

GAD CHECKLIST FOR HEALTH PROJECTS

Like other social sector programs, health programs or projects may include construction of facilities (infrastructure), technical assistance for a sectoral review or preparation of a sector plan, provision of health and medical supplies and materials, and training and other capacity development activities for health officials and personnel. Health programs may be highly focused or specialized, as in the case of anti-tuberculosis, anti-HIV, or reproductive health programs. However, some, including primary health care, are more general and community-based.

GENDER ISSUES AND GENDER EQUALITY RESULTS

Recent scanning of gender issues in the health sector (Illo 1997; WAGI 2002; NCRFW 2004) reveals the persistence of several concerns, including:

- high maternal and child mortality rates, particularly in rural areas and all the regions of Mindanao, indicative of the distribution of health care services and resources that favors urban centers;
- high fertility rate, which continues to be the highest in the Southeast Asian region;
- gap between desired and actual number of children;
- declining nutritional status for young and adult women;
- much higher rate of male-to-female transfer of HIV infection associated with unprotected sex;
- increasing health consequences of gender-based violence;
- alarmingly high outmigration of health professionals; and
- higher number of women than men working in the health sector, although decision making in the sector remains a male preserve.

Health services have been decentralized since the early 1990s; hence, local health programs and projects, like national health initiatives, have to be sensitive to general gender issues as well as issues specific to the regions or program areas (HIV, tuberculosis, reproductive health, immunization). Regardless of the coverage of health interventions, *gender equality results* of health programs or projects may include:

- ↳ decreased maternal and child mortality rates;
- ↳ increased use of contraceptives by women and men;
- ↳ increased access to family planning or reproductive health care or services;
- ↳ increased access of girls and boys living in poverty to nutrition programs;
- ↳ better access to improved health services by females and males in rural areas;
- ↳ increased capacity of women to influence decisions in the health sector;
- ↳ improved capacity of the public health system to handle cases of gender-based violence; and
- ↳ improved capacity of agencies in the health sector to plan, design, implement, and monitor programs and projects that address gender issues and the concerns of different stakeholders.

GENDER ANALYSIS QUESTIONS

Gender analysis is required at two points of the project preparation stage: as part of project identification, and after the project has been designed. Box 3 (page 8), Part I, of this manual suggests key questions for gender analysis as part of the analysis of the development problem, while box 13 offers a summary of the core gender analysis questions for assessing the gender impact of the proposed health project, as designed. Other questions that may be asked are:

Gender division of labor and gender needs

- Has an assessment been made of the health needs of women and men? Of girls and boys?
- Does the project address the different health needs of women and men?
- Does the project recognize and accommodate the different roles of women and men? Of their roles in healthcare and health management?
- Does the project provide opportunities for expanding female and male roles in healthcare?
- Has the project considered the interrelatedness of women's productive and reproductive roles?
- Has consideration been given to how women may be supported in their role of providing healthcare to the household and to the community?
- Is the project compatible with women's traditional approaches to curative and preventive healthcare?

Access to and control of health services and benefits

- Has the project incorporated existing health services and health providers?
- Are women-to-women services (that is, woman caregivers/health providers to woman patients) provided in maternal and child health programs? In reproductive health and family planning?
- Is the project expanding and improving essential health services and early prevention of health problems in underserved areas?
- Will the project improve women's control over their fertility?
- Does the project provide information about or services related to adolescent reproductive health (ARH)? To HIV/AIDS? To sexually transmitted infections (STI)?

Constraints to participation

- Does lack of women-to-women maternal and child health services constrain women from using existing health services? The services that the project will be offering?
- Are there societal attitudes that prevent the community from recognizing STI? HIV/AIDS?
- Are there cultural constraints on measures to prevent the spread of STI? Has the project addressed these constraints?

- Will the project improve women’s representation in health boards?
- Has the project considered financial costs of participation that may increase women’s and men’s access to the project’s health services or facilities?
- Will women’s participation in the project affect the attitudes of women and men toward women?

GUIDE FOR ACCOMPLISHING THE CHECKLIST

Box 13 lists the ten elements or requirements for a gender-responsive health project. Each requirement is generally accompanied by a set of guide questions. The scoring system is the same as that in boxes 5 and 6, while the interpretation of the total score is the same as that in box 7. The guide for accomplishing the checklist and the interpretation of the total GAD rating are reproduced below for easy reference.

