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***REPORT ON THE ACTIVITIES OF THE PROGRAM ON  
WOMEN, HEALTH, AND DEVELOPMENT AT  
THE REGIONAL AND COUNTRY LEVELS***

The Program on Women, Health, and Development (HDW) is responsible for promoting and supporting national and regional programs that respond to the challenge of achieving gender equity in health and human development. HDW seeks to (1) identify health differences for men and women; (2) describe how gender contributes to those differences, either by protecting or by placing at risk the health of one or the other sex; and (3) analyze how existing policies and programs respond or not to those gender differences.

The report presents the objectives, expected results, and respective levels of achievement of the Program on Women, Health, and Development in 1996. It highlights the salient achievements of the past year and outlines directions to be pursued in 1997. In keeping with the request made by Member States at the 15th Meeting of the Subcommittee on Women, Health, and Development, additional information will be made available at the 17th Meeting of the Subcommittee to provide a better appreciation of the extent of activities carried out in the countries.

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## **1. Introduction**

The Program on Women, Health, and Development (HDW) of the Division of Health and Human Development is responsible for promoting and supporting national and regional programs that respond to the challenge of achieving gender equity in health and human development. This responsibility is expressed in its biennial target: "To assist in improving the health conditions of the population as a whole through the incorporation of a gender-based approach to policies and programs for health promotion and care."

The Program seeks to (1) identify health differences for men and women; (2) describe how gender contributes to those differences, either by protecting or placing at risk the health of one or the other sex; and (3) analyze how existing policies and programs respond or not to those gender differences.

This report presents the objectives, expected results, and respective levels of accomplishment during 1996. For each expected result, factors which favored or impeded achievement of the expected results are noted. In keeping with the request made by Member States at the 15th Meeting of the Subcommittee in 1995, additional information will be made available at the 17th Meeting of the Subcommittee to provide a better appreciation of the extent of activities carried out in the countries.

## **2. Program on Women, Health, and Development: Objectives and Expected Results in 1996**

The Program on Women, Health, and Development has four objectives:

- (1) To strengthen national capacity to formulate, implement, and evaluate health policies, programs, and projects in a manner that contributes to gender equity;
- (2) To support initiatives that contribute to the generation of scientifically sound information on health conditions that are specific to women or that have differential impact on the two sexes and on the role of men and women in health work;
- (3) To strengthen the collaboration, in a spirit of reciprocal learning, between organizations that advocate for gender equity and the public health sector in Member States;
- (4) To strengthen the capacity of the Pan American Health Organization to effectively catalyze gender-sensitive health policies and programs in Member States.

The following expected results guided the work undertaken in 1996, in keeping with the above four objectives:

- 01 Increased number of regional- and country-based initiatives to generate, produce, and disseminate research and information on gender differentials in health;
- 02 Technical staff at Headquarters and in the field increasingly able to design, execute, monitor, and evaluate projects and programs from a gender perspective;
- 03 Existence of initiatives at the regional and local levels that promote and strengthen the participation of women in protecting their health and the formulation of gender-sensitive policies and programs;
- 04 Strategies developed and made systematic to ensure continuation of interagency collaboration on women, health, and development with organizations of the United Nations system, the inter-American system, multilateral and bilateral organizations, and NGOs that work at the global, regional, and country levels;
- 05 Program management and interprogrammatic coordination strengthened so as to increase capacity to deliver, monitor, and evaluate technical cooperation in health.

In the following charts, each expected result is presented with its respective levels of achievement and indicators. After the presentation of each expected result, comments are provided on the factors which favored or impeded the achievement of the expected results and the extent to which the objectives of the project were achieved. The document concludes with a reflection on the most important achievements of the Unit as a whole and recommendations and perspectives for 1997. The full titles of acronyms used in the charts are provided in a list at the end of the document.

**2.1 Expected Result 01: Increased Number of Regional- and Country-based Initiatives to Generate, Produce, and Disseminate Research and Information on Gender Differentials in Health**

**Level of Achievement**

01 At least one research initiative in an area relevant to WHD promoted by HDW in collaboration with other technical units of the Organization.

