



LCSPG

GENDER TEAM

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Gender Operations Report Series No. 2

GENDER ASSESSMENT

Argentina Provincial Reform Loan III

March 2000

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The Gender Operational Report Series

In FY99, the LAC Gender Team set up a pilot Gender Operational Support Fund with Norwegian and Danish trust funds. The objective of the fund is to help Task Managers identify the relevance of gender in projects and policy work, and to apply this information at different stages of Bank operations, in order to strengthen the links between gender analysis and the furthering of gender equity and efficiency goals. Under the fund, over US\$400,000 was awarded to 21 proposals in different countries in the region. Work was carried out in the sectors of Cultural Heritage, Population, Health and Nutrition, Natural Resource Management, Education, Rural Development, Agriculture, Post-Disaster Reconstruction, Public Sector Management, and Transportation. Documents published under the Gender Operational Report Series present findings, recommendations and lessons learned from select funded activities.

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The ***Gender Operations Report Series*** are produced by the Gender Team of the Poverty Reduction & Economic Management SMU of the Latin America and Caribbean Regional Office.

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GENDER ASSESSMENT: ARGENTINA PROVINCIAL REFORM LOAN III

INTRODUCTION AND SUMMARY

As part of the preparation of the Argentina Provincial Reform Loan III, a Gender Assessment was undertaken during the period of April to September, 1999. The gender assessment aimed to ensure that project objectives and design address both men's and women's needs and demands, and to assess the project gender impact. To this end, the assessment focuses on gender inequalities¹ of access to and benefits from education and health services, and women's position as producers of public and social services. The methodology followed consisted of revising literature on gender and social sectors in Argentina, collecting and analyzing gender-differentiated data, and consulting with key project stakeholders such as public officers and teachers in interviews and informal workshops.

The main findings can be divided into two groups. First, the analysis found that, because of their gender roles, men and women faced different constraints when accessing social services (both education and health); on the other hand, the institutions of the social sectors did not have the capacity or instruments to be responsive to the different needs and demands of men and women. Second, the analysis identified the lack of mechanisms within the public sector management to guarantee equal professional development opportunities to their male and female employees, and in particular to female teachers. The gender assessment concludes that the project provides an excellent opportunity to address both practical and strategic gender needs identified by the gender assessment. Thus, a gender action plan has been designed and discussed with the GOC (Government of Catamarca) to be followed during project implementation.

The report is organized in the following way. First a short discussion of the methodology followed is presented. Then, a summary of the objectives and components of the project is provided. Third, the paper presents a discussion on the gender issues, impacts and implications for the project design for each of the project components. The final section presents the conclusions of the assessment and recommendations for priority actions and strategies related to gender.

METHODOLOGY

¹ Gender in this analysis pertains to both men and women and refers to the different experiences, preferences, needs, opportunities and constraints men and women face because of socially ascribed gender roles and expectations.

The Gender Assessment was undertaken during the period of April to September, 1999. This time period included the pre-appraisal and appraisal stages of project preparation. The methodology followed consisted of reviewing literature on gender and social sectors in Argentina, collecting and analyzing gender-differentiated data, and consulting with key project stakeholders. Informal interviews were conducted with sector managers to identify possible gender issues in public administration, education and health sectors. In addition, two informal workshops were conducted with teachers and principals of the primary and secondary education levels to discuss gender issues within the teaching profession. Given the limitations on availability of information on gender issues in the province, particularly sex-disaggregated data, the assessment had to rely on studies done outside the province to facilitate the identification of gender issues. During the appraisal, the findings and recommendations of the gender assessment were discussed with the Vice-Governor and sector officers. The GOC manifested its interest in carrying out the gender action plan during project implementation.

