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Engendering the bureaucracy? Challenges and opportunities for mainstreaming gender in Ministries of Health under sector-wide approaches

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The increasing ascendancy of 'gender mainstreaming' as the central approach to improving gender equity has largely determined strategies to integrate a gender focus in sector-wide approaches (SWAps). This paper explores the impetus for and process of gender mainstreaming in SWAps in the Ministries of Health in Uganda, Ghana, Malawi and Mozambique, and outlines some achievements and challenges. The shifting and contested relationships between the Ministry of Health, donors and other government ministries (such as Ministries of Finance and Ministries of Women's Affairs/Gender) are important in shaping the opportunities and constraints faced in gender mainstreaming. The refocusing of resource allocation to different sectors has led to changes in the balance of power between the various actors at the national level, with diverse implications for promoting gender equity in health. Some of the achievements to date and ongoing challenges are explored through concrete examples from different countries. These include: the development of structures for mainstreaming, including the dilemmas of the 'focal points' approach and the role of national gender mainstreaming machinery; the need for training and building capacity to identify and address gender issues, which involves engaging with new languages and concepts, and developing new skills; building alliances, consensus and momentum; integrating gender concerns into policy and planning documents; and promoting gender equity in human resources in the health sector. Cross-cutting themes underlying these challenges are the need for gender-specific information and ways to finance mainstreaming strategies. Implications are drawn for ways forward, without losing sight of the challenge of translating discourses of gender mainstreaming, and its central ideal of social transformation, into pragmatic strategies in the bureaucratic environment.

Key words: gender mainstreaming, SWAps, bureaucracy, focal points, gender equity

Introduction

This paper explores the tensions and achievements of gender mainstreaming in health in the relatively new environment of sector-wide approaches (SWAps). First, we outline the background to the material used in this paper, which primarily draws on gender mainstreaming experiences from the Ministries of Health in Uganda, Ghana, Malawi and Mozambique. We then briefly discuss the rationale behind SWAps and their implications for building a gender-sensitive health sector.

We trace the evolution of the concept of gender mainstreaming to its current ascendancy and unpick some areas of debate. Drawing on social movement theory, we introduce the concept of 'strategic framing' and argue that, as social and institutional actors, we can deploy different 'strategic frames' in our gender mainstreaming approaches, which reflect the norms and values in our institutional environments.

The key players in mainstreaming gender in health SWAps are identified, and the increasing importance of bureaucratic policies and procedures is highlighted. We explore the approaches and successes of gender advocates located within health bureaucracies in mainstreaming gender in SWAps within five main areas: integrating gender into policies and plans; human resources for gender mainstreaming; capacity building for gender-sensitive practice; indicators and information for gender advocacy; and financing gender mainstreaming.

Finally, we discuss the implications of our analysis and argue for the need for reflexive and mutual understanding amongst different institutional actors in the building of constructive alliances for gender mainstreaming.

Background to the project

Rationale

The relative lack of evaluation of existing SWAps has prevented evidence-based assessments of the outcomes of gender mainstreaming in SWAps. Much of the evidence that could be used to begin evaluating and raising specific issues about SWAps in general, and their implications for gender mainstreaming in particular, exists in the 'grey literature', particularly consultancy and project reports. However, for

those tasked with mainstreaming gender, there is need to learn from experiences elsewhere, a sentiment frequently expressed to us by southern colleagues and international students. In addition, True and Mintrom (2001) stress the catalytic effect of trans-national networks and experience sharing in promoting energy and action for mainstreaming.

This paper is the outcome of our involvement in health SWAps from a gender perspective through teaching, consultancy and international fora.[1] In 2002 we organized a workshop for Ministerial gender focal points at central and district levels and non-governmental organization (NGO) representatives working on mainstreaming gender in SWAps from eight different countries.[2]

Writing up experiences from consultancy is riddled with dilemmas and questions: who owns the data, what sensitivities are involved and are consultants ethically able to reflect on their experiences for an academic audience? But several writers have called for further practitioner and academic reflection (Hafner-Burton and Pollack 2002; Booth and Bennett 2002). One motive for organizing the workshop was to be able to respond to the gap in literature on gender mainstreaming and SWAps by situating our consultancy experiences within a wider debate that is informed by in-depth discussions from different country perspectives. The potential use of discussions at the workshop to illustrate arguments in academic papers was agreed with participants. From these various experiences, two papers have been produced. This paper focuses on the central bureaucratic perspective and experiences, whilst a sister paper uses a gender lens to explore the potential for district-level players to engage with SWAps in Kenya and Uganda (Elsey et al. 2005, this issue).

