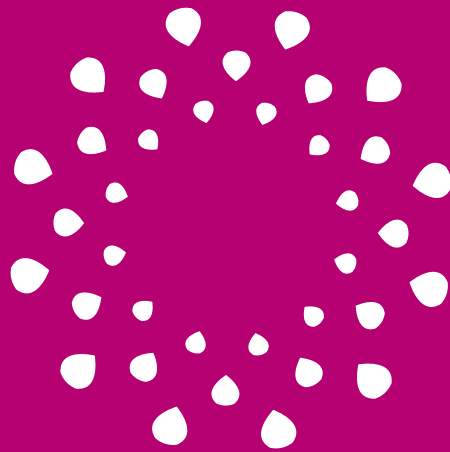EngenderHealth
for a better life

Gender, Youth, and Social Inclusion (GYSI) Staff Training Manual

Abridged Version

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EngenderHealth

EngenderHealth is a nonprofit organization headquartered in Washington, DC with over 400 employees in country offices across Africa, Asia, and the Americas. EngenderHealth has made a commitment toward internal reflection and change among its own teams toward gender, youth, and social inclusion (GYSI).

Vision

A gender-equal world where all people achieve their sexual and reproductive health and rights (SRHR)

Mission

To implement high-quality, gender-equitable programs that advance SRHR

Commitment

At EngenderHealth, we know that gender equality and SRHR are completely and inextricably intertwined. We also know that marginalized groups—such as girls, women, and gender and sexual minorities; adolescents and youth; people with disabilities; economically disadvantaged groups; and rural and other hard-to-reach populations—are particularly vulnerable to discriminatory practices that can prevent them from leading healthy lives. But that can change.

That's why we aim to create a world where women and girls exercise their rights to gender-equitable sexual and reproductive health (SRH) services and participate as equal members of society. We support every person's right to make free, informed decisions about whether, when, and with whom to have sex and whether, when, and with whom to have children. We acknowledge the disadvantages and discrimination women and girls face in exercising these rights and tackle the gender- and power-related barriers that deny them these rights. To implement high-quality, gender-equitable programs that advance SRHR, our programs use a gender-transformative approach and are grounded in youth-centered and socially inclusive principles.

GYSI Training

As we continue to advance our work, we recognize the critical importance of continually improving how we work and understanding that the people we work with face multiple vulnerabilities. This manual is intended to help EngenderHealth teams, partner organizations, and other stakeholders in EngenderHealth program countries strengthen their capacity in GYSI. This training is not about adding work but rather about improving the work we are already doing.

This manual comprises a compendium of tools, gathered from evidence-based manuals and training materials, from EngenderHealth's own tools and other resources used globally. It includes tools to:

- Facilitate teams to *reflect on, challenge, and change* their own personal GYSI-related biases, beliefs, prejudices, and stereotypes
- Facilitate teams to analyze GYSI-related root causes of SRHR injustices in the context of their work
- Help teams to develop action plans for integrating GYSI components into their work
- Train colleagues and partners on EngenderHealth's *Do No Harm Framework*

By implementing this training across the organization, EngenderHealth is categorically committing itself to programs that reflect and address the vulnerabilities that women, girls, and other marginalized groups face every day. By using the tools and training materials gathered in this compendium, we aim to make seemingly complex concepts easily accessible and ensure that every participant can join us in advancing gender equality, youth rights, and social inclusion in their own spheres of influence.

Suggested Citation

Photo Credits

Paual Bronstein/EngenderHealth, pages 8, 12
EngenderHealth, pages 10, 11, 21, 37, 43, 45, 51, 56, 63, 89, 95
Cristian Buehner/EngenderHealth, pages 31

Implementation Note

This is an abridged version of *EngenderHealth's Gender, Youth, and Social Inclusion Staff Training Manual*. This version of the manual aligns with the United States government's global health legislative and policy requirements and restrictions related to support for abortions, as detailed in the Protecting Life in Global Health Assistance (formerly known as the Mexico City Policy). This version may be used by staff and programs funded by the United States government. Please note we have separately published a comprehensive version of this manual that addresses comprehensive abortion care, which may be used by staff and programs funded by other sources that are not subject to these restrictions.

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Foreword

From EngenderHealth's Director of Gender, Youth, and Social Inclusion, Renu Golwalkar

EngenderHealth works to realize a gender-equal world where all people achieve their sexual and reproductive health and rights (SRHR). We use gender-equitable, youth-participatory, and socially inclusive approaches to ensure women, girls, and people from marginalized groups can access equitable, high-quality sexual and reproductive health (SRH) information and services.

Across our country offices, EngenderHealth staff are committed to this work and to implementing such programs with equity. With 75 years of experience, EngenderHealth understands the historical and social disadvantages that have prevented women, adolescents, youth, and other marginalized groups from being treated equally and achieving their full potentials, especially with regard to SRHR. Our approaches acknowledge and account for such inequalities and are tailored to the individuals we serve, carefully considering their unique experiences and the environments in which they live. This is reflected in our strategy, which is informed by equity.

We believe that gender-transformative change begins within ourselves and therefore ensuring equitable access to SRH information and services often means encouraging self-reflection among EngenderHealth staff, facility-based health providers, community health workers, and community stakeholders. This process whereby our own teams and stakeholders reflect upon, challenge, and change their personal gender-based, age-related, and sociocultural biases, perceptions, and stereotypes is a crucial first step in acquiring a gender, youth, and social inclusion (GYSI) lens, which is necessary to facilitate transformative change in SRHR. This training manual calls on us to be actively self-aware and offers new approaches for ensuring that the work we are doing around the world has the greatest SRHR impact for the greatest number of women, girls, young people, and other marginalized groups.

This training manual, like our work and overall programmatic approach, draws on a socioecological model and women's empowerment framework to generate gender- and youth-transformative change in the lives of people who experience social marginalization. It also draws on the Social Analysis and Action (SAA) approach, developed by the Cooperative for Assistance and Relief Everywhere, Inc. (CARE). The SAA approach is rooted in the idea that gender-transformative programs and interventions begin with internal transformation. This means that staff, service providers, duty bearers, community-based groups, and all other stakeholders must continually reflect upon, learn about, and challenge the norms that they themselves operate under to gain greater comfort with and capacity for understanding and addressing gender and power dynamics through their work.

This training program asks facilitators and participants to reflect upon, challenge, explore, and unlearn and learn in order to facilitate a gender-equitable, youth-participatory, and socially inclusive society. This approach will strengthen participants' GYSI capacity and improve our work's quality in terms of implementation and

impact. This manual also focuses on building the technical capacity and skills of participants to understand the underlying social norms and barriers that influence the SRHR outcomes. The training develops skills and capacity for understanding and implementing a comprehensive Do No Harm framework, which protects program participants from any unintended detriments caused by an intervention.

This is a required training for all EngenderHealth staff and stakeholders. Additional and more specific technical training programs related to GYSI include EngenderHealth's *Men As Partners® (MAP®)* curriculum, gender-based violence training, and adolescent and youth sexual and reproductive health and rights training.

We hope that this GYSI staff training manual serves as an important resource for our dedicated and passionate teams and partners working toward a socially inclusive world, where everyone has access to high-quality and respectful SRH information and services.

❦

Acknowledgements

Abbreviations

DNHF	Do No Harm Framework
FGM/C	Female Genital Mutilation/Cutting
FNS	Food and Nutrition Security
GBV	Gender-Based Violence
GYSI	Gender, Youth, and Social Inclusion
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer/Questioning, and Other Individuals and other—including Nonbinary, Intersexual, Asexual, and Pansexual
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation, and Learning
N/A	Not Applicable
PLWH	People Living with HIV
PWD	People with Disabilities
SAA	Social Analysis and Action
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
WEE	Women's Economic Empowerment

Introduction

Gender, Youth, and Social Inclusion (GYSI) Strategy

What Is GYSI?

At the heart of EngenderHealth's GYSI strategy is building the agency of women, girls, and people from marginalized groups to know their sexual and reproductive rights and to demand full realization of these rights. At the same time, we recognize that realizing this vision requires engagement with service providers, community leaders, community groups, policy makers, and program implementers. We must engage with these actors to sensitize them to the needs and rights of women, girls, and marginalized people, and also to hold them accountable. This is particularly critical for governments, which serve as duty-bearers.

EngenderHealth is working to integrate a GYSI lens into all of its programs and services. To engage with multiple actors working at different levels, we have grounded our GYSI strategy in a socioecological model, which emphasizes multiple levels of influence (e.g., individual, interpersonal, organizational, community, and policy) and the idea that behaviors both shape and are shaped by the social environment. This manual and the training it outlines are vital steps in advancing our vision of transforming lives for the better.

What Is the Social Analysis and Action (SAA) Approach and Why Is it Important to GYSI?

This definition of the SAA approach is adapted from CARE's *Social Analysis and Action Global Implementation Manual*.[1]

This manual uses the SAA approach to structure the integration of GYSI across country offices and within programs and services. The SAA approach is a facilitated process through which individuals and communities explore and challenge various gender and social beliefs, norms, and practices that impact their lives. These beliefs, norms, and practices are often at the root of the sexual and reproductive health (SRH) challenges that EngenderHealth seeks to address. The Cooperative for Assistance and Relief Everywhere, Inc. (CARE) developed and has implemented the SAA approach effectively in SRH projects in multiple country contexts. This approach is designed for facilitating gender-transformative change that will have tangible, positive impacts on the lives of women, girls, and other marginalized groups.

As a constantly evolving change process, the core elements driving SAA are:

- **Reflect**, to create an understanding of how norms related to gender and sexuality influence sexual and reproductive health and rights (SRHR), and interrelated issues including women's economic empowerment (WEE), food and nutrition security (FNS), and gender-based violence (GBV).
- **Challenge** norms, by directly addressing SRH and interrelated issues of FNS, WEE, and other social issues through a cycle of reflection and action and supporting changes in individual attitudes and social norms, which will lead to greater gender equality in households, communities, and society.

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1. CARE. 2018. *Social Analysis and Action Global Implementation Manual*. Atlanta, GA: CARE. 9–14. https://insights.careinternational.org.uk/images/in-practice/Gender-in-the-workplace/SAA.GlobalImplementationManual_FINAL.English.rights-reserved_2018.pdf. [Social Analysis and Action Global Implementation Manual. © 2018 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.]

- **Explore**, by envisioning alternatives based on a realization of the negative effects norms have on well-being and development outcomes, and moving toward alternative ways of thinking and behaving.
- **Learn** how gender, social, and power norms shape perceptions and expectations of others and of ourselves, and how these perceptions and expectations influence decisions and behaviors.

Staff transformation is the foundational step of SAA. However, it is also a continuous process that occurs throughout implementation. Through ongoing, critical self-reflection on gender, social, and power norms, staff members increase their understanding of and comfort with the topics and enhance their skills for facilitating dialogues on gender and sexuality. This regular reflective practice results in staff members' increased familiarity with the SAA process; theoretical underpinnings; and the model's implicit values of gender equality, youth participation, and social inclusion. The increased individual GYSI capacity of staff enables them to become active champions for women, girls, and other marginalized populations within programs and in their personal lives.

Increasing understanding and critical reflection is not possible in a single session or day—instead it must be a continuous process of growing awareness, capacity, and motivation for individuals and groups. Before selecting the tools to use to address gender, social, and power norms during reflective dialogues, teams must identify the most relevant norms by engaging community groups that are most negatively impacted by these norms. Program teams can then identify who holds the power to influence these norms by conducting GYSI and power analyses (refer to the GYSI and Power Analysis section for more details). Teams can then facilitate reflective dialogues with target groups and power holders to identify and assess social and gender norms and to determine how such norms contribute to or undermine shared goals and aspiration.

This critical reflection is crucial for transforming motivation for change into action, as these dialogues offer opportunities to envision alternatives to the current state of affairs. During work planning and implementation, teams first prioritize the issues that they will address and then propose solutions to those prioritized concerns. The role of trainers in guiding this planning enhances the capacity of participants to weigh the feasibility and potential impact of proposed solutions. Planning and decision making within the group is a participant-led process. This joint planning process reflects relationships fostered through dialogue, further increasing both individual and collective efficacy. Participants can then implement plans to challenge social, gender, and power inequities through increased activism in order to adopt and maintain positive changes.

Finally, these ongoing dialogues provide opportunities for monitoring, evaluation, and learning (MEL). This enhances program leaders' understanding of SAA's contribution to the enabling environment (i.e., gender-equitable norms) and enables program implementers to learn from and adapt to the sources of strengths and opportunities already existing in communities.

How to Use This Manual

The primary audience for this training is EngenderHealth staff. We expect staff to modify and contextualize these resources for their specific stakeholders. Additional audiences may include but are not limited to: service providers such as doctors, nurses, midwives, and counselors; ministry staff and government health workers; and community leaders.

This manual is intended to be used with and by EngenderHealth staff to foster a deep understanding of the underlying causes of GYSI-related barriers in the context of SRH. It supports staff to understand the interplay and power dynamics around these critical issues as well as how they impact the lives of women, men, nonbinary individuals, young people, and other marginalized groups. This manual will guide EngenderHealth staff in reflecting on their own biases, beliefs, prejudices, and stereotypes—all of which influence the way teams design, implement, monitor, and evaluate gender- and youth-transformative and socially inclusive interventions.

This is a tool for training master trainers and partners, including clinic employees and government staff providing frontline services. The five-day version of this training prepares participants with the knowledge and skills to deliver a GYSI training to a variety of audiences. A master trainer is a person who has completed the full five-day version of the GYSI training and has the capacity and motivation to effectively train others. We expect master trainers to use this manual to cascade the training and share their learning with colleagues, partners, communities, and donors in their respective local, national, and regional contexts.

Master trainers are also custodians of GYSI integration and sustainability. Master trainers are thereby responsible for ensuring that GYSI remains on the agenda of EngenderHealth teams and that those teams effectively integrate GYSI principals into projects as well as monitoring and evaluation (M&E) activities. We expect master trainers will deliver regular refresher trainings to support this responsibility.

As some master trainers may not have a wealth of experience in preparing and delivering trainings, we have included a brief facilitator's guide as an appendix to this guide. This is intended to support those who feel they would benefit from additional advice and support around how to conduct training sessions.

We recognize that in some contexts, participants might not be able to attend a five-day training; therefore, we designed the GYSI training program to be flexible so that implementers can modify the timeline as necessary. For example, this might be the case for service providers who are unable to leave their posts for an entire week. For this reason, we have also included in the appendixes guidance for five-, three-, and one-day versions of this training, as well as tips on which tools work most effectively with specific audiences.