PROJECT BACKGROUND

The project objective is to help the Government of Catamarca (GOC) to reform and restructure its public sector so as to ensure efficient, effective and equitable delivery of public services, within fiscally sound policies. To this end, the project would include the following components:

a) The Public Finance and Administration Reform Component seeks to guarantee a sound fiscal performance and to enhance public management by implementing the following actions:

- Budget Restructuring and Annual Audits.
- Tax Administration Program.
- Human Administration Reform to enhance the effectiveness of the sector in policymaking and service delivery by reducing the size of the sector and providing greater incentives to improve service delivery.
- Privatization and Outsourcing to improve services and reduce fiscal stress.
- Rationalizing public investment on roads by strengthening highway planning and transparency of expenditures; improving highway efficiency, productivity and results; and strengthening environmental assessment and participatory processes.

b) The Education Reform Component aims at expanding enrollment and producing significant improvements in quality while enhancing efficiency in the sector expenditures. To this aim, the component would:

- *Restructure the Budget* by increasing the share of investment in equipment and infrastructure;
- *Improve Efficiency and Quality* in the education system by: (i) implementing quality improvement policies focusing on retention strategies and assistance to low performance groups, (ii) reforming the Teacher Statute which governs teacher pay, conditions of

employment and performance incentives, (iii) tightening of teacher leave regulations and outsourcing of the medical control system for teachers' sick leave, and (iv) implementation of the administration reform.

- *Pilot Decentralized Management at the School Level* to enhance school autonomy and accountability.
- *Improve the Allocation of Resources to the Private Sector* to enhance efficiency, equity and quality by introducing a new system for allocating the subsidies based on quality, equity and enrollment parameters.
- *Restructure Teacher Training* to improve the efficiency of sector spending and to enhance teacher quality through training.

c) The Health Reform Component is oriented toward ensuring the coverage of the population, particularly the uninsured poor, via a package of public health benefits and personalized medical care; improving the range of choices available to the population; ensuring the financial feasibility, efficiency and quality of the public health system; and modernizing the role of the Ministry of Health. To this end, the following actions will be implemented:

- *Restructuring Health Care Financing* by (i) extending a health insurance policy to the uninsured poor as a way of targeting public health care delivery to the needy and reducing the present public subsidy to insured patients; (ii) restructuring the provincial health insurance carrier to improve its efficiency and ensure financial sustainability; and (iii) increasing allocations to selected public health services and providing adequate amounts for investment and maintenance.
- *Restructuring Public Health Care Delivery* in public hospitals and out-patient networks, as well as increasing competition within the public service and between the public and private systems. Actions would include: (i) self-management of hospitals and service networks; (ii) rationalization and consolidation of hospital facilities and primary health care services into integrated networks; (iii) implementation of a hospital accreditation system for both public and private hospitals, adoption of UNICEF standards for woman- and children- friendly hospitals, and establishment of quality assurance mechanisms in major public hospitals; (iv) the funding of special public health programs to deal with the major sources of avoidable deaths, including a reproductive health program and a program to control external injuries caused by accidents.
- *Strengthening the Provincial Ministry of Health* in the area of health policy and administration.

GENDER ANALYSIS

Public Administration Reform

Gender Issues in Public Sector: Although the public sector is committed to guaranteeing equal work opportunities to their female and male staff, its mechanisms and instruments for pursuing

this goal seem very limited. Firstly, there is no explicit gender equity policy or regulation, although the sector has traditionally been an important source of employment for both men and women². Secondly, in spite of the reform's efforts to enhance management information systems, the sector shows little capacity to provide information on the status of female and male staff, or on the impact of the reform on their working opportunities. For example, the human resource data base did not include the variable sex, which limits any analysis of gender differences in human capital and their relationship to job responsibilities.

Gender Impact: According to observations from the human resource manager, the reform process so far seems to have generated differentiated impacts on its staff. Middle management positions are mostly occupied by women now, and higher numbers of them are taking or demanding the skill-upgrading training courses required by the reform. Men, on the other hand, have showed a certain reluctance to respond to the reform's challenges -- e.g., fewer of them take training courses -- and more of them have left the sector. However, more information is needed to determine the causes of these trends, and thus determine the gender impacts of the reform. For example, the gender impact might be determined by the explanation for male staff's lower response to the reclassification challenge. If this is due to particular constraints -- such as lower level of educational attainment³ or more limited time availability -- that limit their capacity for flexibility and adaptability, the gender impact would be quite different than if it were due to the fact that men are leaving the sector because of better work opportunities in the private sector. Finally, in spite of the improved position of women, they still are completely absent from high-level decision-making positions, which suggests that the reform has not improved women's opportunities to access those positions.

