

## Short Training Module

# Gender Equality and Human Rights Mainstreaming in Healthcare Waste Management



Source: UNDP Ghana

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## Part 1

### 1. Understanding the module's needs

In context of the project on “*Reducing Unintentional Persistent Organic Pollutants (UPOPs) and Mercury Releases from the Health Sector in Africa*” in Ghana, funded by GEF and supported by UNDP Istanbul Regional Hub as well as UNDP Ghana, a social and environmental injustice assessment and analysis, including gender dimensions was carried out in Ghana. The assessment and analysis further identified gender equality and human rights mainstreaming gaps in the project implementation and prepared a list of recommendations. The findings from the assessment and analysis calls for the development of a training module that would increase knowledge and skills of healthcare professionals as well as project staff to fully mainstream gender equality and human rights concerns in the project implementation due to lack of such modules currently serving the project's goal on gender equality and human rights mainstreaming. In view of this, a short training module is being developed, to fulfill the project's requirement.

The objectives of the development of this module are:

- ❖ To provide basic knowledge on gender equality and human rights mainstreaming in healthcare waste management
- ❖ To train skills in analyzing problems in relation gender equality and human rights mainstreaming in healthcare waste management (with a case study from Ghana)
- ❖ To provide some ideas on how to mainstream gender equality and human rights concerns in healthcare waste management project implementation (with reference to Ghana)
- ❖ To provide basic exercises

The primary trainees of the module are practitioners in the field of healthcare waste management including but not limited to healthcare waste management staff at management and operations level as well as HCWM project staff.

The module needs to be reviewed to adapt to a particular training objective and needs. It should also be reviewed and modified according to the level of knowledge on the issues mentioned in the training among target participants/trainees.

### 2. Linking gender equality and human rights with healthcare waste

The training module addresses gender equality and human rights issues in the health care waste management sector and provides ideas on how to mainstream these two issues in healthcare waste management, in relation to the above-mentioned project. In doing so, it analyzes the different roles women, men, children and different groups perform in healthcare waste facilities, with focus on contextual issues from Ghana. It further looks at gendered and other social differences that make men, women, children and other groups vulnerable to infections from healthcare waste in different ways and further increase or decrease their capacity and knowledge for protection. Most of the information used to develop this module is derived from the social and environmental injustice assessment and analysis, including gender dimensions in healthcare waste management, carried out in Ghana.

### 3. Structure of the module

The module is divided into five major sections as shown below:

- Understanding core themes - Gender equality and human rights mainstreaming, Healthcare waste management issues, and Gender equality and human rights mainstreaming issues in healthcare waste management
- Gender equality and human rights mainstreaming in the healthcare waste management project implementation
- Exercises

It starts with the description of core themes such as gender equality and human rights mainstreaming and healthcare waste management. It then train skills in analyzing problems in relation gender equality and human rights mainstreaming in healthcare waste management and provide some ideas on how to mainstream gender equality and human rights in implementation of the healthcare waste management project. It ends with the exercises to enhance active participation and interaction between the participants for sharing and learning from each other's experiences.

A more detailed explanation of the above-mentioned section is provided below.

#### Part 2

### 1. Understanding core themes

This section deals with understanding the core themes of the training, such as gender equality and human rights mainstreaming in the project implementation, healthcare waste management issues, and gender equality and human rights issues in healthcare waste management.

#### ***Learning aims***

#### ***After the session the participants are able to:***

- explain what gender equality and human rights mainstreaming means in project implementation
- explain healthcare waste management issues, both in general and in Ghana
- explain gender equality and human rights issues in healthcare waste management (with reference to Ghana)

### 2. Gender Equality and human rights mainstreaming in the healthcare waste management project implementation

This section provides the participants with tools and techniques to analyze and integrate gender equality and human rights issues in the healthcare waste management project implementation and sharing their own ideas and experiences with these matters.

#### ***Learning aims***

#### ***After the session the participants are able to:***

- explain why we need to understand gender equality and human rights issues in each stage of healthcare waste management process (generation, cleaning, collection, & disposal)
- explain why we need to ensure gender equality and human rights concerns are mainstreamed in the healthcare waste management project implementation
- describe ways of involving women, men and different groups vulnerable to healthcare waste infections in the project implementation, ensuring each group equally benefits from the implementation outcomes

### **3. Exercises**

This section provides a few exercises, which can be used during the training. They will work best when they are locally adapted.

