees that report having a business or being self-employed are street vendors, 'sheeben' (informal bar) owners or have small 'spaza' (convenient store) shops that typically generate small incomes. Fieldworker observation confirmed that over three quarters of the households interviewed live in poor economic conditions, a point further reinforced by a 1998 survey which found that 40% of households in the area had a family income less than R1000 and over half had less than R1 500 per month (Morris 1999, 10). (It should be noted that in Johannesburg a household income of less that R1 000 per month entitles a family to deductions in their service charges, but none of the participants in this survey received these deductions.)

Reflecting the modest income in the two areas, a common income-generating strategy is renting out backyard shacks. Three quarters of respondents have shacks in their backyards, most consisting of a single room. In Soweto as a whole, 97% of all backyard structures are found

behind council houses (Crankshaw *et al.* 2000, 845; Morris 1999, 14). The residents of the main house decide if they want to extend the electricity service to the backyard residents and if so, at what price. According to the Soweto Electricity Crisis Committee (SECC), shack residents often complain of unfair billing, while main households often feel that the services are mis- or overused by shack dwellers, resulting in overloading and blackouts.

With formal employment such as the categories "professional" or "skilled labour" the households tend not to have shacks, while lower-income households such as "pensioner" or "unemployed" more frequently have shacks. Female-headed households also had to rely on the backyard economy more often, as women more commonly have less income than their male counterparts, creating additional energy-related complications for women.

Township housing structures in South Africa often lack essential ventilation and insulation needs, increasing electricity bills for heating needs and aggravating indoor pollution from fuel combustion. Households in our survey were no different in this respect with a quarter of the homes lacking any form of insulated ceiling. Material luxuries, meanwhile, such as indoor toilets and electric appliances, are few and mainly exist in the households where the main breadwinners possess a job that is relatively well paid. Fieldworker observations showed that 95% of households own only basic appliances. Ten percent of households did not have any kind of refrigerator, while 60% only possessed a small refrigerator. Eleven percent of those with a fridge turn it off occasionally to save on electricity.1[ii] Six percent of respondents do not own any form of electric cooker, while only 40% own hotplates and ovens. Eleven percent lack television sets and 38% do not have any form of electric heating. Many of those who have electric heaters still use coal in winter as it is cheaper.

Respondents often said that they use less electricity than they need in order to save money (although many also complained that they did not see a corresponding decline in their electricity bills). Thirty-eight percent of respondents, for example, said that they cooked less than they wanted, especially traditional (and time-consuming) dishes for their families.

Health and Safety Impacts of Electricity Cut-offs

The loss of dignity referred to earlier is only one of the many consequences of electricity cut-offs identified by respondents in our survey. When asked a series of questions about what happens when electricity is cut off in their homes respondents provided a litany of concerns, from increased domestic violence to the spoiling of food (see Table 9).

Table 9: Effects of Electricity Cut-offs	
When electricity is off…	**Percent of respondents who "agree" with the statement**
Food gets spoiled	98
We cannot cook food properly	90
Our personal hygiene is negatively affected	88
We spend more money on alternative fuels	84
The children cannot study properly	81
It increases crime in the area	73
It is degrading to my family to live without electricity	70
Women have more work to do	65
It is bad for our working life	62
It disrupts home business	41
It increases domestic violence in the neighbourhood	36