Guide for accomplishing box 13

1. Put a check in the appropriate column (2a to 2c) under “Response” to signify the degree to which a project proponent has complied with the GAD element: under col. 2a if nothing has been done; under col. 2b if an element, item, or question has been partly answered; and under col. 2c if an element, item, or question has been fully complied with.
2. A partial and a full yes may be distinguished as follows.
 - a. For *Element 1.0*, a “partly yes” to Question 1.1 (or Q1.1) means meeting with male officials and only a woman or a few women who also happen to be officials in the proponent or partner agency or organization; or with male and female officials and some male beneficiaries. In contrast, full compliance involves meeting with female and male officials and consulting other stakeholders, including women and men that may be affected positively or negatively by the proposed project. A “partly yes” to Q1.2 means inputs or suggestions may have been sought from woman and man beneficiaries but are not considered at all in designing project activities, identifying locations of facilities, or selecting types of capacity development. A “partly yes” to Q1.3 means only certain groups of women and men are viewed as stakeholders and agents of change.
 - b. For *Element 2.0*, “partly yes” means some information has been classified by sex but may not be key to helping identify key gender issues that a planned project must address. In contrast, a full “yes” implies that qualitative and quantitative data are cited in the analysis of the development issue or project.
 - c. For *Element 3.0*, “partly yes” means a superficial or partial analysis has been done by focusing on only one or two of the concerns (gender roles, needs, perspectives, or access to and control of resources).
 - d. For *Element 4.0*, “partly yes” means women are identified in the project objectives but only in connection with traditional health management roles (Q4.1); or the project has token gender equality outputs or outcomes (Q4.2). A full “yes” to Q4.1 signifies that women’s reproductive rights and nontraditional roles are also recognized, while a full “yes” to Q4.2 denotes that the gender equality outcomes and outputs are consistently pursued in the logframe.
 - e. For *Element 5.0*, “partly yes” means having gender equality strategies or activities but no stated gender issues to match the activities, while a full “yes” means there is an identified gender issue and there are activities seeking to address these issues.

- f. For *Element 6.0*, a “partly yes” response to any of the items and questions is associated with superficial or partial effort to address a specific issue or question. In contrast, a full “yes” involves a coherent, if not a comprehensive, response to the question.
 - g. For *Element 7.0*, “partly yes” means the project monitoring plan includes indicators that are sex-disaggregated but no qualitative indicator of empowerment or status change.
 - h. For *Element 8.0*, “partly yes” means the project requires the collection of some sex-disaggregated data or information but not all the information that will track the gender-differentiated effects of the project. A full “yes” means all sex-disaggregated data and qualitative information will be collected to help monitor GAD outcomes and outputs.
 - i. For *Element 9.0*, “partly yes” means there is a budget for GAD-related activities but this is insufficient to ensure that the project will address relevant gender issues (Q9.1), or build GAD capacities among project staff or the project agency or tap external GAD expertise (Q9.2).
 - j. For *Element 10.0*, a “partly yes” response to Q10.1 means there is a mention of the agency’s GAD plan but no direct connection is made to incorporate the project’s GAD efforts into the plan; to Q10.2 means there is a mention of other GAD initiatives in the project coverage but no indication of how the project will build on these initiatives; and to Q10.3 means the project has a sustainability plan for its GAD efforts but makes no mention of how these may be institutionalized within the implementing agency or its partners.
3. After ascertaining whether a GAD requirement has been done or not, enter the appropriate score for an element or item under column 3.
 - a. To ascertain the score for a GAD element, a three-point rating scale is provided: “0” when the proponent has not accomplished any of the activities or questions listed under an element or requirement; a score that is less than the stated maximum when compliance is only partial; and “2” (for the element or requirement), or the maximum score for an item or question, when the proponent has done all the required activities.
 - b. The scores for “partly yes” differ by element. For instance, the score for “partly yes” for Elements 2.0, 3.0, 5.0, 7.0, and 8.0 is “1.” For elements with two or more items or questions (such as Element 1.0), the rating for a “partial yes” is the sum of the scores of the items or questions that falls short of the maximum “2.”
 - c. For Element 9.0, which has two items (9.1 and 9.2), the maximum score **for each item** is pegged at “1.0” and “partly yes” is “0.5.” Hence, if a project scores a full “1.0” in one question but “0” in the other, or if a project scores “partly yes” (or “0.5”) in each of the two items, the total rating for Element 9.0 will be “partly yes” with a score of “1.0.” If a project scores “partly yes” in one item but “no” in the other, then the total rating for the element will be “0.5.”
 - d. For Elements 6.0 and 10.0, which has three items each, the maximum score **for each item** is pegged at “0.67” and “partly yes” is “0.33.” The rating for the element will be “partly yes” if the total score of the three items is positive but less than “2.0,” the maximum for the element.
 4. For an element (col. 1) that has more than one item or question, add the score for the items and enter the sum in the thickly bordered cell for the element.
 5. Add the scores in the thickly bordered cells under column 3 to come up with the GAD score for the project identification stage.
 6. Under the last column, indicate the key gender issues identified (for proponents) or comments on the proponent’s compliance with the requirement (for evaluators).