# 1. Understanding Core Themes

## 1.1 Gender equality and human rights mainstreaming

Gender equality refers to equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law (such as health services). It is also known as equality of opportunity – or formal equality.

Human rights are the basic rights and freedoms to which all humans are entitled. They ensure people can live freely and that they are able to flourish, reach their potential and participate in society. They ensure that people are treated fairly and with dignity and respect. You have human rights simply because you are human and they cannot be taken away.

Gender equality and human rights mainstreaming is the process of assessing the implications for not only men and women but also other disadvantaged groups of any planned action, including legislation, policies or programs, in any area and at all levels.

It is a strategy for making not only women's and men's concerns and experiences but also that of different disadvantaged groups, an integral dimension of the design, implementation, monitoring, and evaluation of the policies and programs in all political, economic, and societal spheres so women, men and different disadvantaged groups can benefit equally, and inequality is not perpetuated

Gender equality and human rights mainstreaming gained popularity after it was highlighted as the main strategy or instrument for achieving gender equality and women's empowerment at the Fourth World Conference on Women in Beijing in 1995. Since then, most multilateral and bilateral agencies, as well as governments, have adopted a strategy for mainstreaming gender equality and human rights as the key to achieving gender and human rights related goals and objectives.

Gender equality and human rights mainstreaming is the process of ensuring that not only women and men but also different disadvantaged groups facing injustices have equal access to and control over resources, decision-making, and benefits at all stages of the development process and in development projects. It is an instrument that facilitates and ensures that each project activity integrates both men women and different disadvantaged groups, rather than merely adding a component or section to benefit them as a marginal level. For instance, it ensures that those responsible for the design of the project are looking into gender dimensions when they assess the project impacts. Further, it includes gender and human rights responsive measures to meet specific needs and interests of women, men and disadvantaged groups that would equally benefit each group. If gender inequalities and violations of human rights are identified in any stage/phase of the project cycle, it requires the project to respond with the inclusion of gender and human rights responsive measures. It is imperative

In a nutshell, gender equality and human rights mainstreaming is a way to enhance overall development effectiveness and to pay attention to both women, men and different disadvantaged group's needs, abilities and priorities in creating a just and equal society.

## 1.2 Healthcare waste management

Healthcare waste (HCW) is a by-product of healthcare that includes sharps, non-sharps, blood, body parts, chemicals, pharmaceuticals, medical devices and radioactive materials.

Poor management of HCW exposes healthcare workers, waste handlers and the community to infections, toxic effects and injuries. WHO Programme activities include developing technical guidance materials for assessing the quantities and types of waste produced in different facilities, creating national action plans, developing national healthcare waste management (HCWM) guidelines and building capacity at national level to enhance the way HCW is dealt with in low-income countries (LICs).

## 1.3 Gender equality and human rights issues in healthcare waste management

Gender is the socially constructed perception of masculinity and femininity, of what men and women should be. It constantly structures our views of what is expected or valued in a man or a woman, and the HCWM sector is no exception. Hence, studying the gender dimensions of HCWM means analyzing how different expectations that dictate what roles men and women occupy in the process result in differentiated risks, and proposing targeted measures to mitigate risks for each groups.

Understanding the gender dimensions goes beyond understanding women's issues and looks further into issues of men as well. Given that men and women are not homogenous groups, they face vulnerabilities differently to HCW and hold different capacity and knowledge on HCWM based on their age, socio-economic status, geographical location, and ethnicity. For instance, women and children living near the dump sites are estimated to be most exposed to UPOPs such as dioxins<sup>1</sup>. This is because the level of physiological susceptibility is higher among women and children as compared to men<sup>2</sup>.

