

***Short appraisal of the gender  
analysis undertaken of the  
“Tanzanian German Programme  
to Support Health”***

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## Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BMZ	Federal Ministry for Economic Cooperation and Development
DAC	Development Assistance Committee
DFID	Department For International Development
DRC	Democratic Republic of the Congo
GBV	Gender Based Violence
GTZ	Gesellschaft für technische Zusammenarbeit
HIV	Human-immuno Deficiency Virus
HRH	Human Resources for Health
InWEnt	International Weiterbildung und Entwicklung
KfW	Kreditanstalt für Wiederaufbau
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NGO	Non-governmental Organisation
PPP	Public Private Partnership
QM	Quality Management
SIDA	Swedish International Development Cooperation Agency
SRH	Sexual and Reproductive Health
SWAp	Sector Wide Approach
UNDP	United National Development Programme
UNFPA	United Nations Population Fund
UNIFEM	United Nations
UNAIDS	United Nations
USAID	United States Agency for International Development

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## 1 Introduction

TGPSH had scrutinised the current state of gender mainstreaming within the programme. The respective report included an assessment of the gender sensitivity of the activities within the six programme components and recommendations for the future. To ensure a well documented basis for future activities and improvement in the gender sensitive work in the health programme in Tanzania, a consultant further revised this report. In addition, the consultant developed an appraisal of the Gender report – which is the current paper. The following document provides the status quo and the relevance of the activities within TGPSH in terms of mainstreaming gender as well as an appraisal for the way forward especially in regards to the possibility of publishing the report.

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## 2 Overall Impressions

The Gender study undertaken by TGPSH is an interesting document that can be well used by the programme to consolidate the importance it ascribes to gender and to systemise the approach taken. It also holds the potential to be of wider relevance for public health practitioners. Also, for GTZ in general it could be of wider interest. The GTZ website devotes a lot of space to gender and how highly it subscribes to international agreements demanding gender equality. It proceeds to list gender as a specific focus of 14 countries where specific projects on the topic are implemented. Beyond this, the overwhelming focus of information on gender appears on the website in relation to HIV & AIDS. Some information on the importance of gender sensitivity can also be found regarding the work of GTZ in the area of Sexual and Reproductive Health. The “Themes” part of the GTZ website of SRH takes a rather mother and child focus and could benefit from a reworking to reflect a state of the art gender sensitive approach. Under the Theme “Health Systems Strengthening” gender isn’t mentioned.

Quite aside from the strengths and weaknesses of this study, there would be potential for GTZ to expand the information provided upon the interaction between Health Programmes and gender. Amongst the data provided in the descriptions of the various health programmes GTZ is involved in around the world the extent to which mention of a gender sensitive approach is made varies considerably.

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## 3 The Gender Agenda

Since Beijing there has been an increase in the amount of attention paid to taking a gender-sensitive approach in health. Some of the reasons for this and the different focuses taken are outlined:

### 3.1 Health and Gender

- The shift from the ‘women in development’ (WID) to the ‘gender and development’ (GAD) approach led to a renewed focus on the role of gender in health and health care issues in general in the wake of Beijing.
- Increased research into the determinants of health furthered the trend. It has been conclusively shown that gender combines powerfully with other such

determinants, such as poverty, age, ethnicity and other markers of social exclusion, to produce particular patterns of inequity, or unfair differences in health (WHO, 2007).

- Increased attention to a human rights based approach in health and good governance in health- the case for taking gender inequity seriously in health policy, planning and delivery encompasses rights based, effectiveness and sustainability arguments.
- There is a gradual trend whereby programmes with a focus on Sexual & Reproductive Health are paying more attention to gender based violence in general, rather than to specific harmful practices such as female genital cutting. This comes in the wake of increased evidence on a highly controversial and sensitive topic. The WHO's World Report on Violence and Health 2002 broke new ground in the process of quantifying the terrible cost of violence against women on their health.