Organization/approach

This paper draws on the discussions from theme 1 of the Women's Worlds workshop '*Institution Building for Gender Mainstreaming in SWAps: How can a facilitative environment be created?*' and largely refers to experiences from Malawi, Uganda, Ghana and Mozambique.

Sector-wide approaches: gaining hegemony in the African health sector?

The journey towards a SWAp

Over the last decade, criticisms of the vertical project approach have become increasingly strong (Cassels and Janovsky 1998; Goodburn and Campbell 2001). There are concerns that a multiplicity of donor projects creates excess work for recipient governments and can lead to over-lap, uneven coverage, inconsistent approaches and a lack of sustainability. A further issue raised by Foster (2000) is the need for a supportive policy environment and the current inability of donor conditions to influence government policy.

SWAps are an approach to aid where government takes the lead in developing a coherent policy and expenditure programme for a particular sector. Donors work in partnership with government and civil society organizations to fund the entire sector programme rather than supporting separate projects. They are generally linked to macro-economic policy instruments, such as a Medium Term Expenditure Framework. It is important to note that the SWAps currently being planned and implemented are at a relatively early stage in the process and by no means display the characteristics described above. Progress towards strong government ownership and pooling of donor funds requires the strengthening of government capacity within the sector to carry out effective analysis, planning, implementation and monitoring. It also requires a shift in attitude and approach within the donor agencies in order to work with government, civil society and other donors in this new 'partnership' (Walt and Pavignani 1999).

The number of sector-wide approaches has been growing steadily over the last decade in countries predominantly in Africa, but also in Asia, and in sectors funded largely by public expenditure, such as health, education and transport. Foster (2000: 6) has identified a total of 78 SWAps, of which 22 are in the health sector, 19 in Africa and 3 in Asia.

The focus on equity is often explicit; for example the purpose of the health SWAp in Uganda is: 'Reduced morbidity and mortality from major causes of ill-health and reduction in disparity among various groups and regions' (Ministry of Health 2000). The extent to which a focus on equity, and in particular gender equity, has been realised remains to be documented. However, as discussed later, gender advocates have made clear conceptual links between the stated goals of SWAps and the rationale for gender mainstreaming. The next section turns to a discussion of gender mainstreaming and how this concept has been operationalized by different actors within the context of SWAps.

Gender mainstreaming: the growth of a contested concept

From women in development to gender and development

Gender mainstreaming evolved from earlier paradigms such as 'integration' of Women in Development (WID) (Baden and Goetz 1998), and Gender and Development approaches (GAD), which superseded WID in being more explicitly concerned with the power relations underlying gender inequalities.[3] One practical operationalization of GAD has been 'gender mainstreaming'. The Beijing Platform for Action, adopted in 1995, brought this term into common usage. It symbolized a move away from conceptualizing women as a separate target group or 'vulnerable group' to a more far-reaching goal of gender equity. Achieving this goal requires that:

> 'Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes so that, before decisions are taken, an analysis is made of the effects on women and men, respectively' (Beijing Platform for Action 1995, cited in Derbyshire 2002).

Mainstreaming gender in health means that gender should be considered at every stage of health care planning

and provision, rather than being considered as an afterthought or in separate 'women-centred projects'. Interventions need to take into account the degree to which men and women have access to and control of the resources needed to protect their own health and that of family and community members. Preventive and public health interventions must be placed within social and cultural contexts, and recognize and respond to the needs and priorities of women, girls, men and boys. Gender issues need to be factored into institutional change in areas such as human resources policy.

The ascendancy of gender mainstreaming

Since the Beijing conference, gender mainstreaming has been endorsed and adopted by most governments (True and Mintrom 2001) and 'nearly every important international organization' (Hafner-Burton and Pollack 2002). In many countries the mainstreaming effort has been spearheaded at the state level by Ministries or Departments of Gender. True and Mintrom (2001) make a distinction between 'high' and 'low'-level bureaucratic mechanisms. High-level mechanisms include the adoption of stand-alone government ministries, offices within the head of state's department or quasi-autonomous state agencies, such as national commissions. Low-level state machineries are typically bureaus or divisions for gender equity within Ministries of Labour, Social Welfare or National Development. The countries considered in this paper have all adopted bureaucratic mechanisms for mainstreaming gender: Uganda in 1991[4] (high), Malawi in 1984 (low), Ghana in 1975 (low) and Mozambique in 1996 (low).

