

# *Integrating Gender in Care and Support of Vulnerable Children*

A GUIDE FOR PROGRAM DESIGNERS AND IMPLEMENTERS

July 2012





# *Integrating Gender in Care and Support of Vulnerable Children*

A GUIDE FOR PROGRAM DESIGNERS AND IMPLEMENTERS

July 2012

by Elizabeth Doggett and Tanya Medrano

## *Acknowledgements*

*Integrating Gender in Care and Support of Vulnerable Children: A Guide for Program Designers and Implementers* was developed by FHI 360. The guide is the result of a collaborative effort between Elizabeth Doggett, Associate Technical Officer for Research Utilization, and Tanya Medrano, Senior Technical Officer for Vulnerable Children.

The guide draws on the experience of many experts across the fields of gender and programming for vulnerable children. FHI 360 thanks the external reviewers who graciously and generously dedicated their time and expertise to provide input and feedback on this guide:

- Daniela Ligiero, OGAC/US Department of State
- Beverly Nyberg, formerly OGAC/US Department of State
- Diana Prieto, USAID
- Michal Avni, USAID
- Amelia Peltz, USAID
- Linda Sussman, formerly PL 109-95 Secretariat, USG
- Doris Bartel, Care International
- Lucy Stenitz, Pact
- Caroline Bishop, Catholic Relief Services
- Carrie Miller, Catholic Relief Services

We also thank the FHI 360 staff who reviewed the guide and provided valuable feedback:

- Rose Wilcher, United States
- Dominick Shattuck, United States
- Gail Goodridge, United States
- Joy Cunningham, United States
- Lucy Harber, United States
- Sumita Taneja, India
- Malla Mabona, Malawi
- Kim Green, Ghana
- Jacob Agudze Larbi, Ghana
- Priskila Gobba, Tanzania
- Johannes van Dam, United States

FHI 360's Scientific and Technical Strategic Initiative funded the development of this guide. We offer special thanks to Johannes van Dam and Megan Averill for their support.

This document was edited by Rebecca Bennett, Consultant, United States.

# Contents

Acronyms	ii	<b>SECTION 4: Gender Integration in the Program Design Phase</b>	<b>28</b>
<b>INTRODUCTION</b>	<b>iii</b>	Designing Gender-related Objectives	28
Purpose of the Guide	iii	Designing Gender-related Activities	29
Structure of the Guide	iv	Illustrative Gender Transformative Activities	32
How to Use This Guide	v	Summary Checklist for the Design Process	34
<b>SECTION 1: The Importance of Integrating Gender in Care and Support Programs for Vulnerable Children</b>	<b>2</b>	<b>SECTION 5: Implementing and Monitoring Gender Activities</b>	<b>35</b>
Gender Norms and Child Vulnerability	2	Summary Checklist for the Implementation and Monitoring Process	36
Opportunities for Care and Support Programs	5	<b>SECTION 6: Evaluating the Outcomes and Impact of Gender Activities</b>	<b>37</b>
<b>SECTION 2: Gender Integration Basics</b>	<b>6</b>	<b>SECTION 7: Illustrative Gender Integrated Programs and an Assessment Tool</b>	<b>40</b>
Understanding Key Gender Concepts	6	Summary Checklist for Assessing Gender Integration	40
Approaches to Gender Integration: The Gender Integration Continuum	8	Examples of Gender Integrated Programs	42
Overview of the Gender Integration Process	12	<b>APPENDIXES</b>	<b>48</b>
Roles and Responsibilities in the Gender Integration Process	14	Appendix A: Sources of Data on Gender for Gender Analysis	48
<b>SECTION 3: Gender Integration Program Assessment Phase: Conducting Gender Analysis</b>	<b>15</b>	Appendix B: Resources on Gender-related Indicators and Indices	50
Understanding Gender Analysis	15	Appendix C: Other Resources	51
The Gender Analysis Domains	16	Appendix D: Gender Analysis Worksheet	52
Steps in the Gender Analysis Process	21	Appendix E: Programming and Design Worksheet for Gender Integration	54
Sample Gender Analysis	23		
Summary Checklist for Gender Analysis	27		

## INTRODUCTION

### *Acronyms*

<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CRS</b>	Catholic Relief Services
<b>DHS</b>	Demographic health surveys
<b>GBV</b>	Gender-based violence
<b>HIV</b>	Human immunodeficiency virus
<b>IGWG</b>	Interagency Gender Working Group (USAID)
<b>M&amp;E</b>	Monitoring & evaluation
<b>MIGEPROF</b>	Ministry of Gender and Family Promotion (Rwanda)
<b>OVC</b>	Orphans and other vulnerable children
<b>USAID</b>	U.S. Agency for International Development
<b>WHO</b>	World Health Organization

## I

## Introduction

*Purpose of the Guide*

This gender integration guide was developed for organizations that implement care and support programs for children made vulnerable by HIV & AIDS. These programs aim to improve the physical, emotional and socio-economic well-being of vulnerable children by providing comprehensive services to them and their families according to their individual needs. Core areas of support are: health, education, nutrition, psychosocial support, shelter, care, protection, and economic strengthening.

Donors and program implementers have come to understand that care and support programs must address social factors that worsen child vulnerability — especially harmful gender norms — in order to achieve and sustain child

In the context of HIV programming, **vulnerable children** are children and adolescents (ages 0–17) whose well-being is jeopardized by a combination of health and socioeconomic risk factors that are created or exacerbated by HIV. Risk factors include extreme poverty, lack of adult care and protection, lack of access to basic services, stigma and discrimination. These factors also can increase children’s risk of HIV infection, especially among adolescents.

Vulnerable children are commonly referred to as “orphans and other vulnerable children” (OVC). This document uses the term “vulnerable children” instead because it includes all children who may be vulnerable in the context of the HIV epidemic and is less stigmatizing for those who are orphans.

## INTRODUCTION

well-being. Despite this pressing need, there is a lack of resources and tools for gender integration specifically for programs that target vulnerable children.

This guide intends to fill that gap by serving as a practical tool for those involved in design, implementation, monitoring and evaluation of care and support programs for vulnerable children. It provides directions and recommendations for programs to identify and address gender-related issues that negatively affect vulnerable boys and girls in the local program context.

The guide will help program staff to

- conduct a gender analysis to identify the gender norms and behaviors that harm vulnerable boys, girls and their caregivers
- carry out a planning process to design the strategies, objectives and activities that address issues raised in the gender analysis
- identify appropriate indicators, methods and tools to monitor and evaluate gender-related outcomes and impact of interventions and activities for vulnerable children.

## *Structure of the Guide*

This guide includes seven sections.

- 1. The Importance of Integrating Gender in Care and Support Programs for Vulnerable Children** explores how harmful gender norms worsen HIV-related vulnerabilities for children; especially girls. It also describes the opportunities for care and support programs to challenge these norms.
- 2. Gender Integration Basics** describes different approaches to gender integration and provides an overview of the gender integration process throughout the program cycle.
- 3. Gender Integration in the Program Assessment Phase: Conducting Gender Analysis** provides a step-by-step description of the gender analysis process. It describes the areas or “domains” to analyze, possible sources of data, and potential tools. It also provides an example of gender analysis using a fictional case study.

4. **Gender Integration in the Program Design Phase** describes in detail the process and tools for designing interventions that address issues identified in gender analysis. It provides an example of gender-related objectives and activities based on the fictional case study in Section 3. It also provides illustrative gender-related activities in each care and support program area that contribute to improved child well-being.
5. **Implementation and Monitoring of Gender Integrated Programs** describes the process for implementing and monitoring gender-related interventions.
6. **Evaluation of Gender Integrated Programs** provides information on the indicators, methods and tools that can be used to evaluate the outcomes and impact of gender-related interventions in programs for vulnerable children.
7. **Illustrative Gender Integrated Programs and an Assessment Tool** includes examples of gender integrated programs that target vulnerable children of different ages and in different geographical and cultural contexts. This section also includes a simple tool to assess how well gender is integrated in a project and to identify gaps and opportunities for gender integration across the program cycle.

## *How to Use This Guide*

This document is designed primarily to help program staff integrate gender into new or ongoing programs that serve vulnerable children. It can also be used as a training reference.

When used as a tool for gender integration, program staff responsible for the gender integration process should first thoroughly review the guide individually, and then meet as a group to discuss key gender-related concepts, processes and activities to ensure they have a common understanding.

As a training resource, this guide can inform the design of relevant training activities on gender analysis and integration for program staff. It can also be distributed to training participants as support material.

# 1

## The Importance of Integrating Gender in Care and Support Programs for Vulnerable Children

Before starting a gender integration process, it is important to understand how gender norms are created, how they affect boys and girls, and how they interact with other risk factors in the lives of children affected by HIV. It is also important to understand the unique opportunities that community-based care and support programs provide to challenge these harmful norms.

### *Gender Norms and Child Vulnerability*

In most cultures, girls and boys are raised, treated and valued differently from birth and into adulthood. Gender norms are the socially constructed expectations of how women or girls and men or boys are supposed to behave, think and feel in a particular society or culture. These norms determine the roles boys and girls play and the activities they engage in; how they are valued in the family, community and society; who cares for them; and who makes decisions about their education, health, and well-being. Gender norms are socially constructed, which means that they vary across cultures and change over time.

Around the world, girls and women are harmed by gender norms more than boys or men, however these norms can harm both boys or men and girls or women. For instance, in many cultures women and girls are solely responsible for caregiving and household chores. These responsibilities are unpaid and undervalued, and they can affect girls' school attendance and performance, as

well as women's overall economic status. Men and boys can be harmed by these norms because they may not develop domestic skills to care for themselves and their families or emotional bonds with their children and other family members.

Gender inequality continues as children grow and intensifies during adolescence. For boys, adolescence can be a time for active participation in community life, but also for increased pressure to be tough, aggressive, violent or to have multiple sexual partners. Adolescent girls, however, are more likely to experience restrictions and find their freedom of movement limited. They may have little to say about their own hopes or decisions, and be pressured to assume specific roles in society, such as being wives and mothers.<sup>1</sup>

Harmful gender norms and roles are the root cause of many health and socioeconomic problems that affect boys and girls. Following are just three examples.

### GENDER-BASED VIOLENCE

Norms related to masculinity frequently emphasize and encourage attitudes and behaviors of aggressiveness, power and control among boys and men, which often lead to acts of gender-based violence (GBV).