This manual promotes sustainable and ongoing awareness of GYSI issues, rather than confining learning to training days. We have highlighted select tools that work well as refreshers in the appendixes to ensure GYSI considerations remain active in staff minds and on team agendas. You can deliver these tools in 20- or 30-minute sessions, for example, at the start of a regular staff meeting. In addition to creating a space for staff to discuss, advance, and strengthen their current practice around GYSI, these tools also provide opportunities for participants to self-reflect and to interact with each other in new and engaging ways.

We selected the tools in this manual to be relevant to a broad range of national and local contexts. However, it is impossible to respond to the specific needs of each unique context. Therefore, we expect trainers to adapt exercises to respond directly to the relevant GYSI-related challenges in the areas where they work. For example, we ask trainers to modify exercises throughout the training to address the most marginalized groups in their communities.

For questions or requests for additional support in using this guide, please contact:

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Tools for Understanding GYSI

About the Tools

All too often, making programs gender-equitable, youth-participatory, and socially inclusive becomes an academic or specialist exercise. While the guidance of experts can help us navigate these concepts, the reality is that all of us can understand and apply these concepts in our daily work. The tools in this section of the manual aim to facilitate a process of internal and group reflection around GYSI issues to help participants understand how to apply this knowledge to eliminate barriers that prevent the people we serve from achieving their SRHR.

This compendium of tools relies on interactive and participatory methodologies to facilitate individual and group reflection in fun and interesting ways. The tools are sequenced in such a way that knowledge is built incrementally over the course of an intensive five-day training. However, after completing the training, trained staff members can share this learning with colleagues by selecting individual tools to refresh conversations about GYSI or to spark additional productive discussions.

In this section, you will find core tools and instructions on how to use them. Each tool provides information related to its primary purpose, the time required to complete the activity, any materials and other preparation required, step-by-step details for conducting the exercise, and how to tailor the tool to explore the experiences of marginalized groups. This information is followed by additional options for ways in which you can customize the tool to address specific issues or to fit within different stages of the GYSI transformation process.

When delivering these tools with office-based colleagues, service providers, or community members, it is vital to focus on asking participants "why" and being careful not to judge or lead participants toward the so-called "right" answers. These tools are designed to help participants draw their own conclusions by engaging them in productive discussions and debates.

Since is impossible to design tools in such a way that they will resonate in every community and context, you will need to determine how you will adapt them to fit your specific context or program before conducting the training. Refer to the GYSI and power analysis, found in the next section of this manual to contextualize these tools.

These tools aim to facilitate a process of self-reflection; however, you should never force participants to share personal views or experiences if they do not feel comfortable doing so. Additionally, take care to respect participants' privacy by keeping anything discussed during the training confidential. Similarly, there are prompts throughout the tools to remind participants about the importance of confidentiality. However, as confidentiality cannot be guaranteed, no one should feel obligated to participate or share, if they feel uncomfortable. Facilitators should allow participants to skip sessions when necessary to protect their personal comfort and well-being.

Before using these tools in a training context, you should administer the pretest to capture a baseline of participants' existing understanding. After completing the training, you can administer the posttest, which will help you assess participants' progress. A sample pretest and posttest is included in the appendixes for this purpose.

List of Tools

1. Power Walk
2. The Gender Box
3. Pile Sorting
4. Body Mapping
5. Silent Power
6. Vote with Your Feet (Values Clarification)
7. Crossing the River
8. Circles of Influence
9. Problem Tree Analysis
10. But Why
11. Safety, Security, and Mobility Mapping
12. Social Norm Prioritization
13. Who Is Affected and How
14. Stakeholder Analysis
15. Barriers to Care
16. The Principle of Capability
17. Four Corners

1. Power Walk

We adapted this tool from Rutgers' toolkit for *Adopting a Gender Transformative Approach in Sexual and Reproductive Health and Rights and Gender-Based Violence Programmes*.[2]

Purpose of the Tool

This tool aims to help participants build an understanding of the relationships between gender, power, age, ethnicity, class, caste, race, etc.—and how these factors reinforce each other to create or exacerbate gender inequalities. This tool highlights the ways in which intersecting forms of oppression deepen discrimination and make it more challenging for people to reach their full potentials. The Power Walk calls participants to develop an intersectional analysis that examines how gender-based discrimination interacts with other forms of discrimination, including discrimination based on age, caste, class, ethnicity, and race.

Time Required

45 minutes

Materials Needed and Other Preparation Required

☐ Power Walk Characters (review and adapt the list as appropriate; print and cut the final list into strips, ensuring you have at least one character for each participant)

☐ Power Walk Statements (review and adapt the list as appropriate for your setting)

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2. Rutgers. 2018. *Adopting a Gender Transformative Approach in Sexual and Reproductive Health and Rights and Gender-Based Violence Programmes*. Utrecht, Netherlands: Rutgers. 45–48. https://www.rutgers.international/sites/rutgersorg/files/PDF/DEF-web-GTA%20toolkit-module-1.pdf.

Power Walk Characters

Woman, age 25, with three children, wants to use contraception but her husband is opposed

Woman, age 40, influential teacher and wife of a community leader

Man, age 40, police officer and friend of the president

Girl, age 16, pregnant as a result of rape

Boy, age 15, orphaned, works at a restaurant where he is sexually abused

Woman, age 21, lives with a disability and cannot move outside her house without support

Woman, age 35, married with four children, husband does not allow her to go outside without his permission and does not want her to use contraception

Man, age 45, teacher at local school with strong religious beliefs

Man, age 35, religious leader

Woman, age 35, successful entrepreneur abused by husband

Power Walk Characters

Woman, age 40, government minister

Man, age 50, rich local administrator, with strong religious beliefs

Girl, age 16, does not want to marry yet but her parents are forcing her to marry

Transgender adolescent, age 17, unemployed and sexually abused and bullied

Boy, age 17, living with HIV but scared to tell anyone, living and begging on the street, beaten and sexually abused

Woman, age 20, unmarried and pregnant, unable to visit a health facility due to the fear of stigma

Man, age 45, community leader who recently won an election by distributing food to the poor

Woman, age 40, widowed, living with HIV, abandoned by her family

Man, age 40, community leader and brother of a government minister

Woman, age 30, sex worker living with HIV

Power Walk Characters

Boy, age 17, deaf and unaware of ongoing sexual and reproductive health and rights radio campaigns

Man, age 47, director of a health-focused nongovernmental organization

Girl, age 12, living with HIV, told by a service provider not to have sex or attend school

Boy, age 18, community health peer educator, earns slightly more than the girls in his village and uses that money to have girlfriends

Woman, age 24, community health worker trained to deliver youth-friendly services

Woman, age 20, secretly a lesbian, forced to marry a man

Woman, age 60, grandmother caring for five orphans

Boy, age 15, caring for sick mother and siblings, dropped out of school, recently became sexually active and does not know about HIV and other sexually transmitted infections (STIs)

⌗ Steps

1. Explain that you are going to share strips of paper with the characteristics of different people in a community (or other setting, if you wish). ***Note:*** *It is useful to give participants different genders (e.g., men to play female characters or women to play male characters) and ages (i.e., older participants to play adolescents and youth to play older adults). The idea is that by imagining themselves as a character of a different gender and age, participants will better understand gender, power, and their intersections with age, race, ethnicity, and other social characteristics. By role playing different types of characters, participants will process how different social factors work together to increase powerlessness and gain empathy for individuals who are disempowered by society.*

2. Distribute the character strips so that each participant has one and ask them to read it quietly without showing it to anyone else. Explain that each person will play the role of this character for this exercise.

3. Ask everyone to stand in a straight line facing you. Tell them that they cannot speak or ask any questions unless they are asked a question. ***Note:*** *You may need to go outside to find a large enough space for this activity.*

4. Explain that you will be reading aloud a series of statements and the participants' task is to think about how their characters would respond. If their character would answer "yes," the participant should take one step forward; if their character would answer is "no," or if they are unsure how their character would respond, they should stay still.

5. Slowly read the statements provided below, giving the participants time to move between each statement. ***Note:*** *You do not have to read all of the statements and you can modify the statements. Depending on the time available, you may select only a few, omitting statements that may be irrelevant for your group. You may also add new statements that may be more relevant to your context and participants.*

Power Walk Statements

- I can visit a hospital alone, anytime of the day and night.
- I can visit a hospital alone, even if it is far from my house.
- I do not need anyone's permission to visit a health center.
- I can decide when and at what age I want to get married.
- I can choose my life partner on my own.
- I can decide whether I want to become pregnant or conceive with my partner.
- I can decide when I want to have children.
- I can decide the timing of and spacing between my children.
- I can exercise my right to consent to sexual intercourse.
- I can choose my own contraceptive method, without the fear of any backlash from my partner, family, or community.
- I can buy condoms.
- I can negotiate condom use with my partner.
- I can approach any health center or health outreach worker and obtain information about safe sex and contraception.
- I can stop my partner from physically abusing me.
- I can seek legal, medical, and psychological support when my partner abuses me.
- I am not discriminated against because of my sex, age, or pregnancy status.
- I can participate in decisions related to issues affecting young people in my community.

- I have access to comprehensive information about HIV.
- I am not in danger of sexual harassment or abuse.

6. After reading all of the statements you wish to include, tell participants to stay where they are and ask them what they think the statements signify. The answer is that these statements all relate to the SRHR to which all people are entitled. Try to let participants arrive at this answer themselves first; if, however, they do not get the answer, you may provide hints.

7. Explain to the participants (still in the same position) that you are now going to ask a series of reflection questions that they will need to answer as their character.
   - Which people are leading the race?
   - Which people are left behind in this race?
   - What is the sex of the majority of winners?
   - What is the age of the majority of winners?
   - Are adolescents among the winners?
   - Are women or girls among the winners?
   - Are people with disabilities (PWD) among the winners?
   - Are people living with HIV among the winners?
   - Why are the winners mostly rich, adult men?
   - Why are the women, adolescents, and marginalized groups the ones left behind?
   - The power walk statements relate to the SRHR which everyone has a right to access equally, but in this race, could everyone access SRHR equally?
   - For EngenderHealth staff, which groups should we prioritize, while working toward equitable access to SRHR?

✏️ Additional Notes for Facilitators

This tool uses interactive group participation, reflection, and discussion. This session renders the often hidden and invisible dimensions of power and inequality visible and creates critical awareness of how power and gender operate in relation to other intersecting social categories.

⚖️ Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as people living with HIV (PLWH), LGBTQ+ populations (lesbian, gay, bi, trans, queer/questioning, and other individuals and other—including nonbinary, intersexual, asexual, and pansexual), sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Think about how you can incorporate these groups into the roles people play during the activity. Be sure to consider if it would be culturally appropriate to ask participants to play such roles. If you think participants may be resistant, consider whether it would be useful to ask those most resistant to play the roles that will challenge them the most, or if that strategy might have an adverse effect.

⊙ Adaptations to Address Specific Issues

Not applicable (N/A)

⊙ Adaptations for Different Stages in GYSI Transformation

N/A

2. The Gender Box

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual*, which was adapted from the International HIV/AIDS Alliance's *Tools Together Now! 100 Participatory Tools to Mobilise Communities for HIV/AIDS*.[3]

Purpose of the Tool
This tool aims to help participants identify and critically analyze typical roles, behaviors, and norms that are attributed to or expected of girls, boys, men, and women in the community—including how they are maintained and how they can be changed.

Time Required
1 hour to 1 hour, 30 minutes

Materials Needed and Other Preparation Required
☐ Flip chart paper, markers, and tape

Steps

1. Welcome participants and provide a brief introduction to the activity, explaining that in this session we are going to discuss the "gender expectations" that we have, our friends and families have, and our communities have for girls, boys, men, and women.

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2. Divide the participants into two groups. Ask each group to draw a square and tell them this is a gender box and that inside this box, one groups will draw a typical woman or girl and the other group to draw a typical man or boy. ***Note:*** *We recommend adding a further layer of analysis to this exercise by focusing on the typical adolescent girl and typical adolescent boy; however, you may determine what will be most relevant in your context. You may also decide to divide participants into four groups to examine social norms for girls, boys, men, and women each separately.*

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3. Once you decide how you would like to divide groups (e.g., according to gender and potentially age), ask participants to draw symbols or write key points inside the box to define their assigned population. Ask each group to discuss their own experiences with the roles, behaviors, and norms that society expects of the typical woman and typical man (and potentially typical girl and typical boy). ***Note:*** *Examples of responses may include the following:*
   - ***For women:*** *looking beautiful, completing basic education, being a virgin until marriage, marrying by a certain age, knowing how to cook, knowing how to care for children, having at least one child (preferably a son), and not opposing their husbands in public*
   - ***For men:*** *completing secondary education, having a job, being sexually experienced, marrying by a certain age, having a child (preferably a son), being physically strong, controlling their wives, and participating in community events*
   - ***For adolescent girls:*** *obeying parents, marrying by a certain age, caring for siblings and helping with household chores, not having boys as friends, and not having sex*

3. International HIV/AIDS Alliance. 2006. *Tools Together Now! 100 Participatory Tools to Mobilise Communities for HIV/AIDS*. Brighton, UK: International HIV/AIDS Alliance. 88–89. https://frontlineaids.org/wp-content/uploads/old_site/229-Tools-together-now_original.pdf?1405520036; **adapted in** CARE. 2018. 9–14.

- **For adolescent boys:** *attending school (receiving the resources to do so), being tough and not crying, getting a job to support the family, and playing sports*

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4. After each group has shared, ask participants where those expectations come from—from where or whom do we learn these expectations? Instruct participants to write the sources of expectations around the gender box, circling each source.

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5. Now ask participants to think of one stereotype about gender, youth, or social inclusion that they would like to challenge and change. Instruct participants to write this down to keep to share later.