- ‡ Consultation group on gender and communicable diseases conducted in collaboration with HDR and HCPHCT and document prepared for distribution to the countries to call for proposals in this area of study.
- ‡ Protocol elaborated and multicountry qualitative research study executed in 18 sites to assess community and institutional responses to battered women and girls.
- ‡ Data collection phases concluded and data analysis initiated in Argentina for Quality of Care Project. In Peru, research phase initiated which will conclude in January, 1997.
- ‡ Discussion finalized with specialized branches of NIH to initiate regional research effort in gender, tobacco, and adolescence. NIH commits \$30,000 to support this effort in 1997.

**Indicators**

**Level of Achievement**

02 Proposal exists to carry out country profiles on women's health.  
with

- ‡ HDW secures \$30,000 from the OAS to conduct study on U.S.-Mexico border which will elaborate women's health profiles. This will be done in collaboration with HDPHDA.

03 Funding secured to carry out research and policy activities in economic integration and its impact on women's health.

- ‡ Meeting conducted with researchers from Region, in collaboration with the Pacific Institute for Women's Health and HDPHDD, to review results of research to date on gender impact of economic integration and elaborate proposal to support work in this area.
- ‡ Proposal elaborated, in collaboration with the Pacific Institute, the Women's College Hospital and Research Centre (Toronto, Canada), and the Instituto Nacional de Perinatología (Mexico), and is being circulated to donor agencies.

04 Information data base increased by 500 entries and updated information disseminated to countries.

‡ 624 new entries incorporated into SIMUS data base, for a total of 3,500 entries.

‡ Three SIMUS documents containing latest publications in three thematic areas compiled and 500 copies distributed throughout region: Gender, Health, and Development; Gender and Reproductive Health; and Gender and Adolescent Health.

‡ Approximately 200 persons from outside the Organization assisted in accessing information and references in areas related to gender, women, and health.

‡ Coordination systematically maintained with DBL and BIREME.

‡ Five technical papers prepared by HDW for discussion at Subcommittee, and documents distributed and delivered on time to countries.

05 Documents which respond to HDW's commitments to the Subcommittee on WHD prepared and disseminated.

### *2.1.1 Factors which Favored or Impeded Achievement of Expected Result 01*

Of the five expected results for HDW in 1995, this Expected Result, which refers to the stimulation of research on women's health and gender differentials in health, was the most affected by the financial constraints faced by the Organization. For example, the joint effort between HDW, HDR and HCT in the area of research on gender and communicable diseases was to have culminated in a request for proposals that would have been circulated to the countries, and the selected proposals were to be funded by HDR. However, the cutbacks in HDR funds necessitated a different strategy whereby HDR and HDW will seek funds from other sources to support these projects. This situation has delayed the process. Moreover, funding in general for research is dwindling, as evidenced by the number of joint initiatives HDW is undertaking with other institutions who are also seeking funds for research in women's health and gender differentials. It is hoped that this strategy will have some success, as already evidenced by NIH's commitment to contribute funds to a gender, tobacco, and adolescence regional research effort.

Despite these constraints, HDW was able to secure from OASCIM \$30,000 to put together women's health profiles on the U.S.-Mexico border. In addition, the results of the initial research phase of the Quality of Care Project (Argentina and Peru) promise to generate much interest from other agencies, as this methodology and the preliminary findings are innovative and practical.

### *2.1.2 Extent to which the Objectives of the Project were Achieved, given the Accomplishment of Expected Result 01*

The level of accomplishment of Expected Result 01, as measured by its respective five indicators, was surpassed in four of these. Indicator 03 called for funding to have been secured to carry out research and policy activities in economic integration and its impact on women's health. Although funding was not obtained this year, it is highly likely that support for this effort, now currently being undertaken with other partners and focusing on Canada, the United States, and Mexico, will be secured in 1997. Indicators 01, 02, 04, and 05 were fully achieved.