Box 13. GAD checklist for designing and evaluating health projects

Dimension and question (col. 1)	Response (col. 2)			Score for the item/ element (col. 3)	Result or comment (col. 4)
	No (2a)	Partly yes (2b)	Yes (2c)		
Project identification and planning					
1.0 <i>Participation of women and men in project identification</i> (max score: 2; for each item or question, 0.67)					
1.1 Has the project consulted and involved women and men in the problem or issue that the intervention must solve and in the development of the solution? (possible scores: 0, 0.33, 0.67)					
1.2 Have women's and men's inputs been considered in the design of the project? (possible scores: 0, 0.33, 0.67)					
1.3 Are both women and men seen as stakeholders, partners, or agents of change? (possible scores: 0, 0.33, 0.67)					
2.0 <i>Collection of sex-disaggregated data and gender-related information prior to project design</i> (possible scores: 0, 1.0, 2.0) Has the project tapped sex-disaggregated data and gender-related information from secondary and primary sources at the project identification stage? OR, does the project document include sex-disaggregated and gender information in the analysis of the development issue or problem?					
3.0 <i>Conduct of gender analysis and identification of gender issues (see box 3)</i> (possible scores: 0, 1.0, 2.0) Has a gender analysis been done to identify gender issues prior to project design? OR, does the discussion of development issues in the project document include gender gaps that the project must address?					
Project design					
4.0 <i>Gender equality goals, outcomes and outputs</i> (max score: 2; for each item, 1)					
4.1 Do project objectives explicitly refer to women and men (including adolescents) as clients and/or health providers? (possible scores: 0, 0.5, 1.0)					
4.2 Does the project have gender equality outputs or outcomes? (see text for examples) (possible scores: 0, 0.5, 1.0)					
5.0 <i>Matching of strategies with gender issues</i> (possible scores: 0, 1.0, 2.0) Do the strategies match the gender issues and gender equality goals identified? That is, will the activities or interventions reduce gender gaps and inequalities?					

Dimension and question (col. 1)	Response (col. 2)			Score for the item/ element (col. 3)	Result or comment (col. 4)
	No (2a)	Partly yes (2b)	Yes (2c)		
6.0 Gender analysis of the designed project (max score: 2)					
6.1 <i>Gender division of labor</i> (max score: 0.67; for each question, 0.33)					
6.1.1 Does the project address the different health needs of females and males? (possible scores: 0, 0.17, 0.33)					
6.1.2 Has consideration been given to how women may be supported in their role of providing healthcare to the household and to the community? (possible scores: 0, 0.17, 0.33)					
6.2 <i>Access to and control of resources</i> (max score: 0.67; for each question, 0.33)					
6.2.1 Has the project incorporated existing health services and health providers? (possible scores: 0, 0.17, 0.33)					
6.2.2 Are women-to-women services provided in the project design? (possible scores: 0, 0.17, 0.33)					
6.3 <i>Constraints</i> (max score: 0.67; for each item, 0.33)					
6.3.1 Are there cultural constraints on health measures that the project will be introducing? (possible scores: 0, 0.17, 0.33)					
6.3.2 Has the project considered financial costs of participation that may hamper women's and men's access to the project's health services or facilities? (possible scores: 0, 0.17, 0.33)					
7.0 Monitoring targets and indicators (possible scores: 0, 1.0, 2.0) Does the project include gender equality targets and indicators for welfare, access, consciousness raising, participation, and control? Examples of gender differences that may be monitored:					
<ul style="list-style-type: none"> - Utilization of health services - Mortality and morbidity rates among children and adults - Participation in training and similar project activities, by type of training or activity - Representation in health boards and similar health decision-making bodies - Participation in reproductive health programs and services - Employment generated by the project 					

Dimension and question (col. 1)	Response (col. 2)			Score for the item/ element (col. 3)	Result or comment (col. 4)
	No (2a)	Partly yes (2b)	Yes (2c)		
8.0 <i>Sex-disaggregated database</i> (possible scores: 0, 1.0, 2.0) Does the proposed project monitoring framework or plan include the collection of sex-disaggregated data?					
9.0 <i>Resources</i> (max score: 2; for each item, 1)					
9.1 Is the budget allotted by the project sufficient for gender equality promotion or integration? (possible scores: 0, 0.5, 1.0)					
9.2 Does the project have the expertise to integrate GAD or to promote gender equality and women's empowerment? OR, is the project committed to investing project staff time in building capacity for integrating GAD or promoting gender equality? (possible scores: 0, 0.5, 1.0)					
10.0 <i>Relationship with the agency's GAD efforts</i> (max score: 2; for each item or question, 0.67)					
10.1 Will the project build on or strengthen the agency/ NCRFW/government's commitment to the advancement of women? (possible scores: 0, 0.33, 0.67)					
10.2 Does the project have an exit plan that will ensure the sustainability of GAD efforts and benefits? (possible scores: 0, 0.33, 0.67)					
10.3 Will the project build on the initiatives or actions of other organizations in the area? (possible scores: 0, 0.33, 0.67)					
TOTAL GAD SCORE - PROJECT IDENTIFICATION AND DESIGN STAGES (Add the score for each of the 10 elements, or the figures in thickly bordered cells.)					

Interpretation of the GAD score

- 0 - 3.9 GAD is invisible in the project (proposal is returned).
- 4.0 - 7.9 Proposed project **has promising GAD prospects** (proposal earns a "conditional pass," pending identification of gender issues and strategies and activities to address these, and inclusion of the collection of sex-disaggregated data in the monitoring and evaluation plan).
- 8.0 - 14.9 Proposed project is **gender-sensitive** (proposal passes the GAD test).
- 15.0 - 20.0 Proposed project is **gender-responsive** (proponent is commended).