Women, in general, are more represented in the informal sector than in the formal sector. They often have access to less information, protection and earn less income, all of which would enable them to mitigate any negative health effects from exposure to harmful chemicals and toxins. For women workers in healthcare facilities as well as waste pickers at the dump sites, measures to ensure child health would be of more concern. When women or their children fall ill by coming in contact with harmful wastes, they do not have access even to basic social security services or medical services and care. Moreover, when they are pregnant or breastfeeding, women and their off-springs are most susceptible to mercury toxicity. For example, there are cases of deformed babies being born in North Sulawesi, Indonesia<sup>3</sup> as well as in Minamata, Japan<sup>4</sup> after nursing mothers have been exposed to mercury vapors. The mothers were diagnosed with high levels of mercury in their breast milk after their exposure to mercury which was found in the fish they consumed, which came from the untreated wastewater.

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<sup>1</sup> Gender Dimensions of Hazardous Chemicals and Waste policies under the Basel, Rotterdam, and Stockholm Conventions, Case Studies from Nigeria and Indonesia, 2017.

<sup>2</sup> Ibid.

<sup>3</sup> McGuire, Geraldine. 2003. Environmental Impacts of Mining on Women in Indonesian and Northern Australia, Melbourne, World Bank.

<sup>4</sup> Yokoyama, Hisashi. 2018. Mercury Pollution in Minamata, Springer Briefs in Environmental Science.

Human rights issues in healthcare waste management include social and environmental injustice issues such as those affecting rights of individuals and groups, fair treatment and an impartial share of social, environmental and economic benefits. *Social justice* promotes fair distribution of advantages and disadvantages within a society, regardless of background and status<sup>5</sup>.

*Environmental justice* deals explicitly with the distribution of environmental benefits and the burdens people experience, at home, at work, or where they learn, play and spend leisure time<sup>6</sup>.

Social and environmental (in) justice in the HCWM sector informs gender (in) equality and human rights issues. Some individuals, groups and communities are at special risk from the environmental health threats. This is especially the case for those whose livelihoods and health may be imperiled by healthcare waste disposal, pollution in their neighborhoods and hazards in their workplaces. For instance, women who mostly stay at home may be more affected by the harmful chemicals from waste in their neighborhoods than men. The social and environmental justice perspective, therefore, calls for environmental and healthcare waste management strategies to ensure gender equality and human rights protection of all social groups taking into account the differences in their gender, age, economic status/income, and other backgrounds.

## **2. Gender and human rights mainstreaming in the project implementation, with focus on healthcare waste management**

The entry point for gender and human rights mainstreaming at the project level links the project activity with gender-disaggregated impact. Participatory assessment of the gender differentiated impacts of the sector specific issues and as well as potential impacts of project activities, is critical in understanding the gender and human rights differentiated needs and priorities of both men and women. Although, in the past, gender has been most commonly integrated into agricultural or educational projects, as knowledge and data are becoming available in other sectors such as health and environment, gender mainstreaming and human rights mainstreaming in other projects such as waste management is gaining attention.

Although many development projects are required to integrate gender equality and human rights mainstreaming in the project cycle, that also includes project implementation, it does not come without challenges. Common key challenges as identified by GEF<sup>7</sup> which are adapted to this module's focus on gender equality and human rights mainstreaming are presented below:

*Barriers to involvement:* Gender equality and human rights mainstreaming goals can only be achieved when differences and inequalities between men and women as well as among different disadvantaged groups are identified and addressed. In doing so, it is critical that the project consult all groups affected by healthcare waste and taking into considerations the difference in the impact informed by the difference in their roles, capacity, ability, age and other factors. For instance, women's responsibilities for childcare, household maintenance and family welfare may prevent them from participating in community meetings and activities, whereas men are more likely to participate in such meetings, and are also the main participants to be consulted.

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<sup>5</sup> <https://www.forestresearch.gov.uk/tools-and-resources/urban-regeneration-and-greenspace-partnership/greenspace-in-practice/practical-considerations-and-challenges-to-greenspace/social-and-environmental-justice/>

<sup>6</sup> Ibid.

<sup>7</sup> Mainstreaming gender at the GEF, Global Environment Facility, 2013.



*Time and venue:* There are also cases, when project implementation activities take place when women are at work at home and in their farm. Alternatively, the most appropriate time for meetings and training could vary, for example, in a farming community early morning, or late afternoon, when women have completed most of their tasks.