## **2.2 Expected Result 02: Technical Staff at Headquarters and in the Field Increasingly**

### **Able to Design, Execute, Monitor, and Evaluate Projects and Programs from a Gender Perspective**

<b>Indicators</b>	<b>Level of Achievement</b>
01 80% of PAHO staff at Headquarters completed gender training.	% Strategy revised for Headquarters to include the following elements: tailor content of workshop to issues specific to Divisions' technical cooperation; formation of interprogrammatic working group to review how to incorporate gender considerations selection and use of PAHO's core data.
02 Workshops executed in eight countries.	% Workshops executed in 10 countries for PAHO staff, staff of the Ministry of Health and NGOs, as well as staff from bilateral and multilateral organizations in country. Total number of participants: 325.  % Workshop executed for WHO Headquarters, staff of the Divisions of Family and Reproductive Health and Environmental Health (25 persons).
03 Workshops evaluated.	% Gender, health, and development workshop evaluations systematized and disseminated.
04 Materials produced and disseminated.	% Facilitator's manual and participants' materials finalized for publication in Spanish and English. Audiovisual materials produced and disseminated to support concepts presented in workshops.
05 Mechanism put in place for monitoring relevant PAHO projects for gender sensitivity.	% Draft guidelines elaborated for consideration by DEC.



### *2.2.1 Factors which Favored or Impeded Achievement of Expected Result 02*

Expected Result 02 is perhaps the most difficult to achieve, given the implications for changing the traditional ways PAHO staff and other health professionals have approached the consideration of health/disease processes. There is no doubt that donning “gender lenses” to rethink health and human development can be onerous, and some might wonder whether it is worth the trouble. However, it is HDW’s view that there is significant advance in this regard within the Organization, and gender considerations are being increasingly incorporated into the daily “jargon” of technical cooperation. What is more important, staff at the country level are understanding what a gender perspective involves and what it does not. HDW’s efforts to sensitize PAHO about the importance of gender considerations in health have been more focused on the country level for two reasons: (1) the demand is there, and it is where PAHO’s technical cooperation in health has the closest contact with health programs and policies; and (2) the workshops designed and being implemented by HDW in the field and with other agencies may not be the best approach for PAHO Headquarters; rather, the ongoing collaboration with other units undertaken by HDW provides opportunities to discuss gender considerations, as does the newly formed interprogrammatic working group on gender, women, and health.

### *2.2.2 Extent to which the Objectives of the Project were Achieved, given the Accomplishment of Expected Result 02*

Of the five indicators that measure the achievement of Expected Result 02, three were surpassed. Eleven workshops were conducted for approximately 350 persons, and evaluations were extremely positive. A request repeated on all of the evaluations was for “more workshops of this type.” The manuals in English and Spanish were finalized and visual materials were elaborated. Indicator 01, which called for 80% of PAHO staff at Headquarters to have participated in the workshops, was clearly not met, for the reasons already stated. Also, indicator 05 remains to be finalized in the coming year.

**2.3 Expected Result 03: Existence of Initiatives at the Regional and Local Levels that Promote and Strengthen the Participation of Women in Protecting their Health and Formulation of Gender-sensitive Policies and Programs**

**Indicators**

01 At least 90% of 1996 activities in the APB for Central American Project completed.

**Level of Achievement**

- ‡ Three subregional workshops held to elaborate multicountry protocol, and to review units of analysis, to assess critical path of women who seek solutions to domestic violence.
- ‡ Nordic midterm review of projects highly favorable, with recommendations to continue and expand project at subregional level.
- ‡ All funds programmed to achieve expected results executed.
- ‡ Reports to donors written and submitted in timely fashion.

**Indicators**

02 At least 90% of 1995 activities for Andean project completed.

**Level of Achievement**

- ‡ Subregional workshops for multicountry protocol include Andean countries.
- ‡ Peru executed 100% of funds for 1996; Bolivia executed 90% of funds; Ecuador executed 80% of funds.
- ‡ Technical collaboration between countries participating in project strengthened, and five intercountry activities carried out.
- ‡ Monitoring process carried out in all countries of project, in collaboration with external evaluator for project. Reports written and submitted to PWRs.
- ‡ Report to donor written and submitted.

