



Guide for Integrating

Gender

into **Social and**

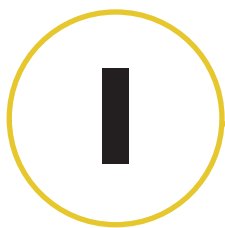
Behavior Change

Programming

Communication for Health
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Background

Gender inequality continues to have a negative impact on a range of health issues. Gender related power imbalances contribute to female mortality across the life cycle: at birth, during infancy and early childhood, and throughout the reproductive years. Harmful gender norms can affect men and boys by encouraging risk taking and by limiting their health seeking behavior (USAID, 2012).

A Literature Review conducted in Ethiopia across six health areas including Reproductive, Maternal, Newborn and Child Health (RMNCH), Malaria, Tuberculosis (TB), Water, Sanitation and Hygiene (WASH), Prevention of Mother- to-child Transmission of HIV (PMTCT) and Nutrition, identified gender practices that greatly influence health behaviors. These practices are rooted in gender norms that influence women's and men's responsibilities, decision-making power and access to resources within the home and the wider society. For example, many of the recommended RMNCH health behaviors (e.g. seeking antenatal care and obtaining proper nutrition while pregnant and breastfeeding) need to be undertaken by women, but often men must give their permission and financial support before women adopt them. Other behaviors, such as breastfeeding, or taking children for immunizations, may require increased male involvement in household tasks to free up women's time. Men's dominant role in household decision-making and control of household resources, impacts health outcomes across the board, be it accessing RMNCH services, building latrines and hand washing stations to ensure proper hygiene practices, using bednets to prevent malaria, or growing/ purchasing diverse and nutritious food as well as other household necessities.

Additionally, a baseline survey conducted in 2017 showed that gender inequitable norms adversely impact health behaviors including family planning use, early antenatal care registration, institutional delivery, HIV testing during pregnancy, early initiation of breastfeeding, minimum diet diversity for children, having hand washing station, use of long lasting insecticide treated nets, and early treatment seeking for fever.

¹ Review of Literature across Six Health Areas in Ethiopia – May 2016

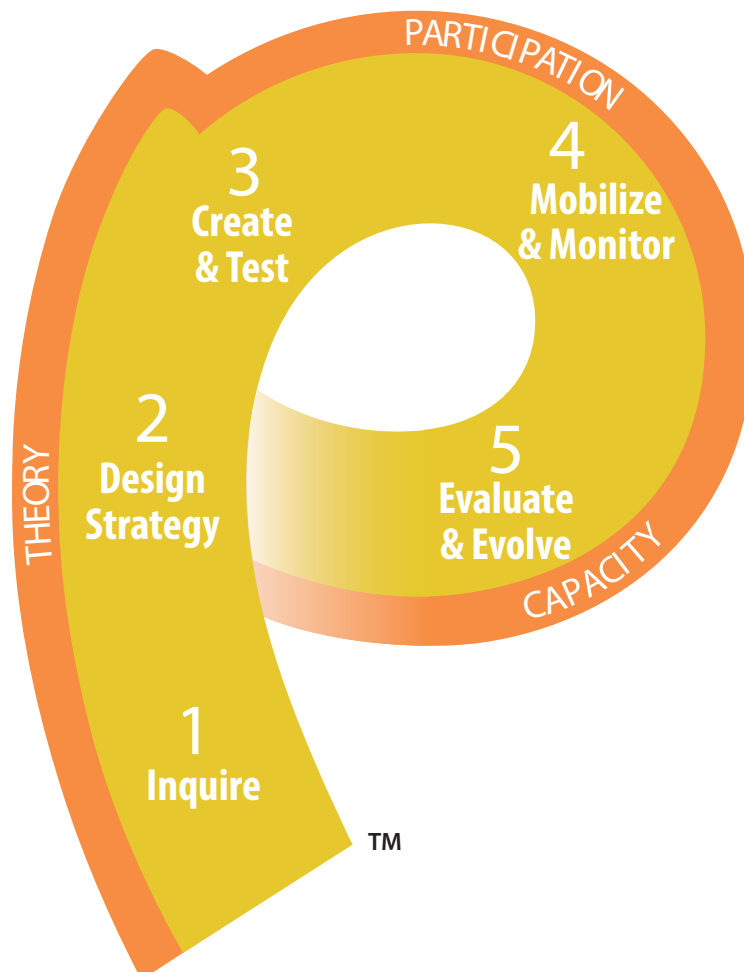
² Communication for Health Project Baseline Report – April 2017

Social and behavior change communication (SBCC) offers a unique opportunity to address gender-related attitudes, norms and behaviors that influence health choices and outcomes. Interventions can be designed in a way that enables women and men to challenge harmful gender norms and practices. These interventions can also mobilize communities to take action to address underlying inequitable gender norms, roles, relations, attitudes and practices that drive unhealthy behaviors and limit utilization of health services.

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Purpose of the Guide

This guide provides information and practical tools to help program implementers better understand how gender norms and roles may impact SBCC interventions, and how to integrate gender into SBCC programs to increase effectiveness. It provides key gender concepts, useful frameworks and a series of checklists/tools that can be applied to integrate gender into an SBCC strategy and SBCC program approaches.



The information and tools provided in this guide can be used throughout a strategic process used by programmers to design and implement an SBCC program. The P- Process™ is one such widely used and recommended process.

Users of the guide will learn how to include gender considerations during the design, implementation, and evaluation of SBCC programs.

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Intended Audiences

This guide is intended for SBCC program managers, planners and other professionals involved in the design, implementation and evaluation of Health Communication and SBCC programs. The guide is designed to be useful for those who are new to gender integration, as well as those who have been working on gender and SBCC programming and are seeking ways to deepen their skills.

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Key Concepts and Definitions

The following are key concepts and definitions central to the guide.

GENDER refers to a set of roles, responsibilities, rights, expectations and obligations that are socially and/or culturally associated with being male or female. Gender also includes the power relations between and among women and men, and girls and boys.

GENDER NORMS are definitions and expectations of what it means to be a woman or girl and a man or boy.

GENDER EQUALITY is a state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities and resources.

GENDER EQUITY is the process of being fair to women and men, and girls and boys. To ensure fairness, measures must often be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys and girls from operating on a level playing field.

GENDER-BASED VIOLENCE is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally-defined expectations of what it means to be a woman and man, girl and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private.

GENDER INTEGRATION is the application of strategies in programmatic design, implementation, monitoring and evaluation to take gender considerations into account and compensate for gender-based inequalities. It involves conducting gender analysis to identify gender inequalities and addressing them throughout the project.