*Training and extension:* Training and extension services are often an integral part of a project. To ensure that women, men and other disadvantaged groups targeted by the project feel comfortable in using tools and equipment, they need to be included in project training sessions. Training sessions need to be flexible, and this in consultation with, women, men and other disadvantaged groups targeted by the project in the community consultation.

### **Box 1. Case study from Ghana**

#### **Gender equality and human rights mainstreaming in HCWM in Ghana**

Gender equality in Ghana's workplace culture resonates more with the masculine and feminine divide of work and places importance on the physical attributes (e.g. physical strength and weakness).

In many institutions, including healthcare facilities, waste management companies, and a few government units, the workplace runs in a traditional way following cultural norms. For instance, more men occupy responsible and top positions at management level. Similarly, technical work such as medical, dental and operational are performed by men whereas caregiving work such as nursing is performed by women. Work that requires the use of an equipment is also performed by men such as waste transportation and disposal work using tri-cycles while soft work such as cleaning and sweeping is performed by women.

#### **Gender specific roles in healthcare waste management in Ghana**

The management of healthcare waste goes through a certain process. It starts with the generation, the cleaning, the treatment, the collection, and then the final disposal. During this process, staff/workers at healthcare facilities based on their gender, age, knowledge, and type of work perform different roles and consequently, they face different type of risks.

In the context of Ghana, there is no specific data to show disaggregation of the roles in the waste generation, cleaning, treatment, collection, and the disposal. However, women are expected to be exposed more than men to pollutants inside healthcare facilities. This is because the medical devices (e.g. thermometers) are mostly used and handled by nurses and the majority of nurses working at health care facilities in Ghana are women. Due to the redistribution of the roles in the sector, women are the main users and handlers of the product device containing mercury.

Mercury is also used in the healthcare sector in the form of dental amalgam. The use of dental amalgam is a significant source of mercury discharge into the environment and used mainly by dentists who operate these. Dentists represent the majority of men, and are most often assisted in their work by dental assistants who are mainly females.

When it comes to waste disposal, there are two sides: inside the facility, a large number of women called "waste cleaners" are involved in internal cleaning activities. From the collection point at the facility and outside the facility, it is mainly men who collect the waste, transport them to the final dump sites and dispose of. They are called "waste collectors".

Among patients, the most affected are found in maternity units. Because of blood and other bodily fluid, patients in the maternity units, such as mothers and children have higher chances of getting exposed to infection diseases. The risk in these units is higher than in other units. In such units, IPC (Infection Prevention Control) practices are strictly followed through.

Another group highly at risk of health care wastes are the waste pickers group. When it comes to waste, it has a lot to do with the informal sector. Waste pickers working in the informal sector are represented by a greater number of women who depend on it for daily survival. In the dump site, there are more women and children who work as waste pickers and hardly possess any knowledge of protective clothing. These groups are more likely to get hurt and infected by the healthcare waste such as sharps.

#### **Difference in preferences and needs, and chosen appropriate measures**

In some healthcare facilities, there are no specific gender preferences for medical devices among healthcare professionals/staff. After learning the hazards of mercury and UPOPs through training provided by the project, no one wants to work with devices that contain mercury and prefer mercury-free devices.

However, there are cases where women patients have shared their preferences for medical devices. At the Eastern Regional Hospital, there are plus size women. These women had trouble using sphygmomanometers (cuffs to measure blood pressure) because they were small in sizes and did not fit them. It was the material in the cuff that was not elastic and thus not expandable as it was made of synthetic. The facility has responded to women's request and is replacing them with the ones which are expandable.

In the same facility, if there are pregnant and nursing mothers among the workers, they are exempted from any kind of work that would expose them to mercury or UPOPs and put them in touch with other toxins.

#### **Social and environmental injustices, including gender dimensions– Identifying gender equality and human rights issues in HCWM in Ghana**

The main group facing social and environmental injustices in the waste management sector in Ghana including in HCWM are found in the informal (unregulated market) sector. Informal sector employs mostly individuals from the lowest-income groups and the poorest socio-economic strata who lack knowledge and skills on waste collection, reuse and recycling, such as the self-employed waste pickers. However, since they work mostly in the informal sector, these groups are also the most difficult to reach and thus their issues, although identified to some extent have not been well addressed. As a result, while collecting data in the waste management sector, including HCWM, a large amount of data is missing, as information is not collected in the informal sector.

