

HE-183	Indicator Title: Gender and health Statement: Number of people who complete an evidence-based intervention integrating gender norms.
Health Sector	Cross-cutting
Type: Output	Unit of Measure: Individual Disaggregation: Sex: Male, Female; Age (years): 0-9, 10-14, 15-19, 20-24, 25+

Rationale: Gender norms are activities that address harmful gender norms related to health seek to change traditional, cultural, and social gender norms that contribute to behaviors that increase risk in both men and women, and that impede access to care and treatment services for those who need them. These activities are cross-cutting and contribute to results across a range of health program areas, including malaria, WASH, MCH, substance abuse, sexual and reproductive health and HIV.

To report on this indicator, an activity¹ must meet the following criteria:

- Use of evidence-based curriculum for gender norms and health for the same individuals or groups over multiple encounters
 - a. Session must include participatory activities (i.e., NOT only a lecture)
 - b. Session must demonstrate a clear link between gender norms and the health topic(s) (i.e., malaria, WASH, MCH, substance abuse, sexual and reproductive health and HIV)

How to Collect and Report Data

- How to collect data?** Volunteers should use data collection tools to assist with reporting. Attendance sheets should be used by the Volunteer/Counterpart and record the following information at each session:



- WHO:** Participants' name², age, and sex
Names of collaborating organizations/partners
- WHAT:** Title of the activity
- WHEN:** Dates of the sessions
- WHERE:** Location where the activity is conducted
- WHY:** A brief description of the activity

- How often to collect?** Each session should keep track of the number of individuals who participated using an attendance sheet.
- How to report in VRF?** Volunteers should report the total number of unique participants in the VRF per post reporting period, disaggregated by Age and Sex (see Figure 1).

Figure 1: VRF Data Entry Screen

	Total
Males 0-9	0
Males 10-14	0
Males 15-19	0
Males 20-24	0
Males 25+	0
Females 0-9	0
Females 10-14	0
Females 15-19	0
Females 20-24	0
Females 25+	0
Total	0

Programmatic Guidance for Evidence-based Interventions in Gender Norms and Health

Gender is a culturally-defined set of economic, social, and political roles, responsibilities, rights, entitlements obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations,

¹ For gender-norms related activities, more than one encounter with participants is required; therefore, each encounter is referred to as a "session" in this guidance.

² Check with PC/Post staff and counterpart for appropriateness of collecting participant names with activities.

vary across cultures and over time, and often intersect with other factors such as race, class, age and sexual orientation. All individuals, independent of gender identity, are subject to the same set of expectations and sanctions³. Gender is not interchangeable with women or sex.

Stigma refers to unfavorable attitudes, beliefs, and policies directed towards people based on a particular health circumstance, such as menstruation or HIV status.

Examples of gender norms linked to health topics may include the following:

- Norms that discourage control over decision-making for women and girls
- Norms that reinforce traditional roles and assumptions
- Norms around masculinity that encourage multiple partners, violence, and limit seeking health care services
- Norms that discourage women and girls' access to knowledge, education and resources (economic, family planning, female-safe latrines, etc.)
- Norms that encourage violence, harassment, stigma, and discrimination age
- Norms that promote equality with respect to caregiving, fatherhood, and division of labor.

Intervention Delivery Methods:

Length of engagement. The diverse nature of gender trainings means that characteristics and impact vary widely⁴. The kinds of long-term changes in individual attitudes and practices that sustained training (a few weeks/months) can contribute is difficult to achieve in shorter trainings (a few days). The longer the gender training, the more likely it will affect individual attitudes, and ultimately, behaviors.

Participatory Sessions. The training must include a participatory component that helps participants to understand and question existing gender norms and to also reflect on the impact of those norms on their lives, communities, and health. Evidence has shown that participatory interventions, such as open dialogues, do have an impact on gender norms. Evidence also indicates that non-participatory methods such as lectures and dissemination of information and materials do not have significant impact on changing gender norms.

Group Size. The training must have been provided by the PCV or their counterpart in a small group setting. Small-group-level activities are those delivered in small group settings (less than 25 people, e.g., workplace programs, men's support groups, etc. Group size may vary by context, please consult your PC/Post staff to determine what the best group size is for your site.

Volunteer Highlights

Care Group:

A group of women with children under the age of 5 who meet at least twice monthly. Disease prevention and methods are discussed and after each meeting each mother passes on the information learned to 10 other mothers. I integrate gender into each of our discussions to help the mothers understand how cultural gender norms affect their access or barriers to care and knowledge regarding health (such as lack of control of resources or decision making within their families, or clinic regulations that might require male approval), including its impact on malaria, diarrheal diseases, complications during pregnancy, and malnutrition.

³ IGWG: Interagency Gender Working Group

⁴ Compendium of Good Practices in Training for Gender Equality, UN Women, 2016

Boys Group:

A group of male students was identified by my Amour et Vie team. This group of boys had many questions related to sexual health, STI's, and HIV/AIDS. My team suggested that we organize health sessions with the group of boys and have completed 3 sessions with them during their vacation from school. The subjects covered included: STI's, reproductive health, condom demonstrations, HIV/AIDS, gender equality and the importance of respecting girls/women.

Scholarship Girl Program:

I am participating in a Scholarship Girls Program for school year. The program assists young girls in secondary schools. The goal of the program is also for the Volunteer to act as mentor to the chosen girl in all areas of her life. To date, my girl and I have had numerous meetings in which she has come over my house, we made dinner, and we talked about the relationship between female empowerment and issues such as /AIDS and sexually transmitted infections, life-skills, education, leadership, and community work. As her mentor, I'm trying to help her understand how gender affects her health and how she can make healthy decisions.

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