Gender-based violence includes physical, emotional and sexual abuse, as well as traditional practices that are harmful to girls, such as female genital mutilation and early or forced marriage.<sup>2</sup> Although boys and men can experience GBV,

Children can suffer gender based violence by directly experiencing it or by witnessing acts of violence. Children who grow up in families with domestic violence may suffer a range of behavioral and emotional issues that can increase the likelihood that they will commit or experience violence later in life. Exposure to intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (such as diarrheal disease or malnutrition).<sup>4</sup>

girls and women are disproportionately affected. For example, according to the World Health Organization (WHO), 20 percent of women and 5 to 10 percent of men report being sexually abused as children.<sup>3</sup> Studies also indicate that 36 to 62 percent of reported sexual assaults are committed against girls 15 years old and younger.<sup>4</sup> Girls who lack adult care and protection may be especially vulnerable to GBV and have fewer resources to seek health, legal or other support services if they experience it.

### HIV INFECTION

Harmful gender norms related to masculinity and femininity increase the risk of HIV infection for adolescent boys and men, as well as for adolescent girls and women. Norms related to masculinity, for instance, frequently encourage risk-taking, early sexual activity and multiple partners. They also may discourage boys and men from seeking services and support because they fear appearing weak or unmanly. Norms related to femininity, on the other hand, often emphasize sexual innocence and even passivity, and can limit the ability of girls and women to refuse unwanted sex or to insist that their partners use condoms. These norms can also limit access of girls and women to HIV information and services. Although both adolescent boys and girls are at risk of HIV infection, the risk is much higher for adolescent girls. For example, in sub-Saharan Africa, young women are three times more likely than young men to be living with HIV.<sup>5</sup>

### POVERTY

Because of the lower status girls often hold in families and communities, they are more affected by poverty than boys. When family resources are limited, the needs of boys are likely to be prioritized over girls; this may include food, education and other material resources. Girls living in extreme poverty may be forced by their parents or caregivers to marry early to alleviate the household poverty. They may engage in transactional sex to access money and other resources to meet their basic needs. As mentioned, gender norms in many cultures impose disproportionate responsibility for housework and caregiving (for other children or sick family members) on girls and women. In households affected by HIV these responsibilities often multiply, limiting girls' ability to

attend or perform well in school. As a result girls often have lower educational levels than boys, which in turn can prevent them from finding a reliable, well-paying job later in life. Gender norms can affect girls' choice of career, channeling them into more traditionally “feminine” and lower-paid jobs.

## *Opportunities for Care and Support Programs*

Because of the negative impact gender norms and roles can have on the well-being of boys and girls, care and support programs must proactively identify and challenge these norms. A growing body of evidence indicates that development programs can transform harmful norms and practices into equitable ones, while improving those programs' development outcomes.<sup>6</sup> Lasting change with regard to gender may be a gradual process, but time-bound programs can make important contributions.

Because of their child-focused, family-centered and community-based approaches, care and support programs for vulnerable children are well positioned to challenge harmful gender norms at multiple levels. Young people may be especially open to thinking in new ways about gender norms and roles; therefore interventions with children and adolescents may be particularly effective in challenging harmful norms. Further, many of the interventions typically implemented in care and support programs — especially in the areas of education, economic strengthening and promotion of child participation — are also some of the best ways to empower girls and female adult caregivers and reduce their gender-related vulnerabilities.

## 2

## Gender Integration Basics

*Understanding Key Gender Concepts*

Before you start a gender integration process, you need a clear understanding of some key concepts; several are listed in the following table with their definitions.

KEY DEFINITIONS	
<b>Empowerment of girls and women</b>	<i>Improving the status of girls and women to enhance their decision-making capacity at all levels, as it relates to their health and their social, political and economic rights.<sup>7</sup></i>
<b>Gender</b>	<i>The cultural meaning of being a man or woman, including the economic, social, political and cultural qualities, opportunities, and roles associated with being girls and boys or women and men. Ideas of what it means to be a girl, boy, woman or man vary among cultures and change over time. Gender is a socio-cultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.<sup>7</sup></i>
<b>Gender analysis</b>	<i>An assessment of how gender affects programs and programs affect gender by identifying (1) gender inequities and their impact on the lives and health of all children, youth and adults as related to the program's objectives; and (2) how the program is likely to affect gender norms and power relations between girls/women and boys/men.<sup>8</sup></i>

SECTION 2: *Gender Integration Basics*

<b>Gender-based violence</b>	<i>Violence resulting from harmful gender norms and unequal power relations between women or girls and men or boys. Gender-based violence includes — but is not limited to — physical, emotional and sexual abuse.</i>
<b>Gender equality</b>	<i>Equal status of women and men. Gender equality affords women and men equal enjoyment of human rights, socially valued goods, opportunities and resources. Gender equality means that society will consider, value and favor equally the different behaviors, aspirations and needs of women, girls, men and boys. The rights, responsibilities and opportunities of individuals will not depend on whether they are born male or female.<sup>8,9</sup></i>
<b>Gender equity</b>	<i>Fairness in treatment for women or girls, and men or boys according to their respective needs. The concept of gender equity recognizes that (1) women and men (and girls and boys) have different needs and social power, and (2) these differences should be identified and addressed in order to diminish the imbalance between the sexes. In the development context, a gender equity goal often includes measures to compensate for the historical and social disadvantages of girls and women.<sup>9</sup></i>
<b>Gender integration</b>	<i>Taking gender into account in programs. Strategies applied in program planning, assessment, design, implementation, monitoring and evaluation to take gender norms into account and to compensate for gender-based inequalities.<sup>7</sup></i>
<b>Gender norms</b>	<i>The expectations constructed by society or culture for how women or girls and men or boys are supposed to behave, think, and feel</i>
<b>Gender relations</b>	<i>The relationship between men and women (and boys and girls), as demonstrated by their respective statuses and roles in power sharing, decision making, division of labor and earnings for that labor, both within the household and in the society at large.<sup>10</sup></i>
<b>Gender roles</b>	<i>Behaviors deemed appropriate for women or girls and men or boys in a given culture.</i>

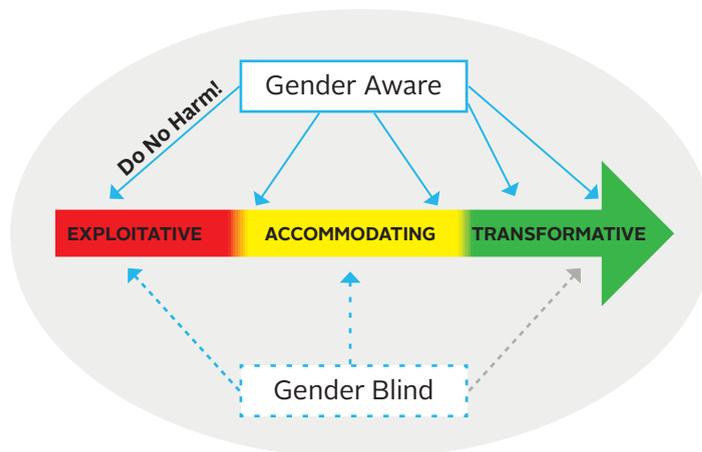
## Approaches to Gender Integration: The Gender Integration Continuum

Understanding different approaches is the first step to integrating gender in a program. FHI 360 has adapted a conceptual framework for addressing gender known as the **Gender Integration Continuum**. The continuum was developed by the U.S. Agency for International Development (USAID) Interagency Gender Working Group (IGWG).<sup>7</sup> This framework categorizes program approaches by how they treat gender norms and inequality in the planning, design, implementation, monitoring and evaluation of a program.

The circle in Figure 1 depicts a program environment. The term **gender blind** refers to programs that give no prior consideration to how gender norms and relations affect the achievement of objectives, or how objectives impact gender norms and relations. In contrast, **gender aware** programs deliberately examine the impact that gender norms and gender relations may have on program objectives and anticipated outcomes, and develop strategies and activities to address these norms and relations during program design and implementation.

The continuum itself (the horizontal shaded arrow) classifies programs according to how they respond to or address gender inequality: exploitative, accommodative or transformative.

Figure 1. Gender Integration in a Program Environment<sup>8</sup>



**Gender exploitative** approaches, at the left of the continuum in Figure 1, take advantage of rigid gender norms and existing power imbalances to achieve program objectives. For example, a program might select and train a cadre of women to become volunteers who provide extensive care to young children in a community-based care center. While this initiative might address care and support needs, it also perpetuates women’s role as sole caregivers of children, exploits their unpaid labor and reduces the time they have to seek paid work or engage in leisure activities. It also perpetuates men’s non-involvement in caregiving. While using a gender exploitative approach may seem efficient in the short term, it is unlikely to be sustainable and can have harmful consequences and undermine the program’s intended outcomes. *It is an unacceptable approach for integrating gender.*

**Gender accommodating** approaches, in the middle of the continuum, acknowledge gender norms and try to design interventions that adjust to and often compensate for inequalities. Programmers design these interventions to limit the harm done by gender norms but do not actively seek to change them. For example, a project that provides stipends or vouchers to poor female heads of households acknowledges that, because of women’s lower economic status, they may need special support in meeting their children’s basic needs. However, this intervention does not challenge the underlying gender-related factors that keep women in poverty and place a disproportionate burden of care on them.

Some might consider a gender accommodating approach to be a missed opportunity because it (1) does not deliberately contribute to increased gender equality, and (2) does not address the underlying structures and norms that fuel gender inequality. However, in situations where gender inequality is deeply entrenched in a society, gender accommodating approaches often provide a sensible first step toward gender integration.

**Gender transformative** approaches, at the right of the continuum, actively strive to examine, question and change harmful gender norms and correct power imbalances in order to reach development and gender equity/equality objectives.



The ultimate goal of gender integrated programs is to achieve development outcomes while transforming gender norms toward greater equality.

At a minimum the program planning and design processes should be gender aware.

**Gender transformative approaches**

- encourage boys, men, girls and women to become aware and critical of harmful gender roles and norms
- promote the status of girls and women
- challenge the distribution of resources and allocation of duties between boys and girls or men and women
- address the power relationships between girls/women and others in the community, such as service providers and traditional leaders

For example, a youth club may promote discussions among adolescent boys and girls about how gender norms influence the type of careers that men and women typically hold, and how men and women tend to be compensated and valued differently. The discussions then can encourage youth to challenge those norms by helping them access training and resources to pursue the professions they choose. Such a program is considered gender transformative because it promotes critical awareness among young people of gender inequality as it relates to their career options, and may encourage girls to seek nontraditional and better-compensated work to increase their status.

The ultimate goal of gender integrated programs is to achieve development outcomes while transforming gender norms toward greater equality. The area around *gender transformative* in the continuum is green (indicating that we should proceed forward), and the arrow extends indefinitely toward greater equality.