Gender mainstreaming: a contested concept

The ascendancy of gender mainstreaming as a strategy to promote gender equity on the world stage has not been widely reflected in academic or policy discussion and remains a 'fuzzy concept' (Booth and Bennett 2002). Key areas of fuzziness include whether it is a strategy or a set of tools, what its final goals are, how to evaluate it and what constitutes a successful example of gender mainstreaming in action. Hafner-Burton and Pollack discuss 'the extraordinary changes required in the organizational mentalities of both domestic and international actors in order for the principle of gender mainstreaming to be implemented fully' (2002: 340). Clearly, the challenges posed are inextricably linked to how we conceptualize mainstreaming and our responses to the questions posed above.

Strategic framing and positionality

We argue that the ways in which different advocates (including ourselves) conceptualize gender mainstreaming—the arguments and language deployed—is closely tied to the dominant policy frame or discourse in the institutions we represent. Hence we frame our arguments in ways that we anticipate will convince or make sense to our colleagues, superiors and partners. Pollack and Hafner-Burton (2000) borrow concepts from social movement theorists to explain differences in type and momentum of gender mainstreaming processes at an institutional level.[5] We find the concept of 'strategic framing' particularly useful in thinking through how we conceptualize gender mainstreaming. 'Strategic framing' is defined as 'a way of selecting, organizing, interpreting and making sense of a complex reality to provide guideposts for knowing, analysing, persuading and acting' (Rein and Schon 1993: 146, in Hafner-Burton and Pollack 2002).

Differently positioned actors use strategic framing to deploy varied arguments at different points through time and space to ensure greater attention to gender issues, and act strategically to try to ensure that gender mainstreaming arguments resonate or 'fit' with the existing frames of the dominant elite. For example, people tasked with gender mainstreaming in the World Bank strategically frame the concept of mainstreaming within the instrumental language of efficiency, through stating that investing in women will provide better economic returns, rather than the language of equity or of rights, which are less in keeping with their institution's ways of understanding the world (Hafner-Burton and Pollack 2002).

SWAps have arguably privileged bureaucratic and governmental policies and structures, often leading to an exclusion of NGO, civil society and other stakeholder perspectives (Foster 2000). For gender advocates there is, therefore, a real need to understand the ways in which gender-mainstreaming strategies are articulated and mediated in this bureaucratic environment. For instance, at the workshop there were representatives from three main groups: bureaucrats, NGOs and academics. It is difficult to neatly assess the 'strategic frames' used by these different groups in conceptualizing gender mainstreaming, as there was a wide range and views differed within and between groups. However, there were broad-brush similarities in the strategizing of each group that are also reflected in the literature. These are illustrated below.

Bureaucrats: a technical focus?

The main focus of gender focal points can be characterized as 'top down': working towards getting institutions right for gender mainstreaming. This approach can broadly be seen as integrationist (after Jahan 1995[6]); for example 'we need to integrate gender into current policy and practice if we are to achieve *efficient* and *sustainable* health development'. Bureaucrats frequently drew on instrumentalist arguments, stressing that gender mainstreaming is a technical rather than a political project. Within an institutional culture that is frequently over-stretched in terms of both financial and human resources and prioritizes efficiency and sustainability, the use of such arguments is arguably a rational response, which reflects the positionality and room for manoeuvre experienced by gender focal points.

Activists/civil society: a political focus?

This group mainly drew on 'bottom up' arguments and stated that processes to deliver equity and gender justice must be grounded in community realities. For them, gender is about power and hence gender mainstreaming is ultimately a political process which requires political reform. This approach is more closely aligned to Jahan's 'agenda setting' conceptualization of gender mainstreaming (Jahan 1995).