Gender Implications for Project Design: In spite of the lack of available information to determine if these trends are symptoms of gender inequity problems in the sector, the project presents an opportunity to guarantee equal career opportunities to female and male staff, while establishing the foundations for a gender equity policy. Thus, the government has agreed to follow the recommendations of the gender action plan for all project reform sub-components (see matrix). Furthermore, the literature on the subject suggests that by addressing possible gender problems, there is an important potential to increase the sector's effectiveness.⁴ For example, by changing certain working practices such as long work schedules that reduce women's opportunities to access certain positions, the sector would benefit from a larger pool of candidates from which to choose. Another benefit of following a gender approach is that it

² According to the 1991 Census figures, the sector employed 37.9% and 39.1% of the male and female labor force respectively.

³ The female labor force in Catamarca has higher education attainment than their male counterpart, particularly among the younger cohorts. While 20% of women in their thirties declared that they had completed higher education, the proportion of men who meet this condition is 12.6%. For the 25-29 year old group, this gap widens to 16% for women and 4.5% for men.

⁴ See for example Proceedings of Dr. Deborah Merrill-Sands 's Presentation on Gender in Organizations: The Mexican Case in Gender and Public Sector Modernization: The Context for Change Workshop, December 3rd, 1998.

facilitates the identification of human capital differences between the male and female staff, and thus may enhance the responsiveness of training to the needs of public sector employees. Finally, a gender approach would make it possible to identify the presence of particular groups who are more at risk for separation from the sector, and to design compensating measures accordingly⁵.

Education Sector Reform

Gender Issues in Education: The gender analysis found two different groups of gender issues in the education sector. The first group is related to gender differences in access to pre-primary and secondary school and to gender-differentiated benefits from education. As shown in the table below, there is a gender gap in pre-primary and secondary education enrollment, with lower rates for boys.⁶ Furthermore, boys' higher repetition rates and possible higher dropout rates compared to girls, suggest the presence of more binding constraints for the former group to benefit from education. In fact, this situation coincides with the main findings in the literature about the influence of gender roles on school attendance.⁷ For boys, school attendance is strongly related to socioeconomic characteristics of the household, such as income share earned by the household head, unemployment of the father and number of siblings, which is tied to boys' role as potential breadwinners within household income-generation strategies. On the other hand, girls are more vulnerable to interruptions to their education due to social-related problems such as teenage pregnancy and family divorce.⁸ In addition, there is growing evidence that boys' socialization patterns seem to increase the challenges for schools to engage them in the learning process and, thus, retain boys in school. For example, boys' behavior presents a certain degree of incompatibility with school standards, and in many cases, this problem leads boys to separation from school.

⁵ For example, given the gender differences in educational attainment shown above, men would be more likely to leave the public sector under a possible downsizing program. Due to men's role as breadwinners and the shortage of similar opportunities in the private sector (the social sector employs about 75% of the professionals and 81.5% of the technicians of the province's labor force), potential resistance to the reform could arise if compensation measures are not put in place.

⁶ This gap may increase for net enrollment rates due to boys' higher repetition rates. Unfortunately, this information is not available.

⁷ See for example, Sosa, Walter and Mariana Marchionni. Household Structure, Gender and the Economic Determinants of School Attendance in Argentina. Mimeo. Circa 1998.

⁸ Although there is no only information available on the rates of teenage pregnancy in Catamarca, anecdotal evidence suggests a very high rate of teen-age pregnancies in the province.

Catamarca: Selected Education Indicators by Sex, 1998

	Men	Women
Gross Enrollment Rate (%)		
Pre-Primary	126.3	132.7
Primary	94.9	95.1
Secondary	91.5	99.8
Repetition Rate (%)		
<i>Public Sector</i>		
EGB	6.8	4.9
Secondary	11.0	6.5
<i>Private Sector</i>		
EGB	0.9	0.5
Secondary	3.8	2.7

Source: Ministry of Education - Province of Catamarca

The second group of gender issues is related to women's position in the production of education services, given the fact that the teaching labor force in Catamarca is composed mainly of women.⁹ The analysis focuses on two topics: (i) gender balance and staff composition at different levels; and (ii) whether teachers' expectations of the teaching career in terms of career advancement and skill development are being addressed by the sector management. Regarding the first point, the analysis found that, in contrast to other cases, in Catamarca female teachers are a majority at all educational levels. They account for 65% and 70% of the teaching labor force at the secondary and tertiary educational levels, respectively. Also, female teachers are an important proportion of teaching management positions. On the second point, interviews with teachers revealed great disappointment with the career opportunities offered by the teaching profession. First, teachers reported that the poor teaching conditions and deficient support mechanisms (e.g. pre- and in-service training) undermine their capacity to deliver a high-quality product. Second, teachers reported that the teaching profession does not offer incentives for improving their performance. For example, there are no mechanisms that reward and/or punish outstanding or unwanted products, work practices and behaviors. To attain better positions, teachers are forced to leave their profession and find administrative positions; this clearly demonstrates the lack of mobility mechanisms within the career.