Programs for vulnerable children should seek to transform harmful gender norms whenever possible. At a minimum, the program planning and design processes should be gender aware. It is very unlikely that gender blind plans will result in gender transformative projects; they are most likely to either exploit or accommodate inequitable and harmful gender norms, roles or practices. On the other hand, gender aware programs are deliberate about where they fall along the continuum and the contributions they can make to gender equality.

Projects may also have multiple components that fall at different points along the continuum (indicated by the vertical arrows in Figure 1). As noted, some

## Gender Transformation in Action: Youth Volunteer Caregivers

Implemented by the Population Council, the Horizons project trained in-school youth to provide care to HIV patients in the community. Initially, these young people wanted to provide care only to patients of their sex and in ways that were consistent with gendered expectations (for instance, boys wanted to do more outdoors or heavy work while girls preferred household tasks). However, after some time and awareness-raising training, boys and girls generally provided similar services and were comfortable working with both male and female clients. Despite the shift, some bias remained: participants perceived that boys should do more digging and chopping firewood, while girls were thought to be more suited to washing plates, clothes, etc.

Both boys and girls also worked with clients' children. Volunteers organized recreational activities, contacted schools to make them aware of the children's needs, and made referrals to other organizations and clinics working with vulnerable children.

Contrary to gendered expectations, boys provided care to more patients than did girls. This is partially explained by boys having more free time and needing less parental consent than girls. Further, girls' domestic responsibilities were spread throughout the day, while boys' farming chores were more concentrated in the mornings.<sup>11</sup>

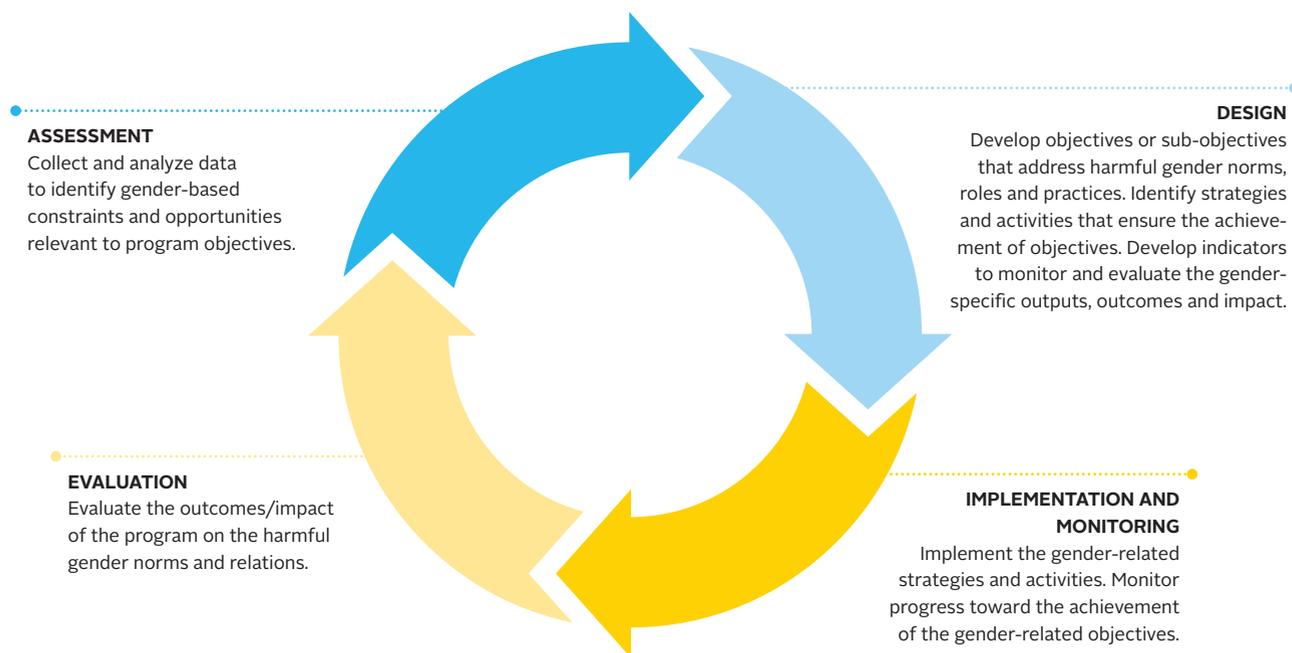
This program showed some promise in shifting inequitable norms related to caregiving and highlighted the differing time constraints and autonomy outside the home for boys and girls. Inequalities remained after the program but this experience demonstrated that gender norms and roles are not as inflexible as some might believe, and that young people in particular may be open to healthier and more equitable behaviors.

program components might need to be accommodating as a first step towards transforming gender norms, roles, and relations. However, programs should never take advantage of existing gender inequalities in pursuit of improved outcomes (“Do no harm!”), which is why the area surrounding *gender exploitative* is red.

## Overview of the Gender Integration Process

Gender integration is a process that aims to address harmful gender norms and to compensate for gender-based inequalities throughout the program cycle.<sup>7</sup> It is the process taken in a gender aware program to deliberately accommodate and/or transform gender norms and relations. Fully integrating gender into a program requires that specific actions related to gender be undertaken during each stage of the normal program cycle (see Figure 2). A brief overview of these actions follows; each are described in more detail in the next sections.

**Figure 2.** Gender Integration throughout the Program Cycle<sup>8</sup>



During the **assessment phase**, you and your team should collect and analyze information to better understand the problems your program intends to address and the context in which you will implement the program. To integrate gender during the assessment phase you simply need to collect and analyze information on the role gender plays in the problem you want to address and how your program is likely to affect gender norms and relations. This process is called *gender analysis*.

Though gender analysis can and should be ongoing, it is critical in the assessment phase. The gender analysis provides baseline information that will help you to design and implement more targeted interventions and to achieve better outcomes.

In the **design phase**, you should use findings from the gender analysis to consider the gender-related issues that your program needs to address, and to design program objectives and activities for achieving those objectives. Often, you will want to develop additional objectives that focus on gender issues; other times it may be more feasible to incorporate gender considerations as sub-objectives in activities that do not specifically target gender.

Next you need to design activities that will help the program achieve its gender-related objectives or sub-objectives and that facilitate equitable and meaningful participation of girls, women, boys, and men (as relevant). Alongside this process, you should work with monitoring and evaluation (M&E) specialists to identify indicators to measure the outputs, outcomes and impact of each activity. These should be part of the overall M&E plan.

In the **implementation and monitoring phase**, you and your program staff carry out the gender-related activities in ways that ensure the full participation of and benefit to girls, women, boys, or men, as appropriate. You also should continually collect and analyze data to track progress toward the gender-related objectives. Careful monitoring helps identify situations in which you might need to make changes to the program mid-stream so that it has the intended effect on gender norms and relations.



**Remember:** Though gender analysis can and should be ongoing, it is critical in the assessment phase. The gender analysis provides baseline information that will help you to design and implement more targeted interventions and to achieve better outcomes.



**Remember: It's never too late!**

It is possible to conduct a formal or informal gender analysis at any stage of the program cycle; create or adapt activities to address gender issues; or measure the program's outputs, outcomes, and/or impact related to gender. This means that if you are already implementing your program, you can still address gender considerations.

In the evaluation phase, your programming staff again work with M&E specialists to collect and analyze information according to the M&E plan (usually developed during program design) to assess the program's outcomes and impact on gender norms and relations.

## *Roles and Responsibilities in the Gender Integration Process*

Ideally, all care and support program staff members will be actively involved in and take ownership of a gender integration process, but it is helpful for one or two people to assume a leadership role and ultimately be held responsible for the process. Many programs appoint a staff member as gender focal point who acts as a champion for gender integration and leads efforts to incorporate evidence-based or promising gender strategies into the program. The ideal gender focal point is a technical specialist and a senior member of the program team. He or she should have some experience with gender integration and enough influence to ensure that gender becomes a critical program component.

To develop a team that is fully prepared, motivated and committed to the gender integration process, programs may need to invest time and resources in building or enhancing gender integration capacity among staff at all levels, including senior staff, such as project directors, and implementers. Additionally, staff should be encouraged to reflect on their own attitudes, beliefs and personal misconceptions related to gender. This process helps staff to identify local customs and norms that may be harmful for boys and girls and to discern what changes may be feasible during the program. Some organizations find that yearly gender trainings with all staff help improve local capacity and staff attitudes related to gender.

In Appendix C you will find a select list of resources and tools you can use to build the capacity of your program staff on gender and gender integration.

# 3

## Gender Integration in the Program Assessment Phase: Conducting a Gender Analysis

### *Understanding Gender Analysis*

To understand gender norms in the local context and how they affect the well-being of vulnerable children, implementers should conduct a gender analysis during the overall assessment phase that normally takes place at the beginning of a program. *Gender analysis* refers to a systematic process of assessing gender inequities and their impact on children, youth, and adults in a given programmatic context; and considering the implications or impact of a program on gender roles and norms. Gender analysis can be conducted before a project begins, during its implementation, and retrospectively after it ends.

Gender integration must be informed by the best available information about the likely effects of gender inequality on young people of different ages, on their caregivers and on the program's intended outcomes. Gender issues affecting vulnerable children and their caregivers vary across geographical and social contexts, and formal research on gender and vulnerable children is limited; therefore it is critical that program designers conduct gender analyses to inform effective interventions.

A gender analysis will typically examine

- different roles and norms that society assigns to women, men, girls and boys, in various stages of life
- different levels of power these groups have in society and in their communities, households and relationships
- each group's needs, constraints, and opportunities
- the impact of these differences throughout each person's life cycle

In the context of programs for vulnerable children, gender analyses will answer two basic questions:

1. How will gender norms and relations affect the **achievement of the program's goals and objectives**?
2. How will the expected program outcomes or results (including possible unintended positive and negative outcomes) **affect the status of boys and girls**?

These questions can be answered through several different methodologies, as described in Section 5.

## *The Gender Analysis Domains*

Gender experts have developed a number of different models to guide the gender analysis process; this guide uses a model adapted by the USAID IGWG that analyzes five areas or domains:<sup>7</sup>

- access to resources
- knowledge, beliefs and perceptions
- practices and participation
- legal rights and status
- power and decision making

This model helps program staff identify the issues to look for during the gender analysis process. (See page 21 for a description of the process.) A description of each domain and sample questions for program designers to ask in their gender analysis follows.

### ACCESS TO RESOURCES

This domain refers to an individual's ability to use resources or assets fundamental to being a fully active and productive participant in society (socially, economically and politically). Resources and assets include natural and productive resources (such as land, labor, capital and skills), information, education, income, services, employment and benefits.

