

MODULE **5**

**DEVELOPMENT
APPROACHES**



MODULE 5

DEVELOPMENT APPROACHES

OVERVIEW: MODULE FIVE

Objective	Present information on the difference between the women, health and development approach and the gender, health and development approach, and their respective relation to approaches used by multilateral, bilateral and national development agencies.
Core Message	Approaches that focus exclusively on women do not resolve gender inequity.
Expected Outcome	Participants will be able to recognize the different approaches to women that have been supported by various development models and will be able to identify the influence that these different approaches have on the treatment of women as a population subgroup within health and development policies, programs and projects.
Methodology	Lecturette Small Group Work/Plenary Feedback
Materials	OHT No. 8: Development Approaches (summary) Handout No. 16: Development Approaches Handout No. 17: Extracts from Policy Documents Flipchart No. 16: Group Task
Components	5.1 Approaches used by International Development Agencies 5.2 Equity and Efficiency
Time	5.1 20 minutes 5.2 30 minutes Total: 50 minutes
Preparation	<ul style="list-style-type: none"> ■ Copy Handout No. 16-17 ■ Prepare Flipchart No. 16

APPROACHES USED BY INTERNATIONAL DEVELOPMENT AGENCIES

Method:	Lecture
Material:	OHT No. 8 Handout No. 16: Development Approaches
Time:	<u>20 minutes</u>
Preparation:	Photocopy Handout No. 16

PROCESS

- Facilitator points out that:

Any effort to understand the situation of women in our countries should investigate the effects that the theories and practices of the different models of development have had on women's condition and gender position. The elements of these models are incorporated in the strategies utilized in agencies such as PAHO when health programs and projects are formulated. One major development theory, the theory of modernism, continues to have a significant impact on the policies of cooperation agencies to date.

- Facilitator shows OHT No. 8 and explains that it is possible to distinguish 5 approaches to woman, gender and development that are utilized in development policies, programs and projects. The first three approaches derive directly from the theory of modernism. Facilitator, with the help of Overhead Transparency No. 8 presents those approaches, and distributes Handout No. 16.

Handout No.16

APPROACHES OF PROGRAMS AND PROJECTS DERIVED FROM MODERNISM

WID APPROACHES

EARLIEST WID APPROACH

Welfare approach ←←←←←←←← Passive beneficiaries

- To help the most vulnerable groups, including women;
- Sees women as passive recipients of development;
- Perspective centered on the family as unit, emphasizing the reproductive role of women;
- Views better child rearing as the principal contribution of women to development;
- Has a practical gender approach.

SECOND WID APPROACH

Anti-poverty approach ←←←←←←←← Gender inequalities reflect poverty, not gender subordination

- Attempts to ensure increased productivity of poor women;
- Women are poor because of economic limitations, not gender structured constraints;
- Recognizes the productive role of women;
- Emphasis on small income-generating projects;
- Has a practical gender approach.

THIRD WID APPROACH, NOW PREDOMINANT

Efficiency approach ←←←←←←←← Women cushion impact of structural adjustment process

- Women seen in terms of their ability to compensate for deterioration of public services;
- Rely on all three roles of women and their supposed free or flexible time;
- Women seen entirely in terms of delivery capacity and ability to extend working day; most popular approach with governments and multilateral agencies;
- Has a practical gender approach.

- Facilitator points out that the next two approaches presented below were strongly influenced by networks and organizations of women in the northern and southern hemispheres. To date, they have had limited visibility within the programs and projects of development agencies.

Handout No.16 (cont.)

PROGRAM AND PROJECT APPROACHES ORIGINATING FROM WOMEN'S GROUPS

Equality approach ←←←←←←← Affirmative action to ensure women have active role in development

- Women are the target population of programs and projects;
- By means of legislation, policies are designed to assure the incorporation of women in the paid labor force, in educational institutions and to ensure that their autonomy and rights are respected;
- Projects are designed to reduce inequality between men and women, especially with respect to the division of labor by gender, increasing the political and economic autonomy of women;
- Directed to any of the three roles (reproductive, productive or community);
- Has a strategic gender approach, through top-down state interventions giving political and economic autonomy to women in order to decrease their inequality.