Moreover, in these communities, people often lack awareness of the harmful effects of infected wastes and pollutants such as mercury and UPOPs coming from the healthcare sector. Women and children living near the dump sites and waste pickers may pick up unclean and infected items such as medical containers to either bring at home and use them for household purposes or sell them in the informal market, for public consumption. These groups lack information on the harmful effects of the waste items. In addition to this, even if they want to reuse some of the items from the waste, they lack proper guidance on the cleaning procedure to avoid potential risks of bio-hazardous materials.

Similarly, the waste pickers not only get directly affected by the exposure to harmful wastes but also indirectly and unknowingly contribute to the infection and risks as they sell unclean and unhygienic healthcare waste items in the unsupervised market, further implicating public health. Since these groups work on their own, they are likely to face injustices in terms of access to information, knowledge on waste management, social protection, health services, and working conditions as they are not fully integrated into the formal/regulated market and lack benefits such as social security and health insurance.

Women also face social and environmental injustices but in different ways. In Ghana, women are more illiterate than men (34.7% as compared to 21.7%)<sup>8</sup> and so are the women working in the healthcare waste dump sites who lack access to correct information. For example, at EPA, when it comes to waste segregation, the internal cleaners who mainly consist of women are illiterate and lack proper guidance for cleaning different type of wastes.

Children also face vulnerability and injustice. At healthcare facilities, the sharp container comes out in the same shape from the autoclave as it had entered without any alterations. If the container reaches the dump sites near communities, children would pick it and play with it, which is highly dangerous. It is also harmful to the environment as a whole and can affect the whole community. In their efforts to eliminate this problem, selected healthcare facilities are taking preventive measures such as breaking of the container before disposing it to the dump sites so that no harm is caused to the environment as well as to the women and children.

HCWM is not an attractive job for many people in Ghana. People who are in the low-income bracket are the one who mostly perform this job. While women are mainly engaged in the waste cleaning work, men from the same group are mainly engaged in loading, transporting, unloading, and disposing of the waste to the final destination.

Compared to men waste collectors, women waste cleaners have much less to do in relation to HCWM. Their work is limited to cleaning which only requires two hours of time in the morning, for which they receive less wage and fewer benefits with unfavorable working conditions.

***Source: Social and Environmental Injustice Assessment and Analysis in Healthcare Waste Management in Ghana, including Gender Dimensions, 2018.***

**After reading the case study in Box 1, ask participants the following question to facilitate the discussion:**  
Based on the case study from Ghana, presented in Box 1, what would be key entry points for gender equality and human rights mainstreaming in healthcare waste management project implementation?

***Learning aims***

***After this session, participants will be able to answer the following:***

- Which group needs more attention in the project implementation?
- What are the gender norms and stereotypes affecting men's and women's work in Ghana's workplace? How does this affect men and women workers involved in healthcare waste management? How can they overcome these norms and stereotypes?
- Which groups need to be consulted in the project implementation and why?

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<sup>8</sup> Women and Men and Ghana, A Statistical Compendium 2014.

- What are the needs of women, men and other disadvantaged groups in healthcare waste management?
- What kind of activities should the project design and how can the project ensure the activities are gender equality and human rights responsive?
- How can the project reach the groups who are hard to reach but are the potential stakeholders / beneficiaries of the project?
- What efforts the project need to put in collaborating with concerned government agencies and men's, women's and other groups?

### 3. Exercises

#### Exercise: Analysis of the present or contextual situation Bag Analysis

**Objectives:**

To develop a diagnosis in which the priority needs, according to gender, are identified and prioritized in healthcare waste management

**Learning outcomes:**

Needs assessment according to gender in healthcare waste management

**Group size:** It can be performed with separate groups of men and women with not more than 30 participants per group

**Materials needed:**

Colored paper and pen,  
Tape, envelopes or paper or plastic bags  
Tokens (beans, stones, or other voting materials)