Gender Impacts and Implications for Project Design: The education sector reform components which may have a direct impact on gender are those related to the implementation of school quality-improvement policies, and reforms in human resource administration, including the reform of the Teacher Statute, the tightening of teacher leave regulations and the conversion of teacher training systems (see matrix). Regarding school quality improvement policies, they provide an excellent opportunity to address the gender gap in school enrollment and performance. Moreover, by addressing the gender-differentiated needs and constraints of boys and girls in terms of benefiting from educational opportunities, the effectiveness of these policies would be enhanced. Human resource reform, in particular the reformulation of the Teacher

⁹ Seventy three percent of the teaching labor force is composed of women.

Statute, also provides a good opportunity to address teachers' concerns about teaching career development opportunities, and thus to have a positive impact on teachers' position in the sector. In other words, by creating mechanisms that enhance teachers' opportunities for career advancement and skills development, women would have more confidence in and control of their contribution to the profession, and thus, become more empowered. Also, responding to teachers' requests to introduce quality-enhancement performance incentives, will not only benefit women's status as professionals, but will also have a positive impact on the quality of teaching. On the other hand, given the fact that teachers' absences are a response to frustration with their careers and the permissiveness of the teacher leave regulations, tightening the teacher leave system would not have a negative impact on the career flexibility sought by teachers. Finally, reforms to the teacher training institutes, which are meant to improve the quality of teaching by upgrading the curriculum and re-structuring the courses offered, will enhance women's access to better education. Therefore, the provincial government has agreed to follow the recommendations in the gender action plan during project implementation.

Health Sector Reform

Gender Issues in Health: The gender analysis revealed that gender roles and behavior patterns have important effects on the female and male population's health needs and access to health care in the province. First, they increase the exposure to particular health risks. For example, men's occupational profile, lifestyle or behavioral patterns seem to increase their chances of dying from violence-related events. Accidents and suicide account for 52.3% of deaths of the 15-34 age group, and are the third-leading cause of death in the 34-54 age group. For women, on the other hand, the presence of gender stereotypes and societal stigma or prohibitions against seeking reproductive health care, seem to generate a substantial health burden for women. For example, hospital diagnostics records for 1995 indicate that more than 600 women sought hospital care for reasons related to non-natural abortions. This situation may be related to the fact that women become sexually active and have children at an early age. Twenty percent of births are to women age 19 or younger.

Second, constraints to access to high quality health care, such as income, are shaped by gender roles. In Catamarca, female heads of households face higher income constraints than men. According to the Social Development Survey (EDS) analyses for the northwestern region, in which Catamarca is included, female-headed households in the first income quintile reported lower average household income and per capita income than their male counterparts. The average income reported by female-headed households represents only 79% of the family income reported by male heads.¹⁰ In addition, among the aging population, women seem to

¹⁰ A possible explanation for this situation is that in spite of the fact that a high proportion of female heads live in extended households (44%), the households' combined income may not be sufficient to get them out of poverty. In fact, female-headed household members report lower employment rates than their male counterparts. According to the EPH, 39.8% of female households heads declared that they were employed, compared to 70% for male heads. Also, the proportion of spouses, daughters/sons, and other family members who are employed is much lower in these female-headed households.

have fewer sources of resources at their disposal than men. Social insurance pension coverage rates, for example, indicate lower coverage for women than for men (64.4% vs.72.7%).