03 At least 90% of 1996 activities in APB for indigenous women's health executed.

⌘ Outside evaluation executed with support of Nordic cooperation and report highly favorable. Recommendations for reorientation of efforts made, in the light of actual political climate.

⌘ Revisions submitted to donors for their consideration.

⌘ 80% of programmed 1996 funds executed.

### **Indicators**

### **Level of Achievement**

04 At least 90% of 1996 activities in APB for Quality of Care Project executed

⌘ In Argentina, first phase of the project is in its final stages, and will be completed in March 1997. 100% of funds programmed for 1996 have been executed.

⌘ In Peru, project coordinator seconded from Spain joins team in May. Project activities fully under way by October and first phase completed in May 1997.

⌘ In Peru, Ministry of Health seeks to replicate the experience with its own funds, in several additional sites.

⌘ In Argentina, HDW adapts and pilots the workshop series "Health Workers for Change" (TDRWHO) at the site of the Quality Project. Workshop success generates demand for replication in other countries of the Region. HDP commits \$9,000 to this effort in 1997.

⌘ Advances of project presented at Subcommittee on Women, Health, and Development.

⌘ UNFPA commits funds to co-finance post with Government of the Netherlands that will oversee work with women's organizations.

⌘ 50% of activities in plan of action elaborated with UNFPA executed, due to cutbacks in UNFPA's funds.

⌘ New plan of action elaborated and submitted to UNFPA for 1997.

05 At least 90% of 1996 activities in PAHOUNFPA plan of action executed.

### 2.3.1 *Factors which Favored or Impeded Achievement of Expected Result 03*

The level of accomplishment of Expected Result 03 is critical to the continued credibility of HDW to make a difference to women's health and their quality of life in the most immediate sense. Moreover, the level of execution and the degree of success of the projects are the gateway to further support from existing donors and for accessing support from other collaborators. HDW dedicated much effort in 1996 to ensuring that the projects for which it is responsible were well managed and effective. In most cases, project execution has been excellent and the midterm reviews and outside evaluations conducted by donor agencies and their consultants have attested to this. Recommendations made by them are timely and consistent with HDW's strategies as well. In the case of the project jointly funded by the Government of the Netherlands and UNFPA, there have been difficulties due to UNFPA's drastic funding cut to 60% which has necessitated a revision midway in the execution of the agreed plan of work. It is important to note that, whereas the level of achievement in this evaluation indicates that only 50% of what had been planned initially has been executed, this had everything to do with the funding constraints of the donor agency, not with HDW's level of execution.

### 2.3.2 *Extent to which the Objectives of the Project were Achieved, given the Accomplishment of Expected Result 03*

The objectives of the project were fully accomplished.

**2.4 Expected Result 04: Strategies Developed and Made Systematic to Ensure Continuation of Interagency Collaboration on WHD with Organizations of the United Nations System, the Inter-American System, Multilateral and Bilateral Organizations, and NGOs that Work at the Global, Regional, and Country Levels**

Indicators	Level of Achievement
01 At least two joint activities planned and executed with WHO.	<ul style="list-style-type: none"> <li data-bbox="764 467 1908 597">% HDW evaluated Women’s College Hospital and Research Centre (Toronto, Canada) as a candidate to become a WHO collaborating center, facilitated the processing of its application, and secured its designation as the first WHO Collaborating Center in women’s health in the Hemisphere.</li> <li data-bbox="764 639 1908 734">% HDW conducted a gender and health training seminar at WHO Headquarters with staff from the Family and Reproductive Health Division, WHD focal points from three WHO regions, the Chief of WHD at WHO Headquarters, and staff from Environmental Health.</li> <li data-bbox="764 776 1671 799">% Manual for gender training submitted to WHO Headquarters as requested.</li> <li data-bbox="764 841 1839 863">% HDW participated in the fourth meeting of the Global Commission on Women’s Health.</li> <li data-bbox="764 906 1908 974">% HDW provided technical assistance to WHD at WHO Headquarters in elaborating a strategy on violence against women for other WHO regions.</li> <li data-bbox="764 1016 1881 1084">% HDW edited, translated, and disseminated to countries a document containing major health agreements of the Beijing Conference.</li> <li data-bbox="764 1127 1545 1149">% All trip reports shared with WHD Chief at WHO Headquarters.</li> </ul>