### **3.2 HIV & AIDS and Gender**

Data on HIV and AIDS has shown the marked feminisation of the epidemic and how the interplay between poverty and vulnerability to HIV is intrinsically linked to gender inequities. The global response has called on all sectors to respond and mainstream HIV. Effective HIV mainstreaming demands gender mainstreaming and a large body of literature on how to go about this has developed.

Much of this can be found in the HIV/AIDS web portal of UNIFEM and UNAIDS. The site aims to promote understanding, knowledge sharing, and action on HIV and AIDS as a gender and human rights issue. This portal provides access to cutting edge research, studies and surveys; training materials; multi-media advocacy tools. Resources are organised by topic, type, and region and the entire site is searchable; short summaries are provided for each of the resources to give visitors to the site a quick overview of each of the materials: [www.genderandaids.org](http://www.genderandaids.org)

The Swiss Agency for Development and Cooperation (SDC) has produced a tool kit on how to go about mainstreaming which proposes a combined HIV & gender-sensitive approach. [http://www.deza.admin.ch/ressources/resource\\_en\\_24553.pdf](http://www.deza.admin.ch/ressources/resource_en_24553.pdf)

### **3.3 Poverty, gender and health**

The health sector holds extreme importance for the response for overarching development goals such as poverty reduction. DAC has taken up gender equality and women's empowerment in its guiding principles for aid effectiveness and established the Network on Gender Equality (GENDERNET) as an international forum for exchange. Progress reports towards the MDGs and World Bank economic assessments underline the need to integrate a gender sensitive perspective when it comes to quantifying the current and potential economic situation of countries. The World Bank also calls for the budgets allocated to gender issues in the health and other sectors to be explored more explicitly. A plethora of information on this topic can be found on the ELDIS database: <http://www.eldis.org/go/topics/resource-guides/health/gender-and-health/gender-health-and-poverty>

### **3.4 Human rights and gender**

Gender based violence is increasingly being tackled as a legal, juridical issue of international human right law. The UN addresses GBV as an overarching, societal, issue which situates at the nexus between women's rights and freedom of religion or belief. The Secretary General has established a UN-wide collection of literature on the topic: <http://www.wunrn.com>

### **3.5 Humanitarian emergencies and gender**

In the context of natural catastrophes and complex, protracted man-made emergencies such as Dafur, the urgency of ensuring gender-sensitivity has also been recognised. There is an emerging body of literature on this topic and that of addressing gender issues in conflict/post-conflict settings. An example of such a collection is the one supported by DFID, Irish AID and SIDA at: [http://www.bridge.ids.ac.uk/reports\\_gend\\_con\\_em.htm](http://www.bridge.ids.ac.uk/reports_gend_con_em.htm)

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## **4 Public Health and Gender in the literature**

### **4.1 Peer reviewed and other articles**

A rapid review of the peer reviewed literature on the topic using the pub med database shows that there is a dearth of publications on the wider topic of gender mainstreaming in health. There are some papers that consider health education from a gender point a few and quite some research on the way user fees affect men and women differently. A review undertaken using popline yielded more results but, given the emphasis of the database, the articles exclusively focused upon gender and Sexual and Reproductive health and/or HIV & AIDS.

The Gender and Health Equity Network is a partnership of national and international institutions concerned with developing and implementing policies to improve gender and health equity, particularly in resource constrained environments. It seeks to further develop the evidence base for gender inequalities in health and in building on these insights to carry out intervention studies in four countries. These studies use a range of practical and participatory methodologies in working with local stakeholders to implement interventions to improve health equity. Countries participating in the intervention phase are India, China, Mozambique and Sweden. [www.ids.ac.uk/ghen](http://www.ids.ac.uk/ghen)

### **4.2 Grey literature**

There are several sources of practical information on gender and health, e.g.:

The department of Gender, Women and Health (GWH) at the World Health Organization brings attention to the ways in which biological and social differences between women and men affect health and the steps needed to achieve health equity. The main focus of GWH is to promote the inclusion of gender perspectives

in the work of the WHO by collaborating with other departments and regional and country offices. Key areas of interest include: gender mainstreaming; gender-based violence; gender and HIV/AIDS. <http://www.who.int/gender/en/>

UNFPA has a strong collection of information on gender when it comes to population health: <http://www.unfpa.org/gender/>

Eldis has a large section on gender and health  
<http://www.eldis.org/go/topics/resource-guides/health/gender-and-health>

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## 5 GTZ health programmes and gender

Using the GTZ website the following rapid assessment is offered:

In Kenya a previous focus upon female genital mutilation has now been expanded to combating gender based violence. The component is currently in the process of re-positioning itself in the alliances and networks it uses. Gender is mentioned quite extensively in the GTZ sources about this programme.

In Mozambique there is no longer a focus upon health but on HIV & AIDS. The work being undertaken to support the national response underlines gender aspects in great detail. In Namibia a HIV intervention with a strong focus upon overcoming stigma and discrimination is provided. Gender doesn't feature in the outline. In Burkina Faso, the focus is upon Sexual and Reproductive Health within the context of Human Rights and explicit reference is made to gender on several occasions. In Cameroon there is a health and HIV&AIDS programme. In regards to the HIV&AIDS focus gender is mentioned. In DRC a health and HIV programme is described. The link to poverty reduction is underlined several times, although the link to gender is not elaborated.

In Nepal, a comprehensive health programme with links to poverty reduction, human rights and the relevance of gender issues is described. In Bangladesh no mention is made of gender in the information provided on the website. However, it must be noted that there is a specific gender project in the country which is well documented. In Indonesia a human resources for health intervention is described, but the role of gender in HRH, in the workplace or in continuing education opportunities is not elaborated. In Cambodia, Human Resources, Quality Management and Social Protection are outlined as focus areas. An explicit analysis of the way gender is mainstreamed across these components is not provided. In Vietnam a health intervention which seeks to increase access is described. Gender isn't directly mentioned in the analysis of the problem nor as part of the interventions. In Malawi a comprehensive health programme is implemented with a focus upon SWAp, HRH and PPP. Gender is not explicitly mentioned as part of the approach. In Guinea, the focus is quality management. No mention is made of the role that gender plays in SQI. In Rwanda a health and HIV project is described with a strong focus upon quality management and health financing systems. The extent to which gender is incorporated in these interventions is not clear.

Clearly, from the GTZ website it is not possible to gain a complete picture of these projects and programmes and it is likely that in the proposals submitted by GTZ to implement them considerations on gender are available as well as in progress reports and internal documents. The extent to which these experiences have been documented and are available for a wider audience appears to be highly variable.

It would seem that Tanzania has taken an innovative step in seeking to establish the extent to which it has achieved gender mainstreaming across the entire breadth of its interventions and internal processes. It is precisely the fact that such a comprehensive health programme which has undertaken this work that makes it of potential wider interest.

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## **6 Way forward?**

In general, despite the documents undoubted strengths there are some issues that make it “hard to sell”. First and foremost, the first part deals with gender in general and is already known to the gender/development community. Moreover, it then proceeds to “regurgitate” a lot of very detailed information about gender mainstreaming in the German Development Cooperation. The second part, by comparison, is very Tanzania specific. The recommendations are of lesser interest to the external reader in their current form.

### **6.1 Peer reviewed publication**

From the description of the methodology given in the study it is extremely unlikely that this would stand up to a peer review process. The author would need to be called upon to document extensively the steps she took in developing the semi-structured interview tool and how the answers were analysed. Additionally, a review of the literature to public health and gender would need to be taken. An additional chapter where the results from the literature are discussed in relations to the findings in Tanzania would need to be added. These steps would mean considerable workload without any guarantee of success when it comes to placing it in a journal. Articles on the health system which take a gender focus have appeared in *Tropical Medicine and International Health*.