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6. Next, ask each group to consider the roles, behaviors, and norms that society attributes of atypical women, men, adolescent girls, and adolescent boys and to draw or write this information outside of their box. Ask participants to discuss the consequences of practicing behaviors outside of the box. **Note:** *Examples of responses may include the following:*
   - **For women:** *dressing like a man, being sexually active before marriage, having multiple sexual partners, speaking loudly or in public, smoking and drinking alcohol, and going out alone (without permission or at night)*
   - **For men:** *not having an income or money, being gay, crying in public, being weak, speaking softly, cooking, and fetching water or completing other household chores*
   - **For adolescent girls:** *having sex, leading a club at school, traveling alone (e.g., to meetings or clubs), and talking about sex and pleasure*
   - **For adolescent boys:** *crying in public, participating in arts and drama activities at school, and not bullying others*

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7. After groups have listed expectations of typical and atypical attitudes, behaviors, appearances, etc. for each type of person, ask each group to present their gender boxes. Invite others of the same sex to add after each group presents, and then offer the whole group an opportunity to raise clarification points or share observations.

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8. Following the presentations, ask participants a few of the following discussion questions:
   - What kinds of roles and expectations are assigned to women? To men?
   - Are these the same or different? Why do these differences exist?
   - How are the roles and expectations similar or different when it comes to adolescent girls and boys as opposed to women and men?
   - Are these expectations helpful or beneficial? If so, who do they help and how?
   - Are these expectations harmful? If so, who do they harm and how?
   - Are expectations different for certain groups? Which groups and how do they differ?
   - Do people in our lives and communities force certain roles, behaviors, and norms for men and women? If yes, who, why, and how?
   - As we examine the attitudes and behaviors that are outside the box, what consequences (positive and negative) do people experience when they step outside their box? Are the consequences the same for men and women?
   - Is there a cost (social cost, opportunity cost, financial cost, rights cost, etc.) to these roles, behaviors, and norms existing in your community?
   - Who has more freedom to step outside the box? Are there any advantages of being outside of the box?
   - Do you conform to these expectations of a typical woman or man? Why or why not?
   - When do you choose to stay in the box and when do you choose to step out of the box? Why?

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9. Following the discussion, ask participants if they have any questions or comments for discussion. Then, thank participants for their contributions and for helping each other understand more about the other's situation. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

10. Ask participants to consider how they can deal with some of the challenges discussed during the session. This will help to continue the dialogue for the next session.

11. Conclude the exercise by asking participants to close their eyes for five minutes and think about the stereotype or bias related to gender, age, or social inclusion that they identified at the start of the activity. This should be a stereotype or bias which they have observed in their own lives, and which they would like to challenge and change during the course of this training (i.e., over the next three to five days). Participants do not have to share details of the stereotype or bias they have identified; however, their task is to begin challenging and changing this identified stereotype or bias today. If participants are away from their family and community, they can talk over the phone to their partner or family to initiate this process remotely. On last day of training, there will be an activity called the "Reflection Circle" wherein all participants, including facilitators, will share one stereotype or bias related to gender, age, or social inclusion that they challenged and changed successfully or that they tried to challenge and change but could not—explaining the experiences associated with their effort.

12. You can ask the following discussion questions to help participants identify potential barriers to change and potential activities that can help transform expectations of men and women:
    - Who are the key people in our communities who support existing or traditional norms? Who might support changing these norms?
    - Are we members of these groups or do we have access to these groups? How can we work with the key people to support positive changes?
    - Is it possible to challenge and change harmful roles, behavior, and norms? If so, how?

✏️ Additional Notes for Facilitators

1. Schedule one hour for the final Reflection Circle activity on the last day of the training. Ideally, this will be the last activity on the agenda, where all participants will sit in a circle and share the GYSI-related stereotype or bias that they identified to try to change.
2. The Gender Box is a good foundational tool to clearly show the gender and social expectations of women, men, boys, and girls, and to highlight the ways in which women and men each benefit from and are restricted by these norms.
3. We must be aware of the consequences and risks of making change. If participants are not ready to change, we need to understand their reasons without passing judgment.

⚖️ Considerations for Socially Marginalized Groups

- When preparing this activity, ask participants to reflect on socially marginalized groups such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18.
- When discussing atypical women and men, consider how you may address the idea that some members of socially marginalized groups are atypical, particularly people whose gender does not fit within the binary

of male/female and other LGBTQ+ populations. It is important to emphasize that these individuals, while atypical to some people, are full and equal members of society.

- If socially marginalized groups do not come up organically in the discussion, consider adding a question to spark discussion on the rights and distinct situations of socially marginalized groups.

Adaptations to Address Specific Issues

SRHR

We can use this tool to discuss and analyze pervasive attitudes related to the SRHR of boys, girls, women, and men—and how these attitudes impact access to services and achievement of health goals. Discussion questions:

- What are typical attitudes about the sexuality of unmarried or married adolescents?
- What are the expectations of women and men regarding the use of contraception?
- What are the expectations of women and men regarding sexual activity?
- How do gender expectations affect men's and women's abilities to access SRH care?
- We discussed some negative consequences of not acting as society expects us to, do these consequences affect women and men's abilities to have healthy and safe sexual relationships?
- What can we do to support people to make autonomous SRH decisions?

GBV

We can use this tool can to discuss men and women's experiences with violence, including as victims and perpetrators. Discussion questions:

- What are the expectations of boys, girls, women, and men related to preventing violence?
- How are women and men expected to respond to violence (e.g., through speaking up, challenging, or reacting)?
- How do the expected roles of boys, girls, women, and men lead to more (or less) violence?
- We discussed some negative consequences of not acting as society expects us to, what are the implications with regard to GBV? Do these consequences lead to more or less violence?

FNS

When instructing groups to discuss the roles, expectations, and behaviors of women and men, we can request that part of their discussions focus on FNS. Discussion questions:

- What jobs, roles, and perceptions are associated with typical women and men farmers?
- What roles and characteristics are associated with typical women and men regarding food and nutrition?
- How do gender roles and characteristics manifest at the household level, for example, with regard to feeding practices for boys and girls?
- How do gender expectations of women and men affect each's ability to purchase or grow nutritious food?
- How do gender expectations affect children's access to nutritious food?
- We discussed some negative consequences of not acting as society expects us to, what are the implications, for example, for how such consequences affect women and men's ability to grow enough food for their family or ensure their family's health and nutrition?

WEE

When instructing groups to discuss the roles, expectations, and behaviors of women and men, we can request that part of their discussions focus on WEE. Consider asking participants to discuss the roles, practices, and perceptions of typical women or men related to working outside of the home and managing household incomes.

Discussion questions:
- How do gender expectations of women and men affect each's ability to work outside the home and to generate and manage income?
- We discussed some negative consequences of not acting as society expects us to, do these consequences affect women or men's ability to generate income or participate in decision making related to how household finances are spent?

Adaptations for Different Stages in GYSI Transformation
N/A

3. Pile Sorting

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual*.[4]

Purpose of the Tool

This tool aims to help participants identify and critically reflect on:

- Gender roles and decision-making in the household and other key spaces (groups, committees, organizations, etc.)
- Why gender roles are present and whether they are equitable, functional, and support individuals' and families' well-being
- If and how the situation might be different

Time Required

1 hour to 1 hour, 30 minutes

Materials Needed and Other Preparation Required

- ☐ Task cards (see instructions below)
- ☐ Title cards (see instructions below)
- ☐ Decision cards (see instructions below)
- ☐ Blank cards, with markers or pens

The exercise has two parts: (A) tasks and (B) decision-making. For part A, prepare 10 to 15 different cards listing or picturing household tasks, and then prepare three title cards: "men," "women," and "both." For part B, prepare 10 to 12 different cards listing or picturing household decisions. You will need the same three cards titled "men," "women," and "both" for part B. See examples of suggested tasks and decisions below.

Part A: Task Suggestions

- Caring for children
- Preparing children for school
- Disciplining children
- Cooking meals
- Maintaining the house
- Fetching water
- Fetching wood
- Caring for livestock
- Earning money for food
- Farming cash crops
- Farming consumable crops
- Selling food at the market
- Participating in community activities

Part B: Decision Suggestions

- Large household purchases
- Children's schooling
- Children's marriages
- Daily household purchases
- Desired number of children
- Use of contraceptives
- When to visit a health center
- When to engage in sexual activity
- Whom to socialize with
- Sale of major goods

4. CARE. 2018. 21–25.

Steps

1. Introduce the exercise by explaining that every household, group, committee, etc. has many tasks to complete and decisions to make daily and that in this session we will explore what some of these tasks and decisions are, who completes different tasks (including typical tasks of women and men) and makes decisions and why, and how decisions are made.

2. Explain that there are three categories for this exercise: men, women, and both.

3. Show participants the task cards (Part A), clarifying the writing or picture for illiterate participants, as needed, to ensure that everyone understands the meaning of each card.

4. Ask participants to sort the task cards and place them into three piles: one pile for men, another for women, or a third pile for both men and women—depending on who usually performs the given task. *Note: It is important to challenge participants to identify who usually performs this task in the household rather than simply who is able to perform the task to ensure that all tasks are not placed in the pile for "both."*

5. Ask participants if there are any tasks missing. If so, create additional cards and ask the participants to place them in the correct piles.

6. Ask a few (or all) of the following questions to facilitate a dialogue among participants:
   - Which group does more tasks? Why?
   - If one group is responsible for more tasks, what are the consequences of this unequal distribution of labor?
   - Ask participants to select three or four of the most important tasks and ask participants who is responsible for these important tasks and why?"
   - Which tasks are not typically managed by women? Which tasks are not typically managed by men? Why?
   - Are you responsible for any tasks that you wish other members in the household would share? Why?

7. Ask a volunteer to select a task from the first two piles (for men or women only) and ask participants if it could be a task for both men and women. Consider asking the following questions to generate a discussion:
   - Do men ever complete women's tasks and vice versa? Why?
   - What happens when men do women's tasks and vice versa?
   - What are the difficulties in moving the task to the pile for both men and women?
   - Would men and women be willing to complete the tasks that we have now moved to the pile for both? If yes, why are these not already tasks for both? If not, why not?
   - What are the advantages for men and women to do this task?

8. Ask participants to discuss the decision cards (Part B) following the same steps as used with for the task cards (i.e., steps one through seven above). *Note: It is important to challenge participants to identify who makes the final decisions (for example, if there is a disagreement) to ensure that all decisions are not placed in the pile for "both."*

9. Ask participants to discuss what happens when joint decisions result in disagreement and when joint decisions result in agreement.
   - How are joint decisions made? Who has the final say?
   - Do both men and women usually have equal say in the decision-making process?

10. If time allows, ask participants some of the following closing discussion questions:
    - Does this exercise reflect behaviors within our own families and households? If not, why do we have different expectations in our home than what we perceive are true in our communities?
    - Are our individual behaviors different from what we perceive as normal in our communities?
    - When do we begin teaching girls and boys different expectations?
    - How does it feel to look at this list of tasks and decisions as a man or a woman? Do the divisions of tasks and decisions seem fair? Why or why not?
    - Do you wish tasks and decisions were managed differently? How and why?

11. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

12. Ask participants to consider how they can address some of the challenges discussed during the session. This will help to continue the dialogue for the next session.

Additional Notes for Facilitators

1. This exercise aims to help participants become aware of the gendered divisions of labor and decision-making. It is important to ask probing questions to help participants understand the norms and values attached to the tasks and decisions that are assigned to men and women. For instance, if a participant remarks that "women do more tasks in the home because this is women's work," the facilitator can ask, "why is working in the home only for women?" before asking about the consequences of the norm. This is how SAA is different from other approaches—it facilitates critical thinking around why things are the way they are and what the implications are.

2. In order to encourage participants to change unequal divisions of labor and decision-making, we need to challenge attached gender norms and values. This means that activities at the community level that aim to facilitate structural change should occur at the same time as individual activities focusing on changing norms at the household level.

Considerations for Socially Marginalized Groups

- When preparing this activity, ask participants to reflect on socially marginalized groups such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18.
- During relevant discussions, ask how tasks and decisions are different for members of socially marginalized groups, particularly nonbinary and other LGBTQ+ individuals who may not fit easily into traditional paradigms.
- When comparing the tasks and decisions of women and men, consider asking participants how such distinctions came to be, and how differences in the tasks and decisions of girls and boys (under age 18) inform the differences between women and men later in life.

Adaptations to Address Specific Issues

In addition to the household-level norms included in the primary tool above, consider adding the following sector-specific task and decision cards, as appropriate.

SRHR

SRHR-specific tasks:

- Visiting the clinic to obtain contraception
- Attending prenatal and postnatal care visits
- Initiating sexual activity
- Preparing for birth
- Seeking information about contraception and other SRH services
- Using contraception

SRHR-specific decisions:

- Marriage of daughters
- When to conceive
- Desired number of children
- Birth spacing between children
- Whether and when to engage in sexual activity
- Use of contraceptives
- Whether to use sterilization for contraception and the type of sterilization (female or male)
- Which doctor to consult (a traditional healer or facility-based doctor)
- Whether, when, and where to seek medical treatment
- How much money to spend for SRH services
- Whether to practice female genital mutilation/cutting (FGM/C)

FNS

FNS-specific tasks:

- Breastfeeding
- Preparing and cooking food
- Feeding children
- Fetching water
- Sowing fields
- Harvesting
- Weeding
- Transporting produce
- Attending meetings
- Selling food products in markets
- Seeking market information
- Buying food items from the market

FNS-specific decisions:

- When to plant
- When to harvest
- Sale or purchase of small livestock and/or assets
- Sale or purchase of large livestock and/or assets
- How much money to invest in inputs

WEE-specific tasks:

- Engaging in unpaid housework
- Engaging in unpaid care work
- Engaging in productive work, such as agricultural production and animal husbandry
- Engaging in wage labor (inside or outside the home)
- Going to the market (sales and purchases)
- Migrating for paid work
- Going to the bank

WEE-specific decisions:

- Livelihoods decisions (e.g., what to plant and when, whether to migrate for paid work)
- Sale or purchase of major assets (e.g., motorbikes, livestock, and houses)
- Acquisition and use of loans and investments
- Opening a bank account and completing bank transactions
- Purchase and ownership of property
- Day-to-day expenses
- Large family-related expenses (e.g., in cases of emergencies, marriages, and deaths)

Adaptations for Different Stages in GYSI Transformation

Transform Staff Capacity

This tool can help participants identify how labor is divided and decisions are made in their own households and communities, and can demonstrate if and how they follow the same gender roles as the communities where they work. Furthermore, this tool helps staff self-reflect on the implications that inequitable divisions of labor and decisions have on their own lives and in program implementation areas.

Reflection with Community

Use this tool during the GYSI and power analysis to establish an understanding of practices and beliefs around the gendered division of labor and decision making to be explored in program implementation.