Empowerment approach ←←←←←←← Defines empowerment as access to and control of the use of material/ economic resources, political, information/ education and time

- Its origins in Third World women's grassroots organizations; Freire's theory has great influence on awareness of oppressed peoples;
- In health, it proposes a new relationship of "shared power" between the health sector and different groups of a population;
- Seeks to empower women through greater self-reliance: women's subordination seen not only in relation to men at the individual level, but also of predominant development models;
- Tries to serve the particular needs of men and women in their multiple roles, through mobilization from the bottom up as a way to confront different types of oppression;
- Bottom-up mobilization around concrete health needs in a manner that incorporates strategic gender approaches—can be a practical and strategic gender approach.

■ Facilitator distributes photocopy of Handout No. 16 to each participant and ends with the following observation:

- Projects prepared in agencies such as PAHO usually reflect a combination of approaches. This set of approaches can be utilized as an analytical tool to recognize and understand the relationship between gender, health and development, and policies, programs and projects directed to various populations.

COMPONENT 5.1

Text of Overhead Transparency No. 8

Development Approach	Type	Characteristics	PGA/SGA
Welfare	WID/WHD	Modernization economic development model	PGA
Anti-Poverty	WID/WHD	Gender inequalities result of poverty, not gender subordination	PGA
Efficiency	WID/WHD	Women cushion impact of structural adjustment	PGA
Equality	GAD/GHD	Affirmative action to ensure women have active role in development	SGA
Empowerment	GAD/GHD	Access and control of the use of resources	SGA

EQUITY AND EFFICIENCY

Method:	Small Group Work/Plenary Feedback
Materials:	Handout No. 17: Policy Document Extracts Flipchart No. 16: Group Task
Time:	<u>30 minutes</u>
Preparation:	Copy Handout No. 17 Flipchart No. 16

PROCESS

- Facilitator distributes Handout No. 17: Policy Document Extracts, which contains extracts from policy documents from PAHO and other multilateral organizations. The participants are divided into groups of four (counting off so that the groups are different from those working on the Household Situations).
- Facilitator displays Flipchart No. 16 and asks participants to read the extracts and answer the following questions:

Text of Flipchart No. 16:

Task
<p>Read the extracts and answer the following:</p> <ol style="list-style-type: none"> 1) Do the selections reflect a PGA or a SGA or both? 2) Which Development Approach or combination of development approaches are reflected in the selections? Check against Handout No. 16.

Plenary discussion: Each group presents their observations one at a time, without initial comment. Ask groups to justify their answers. Ask other group members to comment on why a particular group's answer differs with theirs. The aim in this plenary discussion is to have the groups respond to each other and provide the justification for the correct answers. Facilitators adds comments only when needed.

NOTE: If insufficient time, this exercise should be conducted as a plenary discussion.

Text of Handout No. 17:

POLICY DOCUMENTS: EXTRACTS

- Investment in health and education for women produces significantly greater benefit to the society than similar investments in men because of the close correlation between the health, nutritional level and education of women and the health, educational level and productivity of future generations. These correlations are still greater when women have control over how resources are distributed within the home.
- Lack of access to credit, land, information and technology aggravates gender inequity. When women have access to credit, the effect on the well-being of the family and its members is notable. The provision of financial resources to women is related to improvements in the health levels of children.
- Women are more vulnerable than men to micronutrient deficiencies which damage health. Bad health and nutrition diminish productivity and the ability to take advantage of the gains from investments in education. Recent estimates suggest that the combined effects of only three types of deficiencies on morbidity and mortality—vitamin A, iodine and iron—could waste up to 5% of the gross domestic product, and that correcting these deficiencies would cost less than 0.3% of GDP in developing countries.
- Malnutrition of infants is related to poverty and the low educational level of mothers.
- Data from Brazil indicate that when women are given more control over resources, there is a greater impact on the anthropometric measures of their children, a greater level of nutrition in their families, and a greater proportion of the family budget devoted to the health and education of children, than when the man controls the resources.
- There is a critical connection between the provision of public health services and women's access to educational opportunities. A mother who has been taught to seek preventive care and timely treatment for her own illnesses and those of her children, particularly her daughters, will reduce expenditure for health care and in many cases will prevent premature death. Many of these services are cost effective and can be provided in primary health care centers.

■ Answers:

1. PGA : Efficiency
2. PGA : Anti-Poverty/Efficiency
3. PGA : Welfare/Anti-Poverty
4. PGA : Welfare/Anti-Poverty
5. PGA/SGA : Efficiency
6. PGA : Efficiency