### **6.2 Publication for public health practitioners**

Another alternative would be to rework the document to make a more “hands-on” form of publication for practitioners in the field of public health and to try and place such a document in gender and health databases such as:

Siyanda run by the Institute of Development Studies in the UK and aims to support development practitioners by providing an ever-growing resource of gender-mainstreaming materials. It has some limited information on health:

<http://www.siyanda.org/>

Alternatively, CHANGE is a U.S. based international organisation has a collection at [www.genderhealth.org](http://www.genderhealth.org). It seeks to make reproductive health and rights objectives integral to all relevant U.S. international population and health policies and programs and to find effective means of applying public health and human rights principles to health programs. The site provides publications, updates on news releases, and highlights initiatives and debates. There is a section on health sector reform. <http://www.genderhealth.org/publications.php?TOPIC=RSC#hsr>

To achieve this, the Tanzania-specific nature of the document would have to be addressed. It could help to reduce the thematic focus of the document away from SRH and HIV&AIDS and focus upon QM and Health Financing (and possibly HRH). The literature review could then be narrowed to the intersection between these issues and gender and then discussed in relation to the work being done by TGPSH.

### **6.3 GTZ publication**

A short GTZ publication could be developed if headquarters were interested. Given the current attention being paid to Health System Strengthening being able to show that GTZ applies a gender-sensitive approach to this is potentially an interesting avenue to pursue. The content could be used to “beef up” the sections on its website on how attention is paid to health and gender issues in less traditional fields.

### **6.4 Conference**

Another idea would be to consider presenting the document at a forthcoming public health conference.

### **6.5 Flyer**

A fact sheet or flyer of key points to be considered when mainstreaming gender in a health programme could be extracted and added to the TGPSH media folder.

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## 7 Bibliography

Buchanan-Smith, M. and Maxwell, S., 1994, 'Linking relief and development' in IDS Bulletin, Vol. 25, No. 4 , IDS, Sussex.

Byrne, B. with Baden, S., 1995, '[Gender emergencies and humanitarian assistance](#)', BRIDGE Report No 35, IDS, Sussex.

Ibraimo, Maimuma A.: The Gender Dimension of Mozambique`s Budget – an Assessment Report. Maputo, February, 2003

Kurz, K. and Prather, L. (1995) Improving the Quality of Life of Girls, New York: UNICEF

Lado, C. (1992) Female labour force participation in agricultural production and the implications for nutrition and health in rural Africa, *Social Science and Medicine* vol 34 no. 7, pp 789-807

Montgomery, C. M, Mwengee, W. Kong'ong'o, M. Pool, R 'To help them is to educate them': power and pedagogy in the prevention and treatment of malaria in Tanzania. *Tropical Medicine & International Health*. 11(11):1661-1669, November 2006.

Oxfam, 1993, *Gender and Development: Oxfam's Policy for its Programme*, Oxfam, Oxford.

Sen, G, Östlin, P (2007) *Unequal, Unfair, Ineffective and Inefficient. Gender Inequity in Health: Why it exists and how we can change it*. Final Report to the WHO Commission on Social Determinants of Health.

UNHCR, 1992, *A Framework for People Oriented Planning in Refugee Situations Taking Account of Women, Men and Children*, UNHCR, Geneva.

UNHCR, 2001, *Policy on Refugee Women*, UNHCR, Geneva.

UNHCR, 1990, *Guidelines on the Protection of Refugee Women*, UNHCR, Geneva.

Walker, B., (ed.), 1994, 'Women and emergencies', *Focus on Gender*, Vol. 4. Oxfam, Oxford.

Wiest, R., Mocellin, J., and Motsisi, D., 1992, *The Needs of Women and Children in Emergencies*, University of Manitoba Winnipeg.