**Procedure:**

- The group is divided in subgroups by gender and it is requested to draw on a cardboard problems, needs, challenges they feel they have in facilities and/or in communities in relation to healthcare waste management
- Each group introduces their problem, need or challenge in a plenary session. Once all of the groups' work are presented, the facilitator makes a summary. All the drawings are placed of the wall and underneath a plastic or paper bag is attached
- The group is asked to vote, for one of the drawings, but differentiated tokens are provided (to recognize which are from the men and from the women, e.g. beans for men, little stones for women). Make sure that the voting process is confidential in order not to influence the answer of the others. The facilitator should make this process as fast as possible, and must be prepared to keep the attention and enthusiasm of the participants that are waiting to go and vote.
- At the end, you ask some of the participants to count the votes and once this action is finished, reflect on the results e.g. why this or that problem had fewer votes or most of the votes; is this sample representative for the whole community?; which are the most important problems and why?, etc.

Taken from: Aguilar, L., Ayales, I., Rodriguez, G., 1995. Genero y figura no son hasta la sepultura: Guia para la construccion de equidad en iniciativas de desarrollo sostenible. UICN and Lilliana Abarca, 2009, WASTE, Gouda, The Netherlands

## Exercise: Analyzing gender roles and stereotypes

### Objectives:

To understand how gender roles lead to gendered division of labour

To enable participants to understand gender discrimination based on stereotyping of male and female qualities

To understand the social pressures, benefits and costs for men and women to conform to dominant gender roles

*Gender role is the behaviors, attitudes values, beliefs and so on that a particular cultural group considers appropriate for males and females on the basis of their biological sex. Gender roles and expectations are learned.*

*A gender stereotype is a product of a subjective perception built with an aim of confirming a society in which women have a lower status than men. The consequences of these gender stereotypes are gender inequality and the continuous reproduction of gender inequalities.*

**Target participants:** small, mixed gender groups of 15-20 participants

**Materials needed:** Power point, Flip chart, cards, newsprint and markers

### Process

Ask all the participants to stand up and make a circle. Ask the participants to volunteer to form two families:

1. Family 1: Husband (age 40), wife (35), a boy age 14yrs and a girl age 12yrs. The family lives in Kigali. The husband works in the office and has a regular salary. The wife stays at home and looks after the house;  
Family 2: Husband (age 35), wife (age 26), 3 boys (age 8, 6, 1) and one girl (age 4). The family lives in a village in Muyange. They have a small piece of land and do subsistence agriculture which allows them to survive.
2. Once the participants have volunteered to play the role of different family members, ask each group to role play different household chores from morning until midnight.
3. Divide the remaining participants into two groups of observers and assign them to the two families. Give the observers a 24 Hour day chart and explain to them that they have to observe and note down how task and responsibilities are distributed and carried out in a given working day by the adult man and woman in the family.
4. Once the role play is over and the observer team has made detailed notes in the 24 hour day chart, ask the entire group (Family 1 +observer of family 1 and family 2+observer of Family 2) to sit together and go through the list that the observers have made. The groups should discuss the following:
  - Do these role plays reflect roles played by men, women, boys and children in Rwandan families?
  - Do you find any differences in roles played by men and boys and roles played by women and girls?
  - Ask the groups to categorise the roles of men and women into productive/reproductive and community roles. Give hand out 5 for the definition of the 3.
  - Ask the groups to compare the different roles of men and women and share them in the plenary.

- Ask the group if the productive roles can be done without the reproductive roles?

### Facilitator's Notes

Facilitators should add the following points if they have not been identified during the discussion:

- **Division of labour:** Women and girls concentrate on reproductive chores while boys and men dominate the productive and political roles
- **Decision-making:** men decide family life including the life and wellbeing of a woman
- **Family headship:** Men own the property and women only have user rights. This property is passed on to the sons as custodians of family heritage.
- **Kinship:** Under patriarchy, the family name and identity is defined along the male line. Children take on the names of their fathers. Girls are expected to marry and go to stay with their husbands; boys are seen as the permanent residents of the homestead, a factor that is related to the expectation that they will offer protection to the family and its wealth as well as being a continuation of the lineage.