GENDER MAINSTREAMING is the process of incorporating a gender perspective into organizational policies, strategies, and administrative functions, as well as into the institutional culture of an organization. This process at the organizational level ideally results in meaningful gender integration.

GENDER TRANSFORMATION attempts to achieve gender equality and female empowerment and promote positive and sustainable change by: 1) fostering critical examination of inequalities and gender roles, norms and dynamics; 2) recognizing and strengthening positive norms that support equality and an enabling environment; 3) highlighting the relative position of women, girls and marginalized groups, and transforming the underlying social structures, policies and broadly held social norms that perpetuate gender inequalities.

EMPOWERMENT is the expansion of people's capacity to make and act upon decisions affecting all aspects of their lives - including decisions related to health - by proactively addressing socioeconomic, and other power inequalities in a context where this ability was previously denied. Programmatic interventions often focus specifically on empowering women, because of the inequalities in their socioeconomic status.

FEMALE EMPOWERMENT is achieved when women and girls acquire the power to act freely, exercise their rights and fulfill their potential as full and equal members of society.

CONSTRUCTIVE MALE ENGAGEMENT is a programmatic approach that involves men and boys: as clients and beneficiaries, partners and agents of change in promoting gender equality, women's empowerment and the transformation of inequitable definitions of masculinity.

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Useful Frameworks for Integrating Gender into SBCC Programming

The Socio Ecological Model

Behavior change takes place within a complex web of social and cultural influences. SBCC programs must work across all levels to ensure sustained normative and social change. This model can be used to explore the gender-related determinants of health behavior and inform the design of SBCC programs so that gender norms within each level of the model are considered in implementation.

While limited resources may make it difficult to address all of the identified factors that need to be addressed for a truly transformative program, formative research and theory can help programmers focus on which are the most crucial aspects to address to reach program objectives and improve health outcomes.

Enabling Environments

- Leadership
- Resources and Services
- Policies and Regulations
- Guidance and Protocols
- Religious and Cultural Values
- Gender Norms
- Media and Technology
- Income Equality

Service Delivery

- Access
- Quality
- Client Volume
- Client Satisfaction

Community

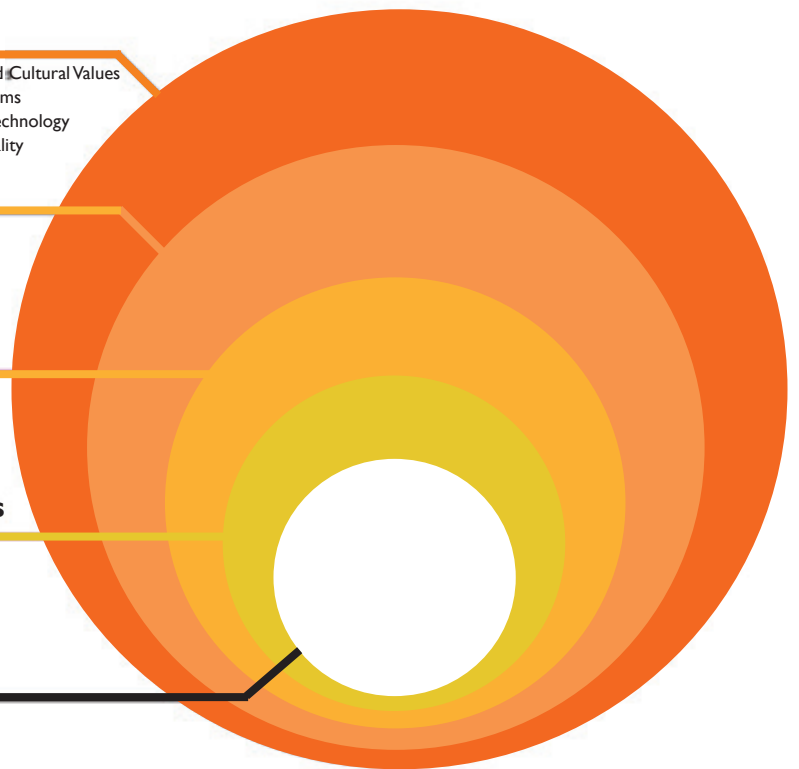
- Leadership
- Access to Information
- Social Capital
- Collective Efficacy

Family and Peer Networks

- Peer Influence
- Spousal Communication
- Partner and Family Influence
- Social Support

Individuals

- Knowledge
- Skills
- Beliefs and Values
- Self-Efficacy
- Perceived Norms
- Emotions



Individual Level: This level focuses on the behavior, intentions, knowledge, attitudes, beliefs, self- efficacy skills and personal norms about a particular behavior (e.g., a woman’s knowledge and attitudes about using female condoms; a mother or father’s perceptions about who should be involved in caring for a sick child).

Family and Peer Network: This level includes the formal and informal social systems influencing an individual. They include partner and family relationships, peer influence and work groups (e.g., opinions of mothers-in law about men participating in antenatal care).

Community/Services: This level examines the impact of shared community norms and beliefs, local leadership, access to information, resources and health services (e.g., community leaders promoting use of services, or health providers’ attitudes and opinions about counseling men on family planning).

