# PAHO QUICK FACTS

BASELINE ASSESSMENT ON INEGRATING GENDER IN WHO/PAHO

Pan American Health Organization/World Health Organization (PAHO/WHO)

The Baseline was carried out in 2008 and finalized in 2009, by the Gender, Women and Health Department of WHO, in coordination with its four regional offices, including PAHO's Gender, Ethnicity and Health Office. The Baseline forms part of a three part evaluation strategy to measure the extent that the WHO Gender Policy (2007), and the PAHO Gender Equality Policy (2005) have been implemented within the organization. The same methodology was used throughout for all WHO Offices.

# What is the Objective of the Baseline Study?

The assessment aims to develop a dataset against which to monitor progress in Gender Mainstreaming (GMS), while identifying needs for improving the implementation of the Gender Equality Policy. The baseline consists of: an on-line survey requested by the Director for all staff; in depth interviews with selected managers, and a review of staffing and key documents and speeches.

# What was the Staff Response to the Baseline Study?

## **Staff on Line Survey Results**

Knowledge, awareness and practice of gender (G) analysis/actions in work:

- 44% PAHO response rate (25% for all WHO)
- 93% are aware of at least one WHO/PAHO Gender Equality policy (79% of the WHO respondents).
- 63% have a good knowledge of gender concepts (59% WHO).
- 65% affirmed that gender is relevant to their work (60% WHO).
- 42% apply gender analysis and action at least moderately.

#### **Identified Challenges:**

- 26%: Insufficient knowledge or skills on gender to apply to work
- 24%: Lack of appropriate data/evidence on gender and tools to help address gender in work.

#### **Facilitating Factors:**

Identified by around 1/3: Colleagues with gender expertise; sharing gender info in area of work/staff meetings; designated Gender Focal Points

#### Institutional support most needed:

- 49% Develop gender knowledge and skills;
- 42% Access to area specific gender data/evidence
- 35% Sustained technical collaboration from the Gender Office and Gender Focal Points

## **Interviews with Managers**

21 managers from technical areas and country offices interviewed and reported:

- 39% strong integration of gender in operational planning;
  39% moderate integration (WHO: Strong 37%; Moderate 28%)
- None reported strong gender integration in implementation or evaluation (WHO: 6% and 2%)
- 65% moderate in implementation; 19% moderate in evaluation (58% and 30% in WHO)

#### **Identified Inhibiting Factors:**

- Weakness in gender situation analysis/planning.
  Lack of planning and evaluation guidelines and accountability mechanisms
- Limited understanding in specific technical areas
- Considered not important for some managers
- · Limited enabling resources/skilled staff

#### **Identified Facilitating Factors:**

- Policy and top management support
- Collaboration of gender network
- Supportive donors and country networks

# What is the Status of Sex Parity (50/50) in Staffing in PAHO?

### Percentage of women among all active staff by grade, and location. December 31, 2007

part and the same of the same	Total		Location	
	# Staff	% Women	% Women HQ	% Women CO
Total Staff	889	59.3	64.6	52.9
Total P	459	40.7	50.0	30.0
Total NPO	33	69.7	Not at HQ	69.7
Total GS	397	79.8	79.6	80.3

- Women made up almost 60% of all PAHO staff (Headquarters/HQ, Country Offices/CO); 41% of International Professionals (P); 70% of National Professional Officers (NPO); 80% of General Services staff (GS).
- Gender parity achieved in Professional (P) levels at PAHO HQ; while in CO women make up 30% of P staff.
- Women concentrate in lower P levels; outnumber men in the two lowest grades (P1-P2) and the top three director positions. They are underrepresented at P4, P5 levels and among management professionals.

# Some Idea of Gender Integrated in PAHO Tools and Publications

### Planning Tools: Biennial Work Plans (BWP) and Country Cooperation Strategies (CCS)

Two countries, Honduras(HON) and Trinidad y Tobago (TRT), were selected to assess their BWP (2006/2007), and for their CCS (HON 2006-2010; TRT 2006-2009). Both countries fell in the midrange of gender integration scores: 4 for workplans (0-6 range), and 6 for CCS (0-9 range, low-high), Honduras which had received more solid technical support included more gender results in the BWP.

### Use of Sex Disaggregated Data and Gender Analysis in Key PAHO Publications

Four types of documents were analyzed: flagship, policy, research and normative. 2 out of 5 promoted the use of sex disaggregated data (Social Protection in Health Schemes... and Health in the Americas 2007 (Volume I); all 5 applied gender analysis to some extent.

Out of a score of 0-11 (low-high), the gender integration scores were:

SCORE 8: Health in the Americas 2007, Volume I-Regional, (Flagship)

SCORE 5: Health in the Americas 2007 Volume II-National Chapters.

SCORE 2: Renewing Primary Health Care in the Americas (Policy)

SCORE 9: Social Protection in Health Schemes for Mother, Newborn and Child Populations: Lessons Learned from the Latin America (Evidence)

SCORE 2: Guidelines for preparing and reviewing PAHO Biennial Work Plans 2008-2009 (normative)

## What is the Bottom Line?

A concern between knowledge and implementation of gender concepts.

- Training is an entry point, but not driver of gender mainstreaming.
- Training and technical collaboration should be specific, sustained and tailored, with emphasis on skills in gender analysis and responsive actions.
- Gender perspective should be included in accountability mechanisms and tools (CCS, BWP).
- Broaden existing network of gender expertise.
- Bolster a participatory bottom-up, instead of top-down approach to promote ownership/efficiency.
- Give special consideration to recruitment and promotion of women in the professional levels, and of men in support services.

Complete assessment available at: http://new.paho.org/hq/index.php?option=com\_content&task=view&id=692&Itemid=207