When you analyze access to resources for vulnerable children and their caregivers, you might ask questions such as these:

- Do girls and boys have equal access to information and services?
- When pursuing their education or seeking health care services, what are some similar and different constraints that boys and girls face?
- Are boys and girls treated equally in community settings such as schools and health centers?
- Are equal resources spent on the education and health of boys and girls?
- Do adolescent boys and girls have equal opportunities for vocational training, income generating activities or financial services such as bank accounts and loans?
- Are sufficient quantities of appropriate food equally available for girls and boys?
- Do male and female caregivers have equal access to and control over financial resources to care for their children and themselves?
- What livelihood constraints do women and men face while caring for vulnerable children?

### KNOWLEDGE, BELIEFS AND PERCEPTIONS

Because boys, girls, men and women often have access to different types of knowledge, they also might have different beliefs, perceive situations differently and conform to gender norms. Society at large (including community, business and religious leaders) might also have beliefs about how girls, boys, women and men should behave, how they are differently valued and what they are capable of.

When you analyze knowledge, beliefs and perceptions among vulnerable children, their caregivers, and their community you might ask questions such as these:

- Do boys and girls have equal knowledge in key areas such as prevention of HIV and sexually transmitted infections?
- Do boys and girls have equal knowledge of their legal rights?
- Do young people and caregivers of each gender have equal levels of knowledge about services available in the community (including education, psychosocial care and protection)?
- Do male and female caregivers have equal levels of knowledge about income generation opportunities in the community?

SECTION 3: *Gender Integration in the Program Assessment Phase:  
Conducting a Gender Analysis*

- Do beliefs and perceptions about what is considered “appropriate” work for boys and girls or women and men inhibit opportunities for full participation in income generation activities?
- Who (men, women) are perceived as sources that bring HIV/STI into their households and communities? How are these perceptions informed by common attitudes and beliefs about gender roles?
- Do male and female caregivers have equal levels of knowledge about child rearing matters such as child nutrition, health, and education or protection issues such as obtaining birth certificates?
- Are boys and girls equally valued in the community? How is value defined for boys and for girls?
- Is vulnerability perceived differently for boys and girls? For example, do families or community members feel that girls need more protection than boys? Are there different beliefs of what boys and men or girls and women are capable of?
- How might behavior norms for boys and girls impact the achievement of program objectives, both positively and negatively?
- Are there stigmatizing beliefs about men caring for vulnerable children?

## PRACTICES AND PARTICIPATION

This domain considers how gender norms inform peoples’ behaviors and actions, encompassing gender differences in freedom of movement, autonomy to participate in society, types of activities and practices in which people participate, how people participate in program activities (i.e., actively or passively) and the allocation and availability of time to participate.

When you analyze practices and participation among vulnerable children and their caregivers, you might ask questions such as these:

- Do male and female caregivers use financial and other resources differently to care for their children? For example, are men or women more likely than the other to spend money on children’s health or education?
- Are women more likely to care for children than men? How is the day structured for men or boys as opposed to girls or women? How much time is spent on paid versus unpaid labor?
- Are girls more likely than boys to drop out of school to care for a sick

family member or other siblings?

- How do gender norms shape boys' and girls' experiences of GBV?
- Do boys and girls or male and female caregivers have different levels of autonomy outside the home that affect their ability to participate in project activities? For example, are women or girls able to move about independently without a female companion or a male escort?
- Are boys and girls or male and female caregivers free at different times of day or days of the week to participate in program activities or to seek services?
- Do boys and girls or male and female caregivers perform different kinds of care work and household labor?
- What are some of the factors that put girls or boys at risk of engaging in paid or transactional sex?
- Are women or men more able or likely to serve in leadership positions on community-based committees for vulnerable children?

## LEGAL RIGHTS AND STATUS

Often legal codes (customary and formal) and judicial systems treat people of different genders differently. This may include the rights to vote, make decisions about marriage and/or divorce, enter into legal agreements, be a legislator, own or inherit property, have reproductive choice, access health care and legal representation, receive due process, and to have family relationships legally recognized. Gender-based differences in legal rights and status particularly affect girls and women.

When you analyze legal rights and status in the context of programs for vulnerable children, you might ask questions such as these:

- Do women have the legal right to inherit land or other property? If so, do customary practices pose barriers to that legal right?
- Do girls have same legal right to inherit land or other property as boys and at the same age? If so, do customary practices pose barriers to that legal right?
- Do legal customs dictate what happens to children when one or

**SECTION 3:** *Gender Integration in the Program Assessment Phase:  
Conducting a Gender Analysis*

both parents die? Does it depend on the sex of the children or of the surviving parent?

- Do either girls or boys have difficulty obtaining birth certificates, identification cards or other documents?
- Are there legal protections against gender-based violence?
- Are there legal protections against harmful traditional practices that disproportionately affect girls and women (such as child marriage, female genital cutting, wife inheritance)?
- Is bride wealth an issue among vulnerable children? Does it affect the age at which girls are typically married?
- Is early marriage legal and common? How does it affect boys and girls differently?

### **POWER AND DECISION MAKING**

This domain refers to a person's capacity to control resources and to make decisions free of coercion. Gender norms influence the extent to which individuals can independently influence, enforce, and exercise decisions about acquiring resources; what to believe; one's own body, children or occupation; the affairs of one's household, community or government; and moving about and associating with others. Power is a part of each of the previously mentioned domains and a stand-alone domain.

When you analyze power with regard to vulnerable children, you might ask questions such as these:

- Do boys and girls have equal autonomy to make or influence decisions that affect them?
- Do women and men have equal voice in decisions about who will care for children if one or both parents become ill or die?
- Are boys and girls equally able to choose careers or vocations that interest them? Are youth pressured to select vocational paths most typical for their own gender?

Note that these five domains often overlap and that each domain may not be equally relevant in every programmatic context. Nonetheless, this framework should help you explore most gender norms, relations and inequalities relevant to programming for vulnerable children.

## *Steps in the Gender Analysis Process*

### STEP ONE: IDENTIFY WHAT INFORMATION NEEDS TO BE COLLECTED

You can use the gender analysis domains to help decide what gender-related themes or issues are relevant to your program objectives and what types of questions you should ask. As in any other information gathering or assessment activities, you should engage your program's target audience and other key community stakeholders in the process; they can help identify relevant issues or domains, and provide information and insight for the gender analysis itself.

### STEP TWO: COLLECT THE INFORMATION

Data collection can involve synthesizing existing information or gathering new information about gender in the program context. This can be a formal, rigorous process or it can be an informal process using as much information as you can easily gather within the constraints of the program's time frame and budget.

Existing data sources include published quantitative and qualitative research studies, national surveys, project reports and gender-related policies in the program context (see box and Appendix A). If this kind of information is insufficient or nonexistent, you might need to gather information on gender-related norms and practices among vulnerable children and their caregivers through focus groups and key informant interviews.

When resources are constrained, it still can be useful to carry out a more informal gender analysis using as much information as is easily accessible from existing data sources. Feedback from program participants, or even the experiential knowledge of program staff, the target community, or other stakeholders, can also provide useful information.

**SECTION 3: Gender Integration in the Program Assessment Phase:  
Conducting a Gender Analysis**

As previously noted, programs for vulnerable children should link with local advocates or organizations at all levels working toward gender equality. These include government institutions such as the national ministry responsible for national gender policies, guidelines or plans, as well as nongovernmental and community-level organizations. The gender analysis process is a prime opportunity to draw on their insights and expertise.

**STEP THREE: ANALYZE THE INFORMATION**

Once you gather the information, you will be ready to conduct the actual gender analysis. As mentioned previously, the purpose of the gender analysis is to identify:

- the key gender norms and inequalities and how they create barriers and opportunities to achieving the program's results
- how the program is likely to impact gender norms and power relations between girls/women and boys/men.

**Data Sources for  
Gender Analysis**

National demographic health surveys (DHS)

Population Reference Bureau's annual publication, *The World's Women and Girls Data Sheet*

National Ministry of Women's Affairs documents

National surveys on gender-based violence

Quantitative and qualitative studies conducted in-country

*Because I Am a Girl: The State of the World's Girls*, Plan International

**For more details, see Appendix A.**

The sample gender analysis exercise that follows and the worksheet in Appendix D can be used to guide the gender analysis process.

## *Sample Gender Analysis*

To help you better understand the gender analysis process, please review the following case study and completed gender analysis worksheet. The example program, program context and gender analysis are fictional. A blank worksheet to use for your own gender analyses is available in Appendix D.

## CASE STUDY

In an African country, the number of vulnerable children has dramatically increased during the last ten years because of the HIV epidemic, chronic poverty and resulting changes to traditional social and family structures. As of late 2007, there were an estimated 825,000 orphans and 2,000,000 other vulnerable children.

More than half of all vulnerable children live in households headed by aging grandparents, many of them women older than 60 years who struggle to afford the basic needs of their households. Twelve percent of orphaned children live in child-headed households and only one percent of these households receive any help from relatives.

Vulnerable children face many barriers to staying in school, remaining healthy and safe, and growing up to reach their full potential. Challenges include unmet basic needs (such as education, health care, food and nutrition, shelter), emotional and physical neglect, psychological issues, exploitation, GBV and the impact of stigma and discrimination. Girls in particular are forced to take on increased household responsibilities for which they are unprepared, including caring for ill adult family members and younger siblings. Girls and women also are at higher risk of HIV infection than males.

These children, especially the girls, are highly vulnerable to sexual abuse and physical violence, which is already widespread in the general population. A national-level study found that nearly 37 percent of all adolescents had been sexually abused; most sexual abuse occurred at home and was perpetrated by a friend, close relative or neighbor. Vulnerable children face an even higher risk of such abuse given their lack of protection by caregivers and social structures. Health and psychological support services for survivors of GBV are available only in regional hospitals.

This program's goal is **to improve the quality of life and well-being of vulnerable children and their households by empowering households and communities to provide comprehensive, sustainable care and support.** The program's four specific objectives are:

- **OBJECTIVE 1:** Increase the capacity of communities and local governments to meet the needs of vulnerable children and their households in an innovative, efficient and sustainable manner by enhancing the competencies of communities and local governments to provide support and by improving communication, coordination and collaboration across sectors.
- **OBJECTIVE 2:** Increase the capacity of households to protect, care for and meet the basic needs of vulnerable children in a sustained way by improving their caretaking, livelihood and health-seeking skills.
- **OBJECTIVE 3:** Increase access to comprehensive, high-quality, age-appropriate and gender-sensitive services for vulnerable children and members of their households by creating integrated community-level referral networks that strengthen the continuum of care.
- **OBJECTIVE 4:** Empower vulnerable children, particularly girls, to contribute to their own well-being by improving their resilience, as well as their livelihood and self-care skills.