Activists and NGO representatives drew mainly on rights-based language and framed their arguments within discussions of gender equity, rather than efficiency or sustainability. Some NGO representatives went as far as to argue that bureaucracies are not reformable, since bureaucrats' instrumental conceptualization of gender mainstreaming is too far removed from the political project originally envisaged, and we should not therefore waste our time trying to engage with them. This view has been reflected in critiques of gender mainstreaming (e.g. Booth and Bennett 2002). Baden and Goetz (1998) also discuss the perceived de-politicization of the concept of gender, and gender mainstreaming, and the emergence of the 'femocrat', who makes a career out of acting as a gender advocate in governmental bureaucracies.

Academics: a discursive focus?

The various perspectives of academics add another layer to the complexity surrounding the contested terrain of gender mainstreaming; and have ultimately been the view behind this paper. The academic focus has mainly been on trying to understand, conceptually and empirically, different patterns of and approaches to gender mainstreaming. This is particularly the case for Western-based academics, such as ourselves, who are more removed from in-country advocacy and action. However, academics based in countries of the South have often been central to practical gender mainstreaming strategies. The academic focus on problematizing issues and embracing complexity can lead to frustration on the part of activists and bureaucrats. Baden and Goetz (1998: 23) reflect on the academic distance they experienced in attempts to forge alliances with activists and campaigners at Beijing, which 'highlighted our distance from the language used in the lobbying process, in both its conceptual underpinnings and style: our proclivity for academic rigour, complexity and critique seemed at times to be in direct opposition to the demands of consensus building, political utility and direct campaigning messages'.

Shifting relationships and SWAps: where is the centre of gravity for promoting gender equity?

The increasing ascendancy of 'gender mainstreaming' as the central approach to improving gender equity has largely determined strategies to integrate a gender focus in SWAps. As discussed above, the focus on sector planning and 'pooled' funds is redefining relationships and the balance of power between different institutional actors at the national level, and clearly brings governments and bureaucracies back into the centre of the playing field. This arguably means an increasing focus on the bureaucratic structures, such as Ministries of Health, in mainstreaming gender. The shifting and contested relationships between the Ministry of Health, donors, other government ministries (such as the Ministries of Women's Affairs/Gender) and civil society are important in shaping the opportunities and constraints faced in gender mainstreaming.

SWAps are mainly in the sectors where aid largely flows, such as health, education, transport and agriculture, not in gender or social welfare. This can mean that some Ministries or Departments of Gender are facing funding difficulties, as donor financing strategies change. It also means that bureaucrats tasked with mainstreaming gender in health are normally based within the Ministries of Health rather than in Ministries or Departments of Women or Gender, as is the case in Malawi, Uganda, Ghana and Mozambique. However, experiences from these four countries show clear links between gender focal points in the Ministry of Health and colleagues within Ministries of Gender as well as with civil society.

Within this changing and evolving playing field what does gender mainstreaming from a bureaucratic positionality look like? What strategic frames are deployed and do they reflect the institutional norms in bureaucratic Ministries of Health? The following section explores the priorities, achievement and challenges to date faced by gender focal points in the Ministries of Health in Malawi, Uganda, Mozambique and Ghana.[7]

Achievements and dilemmas in mainstreaming gender into SWAps in the health sector

Integrating gender concerns into policy and planning documents

In Malawi, Mozambique, Uganda and Ghana, gender advocates from the bureaucracy have made significant achievements in developing specific gender policies and strategies, and in ensuring the visibility of gender considerations in general sector policies and strategic plans. At a health sector level, gender mainstreaming is discussed as the norm.

For instance, in Uganda the Ministry of Gender, Labour and Social Development collaborated with the Ministry of Health to ensure that gender mainstreaming was included amongst the guiding principles for the National Health Policy (NHP) (Government of Uganda 1999: 7–8; Bakeera and Stroh 2002). On this basis, the Ministry of Health and development partners agreed at the second Joint Review Mission to incorporate a commitment to the integration of gender issues in policies, planning, service delivery and evaluation in the Health Sector Strategic Plan (HSSP) and in the Memorandum of Understanding between the Government of Uganda and development partners (Bakeera and Stroh 2002).

Addressing gender issues within key documents creates legitimacy for efforts to improve the gender equity of health programmes. This provides gender and equity advocates with an environment conducive to gender mainstreaming efforts. Some momentum and ownership are generated at the national level through this process. The challenge is therefore to ensure that these policies and strategic plans are implemented and that the gender perspective does not 'evaporate' (Standing 2001) as policy and plans are operationalized. The paper by Elsey et al. (2005) discusses achievements and challenges in preventing policy evaporation at the district level. The following four sections discuss key strategies to guard against 'policy evaporation' and corresponding achievements and tensions to date at the bureaucratic level.