Plan for Action

This tool can help participants identify what needs to be changed, why, and how in order to support gender equity. Include the following discussion questions at the end of the dialogue:

- What did we observe from this exercise? Do you wish anything would change? Why?
- What can or cannot change and why?
- What would it take to change the division of these tasks and decisions in your own home? Would you need support from outside of your home to make such changes? If so, what kind of support?
- Who in the community can support needed changes? Who would be a barrier?

M&E

Use this tool at different points throughout program implementation to assess and reassess attitudes, behaviors, and practices. For example, ask participants to complete this activity during midterm and end-of-project evaluations and then to reflect on whether there have been any changes in division of tasks or decision-making responsibilities between women and men since the project began. Remember to ask "why?" to understand whether or not these changes can be attributed to the program interventions and to learn about what is facilitating change and what barriers may still exist. Use this information to inform necessary modifications in the interventions.

4. Body Mapping

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual.*[5]

Purpose of the Tool

This tool aims to help participants:

- Explore connections between gender, sexuality, violence, and power
- Become more comfortable understanding and speaking openly about sensitive topics
- Understand why being able to talk about these topics is relevant to participants' personal and professional lives

Note: This tool is best suited to address the parts of the body that experience pleasure, power, pain, shame, stigma, etc.

Time Required

1 hour to 1 hour, 30 minutes

Materials Needed and Other Preparation Required

☐ Flip chart paper, markers (in different colors), and tape

Steps

1. Divide participants into four separate groups with ideally four to eight participants per group and assign each group one of the following topics: man, woman, adolescent girl, or adolescent boy.

2. Distribute flip chart paper, markers, and tape to each group and explain that their task will be to draw an outline of the human body that represents their assigned individual.

3. Instruct participants to create a large sheet of paper by joining several sheets of flip chart paper together and explain that one volunteer in each group should lie down on the big sheet of paper so team members can draw an outline of their body. After the body outline is drawn, the volunteer can rejoin their team.

4. Ask the teams to first draw all externally visible body parts of the character they have been assigned, including sex organs.

5. Instruct the groups to mark parts of the body where people may experience pleasure, power, pain, shame, stigma, etc. using different colors to mark positive (e.g., pleasure) and negative (e.g., pain) feelings.

6. Allow participants to reflect on their body maps and discuss any conclusions and rationales for such conclusions in their small groups.

7. Allow the small groups to present their body maps to the larger group, if participants feel comfortable doing so. Alternatively, if participants are uncomfortable, you can present an overview of each body map.

5. CARE. 2018. 31–34.

8. Facilitate a discussion using the following reflection questions:
    • What are the similarities and differences between the body maps for women/girls and men/boys?
    • What might be the reasons for these differences?
    • Which differences are biological and which are related to gender expectations or perceptions?
    • How do these perceptions impact the lives and well-being of men/boys and women/girls?

9. Address any questions and correct any misinformation that arise during the discussion.

10. Thank participants for their contributions and for being open to discussing sensitive issues related to our bodies. Summarize with the following key points:
    • Becoming more comfortable discussing sensitive topics can help us to diminish the stigma and taboos that create barriers to the full enjoyment of SRHR.
    • This activity shows that even though we sometimes think that women and men are very different, there are a lot of commonalities. For example, all people experience pleasure and pain, have emotional needs, and want to be loved and respected.

11. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

Additional Notes for Facilitators

Body maps are effective tools for facilitating engaging and deep reflection around sensitive topics, but it is important to remember the following:

• Participants are likely to be more comfortable in same-sex groups, with people of a similar age or marital status, and in locations with some privacy.
• Be aware and prepared that this exercise may trigger traumatic memories for some participants—for example, those who have suffered sexual abuse, physical violence, GBV, FGM/C, etc. If any participant disclose incidents of trauma and/or GBV, provide compassionate support, including by connecting with the participant privately after the session to share referrals for relevant services and to ensure they feel stable and supported.
• Be prepared to help participants explore stigmatizing attitudes that may arise if using this tool to explore controversial issues, for example, as this exercise relates to LGBTQ+ populations and sex workers. A positive strategy for managing controversial and stigmatized topics is to prompt participants to reflect on the issues by asking "why do you think this stigma exists?" or "where does that attitude come from?"
• Body maps can also be used as an evaluation tool. You can ask participants to write or draw comments about what they learned near the head and to write or draw observations about what they felt near the heart.

Considerations for Socially Marginalized Groups

• When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18.
• While we recommend including the categories of man, woman, adolescent boy, and adolescent girl, you can modify these categories depending on your context. Similarly, you could use the recommended four categories during the initial training, and introduce other categories when facilitating this exercise as a refresher training.

Other possible body map categories could include:
- Men/women who are not heterosexual
- Nonbinary individuals
- Transgender individuals
- Male/female sex workers
- Pregnant, postpartum, or lactating women
- Women who cannot/do not want to conceive
- PWD
- PLWH

Depending on your specific context and use of the training, this activity can help demonstrate similarities between the above populations and cisgender, heterosexual individuals without these characteristics.

Adaptations to Address Specific Issues

Facilitators may focus the body map exercise on specific issues related to the project's goals or objectives and as informed by the GYSI and power analysis, for example, as illustrated below.

SRHR

Suggested focus areas for body maps:
- Parts of the body associated with pride or positive feelings related to sexual activity
- Parts of the body associated with pain, shame, or diseases related to sexual activity
- Parts of the body associated with pain, shame, or diseases related to pregnancy
- Parts of the body associated with pride or positive feelings related to pregnancy
- Parts of the body associated with pain, shame, or diseases related to childbirth
- Parts of the body associated with pride or positive feelings during the postpartum period
- Parts of the body associated with pain, shame, or diseases related to breastfeeding
- Parts of the body associated with pride or positive feelings related to childcare
- Parts of the body associated with pain, shame, and distress related to menstruation
- Parts of the body associated with pain, shame, and distress or ill health due to HIV and other sexually transmitted infections (STIs)
- Parts of the body associated with pain, shame, and distress or ill health due to work

Discussion question:
- Why are certain diseases observed only for women or only for men?

Be ready to clarify any myths or misunderstandings about the pain and disease experienced by women and men.

GBV

Focusing on violence should be done cautiously, ensuring inclusion of a Do No Harm approach. Be prepared to provide referrals to GBV services, if necessary. Train GBV-focused staff in these skills and approaches before facilitating the body map exercise for GBV. The tool can be used to identify where and how people experience GBV and how such violence impacts their lives. Suggested focus areas for body maps:
- Parts of the body that experience violence
- Impact of physical violence on the body

- Parts of the body that experience stigma due to violence
- Places on the body that experience illness due to violence
- Parts of the body that experience pleasure
- Parts of the body that experience pain, shame, stigma, etc.
- Gender, social, and power norms and expectations of men and women related to sexuality

Discussion questions:
- Do men and women experience violence differently?
- Is violence justified in some cases while condemned in others?
- Is violence to some parts of the body more acceptable than others? If yes, why? Who makes this determination?
- Do women and girls who experience GBV also experience stigma or pain in specific ways? If so, why?

FNS
Suggested focus areas for body maps:
- The impact of food deficiencies and malnutrition on different body parts
- Parts of the body that are strong or weak as related to providing food for our families
- Parts of the body associated with pride or positive feelings related to agricultural labor
- Parts of the body associated with pain or shame related to agricultural labor
- Parts of the body associated with pride or positive feelings related to sales and purchases
- Parts of the body associated with pain or shame related to sales and purchases
- Parts of the body associated with overall well-being and illness

WEE
The tool can be used to discuss expectations related working women and working men, including expectations concerning physical features and attire, attitudes, behaviors, etc.

Suggested focus areas for body maps:
- Parts of the body that men and women use for work
- Parts of the body that men and women use to generate income
- Parts of the body that are strengths or weaknesses for generating income
- The impact of work on different parts of the body
- Parts of the body that can be abused or exploited due to economic and power imbalances

Adaptations for Different Stages in GYSI Transformation

Transform Staff Capacity
Use this tool to understand the knowledge, skills, and attitudes of staff on a range of topics, as listed at the beginning of a tool. It can also help you identify your own strengths and skills as a facilitator. This tool is effective for increasing staff comfort levels with and willingness to facilitate discussions around sensitive issues, while helping them understand their own biases and limitations in addressing sensitive issues including pleasure, power, and violence as part of human relations.

Reflection with Community
This tool can help participants reflect on various human experiences, such as sex, pleasure, power, emotions, violence, social norms, and ill health. It also helps participants to appreciate that all human beings, regardless

of gender, share similar needs and experience similar and different challenges related to pleasure, pain, and violence—including emotional, physical, and psychological needs and challenges.

Use this tool at different points throughout project implementation to monitor changes in perceptions and experiences of participants. For instance, when participants identify a part of the body associated with positive or negative feelings, you can probe by asking if this is a longstanding feeling or a new feeling. Additionally, facilitators and project staff can assess if the number of body parts associated with negative feelings has increased or decreased, and similarly, if the number of body parts associated with positive feelings has increased or decreased, since the last time they completed the exercise. This can help participants understand changes associated with self-efficacy, confidence, stigma, and violence. Finally, you can note changes in participants' willingness or comfort in discussing these sensitive subjects with their colleagues, for instance by observing the number of participants speaking or contributing to the discussion.

5. Silent Power

We adapted this tool from CARE's *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health*.[6]

Purpose of the Tool

We sometimes assume that power resides outside of us—that someone else controls us and our choices. However, all of us use our own power at different moments in our lives. We are constantly negotiating power balances with the people around us. Similarly, some people narrowly define the term "power" as the capacity to bring about change, when in fact power can assume many forms, come from many sources, and be measured in many ways—and it can be positive or negative, depending on an individual's position and perspective.

Understanding the many varieties of power is essential for those of us working in social justice. For purposes of SAA, this exercise requires participants to think about personal power and how they might influence power balances (and imbalances) in development settings. It is important that we use our power to support others, including through encouraging others to make choices for themselves.

This tool aims to help participants:
* Understand different kinds of expressions of power
* Identify ways to positively use different kinds of power, particularly in their work

Time Required

1 hour 30 minutes to 2 hours

Materials Needed and Other Preparation Required

☐ Flip chart paper and markers (in at least two different colors)
☐ Prepared flip charts with "expressions of power," as detailed below:
  * Power OVER: The power to dominate others, an external control over something or someone else; the source is authority
  * Power WITH: The power of mutual support, solidarity, and collaboration—which comes when groups work together toward a common goal; the source is other human beings
  * Power TO: The power that comes from the capacity to accomplish something; the source is a person's knowledge, education, skills, or talents
  * Power WITHIN: The power of internal beliefs, attitudes, and habits—related to a person's sense of self-worth and self-knowledge; the source is self-confidence

6. CARE. 2007. *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health*. Atlanta, GA: CARE. 63–67. https://www.care.org/sites/default/files/documents/social_analysis_manual.pdf. [Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health. © 2007 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.]

⌗ Steps

1. Ask participants to verbally brainstorm examples of people or groups of people with power. Potential responses may include:

   - Bosses
   - Political leaders
   - Spiritual or religious leaders
   - Military, police, or people with guns
   - People of a higher caste or class

   - Rich people or people with money
   - Parents
   - Teachers
   - Crowds or mobs
   - Men

2. Ask the group what types of power these groups have and how they know these types of people are powerful. Potential responses may include:

   - They create change
   - They garner respect
   - They influence thoughts and ideas
   - They have self-confidence
   - They speak up
   - They are in a position to help (or withhold help)
   - They have people's support
   - They have skills and knowledge

   - They own property
   - They control decisions
   - They have weapons or are physically intimidating
   - They can fire you
   - They can do or say what they want
   - They go where they want
   - There are many of them working together

3. Post the Expressions of Power flip chart pages and read each flip chart one-by-one. Ask participants to brainstorm examples of each type of power as you write responses on the flip charts. Prompt this discussion by explaining examples may come from families, workplaces, communities, or other countries. The table[7] herein provides illustrative examples.

Expression	Source	Examples
Power OVER	Authority	• A leader who gives directives and make rules • Parents' authority over children • Bosses' authority over employees • Famous or popular people who use their charisma to influence others • Social groups' who exert power over others
Power WITH	Human resources, human supporters	• People who support and assist a leader • Groups who use collective action to achieve a goal • A sense of identity or belonging
Power TO	Mental or physical skills, talents, and knowledge	• Education, talent, knowledge in a certain area
Power WITHIN	Attitudes about obedience and submission, self-confidence, faith or other ideology, sense of mission	• A habit of following others' ideas and/or expectations • Believing others are more capable than oneself • A sense of mission or destiny • A two-year-old's willingness to say "no!"

7. **Adapted from** Just Associates (JASS). 2002. *Tools for Analyzing Power*. Washington, DC: JASS; and Sharp, G. 1985. *Dynamics of Nonviolent Action: Politics of Nonviolent Action*. Boston, MA: Porter Sargent.

4. If participants only share examples of people exercising power over other people, ask: "Do you think power is only control over others? How do people demonstrate 'internal' power?" Potential responses may include:
   - Courage
   - Determination
   - Self-confidence
   - Refusing to do what one is told

5. If participants do not share examples of the power of groups or collective action, ask: "Can you think of any examples of groups who exert power by working together?" Potential responses may include:
   - Advocacy networks
   - Crowds, mobs, or gangs
   - Unions
   - Voters

6. After the group shares examples for each category, facilitate a brief discussion about whether the examples reflect positive or negative uses of power. You can ask: "Do the examples reflect appropriate use of power or abuses of power?" Explain that the definitions of positive or negative are debatable—and depend on the circumstances and an individual's perspective. For example, a teacher's use of authority may be positive or negative depending on what the teacher is doing and whether you are the teacher or the student. This is an opportunity to clarify that the nature of power is not necessarily good or bad—it can be either. Even authoritarian power (i.e., power over) can be extremely useful and necessary, such as in the case of parenting.

7. Divide participants into four groups. Explain that each group will enact a short skit (two or three minutes, maximum) portraying an expression of power without using words.

8. Assign each group one expression of power using the following instructions:
   - **Group 1 › Power OVER:** A family planning counselor exerting power over client
   - **Group 2 › Power WITH:** A peer educator interacting with a group of adolescents
   - **Group 3 › Power TO:** A community leader responding to a GBV survivor
   - **Group 4 › Power WITHIN:** A family planning counselor helping a client

9. Ask each group to portray how its expression of power manifests when staff interact with community members. Give the groups 10 to 15 minutes to prepare their skits.