Limitations in the ability of health care providers to address women's and men's health needs not only generate inequalities in women's and men's access to good health care, but also imply different health burdens for men and women. It seems that Catamarca's health system has problems in equally addressing men's and women's health needs. An analysis of mortality rates differentiated by gender reveals that men are at a disadvantaged position compared to women. First, men's deaths are double those for women for the 15- 64 age group¹¹. Second, whereas mortality rates have decreased for women of all ages during the period 1980-94, progress for men has been minor. On the other hand, the lower number of deaths for women does not imply that women's health needs have been better addressed. Again, the EDS information suggests that the public sector does not guarantee adequate preventive health services, and reveals some deficiencies in the quality of care given by public hospitals. The Northwest region shows a significant proportion of women who did not receive adequate preventive health care compared to the rest of the country. More than one third of pregnant women (37%) in the first two quintiles had their pregnancies detected during the second or third quarter by either public or private insurance coverage. Also, about a third of women from these quintiles who relied on the public sector had a maximum of four check-ups. Regarding curative services, this region presents about the same quality problems as other regions within the country with similar economic and human development. For instance, about twenty percent of women who gave birth in public sector facilities stated that they were assisted by non-professional staff. Moreover, women's morbidity rate related to pregnancy complications is high, and perinatal-period diseases are still the third leading cause of death for women between 15-34¹².

Gender Impacts and Implications for Project Design: Again, the health reform sub-components provide an opportunity to address the issues discussed above, and the Ministry of Health has agreed to follow the recommendations of the Matrix Action Plan. Among the reform actions planned, three of them would have important impacts on gender-differentiated health needs and gender inequity issues. These actions are: (i) shifting resources from hospital-based services to primary health care facilities and implementing a special fund for addressing accident and reproductive health needs; (ii) improving targeting to the poor; and (iii) increasing health insurance coverage. Shifting resources from hospital-based services to primary health care facilities would allow policies to target gender-specific risk factors via preventive and primary care. Improving targeting to the poor would improve female-headed households' access to health care. Finally, the extension of health insurance to the poor would improve gender-

¹¹ According to INDEC, the number of deaths of men 15-34 years old is 63 per one hundred thousand compared to 32 for their female counterparts. The figures for the 35-54 age group are 126 for men and 78 for women.

¹² Women, and the poor in particular, present a relatively high incidence of abortions, hypertensive disorders of pregnancy, syphilis, cervix uteri cancer, and low birth weight babies among other complications.

specific health situations, for example by helping to identify gender-specific needs and health conditions that have higher prevalence in one sex or the other.

CONCLUSIONS AND RECOMMENDATIONS

The gender assessment concludes that because of their gender roles, men and women faced different constraints when accessing social services (both education and health), and on the other hand, the institutions of the social sectors did not have the capacity or instruments to be responsive to the different needs and demands of men and women. Second, the analysis identified the lack of mechanisms within the public sector management to guarantee equal professional development opportunities to their male and female employees, and in particular to female teachers. The reforms to be supported by the project provide an excellent opportunity to address both practical and strategic gender issues identified by the gender assessment, and thus increase the opportunities for positive gender impacts. Moreover, by integrating gender into the project components – e.g. targeting men and women differently in a given action - project effectiveness could be enhanced.

Accordingly, a gender action plan has been designed and discussed with the Government of Catamarca to be followed during project implementation. The Gender Action Plan Matrix and Gender Performance Indicators Matrix are presented as an appendix. The GOC has asked for technical assistance to establish the necessary arrangements for implementing the gender action plan. The request is under consideration.

Project Components	Actions/Instruments	Gender Goal	Recommended Action in Gender
Public Administration And Finance Reform			
Human Resource Administration Reform	Permanent Training Program	Provide equal access to and benefit from training opportunities to both female and male employees.	<p>Introduce a gender approach into Training Program TOR by addressing the following:</p> <ul style="list-style-type: none"> * Establish an inventory of staff's education, experience and skills by gender. * Address main constraints of both male and female staff to access to training (time, prerequisite skills, etc). * Introduce the gender variable in the monitoring and evaluation system, and design policies accordingly.
	New Salary Scale incorporating Merit-Based Pay	Guarantee an equal payment system to female and male staff.	<ul style="list-style-type: none"> - Introduce the gender variable in personnel information management system. - Establish pay reviews that evaluate the gender gap and define a strategy to reduce the gap. - Establish participatory consultations to review gender impact of assumptions and values underlying the merit-based system, such as: (i) time spent in the workplace as synonymous of work commitment (ii) preference for work practices that favor masculine roles and values—e.g., entrepreneurialism and individual work; and (iii) identify gender - differentiated values on monetary and non-pecuniary rewards.
	Performance Contracts	Guarantee that the implementation of performance contracts would generate equal opportunities and workloads to male and female staff.	<ul style="list-style-type: none"> - Review the differences in the conditions of male and female staff to fulfill the objectives –i.e., decision-power capacity, resource-availability, time constraints, specific skills, etc. - Design indicators that reflect the contribution of both female and male staff's skills. - Integrate the gender-differentiated impact of implicit management style and work practice models in performance contracts.