Human resources for gender mainstreaming: the dilemma of the focal point

Gender policy creates the need for capacity building and allocation of responsibility. Institutional development and capacity building are integral to the development of SWAps and this focus has provided some opportunities for developing structures and capacity for gender mainstreaming. Malawi, Mozambique, Uganda and Ghana have all established a 'gender focal point' approach to facilitate the mainstreaming process: a relatively common approach to gender mainstreaming. Some gender focal points have been given a relatively high profile, such as in the Ministry of Health in Mozambique where a Gender Focal Point was appointed in 1995, when she was involved in the preparations and follow-up of the Beijing Conference. She was later nominated as the Gender Advisor to the Minister and located at the Minister's Cabinet, although working extensively with the Directorate of Planning and Co-operation (Romao and Ploem 2002). A gender technical advisor has recently been contracted by the Ministry and paid through the Common Fund to complement and strengthen the work of the gender advisor (*ibid*). The location of these advisors reflects the high profile of gender equity concerns in the Mozambican Ministry of Health. However, in the context of insufficient communication and information channels within the Ministry, there is a risk of the advisors being rather isolated from core processes and developments within the different directorates, departments and sections (*ibid*).

The status of the Mozambican Gender Advisor is the exception rather than the norm. Many gender focal points face a number of problems: in Uganda they have other full-time responsibilities and are not well resourced (Bakeera and Stroh 2002). In addition, gender mainstreaming is rarely specified within a focal point's job description, they often have little access to relevant training opportunities and are frequently female staff with limited influence over decision-makers. The lack of male gender focal points tends to re-emphasize the misconception that gender is only a women's issue and could potentially serve to further marginalize work on gender mainstreaming. Despite the widespread adoption of the focal point approach for mainstreaming gender (and also HIV/AIDS), we could find no evaluation of its strengths and weaknesses. A further danger lies in the interpretation of the focal point as taking on all responsibility for gender mainstreaming, meaning that others may perceive no need to consider gender in their work plans and implementation. This subverts the concept of mainstreaming which should translate into all players considering how to deploy a gender lens in their work. Are focal points the most strategic way to promote a mainstreaming agenda? What other human resource options are available?

Workshop participants articulated the demands and challenges faced by gender focal points in their respective Ministries of Health. Gender mainstreaming requires building alliances, consensus and momentum. The involvement of different stakeholders from other sectors is very important to developing a critical mass. One strategy that is proving helpful to gender focal points in Mozambique, Malawi and Ghana is the support of an inter-sectoral advisory group to develop ideas and institutional links, and give encouragement to those facing the challenges of gender mainstreaming. SWAps are triggering new working relationships between actors who may not previously have worked together, and challenging stakeholders from varied institutional backgrounds to build understanding and positive collaboration.

The personal is political: building capacity for mainstreaming gender

Building national ownership of sector policies and plans is a key principle in SWAps. This provides a clear opportunity to ensure that gender and equity concerns are addressed within institutional development plans, training programmes, guideline development and internal support and supervision mechanisms.

Experiences from countries represented at the workshop showed that throughout the different levels of respective Ministries of Health, the motivation and capacity to mainstream gender is limited. There is often a narrow understanding of what gender mainstreaming means. Some see it just as a way for women to get into positions of power, whilst others see it as women-only projects with a focus on maternal health. Developing understanding of gender analysis and planning throughout the health sector is a great challenge.

There is a need for training and building capacity to identify and address gender issues, which involves engaging with new languages and concepts, and developing new skills. We also need to unpack different levels of training and approaches, to think creatively about what is appropriate in different contexts and move away from a normative 'one size fits all' approach to gender training (Standing 2001). Pedagogic approaches, and curricula content that is participatory, responsive and contextual, are needed (Howard 2002). Another key challenge in gender training is how to introduce concepts that touch on the personal and the political in ways that are engaging and not alienating. How should gender focal points and/or consultants introduce the need for gender awareness in health SWAps; what concepts and 'strategic frames' should be deployed? Should the more instrumental arguments of efficiency be used if they are likely to have more impact?