SECTION 3: Gender Integration in the Program Assessment Phase:  
Conducting a Gender Analysis

<b>A. What are the key gender relations</b> under each domain below that affect women and girls and men and boys?	<b>B. What other potential information</b> is needed about gender relations?	<b>C. What are the gender-based constraints</b> to reaching the program objectives?	<b>D. What are the gender-based opportunities</b> to reaching the program objectives?
<b>Access to Resources</b>			
<p>Girls have less access to education because of caregiving responsibilities.</p> <p>Women have more limited access to economic resources than men; especially problematic since women provide most caregiving for vulnerable children.</p> <p>Access to services for survivors of gender-based violence severely limited.</p>	<p>Do vulnerable girls/boys have equitable access to health, social protection and other services available in the community?</p>	<p>GfBV and economic inequality may limit girls' access to services in the community.</p> <p>Female caregivers may have fewer resources to devote to children they care for.</p>	<p>Though very limited, health and psychological support services for survivors of GfBV do exist and may provide a starting point for expanding and improving.</p>
<b>Knowledge, Beliefs and Perceptions (some of which are norms)</b>			
<p>Little known (see column two).</p>	<p>What beliefs and perceptions are at the root of gender-based violence in this country?</p> <p>What are the norms related to appropriate roles/tasks for female versus male caregivers?</p> <p>What makes people believe that an elderly woman (a grandmother) is the best care option for a child in the absence of the child's mother?</p> <p>What beliefs and perceptions affect health-seeking behavior for girls and boys?</p>		

SECTION 3: Gender Integration in the Program Assessment Phase:  
Conducting a Gender Analysis

<b>Practices and Participation</b>			
<p>Women, especially grandmothers, care for vulnerable children.</p> <p>GBV is common among adolescent girls.</p> <p>Girls are responsible for household duties when parent(s) are ill or die.</p>	<p>Are girls and boys equally able to move about in the community and to participate in program activities?</p> <p>Are boys and men willing to consider taking on additional care or household duties?</p> <p>What additional support do elderly female caregivers need to properly care for children?</p> <p>What community norms exist that govern social networks of males and females?</p>	<p>Inequitable burden of care among women and girls means that the traditional safety net is stretched.</p> <p>Elderly female caregivers may not be able to provide proper care to children, especially very young children and adolescents.</p> <p>GBV is harmful to health and well-being of survivors.</p>	
<b>Legal Rights and Status</b>			
<p>Little known (see column 2).</p>	<p>Is there legal recourse or protection available for survivors of GBV?</p>		
<b>Power and Decision Making</b>			
<p>Higher vulnerability of women to HIV suggests lack of decision making power related to sexuality and safer sex practices.</p>	<p>Do vulnerable boys/girls have power to influence or make decisions about things that affect them (e.g., education, vocation)?</p> <p>Do vulnerable girls/boys have different levels of power to move around and associate with others?</p>		

## *Summary Checklist for Gender Analysis*

The following checklist summarizes the gender analysis process and can be used as a helpful reminder of the activities to perform during this process.

- Did you develop the gender analysis questions based on what your program wants to achieve and the five gender analysis domain areas?
  - Access to resources
  - Knowledge, beliefs and perceptions
  - Practices and participation
  - Legal rights and status
  - Power and decision making

***Remember:*** *Some of these areas may be more relevant to your program than others.*

---

- Did you identify what information already exists (e.g., check national qualitative and quantitative studies and surveys)?

---
- If you need to collect new information, did you identify the data collection methods (e.g., focus groups or key informant interviews) and develop the tools to collect the information?

---
- Did you collect the information?

---
- Did you analyze all new and existing information to identify answers to the following questions?
  - What are the gender inequality issues that affect boys/men and girls/women in your program?
  - What are the gender-based constraints to reaching your program's objectives?
  - What are the gender-based opportunities in reaching your program's objectives?
  - What other information do you need?

---
- Did you document the findings?

## 4

## Gender Integration in the Program Design Phase

*Designing Gender-Related Objectives*

After completing a gender analysis, the next major step in the gender integration process is a program planning and design session. In this phase, the program team designs objectives or sub-objectives and activities that will address the gender-related constraints and opportunities identified through the gender analysis. You can do this using the first column in the worksheet on the next page, which was also created by the IGWG.<sup>7</sup>



**Remember:** At a minimum project activities should be gender-aware and gender accommodating. Whenever possible, they will be gender-transformative.

In the gender analysis of the fictional program highlighted in Section 3, we identified high rates of gender-based violence and severely limited access to existing services for survivors of gender-based violence as barriers to reaching the case study's program objectives (namely Objective 3, below). The sample worksheet that follows includes an example of a sub-objective designed to address these barriers and to contribute to the program's impact.

**OBJECTIVE 3:** *Increase access to comprehensive, high-quality, age-appropriate and gender-sensitive services for vulnerable children and members of their households by creating integrated community-level referral networks that strengthen the continuum of care.*

<b>A. What gender related sub-objectives</b> can you include to address gender-based opportunities or constraints?	<b>B. What activities</b> can you design to address gender-based opportunities or constraints?	<b>C. What monitoring and evaluation indicators will show</b> if (a) the gender-based opportunity has been taken advantage of or (b) the gender-based constraint has been removed?
Create and strengthen service referral networks for survivors of gender-based violence (e.g., health, legal, psychosocial). Incorporate these networks into the larger service referral networks for vulnerable children and their caregivers.	[completed on page 31]	[completed on page 39]

## Designing Gender-related Activities

The next step is the design of the activities that will help your program achieve the newly identified sub-objectives. Linkages with local groups or advocates working toward gender equality are critical in this phase, as they may be able to help determine the activities that are most likely to be effective. As in any activity design process, it is critical that you budget for these activities, including staff time, capacity building and other necessary resources. Please see pages 32-33 for illustrative activities.

Activities to address the program sub-objectives in this case study might include **community mapping** to identify existing services, and an **assessment of services** to determine which are of highest quality and trusted in the community. If there are no accessible services for survivors of GBV, you might need to **build the capacity of local providers** to provide such services. You could also conduct **process mapping** to identify how survivors are currently referred to services and whether a certain course of action is currently mandated. (For example, survivors might be required to obtain legal or forensic forms before they can report to clinics for health treatment.) Other activities could include **stakeholder meetings** to raise awareness among existing service

providers in the community and to develop protocols for referring clients between services. Finally, you could **harmonize referral networks** for survivors of gender-based violence with other referral systems developed by the project for vulnerable children and their caregivers.

Additionally, initiatives to address gender-based violence are typically most successful when they address both treatment and prevention. The project could also implement **community-level awareness raising and dialogue** to (1) inform or remind people that these services are available, and (2) promote critical reflection on the norms — and the community’s acceptance of those norms — underlying GBV. These processes often explicitly encourage boys and men to challenge norms about GBV and to encourage them to support services for survivors.

In this stage of the gender integration process, it is critical for you to refer to the gender analysis so that you can identify the gender-related barriers to implementing the program activities and achieving the program objectives. For instance, in the case study, women and girls dedicate a disproportionate amount of time to unpaid caregiving, so their time to participate in program activities like community mapping may be more limited than that of men or boys. You may need to compensate for this inequality in order to promote equitable participation across genders.

SECTION 4: Gender Integration in the Program Design Phase

<p><b>A. What gender related sub-objectives</b> can you include to address gender-based opportunities or constraints?</p>	<p><b>B. What activities</b> can you design to address gender-based opportunities or constraints?</p>	<p><b>C. What monitoring and evaluation indicators will show</b> if (a) the gender-based opportunity has been taken advantage of or (b) the gender-based constraint has been removed?</p>
<p>Create and strengthen service referral networks for survivors of gender-based violence (e.g., health, legal, psychosocial). Incorporate these networks into the larger service referral networks for vulnerable children and their caregivers.</p>	<p>Participatory community mapping to identify (1) existing high-quality GBV services and (2) how survivors currently access services.</p> <p>*Need to provide child care to support the participation of women.</p> <p>Community mobilization to challenge norms related to GBV and to raise awareness and support for services for survivors.</p> <p>*Be sure men/boys are involved.</p> <p>Stakeholder meetings with service providers to raise awareness and commitment, and to develop referral protocols.</p> <p>Incorporate referral protocols for gender-based violence survivors into larger community referral networks for vulnerable children and caregivers.</p>	

Finally, it is important for you to link this planning process with the development of M&E indicators for the new activities. As in any typical project cycle we recommend that the gender indicators are identified during the project design process, but indicators warrant careful attention. Please see Sections 5 and 6 for a detailed discussion of the development and use of gender-related M&E indicators.

# Illustrative Gender Transformative Activities

Following is a list of interventions and activities that have the potential to increase gender equity and the well-being of children and adolescents targeted by your care and support program. The interventions are organized by core program areas for vulnerable children: health, education, food security and nutrition, psychosocial support, care, protection and economic strengthening. Because the evidence base on gender and programs for vulnerable children is currently limited, these examples should not be read as best practices, but rather as samples of the many forms that gender integration can take in programs for vulnerable children and adolescents. The interventions and activities you implement will be determined by your program's gender analysis results.

## CROSS-CUTTING

- Build the capacity of local partner organizations on gender and gender integration.
  - Encourage staff to reflect on and challenge harmful gender norms in their own lives.
  - Implement behavior change campaigns that discourage sexual risk-taking and violent and controlling behaviors in boys and men, or that demonstrate the benefits of equitable partnerships between girls or women and boys or men.
  - Engage communities in discussions of gender inequality and its consequences for women, men, boys and girls.
  - Educate girls and boys on gender through school-based or community-based initiatives.
  - Support initiatives that encourage boys and men to discuss harmful gender norms and identify strategies and actions to challenge these norms.
  - Implement initiatives that involve boys and/or men in nontraditional male activities such as becoming a volunteer for a care and support program for vulnerable children.
  - Foster the meaningful participation and leadership of girls and women in program and community activities.
  - Prevent and respond to gender-based violence
- Ensure that existing health services are gender sensitive and youth friendly.
  - Foster discussion among male and female youth about sexual consent and coercion; promote shared decision making around safer sex and pregnancy prevention.
  - Increase the access adolescent girls have to information on their bodies, their health and existing health services.
  - Facilitate access to age-appropriate health services for female caregivers of vulnerable children, especially for elderly caregivers such as grandmothers.
  - Promote health-seeking behaviors and reduce gender-related barriers for accessing health services.
  - Ensure access to age-appropriate and gender-sensitive health services for survivors of gender-based violence.

## EDUCATION

- Increase community awareness about the importance of education for girls. Promote reflection about gender norms that keep girls out of school.
- Support initiatives that address the issues that keep girls out of school, such as caring for young siblings or unsafe school or commuting environments. For example, establish community-based centers for child care, institute measures against harassment of girls and gender-based violence at school, and install sanitary facilities at school.