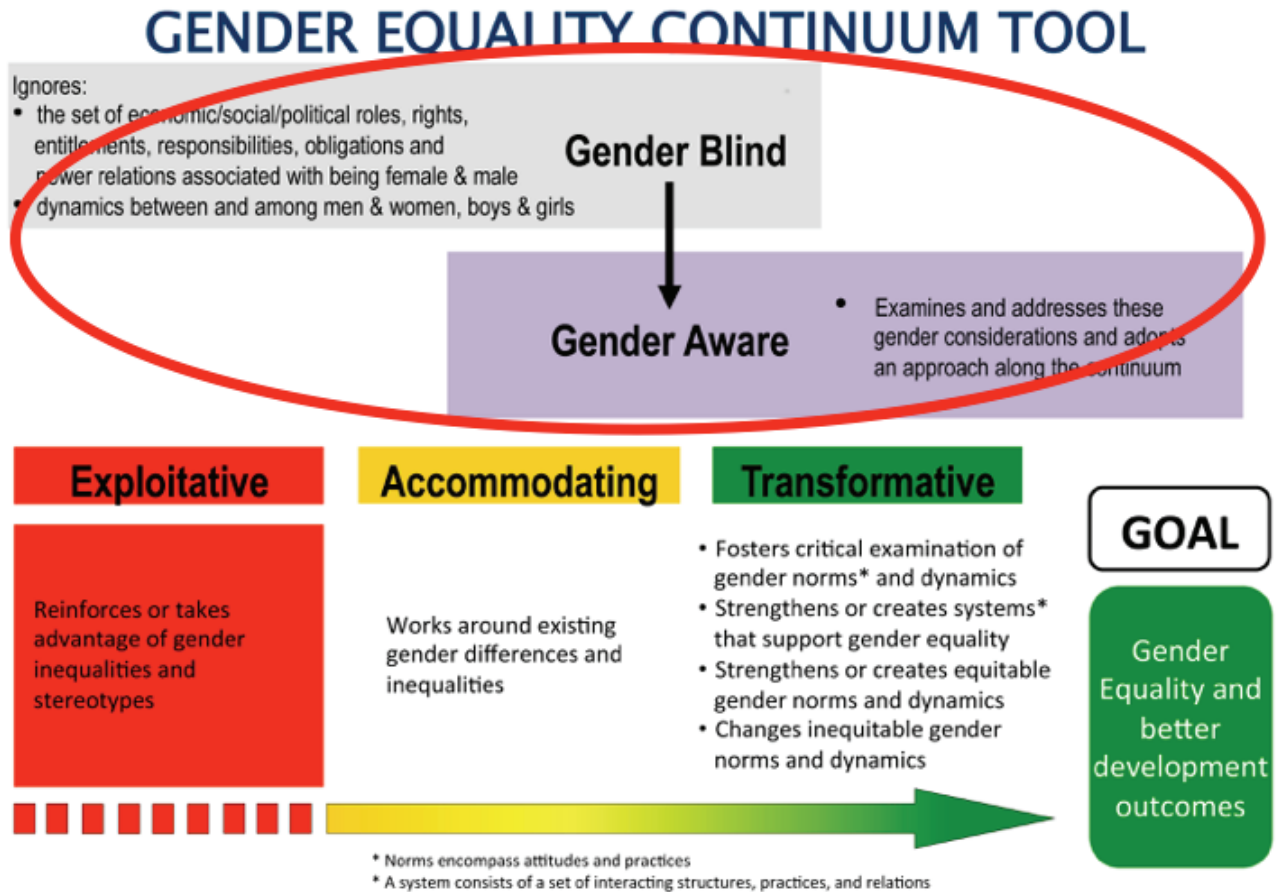
Society: This level includes laws, policies, infrastructure, government leadership, resource allocation and societal religious, cultural and gender norms and values.

By analyzing how gender-related determinants of behavior operate at each level, program managers can understand how gender dynamics influence individual and social behavior change.

Gender Equality Continuum

The Gender Equality Continuum (GEC) was developed by USAID’s Interagency Gender Working Group as a tool to help programs better integrate gender. The GEC can be used as a planning framework or as a diagnostic tool. As a planning framework, it can be used to design and plan interventions that move along the continuum toward transformative gender programming. As a diagnostic tool, it can be used to assess if, and how well, interventions are currently identifying, examining and addressing gender considerations, and to determine how to move along the continuum toward more transformative gender programming.

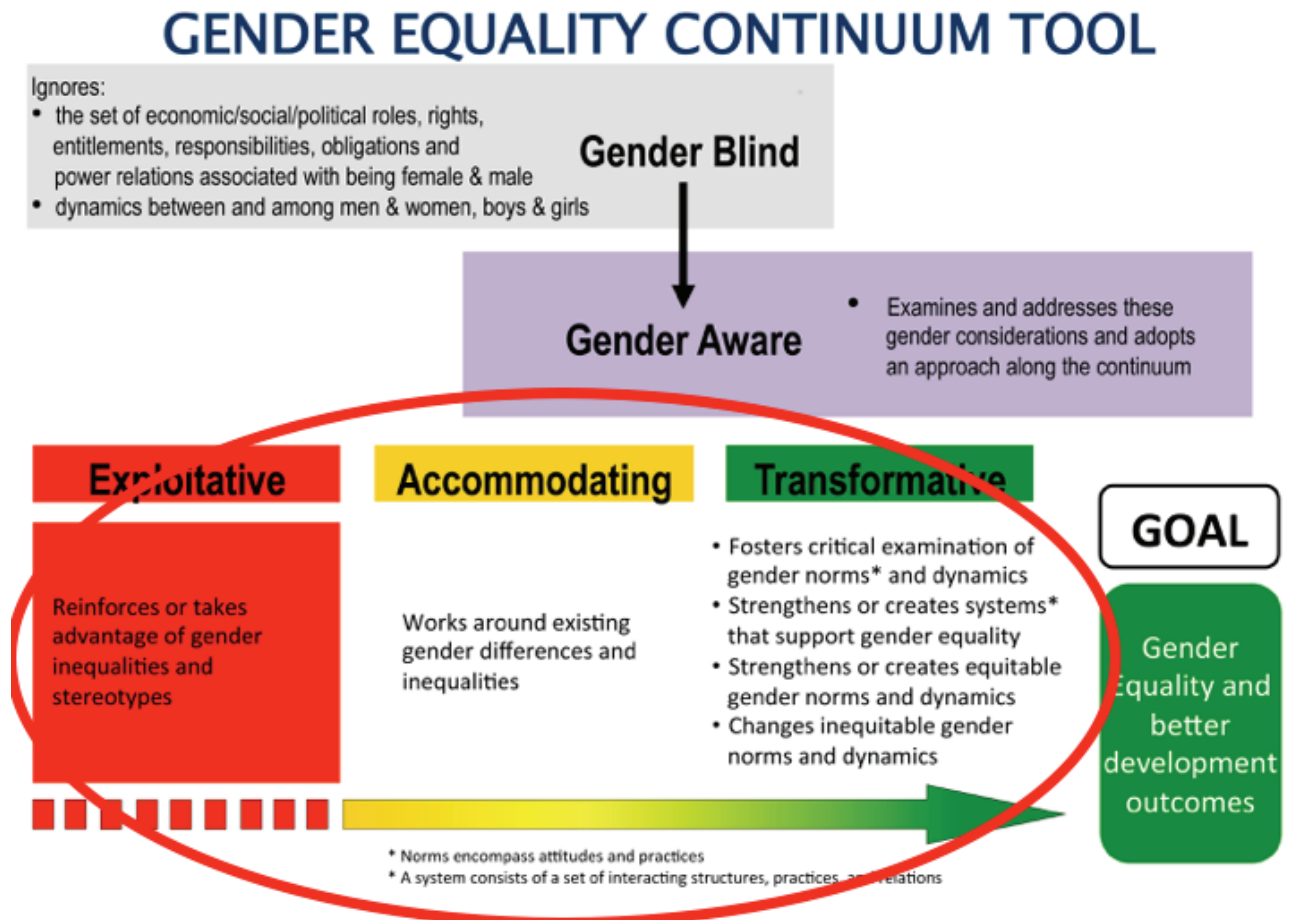
A. The process begins with an analysis that determines whether interventions are gender blind or gender aware.