Project Components	Actions/Instruments	Gender Goal	Recommended Action in Gender
Privatization and Outsourcing	Outsourcing of particular services.	Guarantee equal opportunities for both men and women in the creation of entrepreneur opportunities.	- Identify men's and women's constraints in establishing an enterprise (including gender differences on perceptions in benefits and risks), and address them by tailoring training to gender needs.
<i>Education Reform</i>			
Improving Efficiency and Quality	Implementation of retention strategies.	Eliminate the gender gap in dropout rates, while addressing both boys' and girls' problems in dropout.	- Develop dropout indicators by gender. - Identify the specific causes of dropout rates of female and male students, and develop a retention plan accordingly. - Establish indicators that differentiate the progress in the reduction of both boys' and girls' dropout rates.
	Integration and assistance to low performance groups and remedial courses.	Improve boys' higher repetition rates, particularly in public schools, while also addressing particular causes for girls' repetition.	- Develop performance indicators (repetition and achievement score) by gender. - Identify the specific causes or repetition rates of female and male students, and develop a remedial plan accordingly. - Establish indicators that differentiate the progress in the reduction of both boys' and girls' repetition rates.
	Reform of Teacher Statute	Improve women's position in the teaching profession.	- Integrate a participatory approach, in which female teachers are consulted, into the design and implementation of the new Teacher Statute. - Create participatory mechanisms that guarantee female teachers' input regarding professional development issues.
Conversion of the Teacher Training System	- Merge teachers' training plans. - Freeze vacancies for EGB I and II. - Improve the contents of the new syllabi.	- Enhance women's and men's future career opportunities in teaching. - Increase women's options for tertiary education opportunities in addition to teaching.	- Invest the savings of the merging of teacher training institutes and gains in efficiency in improving teachers' training curriculum, and in developing profitable technical careers. - Establish a communication campaign to encourage the participation of women in non-traditional careers.
<i>Health Reform</i>			
Improving the efficiency and quality of health financing and delivery.	Develop an accreditation system for enhancing quality in services.	Guarantee same quality level in health service delivery for both men and women.	- Establish indicators that measure both men's and women's perceptions of quality of services and use them as an input for quality-enhancement strategies. - Accreditation system should cover health services targeted to both female and male population.

Project Components	Actions/Instruments	Gender Goal	Recommended Action in Gender
	Rationalization of primary medical care.	Reduce intra-gender differences in access to health care.	<ul style="list-style-type: none"> - Establish morbidity and mortality records by region, NBI and sex to identify intra-gender gaps in access to health care. - Identify the existence of time constraints or gender-cultural stereotypes that prevent access to services by the female and male population. - Develop a strategy to address gender-differentiated constraints to access to health Care.
	Development and funding of special programs that would include: (i) a reproductive health program; and, (ii) a program to control external injuries caused by accidents.	<ul style="list-style-type: none"> - Reduce women's mortality and morbidity related to peri-natal complications. - Reduce men's mortality and morbidity due to violent-related events. 	<ul style="list-style-type: none"> - Identify main causes of reproductive health needs of both men and women and define an action plan that responds to both female and male needs, including gender differentiated health outcome targets. - Integrate both women and men in reproductive health programs. - Design preventive actions with other public sector organization to address men's main causes of death by accidents.
Ensuring equity by providing the poor uninsured with health insurance	(i) a compulsory assistance plan; (ii) free choice of the caregiver within the public network and eventually for selected services provided by the private sector; and, (iii) a service to assist customers.	<p>Guarantee that the compulsory assistance plan addresses both men's and women's health risks.</p> <ul style="list-style-type: none"> - Guarantee that both female and male population have the same degree of choice, given their differences in the epidemiological profile. 	<ul style="list-style-type: none"> - Analyze and integrate men's and women's specific health risks into the health assistance plan. - Analyze whether the supply of services addresses both men's and women's health needs, and define a strategy to guarantee that both males and females are receiving adequate health coverage. Establish a permanent surveillance system by gender.
	Establish a demand identification system with enrollment.	<ul style="list-style-type: none"> - Guarantee that both female and male population have the opportunity to be included in the identification system. 	<ul style="list-style-type: none"> - Introduce a gender approach in the identification and enrollment process of the eligible population for health insurance.