## HEALTH

- Educate adolescent girls and boys on how gender norms affect their sexual and reproductive health.

- Provide direct financial and in-kind support to girls so they can enroll, attend and do well in school. For example, scholarships for school fees, school supplies and academic tutoring.
- Advocate against early marriage.

### FOOD SECURITY AND NUTRITION

- Implement interventions that allow female caregivers to cultivate food for consumption in their own homes (kitchen gardens) or for crop production.
- Implement economic strengthening interventions that increase income for female caregivers and heads of household so that they can produce or buy enough nutritious food.
- Raise awareness about harmful myths that affect girls' eating habits and consumption of nutritious food.
- Encourage caregivers to prioritize the nutritional needs of boys and girls equally. For example, discourage the practice of allowing men and boys to eat before women and girls.

### PSYCHOSOCIAL SUPPORT

- Implement education programs to help boys and girls develop life skills such as communication, negotiation and decision making. Negotiation and communication skills training should emphasize equitable relationships between girls and boys.
- Facilitate access to counseling and emotional support services for survivors of gender-based violence.
- Facilitate access to emotional support services for female caregivers or heads of household who are often overwhelmed with negative emotions, such as stress, anxiety and depression.

### CARE

- Implement household and community-based interventions that involve boys and men in child care and care for the sick to reduce this burden for girls and women.

- When care interventions for vulnerable children do increase women's caregiving burden, compensate those women for their labor. Compensation may include wages, community recognition, information, education, health care and other resources.

### PROTECTION

- Provide education to caregivers and in the broader community on children's rights and prevention of gender-based violence.
- Promote open community dialogue on local traditions or cultural practices that are harmful to girls (such as early or forced marriage and female genital mutilation). Encourage and support actions to reduce or eliminate these practices.
- Develop strong coordination, collaboration and referral mechanisms with local child protection authorities and service providers to ensure a prompt response to cases of gender-based violence.
- Support advocacy for girls' and women's property and inheritance rights; promote enforcement of laws that uphold these rights.

### ECONOMIC STRENGTHENING

- Implement age-appropriate and gender-sensitive economic strengthening interventions among adolescent girls and female caregivers or heads of household to reduce their vulnerability.
- Provide scholarships, job counseling, access to mentors and vocational training opportunities for adolescent girls, especially in areas of work that are not typical for girls and women.
- Train female caregivers in skills for market-driven income generation activities (small businesses).
- Initiate savings and loan opportunities for female caregivers.
- Provide cash and asset transfers for the most vulnerable female caregivers, such as grandmothers.

## Summary Checklist for the Design Process

The following checklist summarizes the process of designing gender-related interventions and can be used as a helpful reminder of the activities to perform during this process.

- Using the results of the gender analysis, did you identify what gender problem(s) or opportunity(ies) your program needs to — and is able to — address or take advantage of?

---
- Did you develop the gender-related objective(s) or sub-objective(s) your program will try to achieve?

---
- Did you identify the activities that will help achieve the objective(s) or sub-objective(s)?

---
- Did you link activity design with the design of output, outcome and impact indicators to monitor and evaluate the impact of the program on gender norms and gender relations?

---
- Did you budget for the gender-related activities?

---

**Remember:** *The planning and design should be a participatory process in which program stakeholders, including boys and girls, participate meaningfully.*

# 5

## Implementing and Monitoring Gender Activities

Implementing and monitoring gender activities is no different than implementing and monitoring activities for other program areas. Program managers should execute the gender activities according to the work plan and in ways that ensure the full participation of and benefit to girls or women and boys or men, as appropriate. As noted in Section 4, to ensure full participation across genders you must pay attention to gender-related barriers to and opportunities for participation. For instance, you may want to ask some of the following questions:

- Are marginalized voices and perspectives being heard in meetings and taken into account in decision making?
- Are girls and boys being engaged in activities that affect them?
- Is there a balance in representation and leadership — including among staff and among program participants between boys and girls or men and women?
- Is the program being implemented in a way that provides safe access to orphans, racial or ethnic minorities and other marginalized or stigmatized groups?<sup>12</sup>

Additionally, your project's staffing and management structures and processes should foster gender equality wherever possible. Measures to support fair and meaningful participation in and influence over the program might include offering child care, transportation and literacy support; affirmative action procedures; and a consideration for when and where community girls or women and men or boys can safely participate. You may also consider whether to hold activities in mixed or separate-sex groups, or both, to maximize participation.

Finally, in the implementation phase, program staff also monitor the gender activities. To effectively monitor your program, you need to continually collect and analyze data in order to (1) determine progress you've made in achieving your gender-related goals and objectives, and (2) decide whether changes in the gender strategies and activities are necessary. Your program's M&E plan will determine the type of data (qualitative or quantitative) to collect, the monitoring methods to use and the frequency of data collection activities.

## *Summary Checklist for the Implementation and Monitoring Process*

The following checklist summarizes the process of implementing and monitoring gender-related activities and can be used as a helpful reminder of the activities to perform during this process.

- Are the gender-related activities being implemented according to the work plan?

---
- Are girls/women and boys/men being given equal opportunity to participate in all program activities as appropriate?

---
- Are the gender activities being monitored according to the M&E plan? Is the program collecting age and sex-disaggregated data on an on-going basis?

---
- Is the program analyzing the information collected to determine whether any changes or adjustments are necessary to ensure the achievement of the objective(s)?

# 6

## Evaluating the Outcomes and Impact of Gender Activities

Measuring changes in gender norms and behaviors is often outside of the realm of typical M&E activities and thus requires additional attention and planning. At a minimum, you need output, outcome and impact indicators disaggregated (separated) by sex and age to measure the effectiveness of your program's activities. Sex-disaggregation allows you to monitor whether the program is affecting girls, boys, men and women differently. Indicators across the entire project — not just the “gender activities” — should be disaggregated by sex and age, and analyzed accordingly.

Whenever feasible, program monitoring should go beyond the disaggregation of data according to sex to determine if the program is helping increase gender equality. The best way to formulate these gender-impact indicators is by looking back at the gender-based constraints and opportunities you identified in gender analysis and the activities you designed to address them. Identifying and developing gender indicators in accordance with your program objectives will help you determine if a gender-based constraint was lessened or even removed over time. Gender indicators assess both whether the program objectives have been met and if the activities contributed to changes in gender-based constraints. Note that qualitative and quantitative data can be instrumental in helping you identify and explain your program's impact on gender norms and equality.

An indicator that measures the removal of a gender-based constraint can be compared to a favorable change in other program indicators, such as an increase in the use of services. See Appendix B for a list of existing gender-related indicators that may be adapted for use in care and support programs

for vulnerable children. It is important to note that even when both gender and health or development indicators improve at the same time, one cannot be sure that the program caused those changes without having invested in data collection before and after the intervention.

In the case study example, several different indicators could be used to measure the program's achievement of the proposed sub-objectives; we have added them to the sample activity design and monitoring worksheet that you will find in the next page.

Program evaluation can also help identify what did not work well and why. A gender integrated M&E plan can reveal important dimensions of gender relations that you may have overlooked or missed initially. If monitoring shows that the program is not achieving its intended results, activities may need to be redesigned in order to better address gender inequalities and to improve progress toward desired program outcomes.

Rigorous evaluation of gender integration in programs for vulnerable children is urgently needed to expand the evidence base of promising practices in this area. As that evidence base grows, it is important to document, synthesize and package the best available evidence of effective gender transformative programming for vulnerable children. Use of this evidence is critical to the development and scale-up of gender transformative policies and programs in support of vulnerable children and their families.

SECTION 6: Evaluating the Outcomes and Impact of Gender Activities

<p><b>A. What gender related sub-objectives</b> can you include to address gender-based opportunities or constraints?</p>	<p><b>B. What activities</b> can you design to address gender-based opportunities or constraints?</p>	<p><b>C. What monitoring and evaluation indicators will show</b> if (a) the gender-based opportunity has been taken advantage of or (b) the gender-based constraint has been removed?</p>
<p>Sub-objective 3i: Create and strengthen referral networks specific to services for survivors of gender-based violence (e.g, health, legal, psychosocial). Incorporate these networks for services into the larger referral networks for services to improve the lives of vulnerable children and their caregivers.</p>	<p>Participatory sessions to conduct community mapping of (1) existing high-quality services for survivors of gender-based violence and (2) how survivors currently access services.</p> <p>*Need to provide child care to support the participation of women.</p> <p>Community mobilization to challenge norms related to gender-based violence and to raise awareness and support for services for survivors.</p> <p>*Be sure men/boys are involved</p> <p>Stakeholder meetings with service providers to raise awareness and commitment, and to develop referral protocols.</p> <p>Incorporate referral protocols for gender-based violence survivors into larger community referral networks for vulnerable children and caregivers.</p>	<ul style="list-style-type: none"> <li>• Number of GBV survivors who seek services.</li> <li>• Number of referrals made to various types of gender-based violence services</li> <li>• Number of referrals to GBV services completed</li> <li>• Number of girls/boys who can identify a safe person to tell or place to go if they have experienced gender-based violence.</li> <li>• Number of men/boys that agree that gender-based violence is an acceptable practice.</li> <li>• Proportion of community members with knowledge of where to refer someone who experiences gender-based violence.</li> <li>• Proportion/percentage of community members who reject the practice of gender-based violence.</li> <li>• Number of communities that incorporated gender-based violence referral protocols into broader referral networks for vulnerable children and caregivers.</li> </ul>

# 7

## Illustrated Gender Integrated Programs and an Assessment Tool

### *Summary Checklist for Assessing Gender Integration*

The following checklist may be useful in (1) assessing the extent to which gender is integrated into your program; (2) identifying gaps and entry points for gender integration efforts across the program cycle; (3) reflecting, after a project's completion, on your gender integration efforts to determine how effectively the project staff integrated gender and to identify areas for improvement in future programs.

In a fully gender integrated program, a program manager should be able to answer “yes” to most or all of the checklist questions.