Gender Blind policies, programs and interventions ignore gender considerations. They are designed without any analysis of the culturally defined set of economic, social and political roles, responsibilities, rights, entitlements, obligations and power relations associated with being female and male, or the dynamics between and among women and men, girls and boys. Any impact on gender dynamics under these types of programs is generally unintended and accidental and may be positive or negative.

Gender Aware policies, programs and interventions examine and address the set of economic, social and political roles, responsibilities, rights, entitlements, obligations and power relations associated with being female and male, and the dynamics between and among women and men, and girls and boys.

B. The process then considers whether gender aware interventions are exploitative, accommodating or transformative.



Exploitative Gender Programming: These policies, programs and interventions intentionally or unintentionally reinforce or take advantage of gender inequalities and stereotypes in pursuit of project outcomes. This approach is harmful and can undermine program objectives in the long run.

EXAMPLE

To improve male involvement in family planning, a program used messages that relied on sports images and metaphors that encouraged winning, being in control of one's life and making decisions. Impact evaluation showed that men interpreted the messages as promoting the notion that men alone should make family planning decisions. These messages unintentionally undermined the objectives of shared decision making, improved couple communication and men as supportive partners.

Accommodating Gender Programming: Policies and programs that acknowledge, but work around gender differences and inequalities to achieve project objectives. Although this approach may result in short-term benefits and realization of outcomes, it does not attempt to reduce gender inequality or address the gender norms that contribute to the differences and inequalities.

EXAMPLE

While trying to improve safer sex among commercial sex workers (CSW), a program had brothel owners demand 100 percent condom use in their brothels. Although the program helped increase condom use among CSWs and their clients, the power dynamics of negotiation between CSWs and their clients were not challenged.

Transformative Gender Programming: Policies and programs that seek to transform gender relations to promote equality and achieve program objectives. This approach attempts to promote gender equality by:

- 1) Fostering critical examination of inequalities and gender roles, norms and dynamics
- 2) Recognizing and strengthening positive norms that support equality and an enabling environment
- 3) Highlighting the relative position of women, girls and marginalized groups, and transforming the underlying social structures, policies and broadly held social norms that perpetuate gender inequalities.

EXAMPLE

While trying to encourage a community to abandon the practice of female genital mutilation/cutting (FGM/C), a program engaged women, men, girls, boys and community leaders to examine the existing gender norms and beliefs leading to the practice of FGM/C. Challenging these norms helped the community identify a healthy and empowering coming of age ritual for young girls to replace FGM/C (PRB, 2009).

The Gender Equality Continuum emphasizes two key principles important for program implementation:

- Programs must never be gender exploitative. While some interventions may be or contain elements that are (intentionally or unintentionally) exploitative, the aim should always be to move them toward transformative approaches.
- Programs should ultimately work toward transforming gender roles, norms and dynamics for positive and sustainable change.

Refer to Checklist 1: Using the Gender Equality Continuum to Assess Integration of Gender in Programming (Page 18)

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Setting a Gender Transformative Vision

A vision is a clear description/statement of the future that all stakeholders share or want to create. It is a motivational and inspirational future statement that all parties seek to achieve. It is a place that we create, first in the mind, next in will and then in action.

A **gender transformative vision** considers the needs of both women and men, engages both to actively bring about change and pushes for gender equality and better health outcomes. Setting a shared vision is an important first step to integrating gender into a SBCC strategies and programming.

If someone goes to your community in 10 years from now, what do you want him/her to see in terms of gender transformation?

Once you determine what a gender transformative community will look like, you will be better able to identify how your program can revise or design its SBCC strategy and approaches to reach the vision.

Refer Checklist 2: Setting a Gender Transformative Vision (Page 21)

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Gender and Situational Analysis

Gathering gender specific information on current situation

Now that you have set your gender transformative vision, you will need to better understand what is needed to reach that vision. When doing the situation analysis, you also need to focus on the specific health outcomes your program is trying to reach in addition to the broader vision. This requires a thorough situational analysis using formative research, literature reviews, secondary analysis of existing research and other resources available.

A situation analysis should consider the social and behavioral determinants, with a special focus on the gender dynamics at each level of the socio-ecological model. It is important to understand how gender constructs like household decision-making, spousal communication, power relations, cultural and gender norms, violence and access to opportunities and resources impact the health of men and women.

Key aspects of such analysis may include:

- Different needs, roles, and interests of women and men
- Power dynamics between women and men and decision making process pertaining to access to and control of resources and services
- Cultural and gender norms that govern sexual behavior, women's health, motherhood and fatherhood, and raising and caring for children.

Refer to Checklists 3a: Including Gender in a Situational Analysis (Page 23)

Checklist 3b: Including Gender in Root Cause Analysis (Page 26)

Checklist 3c: Identifying Social and Behavior Change
Communication Challenge (Page 27)

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Gender and SBCC Program Design and Implementation

Once you have gathered gender-specific information on the current situation, and the aspects social and behavior change communication can address, the next step is to critically examine and understand whom the specific health issue you want to address affects and whom the communication efforts should reach i.e. your audience.

Creating a Gender-Focused Understanding of the Audience

When you identify your audience, it is important to remember that those most affected by the challenge may not always be the same group to whom communication efforts should be directed. For example, just because you are designing a program to increase women's uptake of family planning may not necessarily mean your priority audience will be women. If your current situation found that gender norms are influencing household decision-making, women may not have the power to choose family planning. As a result, the communication effort may need to target women and their male partners together in order to address the gender dynamics around power and decision-making within the household.

Defining Gender Transformative

Communication Objectives

Communication objectives should reflect the desired knowledge, attitudes and practices (or behaviors) of your intended audience as well as social norms and/or policies, as a direct result of your SBCC program. They should be clear and specific, and concisely answer the following questions:

- What do we want to happen?
- How will this change affect the individual, community and society?
- When do we want these changes?

Your program most likely has objectives specific to health behaviors, such as increase in facility-based delivery. Integrating gender into the objectives of an SBCC strategy requires that the social and behavioral determinants related to gender identified in the situation analysis be considered and reflected in the communication objective.