CATAMARCA: Performance Monitoring Gender Indicators For PRLIII

Hierarchy of Objectives	Verifiable Indicators	Means of Verification	Critical Assumptions
<i>Project Development Objectives</i>	<i>Implementation/Outcome Indicators</i>		
<p>Public Administration and Finance Reform</p> <ul style="list-style-type: none"> - Provide equal training opportunities in the access and benefits to both female and male staff. - Guarantee an equal payment system to female and male staff. - Guarantee that the implementation of performance contracts would generate equal opportunities and workloads to male and female staff. - Guarantee equal opportunities for both men and women in the creation of entrepreneur opportunities. 	<ul style="list-style-type: none"> - Percent of female and male staff trained. - Self-perception of female and male staff on opportunities and barriers to access to training. - Salary gender gap equal to xx%. - Proportion of female and male staff involved in performance contracts. - Self-perception of female and male staff on opportunities generated by performance contracts. - Proportion of female and male staff who opted for outsourcing opportunities. - Self-perception of female and male staff on opportunities generated by outsourcing. 	<ul style="list-style-type: none"> - Civil Service Statistics. - Training Program Assessment: Staff Interview Component. - Pay Review Analysis. - Civil Service Statistics. - Performance Contract Assessment: Interview Components. <i>Source:</i> Project Supervision Reports. - Civil Service Statistics. 	<p>Follow Recommendations of Gender Action Plan.</p>
<p>Education Reform:</p> <ul style="list-style-type: none"> Gender gap in enrollment rate reduced. Gender gap in dropout rates reduced. - Gender gap in repetition rates reduced. - Women's career development opportunities in the teaching profession improved. - Women's array of options for tertiary education opportunities increased. 	<ul style="list-style-type: none"> - Gender gap in enrollment rates reduced to xx%. - Gender gap in dropout rates reduced to xx%. - Gender gap in repetition rates reduced to xx%. - Self-perception of female teachers' position in the teaching profession. - Number and percentage of women enrolled in non-teaching tertiary careers. 	<ul style="list-style-type: none"> - Ministry of Education Statistics. - Ministry of Education Statistics. - Ministry of Education Statistics. - Reformed Teacher Statute. - Ministry of Education Statistics. 	<p>Follow Recommendations of Gender Action Plan.</p>

Hierarchy of Objectives	Verifiable Indicators	Means of Verification	Critical Assumptions
<i>Project Development Objectives</i>	<i>Implementation/Outcome Indicators</i>		
<p>HEALTH REFORM</p> <ul style="list-style-type: none"> - Same quality level in health service delivered for both men and women. - Intra-gender differences in access to health care reduced. - Women's mortality and morbidity related to perinatal complications reduced. - Men's mortality and morbidity due to violence-related events decreased. - Men's and women's mortality and morbidity due to AIDS and STDs decreased. - Compulsory assistance plan addresses both men's and women's health risks. - Both female and male poor population covered by health insurance. 	<ul style="list-style-type: none"> - Level of satisfaction of female and male health care customers reported in customer surveys. - Intra-gender gap in the access to good quality health care services reduced to xx% . - Reduction of mortality and morbidity rates due to pregnancy and perinatal complications in xx%. - Reduction of mortality and morbidity rates due to violence-related events in xx%. - Reduction of mortality and morbidity rates due to AIDS/STDs in xx%. - Number of women's and men's health needs addressed by the basic health insurance package. - Gender gap in health insurance coverage reduced to 0%. 	<ul style="list-style-type: none"> - Quality Assurance System: Customer Service Surveys. - EDS Surveys. - Ministry of Health Epidemiology Statistics. - Ministry of Health Statistics. - Ministry of Health/LUSIDA Project Statistics. - Ministry of Health Regulation Unit Reports. - EDS surveys. 	<p>Follow Recommendations of Gender Action Plan.</p>

Gender Operations Report Series

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