## SUMMARY CHECKLIST FOR ASSESSING GENDER INTEGRATION

Program/project Stage	Questions to Ask	Yes or No
<b>Assessment</b>	Did the project conduct a gender analysis or refer to an analysis that was previously conducted/published?	
	If yes, does the analysis consider gender constraints/barriers in the following domains? <ul style="list-style-type: none"> <li>• Access to resources</li> <li>• Knowledge, beliefs and perceptions</li> <li>• Practices and participation</li> <li>• Legal rights and status</li> <li>• Power and decision making</li> </ul>	
	Within each domain, does it examine gender norms/relations at multiple levels (e.g., individual, couple, household, community, policy, region, state, societal)?	
	Does the gender analysis examine how the identified gender norms are likely to impact the program's technical area related to vulnerable children?	
	Does the gender analysis consider how the program is likely to impact gender norms and gender relations?	
<b>Planning and design</b>	Do the overall project objectives recognize and address the relevant gender issues?	
	If not, has the project team created sub-objectives to address the gender issues identified during the assessment phase?	
	Do program activities specifically seek to achieve gender-related objectives?	
	If yes, are those activities linked with indicators in the M&E plan?	
	Are those activities intended to be gender accommodating and/or transformative?	
	Are activities designed to enable the full and meaningful participation of all relevant stakeholders, including girls/women, men/boys as relevant?	
	Does the project budget specifically for gender-related activities, including any necessary staff and partner capacity-building?	

<b>Implementation and monitoring</b>	Are activities implemented in ways that encourage the full and equitable participation and benefit to girls/women and boys/men as appropriate?	
	Do staffing and management plans strive to foster gender equity?	
	Is the overall M&E plan sex-disaggregated?	
	Does the M&E plan include indicators to specifically measure the program's impact on gender norms and relations?	
<b>Evaluation</b>	Does the M&E plan include indicators to specifically measure the program's impact on gender norms and relations?	

### *Examples of Gender Integrated Programs*

Following are three examples of programs targeting vulnerable children and adolescents that worked to address harmful gender norms. We present these programs as illustrative examples and not necessarily as evidence-based best practices.

# Gender-specific Strategies of the CARE Rwanda NISU Project (CARE)

For more information on this program please contact Suman Bisht ([sumanb.rw@co.care.org](mailto:sumanb.rw@co.care.org)), Jamie Stewart ([jaimes.rw@co.care.org](mailto:jaimes.rw@co.care.org)) or Eugene Rusanganwa ([eugener.rw@co.care.org](mailto:eugener.rw@co.care.org)).

CARE Rwanda implemented an innovative community-based model for supporting orphans and vulnerable children and youth in Rwanda from 2003 to 2009. This model relied on trained community volunteer mentors, called Nkundabana in the local language, who provide guidance and care to children living without adult support through regular home visits. This model also supported strategies for economic and food security, advocacy and child protection. Starting in 2010, CARE Rwanda initiated a follow-up project entitled “Nkundabana Initiative Scale-Up”, which builds the technical capacity of local nongovernmental organizations who through Nkundabana provide psychosocial support to more than 1,000 orphans and other vulnerable children. The project also supports the Ministry of Gender and Family Promotion (MIGEPROF) to scale-up the Nkundabana model countrywide.

Staff initiated a qualitative gender analysis in order to subsequently integrate gender-specific strategies to the scaled-up Nkundabana model and in future initiatives. The gender analysis explored differential realities and challenges experienced by both male and female vulnerable children. The methodology included focus group among in-school and out-of-school boys and girls, ranging in age from under 6 years old to 18 years old. The project held additional focus groups with OVC team members and with parents of both boys and girls belonging to early child development centers. The issues pertinent to vulnerable girls included harsh labor conditions and lack of access to key material resource that resulted in sexual exploitation, abuse, school absenteeism from school, low self-esteem and drug and alcohol use. Girls reported barriers to schooling, health information, and lack of personal hygiene items. Some, especially younger girls, accessed resources at home only by having sex with elder brothers or other male relatives in exchange. Girls also reported that, in contrast with their male peers, they were expected to take on

domestic chores from as young as age six. “I work from the morning until I go to bed in the night without having any second for playing with my peers or having a rest,” reported one 17-year-old girl. School-going girls thus often do not have time to study or repeat their lessons at home. Adolescent girls reported that they try to get a husband at an early age in order to escape their living conditions, and feel desperate when they see that they do not meet social “requirements” (such as cleanness, visibility) for getting a husband.

In contrast, adolescent vulnerable boys feel pressure to secure means to construct a home for when they enter into marriage. This pressure drives boys to enter the paid labor force around the age of 10 and to engage in theft. They are often victims of physical violence and begin using drugs and alcohol at an early age. Boys also experience a different lifestyle from girls, as they typically have more free time to play with toys; time that girls spend on performing household chores. Boys exhibit authority and control over their sisters from an early age.

Following the gender analysis, staff designed a series of activities to respond to the gender issues identified:

- Train Nkundabana, OVC and local authorities on gender equality and equity, and engage men and boys in ending GBV.
- Promote equal participation from both boys and girls, and addressing discriminatory gender attitudes of vulnerable children through joint and separate meetings.
- Address the unmet needs of girls that could lead to school absenteeism, including provision of sanitary supplies to reduce absenteeism from school during menstruation.
- Incorporate activities focused on girls' financial literacy and income generating activities, specific to different ages.

# Empowering Adolescent Girls: Girl-Friendly Latrines & School Water Points (Catholic Relief Services)

For more information on this program please contact Caroline Bishop ([caroline.bishop@crs.org](mailto:caroline.bishop@crs.org)) or email [HIVUnit@crs.org](mailto:HIVUnit@crs.org). You can also access the full program report (*Applying a Girls' Lens to the Palette of Integrated Empowerment Interventions: A Compendium of Learning on Effective Programming to Empower Adolescent Girls*) at [http://www.crsprogramquality.org/storage/girls\\_empowerment.pdf](http://www.crsprogramquality.org/storage/girls_empowerment.pdf).

Catholic Relief Services (CRS) implemented the Empowering Adolescent Girls project in Ethiopia from 2006 to 2009. Funded by the Nike Foundation, the project used a gender lens to evaluate an existing CRS Ethiopia project supporting vulnerable children, their households and communities. In 2006, at the start of the three-year project, which focused heavily on water and sanitation, CRS conducted a gender analysis focusing on factors relating to school attendance. The following is a brief synopsis of the analysis results, interventions and project results.

## **What factors related to gender influenced girls' and boys' school attendance — particularly with regard to water and sanitation?**

- Girls were responsible for getting water and the locations were often far from their homes and schools. As a result, girls were often tardy, attended school inconsistently and lacked time to complete homework.
- Some children (both boys and girls) would walk two to three kilometers during school breaks to drink water. As a result, they often were late returning to class.
- Peers, particularly boys, would ridicule or harass girls in shared latrines upon any sign of menstruation. In the cases of open-air defecation around schools, lack of private space also made it difficult for girls to clean themselves or change sanitary napkins. As a result, some girls did not attend school during menses and, in some cases, did not return to school at all after they began menstruating.
- Non-functioning door locks in shared toilet areas resulted in a lack of privacy; the isolation and vulnerability of a girl using such a toilet enabled the sexual harassment of girls by boys.

## **How did the Empowering Adolescent Girls project intervene?**

To address factors uncovered in the gender analysis, the project

- supplied materials for community members (who contributed labor) to construct water points in schools (for example, shallow wells, links from schools to community pipelines, and boreholes)

- ensured that both boys and girls had their own latrine block (if there were no existing latrines, two latrine blocks were built; if there was one existing latrine block, a second one was constructed)
- provided materials and technical support to construct latrines in girls' households without existing latrines (The family was responsible for installing, maintaining and rotating the latrine.)
- conducted reproductive health education for both boys and girls at schools

## **What happened as a result of the interventions?**

The direct results were the following:

- Boys and girls remained on school grounds during breaks because they could access water at school.
- Girls had more time for school and studying because they could access a closer water point for their household water-collection responsibilities.
- Girls were safer, had more privacy and comfort, and experienced less ridicule as a result of segregated latrines and reproductive health education.
- Girls provided with a home latrine felt increased dignity within their families.
- Schools and other stakeholders viewed girls more positively when they saw (1) an investment in girls, and (2) how the project's activities benefitted both boys and girls.

These immediate results positively impacted educational outcomes (primarily for girls, but also boys) as evidenced by:

- decreased school tardiness
- increased school attendance
- decreased school attrition

## **What worked and why?**

- The interventions responded to real issues identified during the gender analysis.
- The interventions benefitted both boys and girls; boys felt included — not excluded.
- Families and communities benefitted from the interventions resulting in a positive impact for multiple key stakeholders.

# Biruh Tesfa: Safe Spaces for Out-of-school Girls in Urban Slum Areas of Ethiopia (Population Council)

For more information on this program please contact Annabel Erulkar at ([aerulkar@popcouncil.org](mailto:aerulkar@popcouncil.org)).

Biruh Tesfa (meaning “Bright Future” in Amharic) is a program for vulnerable adolescent girls in urban slum areas of Ethiopia, including child domestic workers and rural-urban migrants. The program is designed to assist out-of-school girls by creating safe spaces through which they can build support networks with other girls and relationships with supportive adults.

Biruh Tesfa creates safe spaces and activities for girls and young women between the ages of 7 and 24 years. Trained female mentors lead clubs for girls to provide literacy, life and livelihood skills, and HIV/reproductive health education.

## **Social Mobilization of the Most Marginalized Urban Girls**

Trained female mentors recruit girls by going house-to-house, identifying eligible out-of-school girls aged 7 to 24 years. The house-to-house visit allows mentors to contact girls who may otherwise be missed, such as child domestic workers who are largely confined to the home. In addition, contact at the household level allows mentors to negotiate with “gatekeepers” (such as employers of domestic servants) for girls’ participation, and to serve as advocates for girls if they encounter future problems.

Once the girls are in groups, the program provides basic literacy, life skills, financial literacy, and HIV/reproductive health education. Girls’ clubs are held in meeting spaces donated by the kebele (local administration) and organizers vary meeting times to accommodate the schedules of working girls. In addition, a new partnership with Handicap International is attempting to increase the participation of girls with disabilities in the program.

## **Building a Bridge to Basic Health Care**

Given the dire poverty of most Biruh Tesfa participants, even basic health care is out of their reach. Program mentors provide vouchers for girls who need basic medical and HIV services. The vouchers entitle the holder to subsidized or free services at a network of participating clinics in the public and private sectors. Mentors also offer to accompany girls who may have misgivings about accessing services on their own.

## **Significant Reach Nationwide**

Over 50,000 out-of-school girls have participated in Biruh Tesfa groups in the poorest areas of 18 cities in Ethiopia, including the capital, Addis Ababa. Biruh Tesfa girls are from very disadvantaged backgrounds: nearly half of the beneficiaries have lost at least one parent, and one in seven participants have lost both parents. The project is one of the first of its kind to target child domestic workers; one-third of Biruh Tesfa beneficiaries are engaged in child domestic work, and one-third are daily manual laborers.