For example:

- Improve couple communication and shared decision making
- Improve involvement of men in family planning counseling
- Reduce acceptance of violence against women

Your communication objectives should not limit themselves to health outcomes alone. You should consider the socio-cultural norms that exist at different levels the individual, family, community, facility and social or structural levels. The communication objective should address those norms that will also bring about improved health outcome around the topic (s) the health program is addressing.

Selecting Strategic Approaches and Channels

The next step to integrating gender into an SBCC strategy is to plan how to communicate to your priority audience to meet your program's objectives. This "how" is the strategic approaches and channels that the SBCC program uses to meet its objectives.

When looking at possible approaches for your SBCC strategy, consider the findings from your gender-based analysis and audience insights. For example:

- Does your intended audience have access to the channel? If your program aims to reach women through mass media, determine if and when a woman has access to television and if she has the decision-making authority to choose the station or program. If your program is using school-based approaches to reach girls, are the most vulnerable girls in school?
- How do women and men perceive the approaches you have selected? Would they be considered trusted sources of information for men? For women?
- Do gender norms affect the implementation and effectiveness of your approach? If using community dialogue or group discussions, do you

need to hold separate discussions for men and women to ensure women are able to participate?

- How do gender roles and responsibilities in the family and community affect the timing of your approaches? If community health workers need to reach men, what times of day should they visit?

Integrating Gender Into Positioning and Message Strategy

Be sure your positioning and messages does not reinforce negative gender norms, traditions and practices. For example, if you position male involvement in family planning campaign around “strong men,” this may reinforce gender norms about masculinity and male dominance.

Refer Checklist 4a: Integrating Gender into Program Design and Implementation (Page 29)

4b: Creating Gender focused understanding of the audience and developing audience profile (Page 32)

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Integrating Gender in Monitoring and Evaluation

Gender-sensitive M&E considers what data are collected, how and by whom they are collected, and how data are analyzed, interpreted, reported, disseminated, and used.

To monitor progress and measure impact for gender transformation in SBCC programs, it is important to ensure the right indicators and the right questions are included in a quality monitoring and evaluation plan. Data disaggregated by sex can provide insights into gender differentials

in knowledge, behavior, access to service and its utilization, and health outcomes.

At minimum, data should be disaggregated by sex, but this will not be sufficient to determine if your program has been gender transformative. Researchers also use gender-specific measures such as:

- Women's and men's involvement in household decisions, including health and family planning decisions
- Women's social status: employment, education or age at first marriage
- Attitudes toward, and prevalence of gender-based violence
- Attitudes concerning roles within the household, including childcare
- Attitudes about sexual norms, such as the ability and/or right of women to refuse sex, men's perceptions about sex and number of sexual partners

Refer Checklist 5: Integrating Gender in M&E (Page 34)

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CHECKLISTS/ TOOLS

- 1** Using the Gender Equality Continuum to Assess Integration of Gender Programming
- 2** Setting a Gender Transformative Vision
- 3a** Including Gender in Situation Analysis
- 3b** Identifying the Root Cause
- 3c** Identify SBCC's role in addressing the root cause
- 4a** Integrating Gender into Program Design and Implementation
- 4b** Creating a Gender –focused understanding of the Audience and Developing Audience Profile
- 5** Integrating Gender in Monitoring and Evaluation (M&E)

Checklist I: Using the Gender Equality Continuum to Assess Integration of Gender Programming

When to use this Tool

During initial program design for new programs or re-planning for existing programs. It can also be used at the evaluation stage to understand how gender aspects of the program may have influenced results.

How to use this Tool

Use the questions/answers to determine whether the program is gender exploitative, gender blind, gender aware, gender accommodating or gender transformative, and to determine how to move a program along the continuum toward more transformative gender programming.

Questions	Yes	No
<p>1. Does the program use existing gender norms and imbalances to achieve health program objectives and outcomes?</p> <p>For example, does the program:</p> <ul style="list-style-type: none"> • Require husband's permission for long-acting methods? • Support the notion that it is acceptable for men to have multiple partners? • Keep decision-making power in households in the hands of men? 		
<p><i>If the answer to question 1 is yes, STOP! Your program may be gender exploitative. Your program may be doing harm by reinforcing gender inequities and stereotypes. Reevaluate your development and health objectives!</i></p>		
<p>2. Did the program consider gender during prior analysis of the health issue in the project community? In other words, did the program analyze the impact of the culturally defined set of economic, social and political roles, responsibilities, rights, entitlements, obligations and power relations associated with being female and male, and the dynamics between and among women and men, girls and boys?</p>		

Questions	Yes	No
<p>If the answer to question 2 is no, your program may be gender blind. Review and reconsider how you should consider gender in your program. . If you have not designed your program, undertake a more thorough analysis to better understand how gender dynamics influence the health issue you are trying to address.</p>		
<p>3. Did the program’s formative research sufficiently explore how gender impacts the practices around the health behavior? For example did it consider the roles and status differences between women and men, decision-making power; access to resources, policies and institutional practices?</p>		
<p>4. Did the program design consciously address gender constraints and opportunities affecting healthy behaviors and uptake of RMNCH HIV, malaria and other health services?</p>		
<p>5. Did the program plan gender-focused objectives (e.g., increase gender equitable attitudes among women and among men; increase joint decision making etc)?</p>		
<p>6. Has the program examined and addressed gender-related outcomes during design and implementation?</p>		
<p>If the answer is yes to any of these four questions, your program may be gender aware. You are on the right track! Go to the next set of questions to further analyze the extent to which your program considers gender. If you have not designed your formative research, determine how you can ensure gender dynamics can be further explored.</p>		
<p>7. Does the program acknowledge the role of gender norms and inequities in uptake of RMNCH, malaria, HIV and other health services? (e.g. do women need permission to access services? Do health providers make men feel unwelcome in clinics?</p>		
<p>8. Does the program try to adjust to and compensate for these norms and inequities (e.g., offer services in locations or hours more convenient to women, provide training for service providers to understand men’s needs?)</p>		
<p>9. Does the program try to limit harmful impact on gender relations, but does not seek to change underlying structures and norms that perpetuate inequities? (e.g. challenge how decisions are made in the home and access to financial and other resources?)</p>		

Questions	Yes	No
If the answer is yes to all of these questions, your program can be said to be gender accommodating. The program is supporting a gradual shift toward challenging rigid gender norms and inequities. Continue to answer the next set of questions.		
10. Does the program proactively examine, question and change unequal gender norms and power imbalances in order to improve health behaviors and demand for RMNCH and other health services?		
11. Do program approaches encourage critical awareness among women and men of the gender roles and norms affecting health issues in their community?		
12. Do program approaches promote the position and empowerment of women with respect to norms that affect healthy behaviors and uptake of RMNCH and other health services? Do program approaches encourage men to examine how gender norms may encourage risk-taking behaviors such as having multiple concurrent partners?		
13. Do program approaches challenge allocation of roles and the distribution of resources between women and men in the household and program community?		
14. Do program approaches work to change unequal power relationships between women and other people in their community such as service providers and community leaders?		
If the answer is yes to these any of these five questions, your program (or certain elements of your program) can be said to be gender transformative. The program clearly engages women and men to change health and gender equality objectives.		