Indicators	Level of Achievement
02 At least two joint activities planned and executed with IDB.	<ul style="list-style-type: none"> <li data-bbox="903 1302 1904 1396">% Six joint missions were carried out with IDB to elaborate a plan of operations for a project to combat violence against women, and HDW elaborated a plan of operations which was approved by the Bank in the amount of \$3 million.</li> </ul>

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| 03 | At least one joint activity planned and executed with OASCIM . | <ul style="list-style-type: none"> <li>‡ HDW participated in working group to elaborate a script for a video on violence against women which will be finalized and disseminated to countries of Region by IDB in 1997.</li> <li>‡ Systematic contact on a weekly basis sustained with IDB's women in development office.</li> <li>‡ HDW participated in Directing Council of OASCIM and prepared and presented a report to its Member Countries on HDW's activities.</li> <li>‡ HDW secured funds from CIM for elaborating women's health profiles in health.</li> <li>‡ Regional meeting entitled "Pan American Consultation of Legal and Health Experts" organized in collaboration with the Washington College of Law of American University and the CIM.</li> <li>‡ HDW provided technical advice on a systematic basis to new CIM Executive Secretary.</li> </ul> |
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**Indicators**

**Level of Achievement**

- |    |   |   |
|----|---|---|
| 04 | At least one activity executed with another United Nations agency and/or women's NGO. | <ul style="list-style-type: none"> <li>‡ All activities carried out by HDW drew on full participation of women's groups at the global, regional, and local levels. In particular, at the global level, HDW systematically collaborated with the Health and Development Policy Project, with the International Research Center on Women, with the Pacific Institute for Women's Health, and with ISIS International. At the regional level, collaboration has been ongoing with LACWHN.</li> <li>‡ Four articles published in ISIS International's <i>Women's Journal</i>.</li> <li>‡ Internship plans finalized for representative of LACWHN to join HDW for two months beginning in 1997.</li> </ul> |
|----|---|---|

of

05 At least one new agreement formally in place between PAHO, Ministries of Health, and Offices of Women's Affairs to work towards specific outcomes related to women's health.

- ‡ Internship supervised for graduate student in International Health at George Washington University, including overseeing the publication of a document containing summaries of the major agreements for women's health of the past six United Nations Conferences.
- ‡ Member of LACWHN selected to participate as observer at the meeting of the Subcommittee on Women, Health, and Development.
- ‡ Member of World Resources Institute advisory group on health and environment specifically charged with assisting in the incorporation of a gender perspective in the Institute's program and publications.
- ‡ Program Coordinator participated in meeting of First Ladies and Wives of Heads of State of Latin America and the Caribbean in La Paz, Bolivia.
- ‡ Project on violence against women in three countries (Venezuela, Brazil and Paraguay) coordinated with women's ministry, in close collaboration with ministry of health. Funds administered by PAHO.