10. When all four small groups are ready, ask for volunteers to present their skits. After each small group's skit, use the following questions to facilitate a large group discussion:
   - What story did you see? Can anyone summarize? (Ask the skit players whether audience members' summaries were accurate.)
   - What was the result of the expression of power? Were the results surprising?
   - Could the situation have had different results if any of the characters had used a different expression of power (for example, if someone had used power to instead of power over, or power with instead of power to)? Do any audience members have suggestions for how the group could achieve a different outcome?
   - Was the expression of power positive or negative, from the perspective of EngenderHealth's vision for a more equal society or from the perspective of the most vulnerable populations that we serve?

11. After completing and discussing all four skits, facilitate a summary discussion using the following questions, as appropriate for your group:
    • When we, as EngenderHealth employees, enter communities for our work, do we perceive ourselves to be more or less powerful than the people living in the communities? Are we perceived as powerful by others? If so, by whom?
    • In our work as healthcare providers (including family planning counselors) how can we ensure that we respect the rights of clients to access services without coercion and to access their preferred contraceptive method? How can we ensure that power to and power within are central to our work and that power over is not a factor?
    • As development workers, what kinds of power do we have? What kinds of power do we use? Are we using our powers to combat injustice and fight unequal power dynamics? Do we use power over, power with, power to, or power within? Consider also asking:
        ◦ Do we have power over others in the community? Can we use our influence with people like the police or with staff within the Ministry of Health? Will these stakeholders listen to us?
        ◦ Are we building opportunities for people to work together collectively?
        ◦ Are we better educated or do we have different skills than those we are working with? Are we helping others to acquire new knowledge or skills?
        ◦ Are we working to help build people's self-confidence or improve people's sense of capacity to create change?

12. Instruct participants to find a partner and discuss the following questions for a couple of minutes: "How can we improve the way we work so that we strengthen our beneficiaries' power over, power with, power to, or power within? How can we incorporate these considerations into our current project or objectives?"

13. Ask the pairs to briefly share one example that they discussed with the larger group. Write examples in a new color on the expressions of power flip chart pages.

14. Instruct participants to individually spend five minutes thinking about their own use of power over, with, to, and within—either at home with their families or at work in their communities.

15. Distribute blank pieces of paper and instruct each participant to write one way they would like to use their personal powers differently in the next three months to respond to a challenge in their personal lives or at work. Explain that this is for their own personal use—you will not require them to share it. When everyone is finished, ask if anyone would like to share their resolution with the group and allow volunteers to do so, thanking them when they are finished. Congratulate everyone on a job well done.

Additional Notes for Facilitators
• The concept of power is difficult to define; many academics have tried to describe all the different types of power, sources of power, expressions of power, etc. This exercise simplifies the concept of power, so participants may argue or suggest some examples that fall outside of the four neat categories we have included. This is fine—some (respectful) debate can be good!
• A main point of this exercise is that power is not necessarily good or bad, although it can be used constructively and destructively. Working in development, we need to be aware of the power that our position gives us and understand how we can use that power constructively in community settings. Discussing ideas with

colleagues about where power comes from and how it is used can help us think creatively about how to identify negative expressions of power and transform them into constructive results.

- Participants may become emotional when discussing power, because it is often seen as negative. This is especially true for participants who may recall times when they felt powerless and, as a result, there may be some uncomfortable moments in this exercise. Allow people to not participate and/or to remove themselves from the discussion if they need to. Do not allow participants to bully one another into sharing. Schedule time to follow up with participants who may struggle with this topic after the exercise, if necessary, and be prepared to provide counseling referrals.

⚖️ Considerations for Socially Marginalized Groups

- When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18.
- Ask participants to consider how different forms of marginalization intersect with access to different forms of power. For example, when discussing where power comes from, ask participants to identify barriers to power that members of socially marginalized groups may face in accessing power, and whether these groups face more barriers to power than others, even if they have access to the some of the same sources of power (education, talent, resources, etc.).
- When discussing additional barriers, invite participants to reflect on how members of socially marginalized groups can increase their power and how participants can support this process in their communities.

Adaptations to Address Specific Issues
N/A

Adaptations for Different Stages in GYSI Transformation
N/A

6. Vote with Your Feet (Values Clarification)

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual*, which was adapted from the USAID's *Training Guide—Continuum of Approaches for Achieving Gender Integration in Programming: A Decision-Making Tool for Education Officers*.[8]

Purpose of the Tool

This tool aims to help participants explore a diversity of opinions about commonly held beliefs, to expose participants to differing opinions, and to give participants an opportunity to reflect on their own attitudes around commonly held beliefs.

Note: Use this tool for exploring nonthreatening norms and beliefs.

Time Required

30 minutes to 1 hour

Materials Needed and Other Preparation Required

- ☐ Paper, markers, and tape
- ☐ Two large cards labeled "agree" and "disagree" (use symbols to represent "agree" and "disagree" if you are working with illiterate groups)
- ☐ Identify a few (three to seven) statements related to gender, social, and power norms to explore. Your selections should relate program outcomes and draw from the GYSI and power analysis findings. Examples of statements that you can adapt for your context and program outcomes are included in the in the table herein.

Note: Consider that some value statements included in our table may not apply to your context and take care to select and adapt these statements, as appropriate, to reflect local realities and your group's needs.

8. USAID. 2007. *Training Guide—Continuum of Approaches for Achieving Gender Integration in Programming: A Decision-Making Tool for Education Officers*. Washington, DC: USAID. http://pdf.usaid.gov/pdf_docs/pnado744.pdf; **adapted in** CARE. 2018. 9–14.

Value Statement	Reflection Questions
It is only a woman's responsibility to bathe the baby, feed the baby, and change diapers.	• What is required to bathe, feed, and diaper a baby? Can men not do these tasks? Or do men not want to do these tasks? • Are women paid for bathing, feeding, and diapering babies? • What kind of work does the man normally do (paid or unpaid)? Why? • Who is responsible for bathing, feeding, and diapering babies in families where both parents work outside the house? Whose responsibility is it ultimately? • Why do men get to do paid work outside the home while women have to do the unpaid work at home?
Men are natural leaders because they are more rational.	• Is a boy born as a leader? Is a girl born as a follower? • How do boys learn that they are supposed to lead? • How do girls learn to accept that they cannot be leaders? • What happens when women lead? Do men like being led by women? Why or why not? • Are there fewer female leaders than male leaders? If so, why? • Are we teaching our daughters to be followers and sons to be leaders? If so, why?
An unmarried pregnant adolescent girl should be removed from school.	• How often is the boy or man who impregnated the unmarried adolescent girl removed from school? • What happens to the life of the girl after she is removed from school? • What happens to children born to mothers who do not finish their education? • What if the girl is pregnant due to rape? • Why does society have different rules for girls and boys?
An adolescent girl must be a virgin until marriage.	• Why is virginity important for girls but not for boys? • What happens if a girl breaks virginity norms? How is she punished? • What happens when a boy breaks virginity norms? How is he punished? • Why are the norms relating to virginity different for boys and girls? How does this disadvantage girls?
Women/girls who wear revealing clothes deserve to be sexually abused/ harassed.	• Are women who are completely covered in clothing never raped? • Why is a newborn baby raped? Why is an 80-year-old woman raped? • Is rape really about the clothes a person wears, or are there are reasons? • Are men who are sexually assaulted blamed for the clothes they wore at the time of the attack?
An unmarried adolescent girl should not have access to contraception.	• Why is access to contraception limited by marital status? • Why do we view access to contraception differently for married adolescent girls than for unmarried adolescent girls? • Why do we view access to contraception differently for adolescent girls than for older women? • Why is an unmarried boy/man able to buy condoms if unmarried girls cannot access contraception or contraceptive services?
FGM/C can help girls and women to stay faithful to their husbands.	• Why is FGM/C practiced on girls? • What complications can girls/women experience due to FGM/C? • Why do parents/community members feel that they need to control women's/girls' sexuality through FGM/C? • Is there a similar genital mutilation practice for boys and men? Why not? • Why is it important to control women's/girls' sexuality, but not men's/boys' sexuality? • Do women and girls deserve the pain (emotional and physical) associated with FGM/C? Why or why not?
A man needs sex outside of his marriage, even if things are fine with his wife.	• What happens when a man has sex outside of marriage? How is he punished? • What happens when a woman has sex outside of marriage? How is she punished? • How does society teach the women and girls to remain faithful to their husbands? • How does society teach men and boys to remain faithful to their wives?

Steps

1. Introduce the purpose of the tool to participants by explaining that this is a group learning exercise, where everyone is allowed to have their own opinions. Note that the objective is for them to reflect on their personal attitudes around commonly held beliefs and to understand that there are a diversity of opinions. Emphasize that our attitudes and values cannot be simply defined as right and wrong—they are simply the lens through which we view the world around us. Remind participants to be respectful and to refrain from interrupting, judging, and ridiculing one another.

2. Post the agree and disagree cards at opposite ends of the space, so that everyone can see them and so there is enough space for people to stand near them.

3. Read your first selected statement. Ask participants to reflect quietly (without discussing with one another), and then move to the card that represents their opinion (agree or disagree).

4. Once all participants have moved to their preferred card, ask them to discuss in their separate groups why they have answered "agree" or "disagree," as they feel comfortable.

5. Invite participants from each group to share the reasons they discussed. You can also ask participants how it feels to be in their group; for example, if one group only has one or two participants, as "How does it feel to be in the minority?"

6. After each group shares their reasoning, ask if anyone would like to change their answer. If so, invite participants who are moving to share why they have changed their answers. Remind participants that the objective is not to argue or convince people to change their opinions, but to learn about and genuinely understand different opinions.

7. Repeat this exercise with a few more statements.

8. After you have read all of the statements you wish to read, ask participants if they have any questions about the issues discussed in this exercise and respond as best you can.

9. Allow participants to return to their seats and ask the following reflection questions:
   - Did you learn anything new from this discussion? Any surprises?
   - Did this discussion change your understanding of any of the beliefs and norms?
   - What are the advantages of discussing, challenging, and/or changing our beliefs, attitudes, and behaviors?
     What are the disadvantages, consequences, or sanctions?
   - How can we help people challenge the beliefs we discussed and change their behaviors?

10. Thank participants for their contributions, and summarize the exercise by noting the following:
   - We all have positive and negative beliefs, attitudes, and behaviors that affect us in different ways. This tool highlights some of the views our communities have with regard to some common gender, social, and power norms.
   - Our attitudes and values are often contextual and situational—they are rarely black and white—so it is not always easy to know how we feel.

- It is important to note that sometimes people have different values or opinions on certain issues, whereas we may sometimes assume that everyone has the same values or opinions. Moreover, even people who seem to be like us and whom we respect may have ideas or opinions that differ from our own. It is our duty to respect these differences and understand why they exist.

11. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

12. Finally, ask participants to think of how they might deal with some of the challenges discussed in the session, to help to continue the dialogue for the next session.

Additional Notes for Facilitators
- Through GYSI and power analysis, facilitators and participants should identify dominant norms to reflect on and challenge in this exercise. If you opt to use the example statements provided herein, adapt them to your local culture and context.
- Statements should be clear and simple agree/disagree statements focused on a single issue, to avoid confusion. This will help participants quickly decide if they agree or disagree.
- We advise starting with easy and safe statements before moving to more sensitive topics.
- Observe participants throughout the exercise and use a flexible approach to decide how much you want to challenge sensitive norms. We recommend considering when you want to use this tool, based on the rapport and trust established among the participants.
- Discussions facilitated by this tool can become emotional and contentious. Further, it is common for participants with opposing views to argue with each other during this activity. While dialogues between participants with different views can help to participants understand norms and encourage them to think differently, you will need be prepared to intervene if the discussion becomes aggressive. Before beginning (and during the discussion, if necessary), remind participants to be respectful and to refrain from judging, interrupting, or ridiculing others.
- Remind participants to respect each other's' privacy and keep anything discussed confidential. However, also remind them that confidentiality cannot be guaranteed and, as such, no one is obligated to participate (e.g., to answer specific questions) or share their thoughts, if they are uncomfortable.
- Emphasize that differences are okay. This exercise shows that even though we can have different ideas and beliefs within this group, we can still coexist peacefully and respectfully.

Considerations for Socially Marginalized Groups
When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, consider adding value statements that pertain to attitudes toward or perceptions of PLWH and PWD. Consider also asking participants to discuss how marginalization and additional layers of vulnerability can complicate or change attitudes or perceptions.

Adaptations to Address Specific Issues

SRHR

SRHR-specific statements:

- It is a wife's duty to care for children.
- Adolescent girls and women who carry condoms are promiscuous.
- Men need sex more than women do.
- A man should respect a woman's preference for contraceptive method.
- Women should not breastfeed in public.
- Menstrual issues are private and girls should not discuss them publicly.
- Good girls do not experience urinary tract infections.
- FGM/C is the right thing to do for our girls.
- A woman must have children until she has a son.
- A woman's primary responsibility in life is to have children.
- It is the woman's fault if the couple cannot conceive.
- A man can divorce a woman if she fails to bear him a son.
- A man cannot control his sexuality (e.g., his sexual urges and desires).
- Women should not have sex before marriage.

GBV

Note: As previously discussed, exercise caution when incorporating statements regarding GBV in trainings, as they may result in emotional reactions from participants and trigger trauma.

GBV-specific statements:

- Women and adolescent girls who dress provocatively deserve to experience sexual harassment or rape.
- A man must beat his wife at times to keep her under control.
- A man who beats his wife loves her very much.
- There is no such thing as marital rape.
- A woman who refuses to have sex with her husband deserves to be beaten.
- Parents must beat their children to make them obedient.
- A woman who is unable to bear a son should not be allowed to participate in family functions.
- A man or woman who is attracted to the same sex should be "cured," with medicines or by force.

FNS

FNS-specific statements:

- Men should deal with extension agents.
- Women are not farmers because they do not plough with oxen.
- Men should handle sales in the market.
- Women should care for and feed infants.
- Women are better at communicating with children.
- Women should make important decisions about agriculture production and food requirements in their communities and households.
- Men should make all budget and expenditure decisions.
- Women should eat last after ensuring everyone else receives food.
- Men need more nutritious food, as they are responsible for all the hard work.
- Only women can cook.

- Women should (or should not) eat different kinds of food when they are pregnant, menstruating, or widowed.
- Women are obliged to fast on certain occasions, even when they are pregnant.
- Women must cook food that is preferable for men.
- It is ok to give boys more and better food than girls, because they need it to be healthier and stronger.