Checklist 2: Setting a Gender Transformative Vision

When to use this Tool

During initial program design for new programs or re-planning for existing programs. It can guide you how to creatively illustrate and describe a shared vision for a gender transformative community and reach your program goals.

How to use this Tool

Use the questions below to guide you come up with a shared vision and vision statement.

Set of Guiding Questions

1. If someone goes to your community 10 years from now, what do you want him/her to see in terms of gender transformation? Things to consider include:
 - How will the community be different than what it is today? What would look differently?
 - What is different within households? Who is making decisions around household resources and expenditures? How are household tasks managed?
 - How have the opportunities afforded to girls and boys changed? Who has access to education? Job opportunities? Who is responsible for household tasks?
 - Who is involved in community and other governing groups? Who is in leadership positions? Who is respected?
 - How are women and men received at health facilities?
 - What laws are there to ensure women and men have equal rights? To protect girls from harmful practices such as early marriage? Sexual abuse?
2. Is this vision likely shared by all stakeholders (households, communities and governments, men and women)?
3. Is your vision likely to secure commitment strong enough to overcome obstacles?

4. Does your vision:

- Contribute to gender equality?
- Recognize and strengthen positive norms that support equality between men and women, girls and boys?
- Transform the underlying social structures and broadly held social norms that perpetuate gender inequalities?

You may want to first represent your vision visually and then come up with your vision statement.

An example of a vision statement could be: In 20 years, women and men will equally together decide how household and community resources are utilized, girls and boys will have equal access to education, gender based violence will not be tolerated, laws will protect the most vulnerable in society from discrimination and abuse and gender differences will be respected.

Checklist 3a: Including Gender in Situation Analysis

When to use this Tool

During the design of research methodology and during the synthesis and analysis of research and other available secondary data that will inform program design.

How to use this Tool

Use the following questions/answers as a guide to ensure that you have taken gender into consideration when analyzing the context of the health issue(s) that your program will tackle.

Question	Suggested Action Points
Understand the Problem (What is the main health issue you are working to address?)	
1. What are women's and men's roles and responsibilities related to the health problem(s)?	<ul style="list-style-type: none"> Identify women's and men's roles and responsibilities and existing social, cultural and gender norms related to the health problem(s)
2. How are men, women, boys and girls affected differently by the health problem?	<ul style="list-style-type: none"> Identify how males and females of relevant ages are affected differently by the health problem.
3. What are the barriers and facilitators at each SEM level that women, men, couples encounter in practicing health behaviors and utilize health services? * (E.g., self-confidence, mobility, financial resources, role in making decisions, access to services, perceived social norms, providers' judgmental attitudes, inequitable policies etc.)	<ul style="list-style-type: none"> List these barriers and facilitators at each level of the SEM. Examine their impact on health behaviors and the demand for RMNCH and other health services.

Question	Suggested Action Points
<p>4. What are the existing support systems and services at each SEM level that can help with the health issue?</p>	<ul style="list-style-type: none"> • Conduct community-mapping activities to gain information about safe spaces for women and for men, support systems, services, marketing spaces, relevant initiatives, etc. • Make sure you understand the impact of these initiatives on women and men, both individually and collectively. • If relevant, analyze how you can collaborate with these initiatives and link your interventions and activities to these services.
<p>5. How will the program target women or men to yield the best results in achieving behavior change?</p>	<ul style="list-style-type: none"> • During the analysis, determine: • If the program should target women and men together or separately • What channels are most appropriate to reach men and to reach women (including sub-populations such as young women and men). • If targeting men or women will reinforce inequitable gender norms and stereotypes?
<p>Understand Your Audience (What are the social, cultural, psychological, economic and geographic factors that influence health behavior?)</p>	
<p>6. What are the differences and similarities in women's and men's knowledge, attitudes and practices about the health issue (s)?</p>	<ul style="list-style-type: none"> • Identify and refer back to these differences and similarities throughout your analysis and program design.

Question	Suggested Action Points
7. At what stage are women and men in the community in carrying out the intended behavior?	<ul style="list-style-type: none"> • Answer the following separately for women and men: are women/men intending to change behaviors? Thinking about changing behaviors? Maintaining desired behaviors? • Identify the barriers that women and men face in each of the above stages of behavior change. • Identify the facilitators that may have helped women and men adopt the health behavior.
8. Who influences women and men in their decisions and actions about the specific health concern? Are there differences among women (for example are mothers in law the key influences of younger women in the household?)	<ul style="list-style-type: none"> • Use this information to understand how you can utilize influencers to develop a supportive environment for women and men to practice the healthier behavior(s).
Understand Communication Capacity (What are the gender dynamics of media and information access?)	
9. What are the communication channels that women and men use to access health information?	<ul style="list-style-type: none"> • Use this information to understand the quality and effectiveness of existing communication channels and identify the best channels and methods to reach women and men with messaging.
10. Who controls access to communication sources (i.e., who selects the stations or programs to listen to or watch Who has access to cell phones)?	<ul style="list-style-type: none"> • Use this information to determine the extent of women and men's control over access to information.

Checklist 3b: Identifying the Root Cause

When to use this Tool

During gathering gender specific information on the current situation. This can be used to design and conduct formative research and inquiry.

How to use this Tool

Use the following questions to guide you on how to conduct a root cause analysis and examine the gender related social and behavioral determinants.

A **root-cause analysis** is a process used to identify the primary source of a problem. In social and behavior change communication (SBCC), a root cause analysis is used to examine why there is a difference between the desired state of a health or social issue (vision) and what is happening now (current situation). A root-cause analysis helps you to break down a problem into more manageable components or parts and to design your strategy accordingly.