The Ministry of Health in Ghana is developing a gender-training manual for health workers. A working group designed and carried out a rapid needs assessment to determine the level of understanding and perceptions about gender and health among health managers, professionals and providers (Pobee-Hayford 2002). The assessment used a number of qualitative methodologies, including role-plays, to explore levels of understanding of gender. These highlighted the lack of knowledge at all levels about gender and the use of gender stereotypes to make judgements (*ibid*). The results will be used to tailor the training to address health workers at their current level of understanding and should serve to address some of the dilemmas and questions raised above.

In Malawi there has also been an effort to develop a context-specific training package that responds to the needs and realities of participants. The training developed was closely

tied to the organization of the Sexual and Reproductive Health Programme (SRHP). The SRHP was set up as a programme approach and was envisaged as a sub-sector-wide approach, leading the way to the development of a SWAp in the health sector as a whole (Namasasu 2002). A five-day gender training for SRHP partners, including bureaucrats and civil society, was organized, using the reproductive health policy as an entry point. The pedagogic approach included using group work to review the policy from a gender perspective and develop strategies for how gender could be mainstreamed within each key area (safe motherhood; adolescent health; STDs, HIV/AIDS; family planning; and harmful practices). Each group prioritized areas for further research, action, training or human resource development, which reflected the organization of the SRHP log frame (see Namasasu 2002 for further discussions of areas prioritized). It was anticipated that the action plans and new working relationships developed at the training would help to develop ownership and energy to promote gender-mainstreaming efforts in the SRHP. A limitation to this process has been the lack of follow up, although a small resource centre on gender and sexual and reproductive health has been set up at the Reproductive Health Unit, which is spearheading the SRHP.

It is difficult to change attitudes and promote ownership of gender mainstreaming strategies with one-off gender training; there is a need for creative approaches to mentoring, follow up and promoting ongoing cycles of learning and reflection. In Mozambique, the gender technical advisers noted the importance of strategically and continuously discussing gender and gender mainstreaming, and articulating potential problems, if a gender perspective is not included in ways that will make sense to the audience (Romao and Ploem 2002).

Information and indicators for advocacy

To encourage the implementation of gender policies and reduce the chances of a gender focus 'evaporating', it is important that health sector indicators are gender sensitive. This means that they need to measure progress in different areas, such as outpatient utilization, or treatment of specific health problems for both women and men. Further disaggregation of these indicators by socio-economic group and age is useful to understand whether the situation is improving for poorer women and men in different age groups.

The country experiences represented at the workshop showed that the processes of developing or modifying sectoral systems initiated by SWAps have offered opportunities for including attention to gender. For example, limited progress has been made in integrating some gender-disaggregated indicators into sectoral information systems. However, financial and human resource constraints limit the possibilities for collecting complete sex-disaggregated data, both in terms of routine indicators and complementary research to understand the processes underlying observed inequalities. The lack of adequate information limits the success of advocacy and the potential to monitor the implementation of policies. Firstly, this makes it very difficult to obtain evidence of how gender inequalities affect health in a specific context, and secondly, it becomes extremely hard to measure progress towards reducing gender disparities. Developing gender-disaggregated information systems may be a gradual, incremental process. Collecting some gender-disaggregated data, however limited, and demonstrating their use, can be useful in advocating for further information collection.

In Uganda, where health management data are not disaggregated by gender, gender advocates from donor partners have worked with the Ministry of Health to ensure that the mid-term review of the health sector addresses gender and equity. This provides an empirical basis for raising the issues and potentially gives weight to arguments for gender-disaggregated data in the future. In Mozambique, sex-disaggregated data are available on key conditions such as TB, STIs and HIV/AIDS. The Ministry of Health has not made any analysis of this information, but it is a priority for the coming period.

Gender mainstreaming as a process or a journey should also be evaluated (Hafner-Burton and Pollack 2002). There is a need for indicators capturing the institutional progress being made, such as the proportion of women in decision-making positions, the establishment of institutional structures for human resources for gender mainstreaming or the number of Ministry of Health guidelines reviewed and modified from a gender perspective.

Baden and Goetz discuss the tendency for 'Bureaucratic requirements for information…to strip away the political content of information on women's interests and reduce it to a set of needs or gaps amenable to administrative decisions about the allocation of resources' (1998: 22). There is a need to think creatively about indicators that reflect the realities of the lives and priorities of women, men, girls and boys, and move away from a fetishization of numbers (Standing 2001). This could be encouraged through commissioning or developing complementary embedded qualitative research.