#### 2.4.1 *Factors which Favored or Impeded Achievement of Expected Result 04*

Expected Result 04 was surpassed, as measured by the level of achievement of its five indicators. One of the most salient accomplishments in this regard was the successful collaboration with the Inter-American Development Bank, which culminated in the approval by the Bank's Board of Directors of the Plan of Operations of a grant of \$3 million, to be executed by PAHO, to combat violence against women and girls. In addition to the funding of the project, it is important to mention the relationship of trust and mutual respect built between HDW and those involved at IDB. This relationship has spilled over into other areas of collaboration, as indicated by IDB's consultation with HDW on gender and health training and other issues relevant to gender, health, and human development. Another salient accomplishment this year was the designation of the Women's College Hospital and Research Centre (Toronto, Canada) as the first WHO Collaborating Center in women's health in the Hemisphere. This process was stimulated and nurtured by HDW, which, together with the chief of the women, health, and development program at WHO Headquarters, elaborated the terms of reference for the collaboration and the plan of work. Finally, HDW also provided the bridge whereby funding is likely to be secured from the Ford Foundation for the Washington College of Law and the Health and Development Policy Project to further the work that needs to be done in providing legal recourse for battered women.

#### 2.4.2 *Extent to which the Objectives of the Project were Achieved, given the Accomplishment of Expected Result 04*

The objectives of the project were achieved.



**2.5 Expected Result 05: Program Management and Interprogrammatic Coordination Strengthened so as to Increase Capacity to Deliver, Monitor, and Evaluate Technical Cooperation in Health**

<b>Indicators</b>	<b>Level of Achievement</b>
<p>01 HDW focal point meeting executed and strategies agreed on to guide work with other technical programs.</p>	<ul style="list-style-type: none"> <li>‡ Three subregional meetings carried out with focal points from Central American and Andean regions.</li> <li>‡ Support material in the area of gender, health, and development sent out to focal points on a systematic basis.</li> <li>‡ HDW focal point meeting planned for January 1997.</li> </ul>
<p>02 At least two new initiatives designed and executed with other technical programs.</p>	<ul style="list-style-type: none"> <li>‡ In collaboration with HPPHPL, Meeting of Women Leaders for Mental Health organized and executed. HDW mobilized funds to support this event.</li> <li>‡ In collaboration with HEP, extensive review of scientific research literature conducted on gender, environment, and health. Report prepared on this review, and HDW participated in annual meeting of HEP focal points, preparing and conducting a two-hour presentation of how to incorporate gender in HEP activities.</li> <li>‡ HDW financially supported regional position paper on breastfeeding coordinated by HPPHPN. HDW provided technical input from a gender perspective.</li> </ul>

<b>Indicators</b>	<b>Level of Achievement</b>
<p>02 At least two new initiatives designed and executed with other technical programs (cont.).</p>	<ul style="list-style-type: none"> <li>‡ HDW provided funds to support ACTIVA multicountry research project (HDR and HPL) on social violence.</li> <li>‡ HSP committed funds and technical assistance to support HDW</li> </ul>

efforts to execute seminars to strengthen health services in quality of care from a gender perspective.

‡ HDW collaborated on an ongoing basis with HPPHPF, HSP (indigenous health), HCPHCT, and HCPHCA, as well as technical units within the division of HDP

03 Trip reports submitted.

‡ Twenty-five trip reports submitted (20 countries visited, several more than once).

### 2.5.1 *Factors which Favored or Impeded Achievement of Expected Result 05*

The expected result was surpassed on all counts. In particular, it is worth noting the continuous collaboration between HDW and the technical units of the Organization, including, as mentioned in the Introduction, the highly successful meeting on mental health held in 1996 in collaboration with the Carter Center and the World Federation for Mental Health.

### 2.5.1 *Extent to which the Objectives of the Project were Achieved, given the Accomplishment of Expected Result 05*

The objectives of the project were achieved.

## **3. Most Important Achievements**

HDW's most important achievements in 1996 continued to be the mobilization of resources (human and financial), direct technical collaboration, and dissemination of information, which also included training, due to the particular nature of the training being provided.