Key Steps

1. State the health problem that your program aims to address.
2. To find the underlying causes – the primary sources of the health problem – start by identifying the direct causes (those things that cause or contribute to the health problem). By identifying the direct causes you will begin to understand “why” we have this health problem.
3. For example, if the health problem is that couples are not using modern contraceptive methods, ask “why are couples not using modern contraceptive methods?”
4. After you determine the direct causes, brainstorm the indirect causes by asking “why do we have these direct causes?” Since you are focusing on applying a gender lens to your analysis, try to specifically think about the gender-related causes.
5. You may want to consider the following: What is the level of knowledge or understanding of the health problem among men and women? What are the traditional gender-related norms, values and/or practices that allow the problem to occur? What problems co-exist with the central problem and might contribute to it, for example, is there also a lack of health facilities or higher risk because the population is mobile (or not mobile)?

6. Root or underlying causes are seldom found in the most obvious causes. It is important to dig deeper and continue to ask “why?” until nearly all responses have been exhausted or roots that seem important to address are reached. If there are underlying causes that impact the health problem, you may need to address those before you can address the direct causes. When thinking about the gender-related causes, think about whether underlying factors such as mobility, household decision-making, and power dynamics within the household or community are at work. List those underlying causes. Start to think about which factors can be addressed through your SBCC program, which ones may require partnering with other programs, which may require longer term advocacy efforts, and so on.

Checklist 3c: Identify SBCC’s role in addressing the root cause

Key Steps

Step 1: Now that you have identified the underlying causes, determine which of the causes can and should be addressed through SBCC. These are the communication challenges. If you identify more than one communication challenge, decide which challenge to address first.

Step 2: Rank them in order, starting with the main cause (key communication problem).

To determine rank, consider:

- The potential impact of addressing the communication challenge. The greater the potential impact, the more important it is to address.
- How difficult it will be to reach the audience associated with the communication challenge.
- The mandate attached to the funding.

- Other resources available to address the communication challenge. There may be other partners working on that communication challenge or additional funding streams available.
- Whether there is a logical order in which to address the communication challenges. It may make more sense to address negative provider attitudes before generating demand for provider services.
- If more than one causal factor is linked to the root cause. When a root cause is the source of multiple causal factors, it indicates that addressing the root cause can have far-reaching effects.

Checklist 4a: Integrating Gender into Program Design and Implementation

When to use this Tool:

While designing new programs or re-planning for existing programs.

How to use this Tool:

Use the questions/answers as a guide to gather information or examine the gender implications of different aspects of your program at each step of program design and implementation.

Question	Suggested Action Point
Audiences	
<p>1. Who are your primary audience(s) and reasons for selecting them?</p> <p>Refer checklist 4b for creating a gender focused understanding of the Audience and develop audience profile</p>	<ul style="list-style-type: none"> Identify key audiences at each level of the SEM who needs to be addressed to improve gender equality and reach health outcomes. Identify your audience's profile including their background, socio-demographic and psychographic characteristics, their challenges and influencers etc.
Behavioral and Communication Objectives	
2. Do your program's behavioral and communication objectives need to be different for women and men?	<ul style="list-style-type: none"> Make sure your objectives address the needs of women and men and do not re-inforce inequitable norms and stereotypes.
3. How have you incorporated gender-focused objectives in your program and communication objectives?	<ul style="list-style-type: none"> Use the information discovered in the situation analysis to determine your gender-focused objectives. Make sure your objectives address the gender issue that is the biggest barrier to adopting behaviors.
Positioning the Benefits	
4. What benefits do the promoted services or practices have for women and men?	<ul style="list-style-type: none"> Pay particular attention to both the similarities and differences.

Question	Suggested Action Point
<p>5. Identify how women and men perceive these benefits as beneficial to them and their families.</p> <p>* For example: Keeping your pregnant wife healthy will help ensure you have a healthy baby.</p>	<ul style="list-style-type: none"> • Position benefits so that women and their partners see the individual benefits. • Do not reinforce inequitable stereotypes when positioning.
Message and Materials Design	
<p>6. How have you addressed gender issues in message concepts and material design?</p>	<ul style="list-style-type: none"> • Make sure the materials address the gender-related barriers to behavior change for women and men.
<p>7. Do messages and design concepts reinforce negative gender stereotypes or inequitable gender norms?</p>	<ul style="list-style-type: none"> • Make sure message content and creative considerations (tone, color, branding, illustrations, pictures, language) do not reinforce negative gender stereotypes and norms.
<p>8. Do messages and materials include positive and realistic female and male role models who act in ways that challenge restrictive roles and norms?</p>	<ul style="list-style-type: none"> • Revise or incorporate realistic and relevant role models in messages and materials if they are missing from materials.
<p>9. Have messages and design concepts been pretested with women and men separately?</p>	<ul style="list-style-type: none"> • Pretest messages and the design concepts with women and with men. • Include open-ended questions that explore the relevancy and appropriateness of concepts and content.
<p>10. Have pretesting results addressing gender issues been incorporated into revisions of materials?</p>	<ul style="list-style-type: none"> • Incorporate results of the pretesting into revision of the materials.

Question	Suggested Action Point
Interventions and Activities	
I 1. Are the selected activities appropriate for both women and men?	<ul style="list-style-type: none"> • Be aware of and sensitive to the needs, beliefs and values of both women and men when selecting activities. • Design interventions and activities that will address barriers. • If activities do not address barriers and factors at the different SEM levels, consider revisiting your design or identify opportunities for partnership to address the barriers that are outside your program's mandate. • utilize facilitators in your interventions, activities and messaging to help affect positive change in behavior. • Select channels that take age, culture, timing, access, weather, seasons, migration patterns and the literacy and technology levels of women and men into consideration.
I 2. Do activities address the different aspects of gender barriers and influencing factors in the SEM?	
I 3. How have you tailored your marketing mix (product, price, place and promotion) to the concerns and needs of both women and men?	
I 4. Are the communication channels selected appropriate for and accessible to women and men?	
Program Management	
I 5. How have women's and men's active participation been included in program implementation?	<ul style="list-style-type: none"> • Include women's and men's active participation (separately or jointly) in program implementation as appropriate and when necessary.
I 6. How has program management ensured that stakeholders understand gender issues as it relates to demand?	<ul style="list-style-type: none"> • Ensure staffs are trained in gender issues. • Ensure that stakeholders are oriented on the gender issues affecting the different program elements and how addressing gender will help achieve optimal program outcomes.

Checklist 4b: Creating a Gender-focused understanding of the Audience

When to use this Tool:

During initial program design for new programs or re-planning for existing programs. It can be used to guide on how to develop audience profile.