WEE
WEE-specific statements:
- Women are not naturally good at managing money.
- Women should not talk to men outside their workplaces.
- Respectable women do not work at night.
- Women taking maternity leave should not receive wages/pay.
- Only men can be drivers and security guards.
- Men who do what is considered women's work are gay.
- Using sex work to support yourself is shameful.
- Women should not travel alone to or from work.
- Men are better at handling bank dealings and maintaining bank accounts.
- Women are better managers than men.
- Women's work is "light," while men's is "heavy."
- A woman must have her husband's permission to spend money.
- All men must work.

Adaptations for Different Stages in GYSI Transformation

Transform Staff Capacity
Use this exercise to understand the diversity of opinions that staff have related to different issues. This tool can support participants in reflecting on their own views, including where they learned and why they have such views. Some discussion question for the exercise might include:
- What challenges would you experience in discussing these beliefs in your community?
- Does anyone have an example of when one or more of the beliefs we discussed has affected our programs? If so, what happened?
- How can we stay neutral and respect diverse opinions in the community and not force our opinions on others?

Reflection with Community
Use this tool to help communities understand their own views and beliefs on issues that are relevant to your program. This exercise can foster a process of self-reflection by creating a safe space for discussions. It can help community leaders and members to understand different views within their community and to think critically about the implications of these attitudes and beliefs and the consequence of maintaining practices associated with these norms.

Plan for Action
Ask the following discussion questions at the end of the exercise to assess possible changes and to identify opportunities and barriers associated with those changes:
- Did this exercise lead you to changing your opinions or values on any of the issues we discussed? If so, which issues and why? What might be the consequences, including disadvantages or sanctions, to trying to change practices associated with these issues?

- How can we support people to challenge the attitudes and practices that we discussed and change their behaviors to promote well-being?

Use this tool at different stages of program implementation, highlighting the differences in the proportion of people who agree and disagree with statements related to priority issues identified in the GYSI and power analysis. This will require remembering to use the same statements and to record the number of agrees and disagrees each time the tool is used for comparison. Additionally, we suggest taking notes on the discussions that occur during the exercise to provide context and meaning to complement the quantitative data. Some points to consider include:

- Are tensions more noticeable at the beginning versus the end of the exercise?
- Were participants more open to different perspectives toward the end of the exercise?
- What does the transformation process look like regarding peoples' participation, ideas, or willingness to explain their opinions?

7. Crossing the River

We adapted this tool from CARE's *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health*.[9]

Purpose of the Tool
This tool aims to help participants examine and challenge their beliefs related to gender and sexuality.

Time Required
1 to 2 hours

Materials Needed and Other Preparation Required
N/A

Steps

1. This tool uses storytelling to polarize the group, as we ask participants to make a choice involving sexual behaviors.

2. This tool also helps participants examine social position and how it influences our perceptions of power, challenging participants to examine their beliefs related to gender and sexuality.

3. Read the following story to the group:
   A woman goes to the market across the river every day to buy vegetables and then returns home to her husband. One day while she is across the river buying vegetables, she meets and falls in love with another person. After meeting this person, she continues to visit the market every day and then return to her husband. One day there is a massive thunderstorm that has caused the river to rise so high that she cannot return home her usual way, stepping across the rocks. It is getting dark and she must choose from the following three options:
   - *Swim across the river, knowing she will almost certainly die.*
   - *Travel with a boatman across the river, but he will only transport her if she has sex with him first.*
   - *Walk a long way through the forest, where a rapist (who may rape her) lives.*

   Ask participants, "If you were this woman, which option would you choose and why? What would you say to convince others to agree with your decision?"

Additional Notes for Facilitators

- This exercise challenges participants to examine their beliefs and notions related to gender and sexuality. The discussion focuses on the choices that people must make in life and how such choices are intimately linked to social constructions of gender and sexuality. This exercise helps participants create links between programming and perceptions, which can help them explore strategies for integrating gender and sexuality into program implementation.

9. CARE. 2007. *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health*. Atlanta, GA: CARE. 63–67. https://www.care.org/sites/default/files/documents/social_analysis_manual.pdf. [Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health. © 2007 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.]

- The choice that the woman faces in this exercise are similar to the choices we make in real life—none of the options are easy. Further, the choice the woman must make is about negotiating power, and we all do this constantly in our own lives.
- In addition to facilitating a discussion around the woman's decision, it is useful to pose questions to help participants to examine and challenge their beliefs. For example:
  ◦ What if the story was reversed and it was a man who needed to cross the river? Would the decision change or be easier? Would a man consider jumping into the river? What does it mean for a man to have sex with another man against his will? Would he rather risk of being raped or risk drowning in the river?
  ◦ Sometimes a woman's honor, chastity, or morality seems more important than her life. Do you think a woman would prefer to tell her husband she was raped (in the forest) or that she agreed to have sex (with the boatman) to survive her return home?

⚖️ Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on whether and how the woman's situation could be further complicated if she was a member of another socially marginalized group, such as a PLWH, LGBTQ+ person, sex worker, widow, PWD, religious minority, or adolescent under the age of 18.

Adaptations to Address Specific Issues

N/A

Adaptations for Different Stages in GYSI Transformation

N/A

8. Circles of Influence

We adapted this tool from Raising Voices Uganda's *PREP Sessions for Understanding the SASA! Activist Kit*.[10]

Purpose of the Tool

This tool aims to help participants:

- Learn about and understand the influence community members can have on the behaviors and beliefs of individuals, as well as the harm and violence that unequal power relations can cause within families
- Transform attitudes at the individual and community levels to promote more equitable gender relations
- Build the skills needed to become agents of change in their own communities

Time Required

1 hour, 10 minutes

Materials Needed and Other Preparation Required

- ☐ Role play cards (adapt the names and roles of the role play characters to reflect your country and local context, as appropriate)
- ☐ *Optional:* Flip chart paper and markers

Note: This tool is organized into three parts: activity, reflection, and application. Participants will receive cards to read aloud that contain statements that reveal their influence on the behaviors and beliefs of "Mimi" and "Manush," the fictional woman and man at the center of this activity. After the statements are all read, you will facilitate a discussion on why it is important to engage diverse community members in bringing about social change and then ask participants to consider how they can influence positive change through their work.

10. Raising Voices Uganda. 2008. *PREP Sessions for Understanding the SASA! Activist Kit*. Kampala, Uganda: Raising Voices. 15–23. http://raisingvoices. org/wp-content/uploads/2013/03/downloads/Sasa/SASA_Activist_Kit/START/Training/Start.Training.PREPmodule.pdf. [Used by Permission.]

Mimi 1
I am Mimi. I am 16 years old and recently married Manush, who is 25 years old. I do not want to get pregnant now as I am myself a child, but my husband and in-laws want a baby as soon as possible.

Mimi 2
I am Mimi, I am 16 years old and recently married Manush, who is 25 years old. I do not want to get pregnant now as I am myself a child. I spoke about this to my husband and in-laws and they support the idea of me and my husband using contraception to delay our first pregnancy.

Manush 1
I am Manush, 25, married to Mimi, 16. My wife says she does not want to get pregnant before she is 19. Is that a joke? I am a man and I will decide when she gets pregnant. Either Mimi agrees to get pregnant or she will be forced to get pregnant. My mother and I want a baby as soon as possible.

Manush 2
I am Manush, 25, married to Mimi, 16. My wife does not want to get pregnant before she is 19. I think she has a right to decide about her body and her choices. I will support her decision. Today we visited a health facility together and the midwife counseled us about various methods we can use.

Mimi's Mother 1
I am your mother, Mimi. I was raised to obey my husband's and in-laws' wishes. That is what I did my entire life. I had my first child at the age of 14. You must obey your husband and his family. Otherwise, our doors are closed to you.

Mimi's Mother 2
I am your mother, Mimi. I am sorry that under pressure I forced you to marry at an early age. But I support you in your decision to delay your pregnancy. Do you want me to talk to your in-laws?

Mother-in-Law 1
I am your mother-in-law, Mimi. You are now a part of our family where women stay quiet and do not complain. Surrender yourself to my son or I will throw you out of this house.

Mother-in-Law 2
I am your mother-in-law, Mimi. In this family, women and men have equal rights. You are right. You are quite young now. I support your decision to delay pregnancy.

Mimi's friend 1
I am your friend, Mimi. Why are you fighting and revolting with your husband and in-laws? We are girls and we are supposed to get married and pregnant. Look at me—I am the same age as you and I am pregnant! Stop fighting!

Mimi's friend 2
I am your friend, Mimi. I agree with you. You are too young right now. You should not get pregnant. Tell me—how can I support you? My mother can talk to your mother-in-law.

Manush's friend 1
I am your friend, Manush. I see why you are angry with your wife's decision. You are the man, how dare she go against you and your family's wishes. Go prove your manhood to her.

Manush's friend 2
I am your friend, Manush. Your wife has a right to decide about her own body. Do not get angry. Will you like it if she starts controlling your body? Chill! Let's go for tea.

Neighbor 1
I am your neighbor, Mimi. If you don't obey your husband and in-laws then my daughter-in-law too will revolt. Don't ruin our culture. Accept the wishes of your family.

Neighbor 2
I am your neighbor, Mimi. I can understand your problems. My daughter-in-law is the same age as you and is using contraception. Do you want to talk to her?

Teacher 1
I am a teacher in the local school. Many girls leave school after 8th grade to get married. What can I do? My job is to teach, not to counsel. If girls get married, they will get pregnant. It is none of my business!

Teacher 2
I am a teacher in the local school. I teach the students about health and prevention of child marriage and pregnancy. I think every girl has the right to decide when and if she wants to become pregnant.

Health Extension Worker 1
I am your village health extension worker. I believe that every girl/woman must prove to her husband and in-laws that she is fertile. I suggest you have the first baby and then use contraception. But don't tell anyone that I said this to you.

Health Extension Worker 2
I am your village health extension worker. You are too young to be pregnant now. I can help you to delay your first pregnancy and space future pregnancies. It is your right to decide about your body.

Religious Leader 1
I am a priest. Women should obey men. They should not use contraception if the man doesn't want to. All Manush wants is his baby. He has a right to demand a baby under our religion.

Religious Leader 2
I am a priest. Women and men are equals. It is against the wishes of God for a man to force a woman to get pregnant if she doesn't want to. God says that we all should respect and support each other.

Chemist/Pharmacist 1
I am a chemist/pharmacist in the village. You have come to buy oral contraceptive pills without your husband? Either you are unmarried or you are cheating on your husband. Get lost.

Chemist/Pharmacist 2
I am a chemist/pharmacist in the village. You want oral contraceptive pills? For how many months should I give you?

District Administrator 1
I am a district administrator. I know of some cases of child marriage in my district. If parents marry off their daughters early, of course they will get pregnant early. What do you expect from me? I have other things to do.

District Administrator 2
I am a district administrator. I am concerned about all of the child marriages and teenage pregnancies in my district. I want to support everyone to stop these child marriages and teenage pregnancies. Tell me how can I do this?

Radio Announcer 1
I am a local radio announcer. My business requires me to make jokes about women, marriage, and politicians. I don't care about these issues that are none of my business.

Radio Announcer 2
I am a radio announcer in this city. My job is to produce socially responsible programs, which promote gender equality in the society. I am going to discuss child marriage and teenage marriage on my talk-show. I will call experts to talk on my shows to create awareness.

♯ Steps

1. Distribute the statement cards and organize participants into concentric circles, with the participants holding the Mimi and Manush cards at the center, to represent the community that exists around every individual.

2. Ask participants with cards marked with a "1" to take turns reading the statements on their cards. After all of the 1 cards are read, ask Mimi and Manush the following questions:
   - How are you feeling?
   - What will you do?
   - Is anyone supporting you?
   - Now imagine Mimi is living with a disability, or that her marriage was forced, or that she is questioning her sexual orientation. Does this impact your answers? If so, how?

3. Ask participants with cards marked with a "2" to take turns reading the statements on their cards. After all of the 2 cards are read, ask Mimi and Manush the following questions:
   - How are you feeling now?
   - What will you do now?
   - Is anyone supporting you?
   - Now imagine Mimi is living with a disability, or that her marriage was forced, or that she is questioning her sexual orientation. Does this impact your answers? If so, how?

4. Facilitate a discussion by asking participants about their observations and takeaways. If discussion is not forthcoming, use the following questions to prompt and guide the discussion:
   - Which circle had the most direct impact on Mimi?
   - Do any of the circles not have any influence on Mimi?
   - What does this exercise tell us about community norms and their influence?
   - What does this exercise mean for EngenderHealth and our work?
   - Can this tool present an opportunity to discuss the socioecological model and how it informs our work?

5. Consider summarizing participant observations and key takeaways on a flip chart. Some key summary points that are likely to emerge include:
   - Norms in our society can change.
   - Everyone plays a role in establishing and maintaining norms.
   - Everyone is responsible for creating a supportive and enabling environment for new behaviors and norms.
   - The more people who take action, the more likely we are to succeed.

6. Ask participants to reflect on their own spheres of influence, particularly in the context of their work, and how they can contribute toward building more safe and equal communities.

✏️ Additional Notes for Facilitators
N/A

⚖️ Considerations for Socially Marginalized Groups
When preparing this activity, ask participants to reflect on how their response might change if Mimi or Manush were members of a socially marginalized group, such as PLWH, LGBTQ+ individuals, sex workers, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, consider adapting the activity to explore the situations of people in specific socially marginalized groups relevant to the context where you work.

🎯 Adaptations to Address Specific Issues
N/A

Adaptations for Different Stages in GYSI Transformation
N/A

9. Problem Tree Analysis

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual.*[11]

Purpose of the Tool
This tool aims to help participants understand the root causes of specific problems and to unpack and analyze underlying factors that affect gender, social, and power norms and beliefs.