The women's roles are interior and private while men's roles are external and visible/public. The women's roles are not very remunerative in terms of money, respect, power whereas those of men are highly appreciated as they fall within the productive category. Men's responsibilities are associated with economic and social capacity and with protected rights making it possible for them to exert power over women. Women's responsibilities are associated with minor rights, which leads to social and economic dependence and subordination compared to men. In the Rwandan traditional context, the distribution of roles is enacted by culture and laws which:

- Dictate expectations of society towards men and women, perceptions, attitudes and practices which are different.
- Determine needs and knowledge to acquire so that men and women exert their roles and respective responsibilities,
- Determine the places and the moment when these roles will be exerted.

### Key message:

Participants are aware that the traditional division of labor between men and women based on culture results in an overload of work for women. Some socially assigned tasks empower people of one sex and this distribution does not value the many other tasks. The stereotypes continue to maintain this unequal division of tasks and responsibilities and therefore resulting into power relations and imbalance.

## **Exercise: Understanding gender equality and human rights mainstreaming in project implementation**

### **Objectives:**

To familiarize with the concept of gender equality and human rights mainstreaming

To acquaint participants with knowledge on gender equality and human rights mainstreaming and at what levels and how to mainstream gender equality and human rights in project implementation

**Methodology:** Brainstorming and power point presentations

**Materials:** projector, flipcharts, markers, cards

### **Process**

1. Begin by asking participants what is meant by the term 'Gender Equality and Human Rights Mainstreaming.' You may find that several of them consider this process as one focused on and benefiting women.
2. After obtaining different views from the participants, discuss Gender Equality and Human Rights Mainstreaming based on the notes that follow.
3. Emphasize at every point that Gender Equality and Human Rights Mainstreaming is a process to ensure not only men and women but also other disadvantaged groups such as children benefit from development interventions and that neither group is adversely impacted.
4. Use power point slides to highlight what are meant by Gender Equality and Human Rights mainstreaming when, how and where it is necessary.

### **Facilitator Notes**

Before displaying the slide, generate a discussion among the participants on the various steps (noted below) in developing a Gender Equality and Human Rights Mainstreaming strategy. Thus, if one participant says 'clear goals and objectives,' write it down immediately as an important factor and keep track of it. See if the participants will offer the four different steps. Once a fruitful discussion has taken place, show them the slide and reinforce the learning through further discussion. Encourage participants to come up with other steps that they may consider important.

**A strategy for Gender Equality and Human Rights Mainstreaming** involves a clear plan, assessment of past performance, Action Plan and Effective partnerships. A thoughtful and deliberate strategy is essential for Gender Equality and Human Rights Mainstreaming. Developing a strategy involves four key steps:

1. A clear plan/goal. It may be helpful to stress the importance of clear goals and objectives. For example, you can have a strategic goal of gender equality or empowerment of women. Or, again, gender equality could be a goal itself or part of a larger goal, such as poverty reduction. The operational objectives, approaches, and targets and measures would all be different for each of these goals. To illustrate, measuring increased income of targeted women, and their control over such income, will provide information on empowerment, but not on achievement of gender equality. Similarly, since there can be multiple relevant objectives that can support gender equality, it is important to prioritize between them. Thus, when gender equality is part of a poverty reduction mandate, focus on health and education sectors may be a priority.

The plan should explain at what levels mainstreaming gender equality and human rights will take place. Mainstreaming gender equality and human rights can take place at the country level in determining the assistance to be provided to a country. Or, it can take place at the level of individual projects or programs. Will gender equality and human rights concerns be integrated into all projects and programs or will it be incorporated only in selected projects in some priority sectors?



2. An assessment of past performance is critical. To develop a gender equality and human rights mainstreaming strategy, it is critical to have an understanding of how relevant institutional systems have worked in the past? Where are the appropriate entry points for integrating gender equality and human rights concerns in the project implementation? What have been the results? What has worked well in the case of gender equality and human rights? What needs to be strengthened? What are the constraints?
3. Based on an understanding of what has worked and what needs to be strengthened, an action plan for gender equality and human rights mainstreaming must be developed. Keeping in mind the prioritized objectives, such an action plan should include efficient processes for mainstreaming, allocate adequate resources, and include relevant targets / indicators that can be monitored and evaluated.
4. Effective partnerships with internal and external actors is necessary. Gender is a crosscutting area and needs to be addressed across sectors. Identifying and initiating strong partnerships with relevant institutions is key.

Taken from: The Ministry of Gender and Family Promotions, Rwanda, 2011.