Who should pay for gender mainstreaming? The changing role of bureaucracies, donors and national gender mainstreaming machinery

Gender mainstreaming requires resources to fund initiatives such as gender training, human resource structures for gender mainstreaming and gender-sensitive research and analysis. Traditionally, certain donors (such as those from the Nordic countries) have been particularly supportive of these initiatives. It would appear that in the new SWAp environment there are few examples of success in utilizing pooled funds for these purposes,[8] and hence a continued emphasis on application to specific donors. There may be two main reasons behind the difficulty in accessing pooled funds. The first is applicable to all demands for funds—the time-consuming and over-bureaucratic decision-making over allocations. The second applies particularly to the nature of gender mainstreaming, which in many contexts involves struggling against misunderstanding, tokenism and sometimes outright hostility, and grappling with the complex issue of power at both political and personal levels. This can result in gender mainstreaming lying low on the list of priorities for pooled funds.

The bureaucrats attending the workshop discussed the difficulty of negotiating for pooled funding, and the accompanying need for new languages and concepts such as the macro-economic terminology that informs discussions on the financial framework. Gender advocates from Ministries of Health must find ways of showing decision-makers the benefits of addressing gender issues for meeting sector goals. This has obvious implications for the arguments used and the strategic frames deployed. Some bureaucrats at the conference discussed the tendency for their colleagues to 'misunderstand' the concept of gender and see it as a threat to their power. In response to this, gender advocates used the argument that gender analysis and gender mainstreaming can lead to better and more efficient health systems. It is understandably difficult to use a more rights-based approach grounded in power, gender and equity when you are negotiating for cash from a limited pot and up against many other demands. There will always be a tension and a risk in deploying instrumentalist arguments that prioritize efficiency over equity within these contexts. Gender trainers need to be sensitive to these issues in developing their pedagogic approaches and start from the point of view of the institutional advocate, not from a prescription.

SWAps have highlighted dilemmas about who should pay for gender mainstreaming. Is it reasonable for donors to bypass the pooled funding, which is central to the theory and practice of SWAps, and fund separate priority gender activities? Gender mainstreaming has been criticized by some as a 'Western' imposed agenda. This may be reinforced for gender advocates who are successful in accessing funds directly from Western-funded donors rather than from pooled funds.

Another tension in the new funding environment is the difficult and diminishing financial situation for national machineries or Ministries or Departments of Gender. These Ministries have been central to gender mainstreaming efforts in Malawi, Mozambique, Uganda and Ghana, but their multi-sector and cross-cutting remit means that they lie outside the sector-wide framework. This has had adverse effects on the funding available for these ministries to do their work and is a real threat to providing expertise to gender focal points in the Ministry of Health in the context of joint multi-sectoral working. This is exemplified by the decrease in resource availability for the Ugandan Ministry of Gender, Labour and Social Development (MoGLSD). The Ministry has the remit and the potential to support sector ministries, including health, to mainstream gender, but due to continual under-funding had been unable to fulfil this role successfully (Mpagi 2002). In response to this situation, the MOGLSD is currently working on a Sector Investment Programme to refocus their work and lobby for more funds to carry out mainstreaming support to the sector ministries (*ibid*). There is a clear need to develop sustainable funding strategies for these Ministries, so that they can continue supporting gender mainstreaming efforts within different sectors.

Implications and conclusion

The advent of SWAps has created a new environment and triggered new working relationships for gender advocates. This may mean the increasing growth of relationships between bureaucrats, civil society representatives, donors and academics in joint working or advisory groups. In order to build positive alliances for gender mainstreaming, we need to understand the institutional contexts that stakeholders come from, and how this shapes our ways of conceptualizing gender mainstreaming and the 'strategic frames' we deploy. As academics, consultants and NGO representatives, we need to appreciate that gender advocates in bureaucracies may use different language, concepts and arguments to those we are comfortable with. Gender advocates in the bureaucracy may be sophisticated in deploying instrumentalist strategic frames that make sense in a bureaucratic institutional environment. However, this does not necessarily mean losing sight of some of the tensions between technical, instrumental approaches and longer-term visions of gender mainstreaming.