Time Required
1 hour

Materials Needed and Other Preparation Required
☐ Flip chart paper, markers, and tape
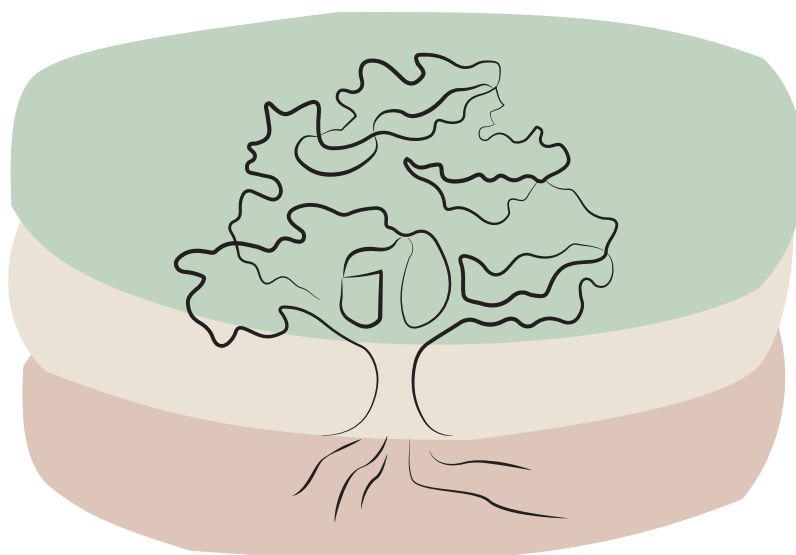
Steps

1. Welcome participants and explain the purpose of the tool.

2. Begin to draw a large tree on flip chart paper, with plenty of space beneath the trunk to draw roots and above the trunk to draw branches.

3. In the trunk of your tree, write an important problem that relates to your project. For example, "complications during pregnancy."

4. Ask participants to identify the main causes of the problem. Draw or write these along large roots of the tree, indicating that they are "root" problems.

11. CARE. 2018. 35–38.

5. Select one of the main causes and ask participants, "Why do you think this happens?" to help identify the secondary or underlying causes. Draw or write the secondary causes along smaller roots off the larger root. Repeat this process for each of the other main causes.

6. Now ask participants to switch their focus to identify the main consequences and effects of the problem. Write those consequences and effects as large branches of the tree.

7. Select one of the main consequences or effects. Ask participants to identify the secondary effects by asking "What does this lead to?" Write the secondary effects as smaller branches off the larger branch. Repeat the process for the other main effects.

8. Highlight the beliefs and norms related specifically to gender that are identified as causes and effects. Use probing questions, such as:
   • Is this effect something that happens only to men or only to women?
   • Is this cause related to something that only men or only women are allowed to do?
   • Are men and women equally affected by this consequence?
   • How many of the causes and how many of the consequences on our tree relate to gender, social, and power norms?
   • Who suffers most, men or women? Who benefits most, men or women? Why?

   End the discussion by asking the following reflection questions:
   • How do the causes and effects relate to each other?
   • Are beliefs and norms the cause of this problem?
   • Are all of the people in the community aware of the causes of this problem?
   • Are the root causes related to an absence of a resource or service? Or are they related to a particular attitude or belief? Do men and women share these beliefs?
   • Who reinforces these differences in the community? What could change to address this problem? How?

9. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

10. Finally, ask participants to think about how they might deal with some of the challenges discussed during the session, to help to continue the dialogue for the next session.

✏️ Additional Notes for Facilitators
• Explain to participants that programs often address symptoms of a problem, rather than root causes. As a result, the problem continues.
• For each cause, keep asking participants, "why does this happen?" until they have run out of ideas. This will help them identify all of the issues, not just the most obvious ones.
• This activity can become complicated! Instead of sharing all of the instructions at the beginning of the exercise, provide clear, detailed guidance at each step to continually guide participants through the activity.
• Note that the But Why exercise will build on this Problem Tree Analysis.

⚖️ Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, you can adjust the activity to explore the situations of specific socially marginalized groups relevant to your participants.

🎯 Adaptations to Address Specific Issues

SRHR

Possible SRHR-specific problems:
- Limited use of SRH services by adolescents and youth
- Complications during pregnancy and/or delivery
- Limited birth spacing between children
- Prevalence of early marriages
- Prevalence of unwanted/unplanned pregnancies
- Prevalence of teenage pregnancies
- Prevalence of urinary tract infections among women
- Poor menstrual hygiene among women and/or girls
- Prevalence girls dropping out of school
- High maternal mortality rates
- Lack of quality maternal health services

GBV

Exercise care when identifying problem statements related to GBV that may be acceptable in your community. For example, in some communities, marital rape is often not considered a problem, as men are viewed as having the right to have sex with their wives. Try to select problem statements that, based on your GYSI and power analysis findings, community members will be more comfortable with and then probe deeper to by asking, "Why does this happen?" and "Are there additional negative consequences?"

Possible GBV-specific problems:
- Prevalence of domestic violence
- Prevalence of violence against women
- Prevalence of rape and sexual abuse
- Trafficking of women or girls
- Recruitment of boys or young men into gangs or armed groups
- Sexual harassment in public spaces (market, school, street, workplace, etc.)
- Prevalence of early marriage
- Strained marital relations (e.g., increase in quarrelling between spouses)
- Miscommunications between husbands and wives
- High rates of suicide
- Low self-esteem among women

FNS

Possible FNS-specific problems:
- Complications during pregnancy or delivery
- High rates of anemia among women

- High rates of stunting among children under five
- Women not allowed to rest adequately during pregnancy
- Women not allowed to consume more food or different foods during pregnancy
- Children do not receive animal-source foods
- Lack of quality postnatal health
- High incidence of diabetes among women and children
- High incidence of diarrhea in young children
- Lack of water or prohibitive cost of clean water
- Women unable to readily access primary care facilities

WEE

Possible WEE-specific problems:
- Financial dependence of women on men
- Women restricted from engaging in economic activities independently
- Minimal uptake of vocational training among girls
- Women lack control over productive resources
- Women lack decision-making power over financial resources
- Few women entrepreneurs
- Failure to promote women to senior positions
- Girls discouraged from working outside of the house
- Primary (or secondary) education not required or prioritized for girls

Adaptations for Different Stages in GYSI Transformation

Transform Staff Capacity

Use this tool to identify the root causes of gender, social, and power norms that affect staff as well as community members.

GYSI and Power Analysis

Use this tool for further qualitative data collection and analysis to analyze the root causes of problems affecting programming to inform changes in program strategies and interventions.

Reflection with Community

Use this tool to collectively analyze any problem with a lens of gender, social, and power norms. This tool can help to establish an understanding of the links between underlying causes and negative outcomes, which can help motivate staff and communities to address root causes.

Plan for Action

Use this tool to help communities develop plans to address identified problems. After identifying root causes, the community can identify actions to address the root causes. You can use the following discussion questions to help develop action plans:
- Who creates and/or reinforces the causes of this problem?
- Who can support change?
- Are there any risks in challenging the root causes of this problem?
- What action can we take to address or eliminate the root causes?

This tool is useful for GYSI and power analyses across sectors. You can either identify a problem statement in advance or allow participants to identify a specific problem. If using this as a monitoring tool during midterm or final evaluations, ask participants if the problem has changed, or if the causes or effects have changed, and why.

10. But Why

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual*.[12]

Purpose of the Tool
This tool is a continuation of the Problem Tree Analysis. It builds on the analysis of underlying root causes of problems related to gender and sexuality, developed in the previous exercise, in order to develop strategies to challenge and address such problems.

Time Required
45 minutes to 1 hour

Materials Needed and Other Preparation Required
☐ Flip chart paper, markers, and tape

Steps

1. Introduce the purpose of this exercise and explain that we will use the problem identified in the previous exercise (Problem Tree Analysis) to build a more in-depth understanding of the root causes and to develop strategies to address root causes.

2. Divide participants into groups of five to six participants.

3. Give each small group a social norm underlying the problem for analysis or allow them to identify a social norm that they wish to explore. If possible, each group should have a different norm. Examples of norms might include:
   - Premarital sex among adolescent girls or boys is forbidden.
   - Women should be the sole caretakers of children.
   - Men should be responsible for selling livestock.
   - Adolescent girls should not be promiscuous and must protect their virginity.

4. Distribute flip chart paper and markers to each group and instruct them to draw a circle in the middle and to write or draw the norm inside the circle to begin the analysis.

5. Instruct each group to discuss why the norm exists, writing initial answers in separate circles around the central circle containing the norm.

6. For each of the immediate answers, ask groups to continuing asking "but, why does this happen?" and creating more circles with underlying reasons until the group can think of no more answers and all of the root causes are written on the diagram.

7. Ask each group to present their completed "But Why" diagram to the large group.

12. CARE. 2018. 39–41.
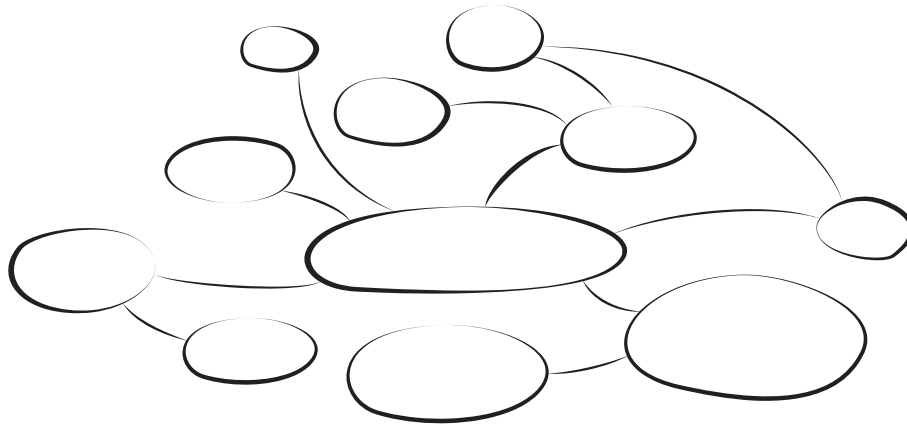
8. After all groups have presented, facilitate a discussion using some of the following questions:
   • What are the most common reasons for the norm discussed? Why are these the most common?
   • Did you learn anything new about this norm during this exercise?
   • How are the different norms that we discussed connected?
   • Which people are adversely affected by these norms?
   • Does anyone benefit from these norms?
   • Is there a need to change any of the norms discussed? Why or why not?
   • What can be done to foster change?
   • Who can support change?

9. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

10. Finally, ask participants to think about how they might deal with some of the challenges discussed during the session, to help to continue the dialogue for the next session.

✏ Additional Notes for Facilitators

This tool helps to deepen our understanding of some of the common causes underlying critical problems. It also helps participants identify common social norms that promote certain kinds of behaviors and practices that contribute to these problems. By using probing questions, we can help participants analyze the reasons why social determinants of health and barriers to positive behaviors might exist.

⚖ Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, you can adjust the activity to explore the attitudes toward and situations of specific socially marginalized groups relevant to your participants.

⊚ Adaptations to Address Specific Issues

Select norms based on findings from the GYSI and power analysis and use the process identified in the steps outlined herein to help participants explore issues related to their work.

SRHR

Possible SRHR-specific norms:

- Girls should be virgins until marriage.
- Girls have no value if they are not virgins.
- Men cannot control their sexuality.
- It is acceptable for men to have multiple sexual partners.
- Men who have multiple sexual partners, are manly and attractive.
- Women should be accompanied when leaving the home.
- Women need their husband's permission to spend money (e.g., on contraception).
- Women should give birth at home, rather than in a health facility.
- Contraception is a sin.
- Women who carry condoms are promiscuous.
- A woman's main responsibility is to bear children.
- Men should not care for children.
- Women should continue with their work throughout their pregnancy.

GBV

Possible GBV-specific norms:

- Domestic violence is acceptable.
- It is acceptable for men to use violence to teach their wives to behave properly.
- FGM/C keeps girls faithful.
- FGM/C controls girls' sexuality.
- It is acceptable for men to scold and/or insult their wives if they misbehave.
- Women's mobility is restricted to keep them safe.
- Men are always entitled to have sex with their wives, even if their wives are unwilling.
- It is a woman's responsibility to meet her husband's sexual desire.
- Girls should marry before they the age of 17.
- Women who are disobedient should be disciplined with physical force and/or violence.
- Emotional abuse (e.g., threatening violence or isolating someone from their families and friends) is acceptable.
- If a man beats his wife, he is showing that he loves her.

FNS

Possible FNS-specific norms:

- Women should not own land.
- Women should not do off-farm jobs.
- Women should not interact with extension agents.
- Men deserve the best food because they are heads of the household and the breadwinners.
- Women do not require rest during pregnancy.
- Women do not require more or different food during pregnancy.
- Women should eat last, to ensure everyone else receives food, even during pregnancy.
- Fetching water and firewood is a woman's job.
- Men should make all sale and purchase decisions for assets such as harvested food, seeds, livestock, and equipment.

Possible WEE-specific norms:

- Women should depend on men for their livelihoods.
- Women should do light tasks; men should do heavy tasks because they are stronger.
- Men should be the primary breadwinners in their families.
- Women should not engage in economic activities independently.
- Women should work hard in the home and in the fields.
- Men should own property, women should not.
- Girls do not need education related to managing economic activities.
- Women should not manage money independently.
- Women need permission from men to spend money.

Adaptations for Different Stages in GYSI Transformation

Transform Staff Capacity

Use this tool to help staff analyze the underlying causes of issues identified during their own reflective practice or during a GYSI and power analysis.

GYSI and Power Analysis

Use this tool to analyze the root causes of problems that programs seek to address. Once teams identify root causes through the GYSI and power analysis, they can prioritize issues to address and choose appropriate tools to facilitate related discussion and reflection.

Reflection with Community

Use this tool with communities to collectively analyze underlying causes of a problem using a lens of gender, social, and power norms.

Plan for Action

Use this tool to identify the underlying issues that need to be addressed to achieve a project's objectives and to strategically plan actions to address them.

11. Safety, Security, and Mobility Mapping

We adapted this tool from CARE's *Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health*, which was adapted from the International HIV/AIDS Alliance's *Tools Together Now! 100 Participatory Tools to Mobilise Communities for HIV/AIDS*.[13]

Purpose of the Tool
This tool aims to help participants understand the barriers related gender, age, and social marginalization that people face in accessing SRH services.