### **3.1 Resource Mobilization**

- HDW's regional initiative on violence against women, which was initiated with extrabudgetary funds in 1994, was able to garner additional support this year from the Inter-American Development Bank for approximately \$3 million for six more countries.<sup>11</sup> Beginning in 1997, 16 countries of the Region will be part of this project.
- In 1996, Norway doubled its contribution for this project in Central America.
- The project on Quality of Care from a Gender Perspective, funded by IDRC and the Government of Spain, has spurred interest on the part of Ministry of Health in Peru, which seeks to replicate the experience with its own funds in several additional sites. In Argentina, where the first phase of the project is in its final stages, the Special Program for Tropical Disease Research of WHO requested that HDW adapt and pilot the workshop series *Health Workers for Change* at the site of the Quality of Care Project, as the focus of these workshops is the improvement of the provider-user interaction, specifically focused on gender needs in health. The workshops have been so successful that there is great demand for replication in other countries of the Region, and in 1997 HSP will contribute \$9,000 to this effort.
- HDW was able to secure \$30,000 from the Inter-American Commission of Women of the OAS to support the development of women's health profiles on the U.S.-Mexico border, an effort which will be coordinated with HIDA.
- Throughout 1996, HDW provided support, both technical and financial, to the Washington College of Law of The American University, specifically to its Women and

International Law Program. An event sponsored in April drew legal experts, public health professionals, and women's groups together to explore mechanisms for facilitating women's access to the legal system, particularly in cases of violence. As a result of this initial meeting, HDW and others formed a working group which drew up a proposal for over \$2 million to further efforts in this field. The proposal, presented to the Ford Foundation, has received favorable initial reviews.

- HDW was responsible for accelerating the designation of the Women's College Hospital and Research Centre (Toronto, Canada) (WCH) as the first WHO Collaborating Center in women's health in the Hemisphere. This center has ample experience in many of the initiatives that HDW is pursuing collaboratively with the countries. Already, technical collaboration efforts have been initiated through PAHO with Costa Rica and Mexico, respectively, and with WCH. WCH has extensive experience in the area of detection and treatment of battered women, and in 1997 will begin to actively collaborate with the countries in how to conduct epidemiological surveillance on violence against women.

### **3.2 Direct Technical Cooperation**

The most important achievements for HDW in this function were related to the continued and expanding linkages with organizations, both governmental and nongovernmental, in Latin America and the Caribbean, but also, increasingly, in the United States and Canada and in other parts of the world. In the countries, much of the direct technical cooperation was oriented towards monitoring the progress of the extrabudgetary projects and ensuring that reports and financial statements were well prepared and timely. In some cases, efforts involved guidance to the consultants hired to oversee these efforts. In the United States and Canada, HDW has increasingly received demands for participation in seminars and working groups. This year, HDW gave 11 major presentations in the United States and Canada to audiences that ranged from 100 to over 500 persons. Some of these presentations were extended from other United Nations agencies, others were from universities and NGOs.

Within the Organization, HDW was actively involved with every division. The efforts with HPL, HEP and HSP have been mentioned elsewhere in this evaluation. In addition, HDW has participated actively with HPF in the area of sexuality and policies on adolescent health; with HCA, revising a manual on sexual health and STDs to include a gender perspective; and, with HSP, on the indigenous health initiative. HDW also collaborated with HCPHCN, elaborating strategies for increasing pap smear coverage in Latin American.

### **3.3 Dissemination of Information Training**

Although the two functional approaches are distinct, they have been combined in this evaluation because the gender, health, and development workshops that HDW has prepared and is conducting throughout the Region also are stimulating health and development professionals to use information in a different way so that it enhances equitable interventions and policies. Thus, it combines information dissemination and training, and constitutes one of HDW's most important contributions to PAHO's technical cooperation in the area of women, gender, and health.

HDW continues to receive daily requests for information on innumerable topics related to women's health, requests which provide another means for PAHO to enhance its image and presence regionwide and globally.

## **4. Most Important Shortcomings**

The most important shortcomings, by functional approach, are in the area of training and the development of policies, plans, and norms.