How to use this Tool:

Use the list of questions/answers to guide you develop the audience profile. The key steps will walk you through what information you need to collect when creating an audience profile or adapting an existing one.

Key Steps:

1. Review the socio ecological model and confirm the key audience (including primary and secondary audiences) you have determined need to be addressed to improve gender equality and reach the health outcomes. You may find that you have different audiences at each level. For example, at the enabling environment level, you may determine that policy makers are the most important audience to address. At the community level, it may be religious or community leaders. At the household it may be couples, women or mothers in law. The program resources you have available along with our timeline and project objectives will often determine which audience you will focus on, or which initial audiences.

*Secondary audiences are generally influencers of the primary audience

2. Once you determine the audience you will focus on, the first step is to identify WHO your profile is and to give him or her a name. The name gives your profile an identity and should help you to connect with him or her as you move through the process. The name gives your profile a face.
3. The next step is to identify the background, socio-demographic and psychographic characteristics of each profile.

Socio-demographic characteristics include those characteristics such as sex, age, language and religion as well as geographic characteristics like where the audience lives and how that might impact behavior.

Psychographic characteristics include your persona's needs, hopes, concerns and aspirations. Think about specific gender-related characteristics that are important for your persona. For example, is your persona worried about interpersonal violence? Do they need more skills in communicating with their spouse? Are they concerned about social norms related to femininity or masculinity? Psychographic characteristics also include audience thoughts, beliefs, knowledge and current actions related to the health or social issue – what are the barriers and facilitators to the desired behavior? What does your audience think about gender equality? About women having more control over household decision-making? About expected sexual roles in relationships?

4. Then identify **WHAT** is important to your profile and **WHAT** are their challenges and **WHAT** has helped them to make changes in the past. It is important to understand a persona's personal goal because it may be very different from what your project wants to achieve. Recognizing this will help you better understand who your persona is. When determining the barriers and facilitators, think about the audience journey from the previous exercise. What were the low points (possible barriers) versus the high points (possible facilitators)?
5. The next step is to identify **WHY** you want a change in behavior and **WHY** they would want to make that change. These objectives are the heart of your persona. When thinking about the objectives it is important to consider those common objectives between your project and the audience member. Those common objectives will help to drive your program's messages. Consider how sex and gender may influence these objectives. For example, men and women may have different reasons why they would want to adopt a modern family planning method.
6. The last step is for your team to answer **HOW**. **HOW** does your team plan to help your persona achieve his or her goals and to meet the objectives of the project? And **HOW** do you plan to communicate that to your audience. When developing the message(s) and elevator pitch, it is necessary to remember your audience or persona – the **WHAT**, **WHY** and **HOW**.

Checklist 5: Integrating Gender in Monitoring and Evaluation (M&E)

When to use this Tool:

Use this checklist during M&E design, planning, data collection and dissemination of results.

How to use this Tool:

The M&E components are categories throughout the M&E process and the action points/recommendations help guide the development of an M&E plan, which includes framework and dissemination mechanisms. The guide also helps to identify potential gender gaps in M&E design and guides the integration of findings into program re-planning.

M&E Components	Suggested Action Points
Performance Indicators	<p>Include data disaggregation by age and sex on indicator reference sheets</p> <p>Collect data from women and men separately for each indicator to determine whether women and men have equal access and uptake of services or see if women are benefiting from your program</p> <p>Identify gender specific performance indicators relevant to your program objectives (E.g. women's and men's involvement in household decision making regarding health and family planning, women's social status: employment, education or age at first marriage, and attitudes toward, and prevalence of gender-based violence)</p> <p>Set up data reporting systems to collect information for gender indicators and data disaggregated by sex</p>

M&E Components	Suggested Action Points
Evaluation Plan	<p>Ensure that gender-specific questions are included in the comprehensive list of evaluation questions (E.g. understanding the gender differentials in outcomes of interest to the program, assessing the influence of gender norms on specific health outcomes or health status measures)</p> <p>Ensure data collection methods are appropriate to get information from women and men about how the program affects/affected them (E.g. collecting data at convenient times for men and women, having separate focus group discussions (FGDs) for women and men)</p> <p>Include questions in your instruments to help uncover unintended consequences for women and men.</p>
Disseminating and Utilizing Results	<p>Identify key stakeholders who will receive findings and how the findings can be used (E.g. policy makers, program designers, community leaders, health workers).</p> <p>Identify platforms and how you will disseminate the results to men and women in a way that is culturally sensitive but help them understand the importance of gender and how gender influences and affects health outcomes (E.g. participatory workshops with men and women, presentations to community leaders and health workers)</p> <p>Provide examples how harmful gender norms have been addressed.</p> <p>Put gender considerations when organizing the dissemination (E.g. have women equally represented on a panel discussion or presenting the data)</p>

Source: MEASURE Evaluation (2016). Guidelines for Integrating Gender into an M&E Framework and System Assessment. Chapel Hill, NC: MEASURE Evaluation, University of North Carolina. Retrieved from <https://www.measureevaluation.org/resources/publications/tr-16-128-en>.

Resources

- Addressing the Role of Gender in the Demand for RMNCH Commodities: A Programming Guide. Health Communication Capacity Collaborative HC3 (2014). <https://sbccimplementationkits.org/demandrmnch/ikitresources/addressing-the-role-of-gender/>
- Baseline Study Report. Communication for Health (2017). <http://jhucpeth.org/index.php/component/jdownloads/category/8-ccp-ethiopia-communication-for-health-publications?limitstart=0>
- Gender and SBCC Implementation Kit. Health Communication Capacity Collaborative HC3 (2017): <http://sbccimplementationkits.org/gender/courses/gender-and-social-and-behavior-change-communication/>
- Gender Equality and Female Empowerment Policy. USAID Policy (2012). https://www.usaid.gov/sites/default/files/documents/1865/GenderEqualityPolicy_0.pdf
- Guidelines for Integrating Gender into an M&E Framework and System Assessment. MEASURE Evaluation (2016): <https://www.measureevaluation.org/resources/publications/tr-16-128-en>
- Health Compass: <http://www.thehealthcompass.org/filteredsearch/gender>
- Review of Literature Across Six Health Areas in Ethiopia. Communication for Health (2016). <http://jhucpeth.org/index.php/component/jdownloads/category/8-ccp-ethiopia-communication-for-health-publications?limitstart=0>
- The Gender Guide for Health Communication Programs: <https://www.k4health.org/toolkits/pc-widgad/gender-guide-health-communication-programs>

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