Beall's conceptualization of gender equality takes us some way in building bridges between these two viewpoints. She argues that 'advancing gender equality means striking a balance between the essentially political project of ensuring women's social and economic participation and political representation, and the more technical project of institutionalizing or mainstreaming a gender perspective in policy and practice' (Beall 1998: 530). The concept of strategic framing enables us to move away from seeing *integrationist* approaches that prioritize efficiency as compromises that jeopardize a longer-term, more radical and rights-based *agenda setting* view of gender mainstreaming.

Dialogue is critical to building constructive alliances for mainstreaming gender amongst actors with different experiences of gender concepts and the deployment of 'strategic frames'. We need to have a reflexive awareness of the ways in which our institutional, personal and political experiences shape our understanding of gender mainstreaming and subsequent strategizing. This paper has explored the constraints faced by bureaucrats in mainstreaming gender in the relatively new environment of SWAps. Bureaucrats often draw on technical and instrumental 'strategic frames'; which may well be in direct contrast with their civil society counterparts who are more familiar and comfortable with the political language of equity and rights. Much less is known about how these new institutional alliances are shaping policy and implementation.

Despite the work of gender advocates over many years, achieving a gender-mainstreamed health sector has proved to be an elusive goal, with often seemingly insurmountable obstacles. However, the new systems, structures and policy environment of SWAps do offer hope and potential to address gender and equity issues. Sharing and learning from the experiences of different countries and different institutional contexts offers further opportunities to all those interested in working towards an equitable and gender-sensitive health sector. The application of the concept of 'strategic frames' helps us in understanding how gender advocates in Ministries of Health try to rise to the challenge of translating discourses of gender mainstreaming, and its central ideal of social transformation, into pragmatic strategies in the bureaucratic environment.

These challenges will be reinforced in the changing environment of aid instruments. The Poverty Reduction Strategy process and the move of a number of donors to Direct Budget Support challenges the sectors to shift their own strategic frames towards the contribution of sectoral ministries to macro-economic and fiscal policy, and the need to negotiate for resources from a larger pool of funds. It is not clear how gender arguments will fare in these negotiations. From the point of view of users, front-line providers and civil society organizations, the risk is of even greater remoteness from the negotiating table. It is likely to be here that the limits of bureaucratic gender mainstreaming will be felt, unless ways are found to strengthen coalitions in both directions. Among other things there will be a major need for the development of improved information, transparency and informed advocacy if these voices are to be heard and heeded.

In conclusion, priority areas for gender advocates and policymakers to consider in efforts to translate gender policies into action are:

- how to support gender focal points as part of a wider human resource structure for gender mainstreaming;
- how to develop capacity-building strategies that are grounded in sectoral activities and specific contexts;
- disaggregating health information in priority areas by gender, enabling analysis and identifying new information needed;
- and developing sustainable strategies for funding gender-mainstreaming activities under SWAps.

Endnotes

[1] Including an international workshop on gender equality in SWAps held at The Hague in February 2001. The report of this workshop is available online at: [http://www.oecd.org/dataoecd/24/17/1956174.pdf].

[2] The workshop took place as part of the 8th Women's Worlds Conference 23–24 July 2002, held at Makerere University, Kampala, Uganda. A resource pack containing all the edited papers presented at the workshop, an introduction, conclusion and policy brief is available online at: [http://www.liv.ac.uk/lstm/research/GHGResourcePack.htm]. For a hard copy or CD-ROM, please contact the corresponding author.

[3] For a discussion of the conceptual and practical differences between these, see Buvinic (1986), Rathgeber (1990) and Beall (1998).

[4] Restructuring of the bureaucratic mechanisms for mainstreaming gender in 2003 means that Uganda no longer belongs to the category of high-level mechanism (personal communication, Justina Stroh, 2003 DANIDA, Uganda).

[5] Their work focuses on the European Union (2000) and the World Bank and United Nations Development Programme (2002).

[6] Jahan (1995) makes the distinction between an 'integrationist' approach to mainstreaming, which introduces a gender perspective into policy processes without challenging existing policy paradigms, and an 'agenda setting' approach, which involves a fundamental rethinking of programme or sector goals and policy from a gender perspective.

[7] These four countries were the case studies for the workshop theme that focused on gender mainstreaming at the national level in health sector bureaucracies and all four were represented by Ministry of Health/Health Service employees.

[8] One notable exception is the use of pooled funds to employ a gender technical advisor in the Ministry of Health in Mozambique.

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