### **4.1 Training**

As stated elsewhere in this evaluation, the requests for gender, health, and development workshops designed for health professionals have implied that HDW has had to assume the initial responsibility for conducting these sessions, solicited by PWRs, ministries of health, and bilateral and multilateral agencies working in health. The success of these workshops has placed a considerable burden on HDW at Headquarters, as countries request that these sessions be facilitated by staff from Headquarters, and HDW focal points in the PWR offices are not yet comfortable with the concepts and methodology. Moreover, there is the unspoken but clear message that participation from Headquarters enhances the “seriousness” of the event. The Unit will, early in 1997, focus on providing its focal points with a training-of-trainers session. This, together with the facilitator’s manual, should assist with replication of the sessions in those countries where HDW has already conducted the first training session.

### **4.2 Development of Policies, Plans, and Norms**

HDW continues to fall short in its efforts to advance in the elaboration of general guidelines to ensure the incorporation of a gender perspective in all policies and programs of the Organization. Efforts in 1996 largely focused on resource mobilization for the Organization and training in the countries, which meant that there were not enough “women hours” to work in this area. HDW views such guidelines as a strategy for enhancing the likelihood that staff at Headquarters systematically take gender considerations into account in their efforts. In 1997, the elaboration of these guidelines will receive priority.

## **5. Recommendations and Perspectives for 1997**

There is little doubt that in order to incorporate a gender perspective in the work of the Organization, interprogrammatic efforts are essential. In this regard, in 1996 HDW made major advances in the Country Offices and, to some degree, at Headquarters. However, a way of accelerating this approach would be to require that evaluations of units at Headquarters and of Country Offices include an assessment of the degree to which gender considerations have been incorporated into technical cooperation efforts.

In 1997, HDW will focus on developing such guidelines for PWRs and for Divisions and on disseminating them to offices that have already received the training. It is proposed that the evaluations conducted during 1998 include an assessment of the degree to which offices have incorporated gender considerations into their technical cooperation, as part of the general evaluation at the end of the year, in the case of Headquarters, and as part of the PWR assessments coordinated by the AD’s office, in the case of the Country Offices. In 1997, HDW

will continue to work closely with DEC to elaborate gender guidelines for projects that are submitted to the project review process.

In 1997, HDW's efforts will focus on the following:

- Developing guidelines to ensure the incorporation of a gender perspective into PAHO's technical cooperation;
- Transferring concepts and training skills in the gender, health, and development workshops to HDW focal points and developing quality control assessments that will enhance optimal success;
- Continuing resource mobilization efforts and monitoring extrabudgetary projects, ensuring that technical support to enhance project sustainability is available. Emphasis will be on intercountry and interregional support in thematic areas;
- Initiating work with other HDP units to collaborate with selected countries in developing projects studies that shed light on health and human development linkages.

## ANNEX: LIST OF ACRONYMS

APB	annual operating program budget
BIREME	Latin American and Caribbean Center on Health Sciences Information
DBL	Headquarters Library
DEC	Office of External Relations
HCPHCA	Program on Acquired Immunodeficiency Syndrome and Sexually Transmitted Diseases
HCPHCN	Program on Noncommunicable Diseases
HCPHCT	Program on Communicable Diseases
HDP	Division of Health and Human Development
HDPHDA	Program on Health Situation Analysis
HDPHDD	Program on Public Policy and Health
HDPHDR	Program on Research Coordination
HDPHDW	Program on Women, Health, and Development
HEP	Division of Health and Environment
HPPHPF	Program on Family Health and Population
HPPHPL	Program on Healthy Lifestyles and Mental Health
HPPHPN	Food and Nutrition Program
HSP	Division of Health Systems and Services Development
IDB	Inter-American Development Bank
IDRC	International Development Research Center (Canada)
LACWHN	Latin American and Caribbean Women's Health Network
NGO	nongovernmental organization
NIH	National Institutes of Health (United States of America)
OASCIM	Organization of American States Inter-American Commission of Women
PWR	PAHOWHO Representative Offices
SIMUS	Regional Information System on Women, Health, and Development
STD	sexually transmitted diseases
UNFPA	United Nations Population Fund
WHD	women, health, and development

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1. These are: Argentina, Brazil, Dominican Republic, Mexico, Paraguay, and Venezuela.