## **Evaluation Results Forthcoming**

Biruh Tesfa was evaluated with a quasi-experimental research design involving pre- and post- intervention surveys in experimental and control groups. Descriptive and multivariate analyses were conducted. Girls in the experiment group reported higher levels of social support, higher levels of knowledge of HIV prevention and are more likely to say they want to be tested for HIV than do girls in the control group. Detailed evaluation results will be published soon.

## Endnotes

1. United Nations Population Fund (UNFPA) [Internet]. New York: UNFPA [cited 2012 Apr 16]. Gender Equality, Giving Special Attention to Girls and Adolescents. Available from: <http://unfpa.org/gender/girls.htm>.
2. Khan A. Gender-based violence and HIV: A program guide for integrating gender-based violence prevention and response in PEPFAR programs [Internet]. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1; 2011 [cited 2012 Apr 16]. Available from: [http://www.aidstar-one.com/focus\\_areas/gender/resources/pepfar\\_gbv\\_program\\_guide](http://www.aidstar-one.com/focus_areas/gender/resources/pepfar_gbv_program_guide).
3. World Health Organization (WHO) [Internet]. Geneva: WHO; c2012 [updated 2010 Aug; cited 2012 Apr 16]. Child maltreatment: Factsheet No. 150. Available from: <http://www.who.int/mediacentre/factsheets/fs150/en/index.html>.
4. Centers for Disease Control and Prevention (CDC) [Internet]. Atlanta: CDC [updated 2011 Aug 19; cited 2012 Apr 16]. Injury Center: Violence Prevention; Together for Girls. Available from: <http://www.cdc.gov/violenceprevention/sexualviolence/together/index.html>.
5. United Nations Children's Fund (UNICEF). Girls, HIV/AIDS and education. New York: UNICEF; 2004.
6. Rottach E, Schuler SR, Hardee K. Gender perspectives improve reproductive health outcomes: New evidence. Washington, DC: Population Reference Bureau, USAID IGWG; 2009.
7. Caro D. A manual for integrating gender into reproductive health and HIV programs: From commitment to action. 2nd ed. [Internet]. Washington, DC: USAID Interagency Gender Working Group; 2009 [cited 2012 Apr 16]. Available from: [http://www.igwg.org/igwg\\_media/manualintegrgendr09\\_eng.pdf](http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf).

8. Adapted from Caro D. A manual for integrating gender into reproductive health and HIV programs: From commitment to action. 2nd ed. [Internet]. Washington, DC: USAID Interagency Gender Working Group; 2009 [cited 2012 Apr 16]. Available from: [http://www.igwg.org/igwg\\_media/manualintegrgendr09\\_eng.pdf](http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf).
9. Adapted from Global Fund to Fight AIDS, Tuberculosis and Malaria. Global fund gender equality strategy [Internet]. Geneva: Global Fund [cited 2012 Apr 16]. Available from: [http://www.theglobalfund.org/documents/strategy/TheGenderEqualityStrategy\\_en.pdf](http://www.theglobalfund.org/documents/strategy/TheGenderEqualityStrategy_en.pdf).
10. USAID. Gender terminology [Internet]. Washington, DC: USAID; 2007 [cited 2012 Apr 16]. Available from: [http://www.usaid.gov/our\\_work/cross-cutting\\_programs/wid/pubs/Gender\\_Terminology\\_2.pdf](http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Gender_Terminology_2.pdf).
11. Esu-Williams E, Schenk KD, Geibel S, Motsepe J, Zulu A, Bweupe P, et al. We are no longer called club members but caregivers: Involving youth in HIV and AIDS caregiving in rural Zambia. *AIDS Care*. 2006 Nov;18(8):888-94.
12. FHI 360. Gender integration framework. Internal document.

# A

## Sources of Data for Gender Analysis

**Demographic and Health Surveys (DHS)**, which contains data from over 75 countries, include a number of questions that shed light on gender inequality and norms including

- educational status and media exposure
- employment status
- control over earnings
- freedom of movement
- control over money and assets
- attitudes about gender roles and the right to refuse sex
- spousal equality and communication
- freedom from violence and coercion
- attitudes that reflect a sense of self-efficacy, self-worth and entitlement
- control of household and reproductive decision making

Data by country can be found at <http://www.measuredhs.com/start.cfm>.

**Population Reference Bureau's annual publication, *The World's Women and Girls Data Sheet***, has current data on a number of indicators on the status of women and girls in over 180 countries. These indicators include

- percent of women married by age 18
- percent of married women using contraception (any method/modern method)
- percent of births attended by skilled personnel
- maternal deaths per 100,000 live births
- percent of adults ages 15 to 49 with HIV (female/male)

- primary school completion rate (female/male)
- percent enrolled in secondary school (female/male)
- percent economically active, ages 15 and older (female/male)

The document can be found at <http://www.prb.org/Publications/Datasheets/2011/worlds-women-and-girls.aspx>.

### **Multi-Country Data on Gender-based Violence**

- Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses [Internet]. Geneva: WHO; 2005 [cited 2012 Apr 16]. Available from: [http://www.who.int/gender/violence/who\\_multicountry\\_study/en/](http://www.who.int/gender/violence/who_multicountry_study/en/).
- Kishor S, Johnson K. Profiling domestic violence: A multi-country study [Internet]. Calverton, MD: ORC Macro; 2004 [cited 2012 Apr 16]. Available from: <http://www.measuredhs.com/pubs/pdf/OD31/OD31.pdf>.
- Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health [Internet]. Geneva: WHO; 2002 [cited 2012 Apr 16]. Available from: [http://whqlibdoc.who.int/publications/2002/9241545615\\_eng.pdf](http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf).

**Other sources of data** may include qualitative studies, project reports, local studies, or focus group discussions or other grey literature.

- What Works for Women and Girls: Evidence for HIV/AIDS Interventions [Internet]. New York: Open Society Institute; c2010 [cited 2012 Apr 16]. Available from: <http://www.whatworksforwomen.org/>.
- Khan A. Gender-based violence and HIV: A program guide for integrating gender-based violence prevention and response in PEPFAR programs [Internet]. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1; 2011 [cited 2012 Apr 16]. Available from: [http://www.aidstar-one.com/focus\\_areas/gender/resources/pepfar\\_gbv\\_program\\_guide](http://www.aidstar-one.com/focus_areas/gender/resources/pepfar_gbv_program_guide).
- van der Gaag N. Because I am a girl: The state of the world's girls 2011 [Internet]. Surrey, UK: Plan International; 2011 [cited 2012 Apr 16]. Available from: <http://plan-international.org/girls/resources/what-about-boys-2011.php>.

# B

## Resources on Gender-Related Indicators and Indices

Compendium of Gender Scales [Internet]. Washington, DC: C-Change Program [cited 2012 Apr 16]. Available from: <http://www.c-changeprogram.org/content/gender-scales-compendium/index.html>.

Bloom S. Violence against women and girls: A compendium of monitoring and evaluation indicators [Internet]. Washington, DC: USAID, MEASURE Evaluation, and IGWG; 2008 [cited 2012 Apr 16]. Available from: [http://www.prb.org/igwg\\_media/violenceagainstwomen.pdf](http://www.prb.org/igwg_media/violenceagainstwomen.pdf).

Moser A. Gender and indicators: Cutting-edge pack [Internet]. Brighton, UK: BRIDGE; 2007 [cited 2012 Apr 16]. Available from: <http://www.bridge.ids.ac.uk/go/bridge-publications/cutting-edge-packs/gender-and-indicators/>.

Yinger N, Peterson A, Avni M, Gay J, Firestone R, Hardee K, et al. A framework to identify gender indicators for reproductive health and nutrition programming [Internet]. Washington, DC: USAID Interagency Gender Working Group; 2002 [cited 2012 Apr 16]. Available from: [http://www.prb.org/igwg\\_media/FrameworkIdentGendrIndic.pdf](http://www.prb.org/igwg_media/FrameworkIdentGendrIndic.pdf).

## C

## Other Resources

Resources for staff capacity building and self-reflection on gender, gender analysis and gender integration:

- USAID’s Interagency Gender Working Group training resources:  
<http://www.igwg.org/training.aspx>
- CARE’s staff development resources on gender and other social determinants of health:
  - Inner Spaces, Outer Faces Initiative (ISOFI) Toolkit [Internet]. Atlanta, GA: ISOFI [cited 2012 Apr 16]. Available from: <http://www.careacademy.org/ISOFI/default.aspx>.
  - CARE. Ideas and action: Addressing the social factors that influence sexual and reproductive health [Internet]. Atlanta, GA: CARE; 2007 [cited 2012 Apr 16]. Available from: [http://www.care.org/careswork/whatwedo/health/downloads/social\\_analysis\\_manual.pdf](http://www.care.org/careswork/whatwedo/health/downloads/social_analysis_manual.pdf).

#### **Other Resources on Gender and Vulnerable Children**

- Khan A. Gender-based violence and HIV: A program guide for integrating gender-based violence prevention and response in PEPFAR programs [Internet]. Arlington, VA: USAID’s AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1; 2011 [cited 2012 Apr 16]. Available from: [http://www.aidstar-one.com/focus\\_areas/gender/resources/pepfar\\_gbv\\_program\\_guide](http://www.aidstar-one.com/focus_areas/gender/resources/pepfar_gbv_program_guide).
- Ambassadors girls scholarship program: Girls’ mentoring resource guide. Washington, DC: USAID. [cited 2012 Apr 25] [http://cge.fhi360.org/Publications/upload/1\\_ENG\\_AGSP\\_MentoringResourceGuide\\_6-1-09.pdf](http://cge.fhi360.org/Publications/upload/1_ENG_AGSP_MentoringResourceGuide_6-1-09.pdf)

# D

## Gender Analysis Worksheet

This worksheet was adapted from USAID's IGWG to guide the gender analysis process.

## *Gender Analysis Worksheet*

<b>A. What are the key <i>gender relations</i></b> under each domain below that affect women and girls and men and boys?	<b>B. What other potential information</b> is needed about gender relations?	<b>C. What are the <i>gender-based constraints</i></b> to reaching the program objectives?	<b>D. What are the <i>gender-based opportunities</i></b> to reaching the program objectives?
<b>Access to Resources</b>			
<b>Knowledge, Beliefs and Perceptions (some of which are norms)</b>			
<b>Practices and Participation</b>			
<b>Legal Rights and Status</b>			
<b>Power and Decision Making</b>			

# E

## Planning and Design Worksheet for Gender Integration

<b>A. What gender integrated <i>sub-objectives</i> can you include to address gender-based opportunities or constraints?</b>	<b>B. What proposed <i>activities</i> can you design to address gender-based opportunities or constraints?</b>	<b>C. What indicators for monitoring and evaluation will show if (a) the gender-based opportunity has been taken advantage of or (b) the gender-based constraint has been removed?</b>
<b>Sub-objective:</b>		