Time Required
1 hour

Materials Needed and Other Preparation Required
☐ Flip chart paper, markers in four different colors (black, blue, green, and red)—one set for each group, and tape

Steps
1. Divide participants into 12 small groups, assigning each small group one of the following categories of people in a community:
   - Adult woman
   - Adult man
   - Early adolescent girl (age 10 to 14)
   - Early adolescent boy (age 10 to 14)
   - Middle adolescent girl (age 15 to 16)
   - Middle adolescent boy (age 15 to 16)
   - Late adolescent girl (age 17 to 19)
   - Late adolescent boy (age 17 to 19)
   - Woman living with HIV
   - Man living with HIV
   - Woman living with a disability
   - Man living with a disability

2. Distribute flip chart paper and markers to each group and ask participants to think of a community that they are familiar with through their project. Once they have identified a community, ask each group to use the black marker to draw an aerial map of that community. Explain that their maps might include residential areas, farms, markets, roads, and bus and train stations, but it also must include any SRH facilities, such as the primary health center, district hospital, and the locations of any other key SRH health personnel (e.g., health outreach workers and community health workers). Their maps should also indicate the approximate distance to any secondary referral facilities (e.g., the regional hospital) and the different means of transportation available for accessing such facilities (e.g., bus or train).

13. International HIV/AIDS Alliance. 2006. 40–67; **adapted in** CARE. 2007. 73–74.

3. Ask participants to use the three remaining markers as follows to mark the following from the perspective of their assigned person (adult woman, adult man, etc.):
    - Using the green marker, mark SRH services and facilities that you can travel to alone any time of day or night, without any fear and without requiring the permission of others. This indicates areas of complete safety and/or high mobility.
    - Using the blue marker, mark SRH services and facilities that you can only travel to during the day or only when accompanied. This indicates areas of moderate safety, and/or limited mobility.
    - Using the red marker, mark SRH services and facilities that you can never travel to. This indicates areas that are completely unsafe and/or where there is poor mobility.

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4. Ask the groups to write the name of the individual their map represents at the top and then to display their maps on a large wall following the same sequence as listed in the first step.

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5. Instruct participants to complete a gallery walk to see how other groups have mapped the safety, security, and mobility situations for their target individuals.

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6. Close this exercise by facilitating a discussion around participants' experiences collaborating to develop the maps for their assigned person and viewing the maps that other groups developed for other target individuals.
    - Which group has the most green, indicating the most safe zones and highest mobility? Why? Can participants provide examples based on their observations?
    - Which group has the most red, indicating the most unsafe zones and poorest mobility? Why? Can participants provide examples based on their observations?
    - How is the mobility of adolescent boys different from adult men? Do all the different age brackets of adolescent boys have the same safety, security, and mobility concerns? Which age bracket is most vulnerable and least mobile? Why?
    - How is the mobility of adolescent girls different from adult women? Do all the different age brackets of adolescent girls have the same safety, security, and mobility concerns? Which age bracket has is most vulnerable and least mobile? Why?
    - Do women living with HIV or women with disabilities have different safety, security, and mobility concerns than men living with HIV or men with disabilities? Why?
    - How can we design and deliver our programs to address barriers and challenges related to gender, age, and social marginalization and associated with safety, security, and mobility to ensure that everyone is able to access the SRH services they need?

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✎ Additional Notes for Facilitators

Explain that we can use this safety, security, and mobility mapping tool for community mobilization and/or as an entry point to engage different target audiences within a community. The results are most effective when groups such as women or adolescents participate directly and reflect on their own community, as this reveals their own concerns and perceptions related to safety, security, and mobility issues. We highly recommend using this tool as an entry point for all community engagement activities and for informing contextualization of project design and delivery for different communities.

⚖️ Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, you can adjust this activity to explore the experiences of people in different socially marginalized groups, by mapping their specific safety, security, and mobility concerns.

🎯 Adaptations to Address Specific Issues

N/A

⦿ Adaptations for Different Stages in GYSI Transformation

N/A

12. Social Norm Prioritization

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual*.[14]

Purpose of the Tool

This tool will help program staff analyze and prioritize which gender, social, and power norms are most important address, through reflective dialogues with communities, to maximize a given program's impact.

Project teams should work together to complete this tool in order to prioritize the social norms that are root causes of problems that their projects seek to address. The Problem Tree Analysis and But Why exercises should identify social norms to include in this exercise. Teams should review materials and notes from those exercises to select five social norms that are most important and relevant to their project. Therefore, if you decide to allow participants to work in small groups, please ask participants to work in the same small groups from those two exercises.

We recommend using this tool in conjunction with findings from the GYSI and power analysis. You will need to give participants time to reflect on the GYSI and power analysis findings—this may require reviewing flip charts/notes, reading a summary, or giving a brief presentation on the findings. Following this refresh and reflection, you can facilitate a discussion to identify the most critical and urgent norms to address.

Note: If you are using this tool with program staff who did not participate in the GYSI and power analysis, you will need to share key findings from that exercise with participants, clarifying questions, as needed.

Time Required

1 hour

Materials Needed and Other Preparation Required

☐ Prepared flip chart paper(s) (see handout showing the table to be drawn on flip chart paper) and markers; *or* printed Social Norm Prioritization Handout, one copy per participant

Note: You can use the SAA approach to replace "Sector-Specific Consequences" with the name of a selected sector relevant to your participants' program, such as "consequences for SRHR," "nutritional consequences," or "consequences for income security."

Steps

1. Distribute handouts or display the prepared flip chart paper(s).

2. If you are using flip chart paper, ask participants to brainstorm ideas while you fill in the boxes. Alternatively, you may divide participants into small groups ask them complete the handout together in groups.

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14. CARE. 2018. 57–58.

Social Norm Prioritization Handout

Social Norm/Issue	People Affected	Sector-Specific Consequences	Impacts on Households	Benefits of Changing	Ease of Changing

3. After completing the table, ask participants to review the contents and discuss what norms they may want to address during reflective dialogues and why. You can help participants prioritize norms to address by:
   - Asking which norms affect the greatest number of people or which norms affect the most vulnerable and marginalized populations.
   - Asking participants to vote (e.g., by show of hands); this is a useful strategy if participants have difficulty coming to a consensus.

4. If you have time, instruct participants to start planning for future trainings by asking:
   - Which tools are most relevant and appropriate to address the norms prioritized?
   - When will these trainings or dialogues occur?
   - Who will facilitate necessary dialogues and what training and/or support do they need to be effective?

Note: If time is limited, a program manager can facilitate this planning activity at a later time, using the table generated through this exercise to plan coordination and implementation of relevant activities.

Additional Notes for Facilitators

Encourage project teams to keep the flip chart paper(s) or handouts from this exercise and to refer to their notes after the training, to ensure continued GYSI integration.

Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, you can adjust this activity to explore how social norms specifically impact people in different socially marginalized groups within your community.

Adaptations to Address Specific Issues

N/A

Adaptations for Different Stages in GYSI Transformation

N/A

13. Who Is Affected and How

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual*, which was adapted from the International HIV/AIDS Alliance's *Tools Together Now! 100 Participatory Tools to Mobilise Communities for HIV/AIDS*.[15]

Purpose of the Tool

This tool aims to help participants explore the consequences of social norms and their impact on the lives of individuals in the community.

Time Required

1 hour to 1 hour, 30 minutes

Materials Needed and Other Preparation Required

☐ Flip chart paper, index cards, markers, and tape
☐ Flip chart prepared as follows:
  • Draw a picture of a woman, man, girl, or boy on an index card, as appropriate for your context. For instance, if you are using the tool to explore how a norm affects women, include a picture of a woman. *Note: You can also focus on a more specific group, such as pregnant or lactating women, married adolescent girls, single women, female and male sex workers, etc.*
  • Write or draw (depending on your groups' literacy abilities) various domains—such as identity, independence, mobility, roles and responsibilities, body autonomy, SRHR, negotiation with stakeholders outside the family, economic status, social status, nutritional status, and mental well-being—on index cards.
  • Tape the card with the person at the center of a piece of flip chart paper and tape the domain cards around the picture.

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15. International HIV/AIDS Alliance. 2006. 40–67; **adapted in** CARE. 2018. 9–14.

⌗ Steps

1. Introduce the tool, explaining that the social rules and regulations that guide our attitudes and behaviors and that affect our lives are often unnoticed and we will use this tool to explore how specific social norms and practices impact an individual's life.

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2. Display your prepared flip chart with a picture of a person surrounded by the various domains and ask participants to think about how select social norms and practices may impact the life of this person in the various domains. *Note: We suggest drawing from the GYSI and power analysis findings to identify relevant norms for your group, but we have included herein some examples and also provided sector-specific examples in the Adaptations section toward the end of this tool.*
   - *Lack of youth-friendly SRH services*
   - *FGM/C*
   - *Early/child and forced marriages*
   - *Early and repeated pregnancies*
   - *Male engagement*
   - *Son preference/pressure to bear a son*
   - *Restrictions on women's movements at night*
   - *Requirement of women to obey their husbands*
   - *Acceptability of men beating their wives*
   - *Expectation that women should eat last*

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3. Write responses on a separate flip chart, probing until there is a comprehensive list. *Note: It is not necessary to focus on all or the same domains in every exercise. Herein we provide an example of how a woman's life may be affected by son preference and pressure to bear a son, for reference.*

Domain	Examples of Potential Impact
Roles and responsibilities	• Many household and childcare duties, including caring for multiple young children
SRHR	• Reduced ability to negotiate contraceptive use and control the number, timing, and spacing of pregnancies • Poorly timed and spaced births resulting in adverse effects on health of mother and children
Body Autonomy	• Limited ability to decide when to have sex, when to have children, and how many children to have • Neglect and abuse, from her spouse and family, for not bearing a son
Identity	• Rejection from family and community for not bearing a son • Low self-esteem if unable to give birth to a boy • Self-esteem of other girls in society impacted as they see that their culture celebrates the birth of boys, but not the birth of girls

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4. Facilitate a large group discussion using the following reflection questions:
   - Does this norm affect only women?
   - How does this norm affect men?
   - Why does this norm continue to prevail?
   - Who supports or demonstrates acceptance of this norm in the community?
   - How is this norm transferred from one generation to the other?
   - Is maintaining this norm more important than its impact on people's lives?
   - Can we change this norm? Who can help to create this change?

5. Close the discussion by answering any questions or concerns that arise and correcting misinformation. Remind participants that while we may think about issues as particularly affecting women, our children, spouses, and communities may also experience related impact. Therefore, when we consider a woman's well-being, we must also consider the well-being of her children, family, and community.

6. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

7. Finally, ask participants to think about how they might deal with some of the challenges discussed during the session, to help to continue the dialogue for the next session.

Additional Notes for Facilitators

Every gender, social, and power norm has either positive or negative impacts. This tool shows how one norm can affect many different aspects of a person's life and how children, families, and society may also be affected. This tool can also show how a norm that may seem to exist to protect or benefit women or men can actually have a number of negative impacts on their lives.

Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. Depending on the context and use of the training, you can adjust the activity to explore the situations of people in different socially marginalized groups, and how different social norms impact their lives.

Adaptations to Address Specific Issues

SRHR
SRHR-specific examples of norms, practices, and behaviors:
- Son preference/pressure to bear a son
- Restrictions on women's movements at night
- Expectation that wives must never deny husbands' requests for sex
- Acceptability of men beating their wives
- Expectation that women are responsible for contraception
- Expectation that women are responsible for avoiding violence
- Expectation that women should eat last

- FGM/C
- Early/child and forced marriages
- Expectation that women/girls remain virgins until marriage
- Objections to adolescent girls accessing contraception
- Objections to providing sexual education to girls
- Belief that men are naturally promiscuous
- Belief that women who carry condoms are promiscuous

GBV

GBV-specific examples of norms, practices, and behaviors:
- Acceptability of men beating their wives
- Restrictions on women's movements at night
- Expectation that wives must never deny husbands' requests for sex
- FGM/C
- Requirements for bride price/dowry
- Early/child and forced marriages
- Expectation that women are responsible for avoiding violence
- Belief that women who talk to men are promiscuous
- Expectation that women/girls must dress properly to avoid sexual harassment

WEE

WEE-specific examples of norm, practices, and behaviors:
- Expectation that men are responsible for earning income for the family
- Belief that women spend money irresponsibly
- Restrictions on women managing money
- Expectation that women's work is in the home
- Restrictions related to women working at night

Adaptations for Different Stages in GYSI Transformation

Transform Staff Capacity

This tool can help the staff critically analyze some of the norms that they see in their lives or work to better understand the impact of these norms on their lives and communities.

Plan for Action

Use this tool to collectively analyze the norms for which changes are required and to explore how certain norms affect different individuals and why, in order to develop responsive plans or adjust programming.

Reflection with Community

You can use this tool to help communities analyze select norms and their implications from different angels to comprehensively understand all of the negative consequences. This analysis can motivate communities to identify and invest in solutions.

14. Stakeholder Analysis

We adapted this tool from CARE's *Social Analysis and Action Global Implementation Manual.*[16]

Purpose of the Tool
This tool aims to help participants identify stakeholders and analyze their potential roles while implementing activities that challenge gender, social, and power norms.

Time Required
1 hour

Materials Needed and Other Preparation Required
- ☐ Flip chart paper, markers, blank index cards, and tape
- ☐ A prepared index card labeled "community"
- ☐ Selected topic and norm relevant to your participants' work (e.g., project objectives)

Steps

1. Introduce the tool by explaining that planning and implementing an intervention without analyzing the relevant stakeholders, or people who influence related norms and behaviors, can be counterproductive. Explain that it is important to know who the stakeholders are, if they support the current norms or are in favor of challenging them, and if they are potential supporters or resistors of necessary action—and that stakeholder mapping can help answer these questions.

2. Introduce your selected topic to the group and ask participants to identify relevant stakeholders. For example, for a family planning intervention, relevant stakeholders may include clients, health service providers, family, friends, and religious leaders.

3. Distribute blank index cards and ask participants to write their responses on separate cards while you place the card labeled "community" in the center of a piece of flip chart paper.

4. Once participants have finished writing, instruct them to place their stakeholder cards around the community in the following manner: the further the card from the community, the more difficult it is to access the stakeholder; the closer the card to the community, the easier it is to access the stakeholder.

5. Ask the participants to draw circles around each stakeholder giving the following instructions: the bigger the circle, the more important the stakeholder; the smaller the circle, the less important the stakeholder. Then ask the participants to draw lines between the stakeholder cards and the community card in the following way: the thicker the line, the more supporting the stakeholder; the thinner the line, the more resisting the stakeholder.

16. CARE. 2018. 54–56.

6. *Note: To make this analysis easier, you can also have participants present this information using a table format, as depicted in the example herein, ranking importance, access, and support. In this example, we used a ranking of one for low to four for high.*

Stakeholder	Access	Importance	Supporter / resistor
Man	3	1	Resistor
Woman	1	1	Supporter
Health service provider	2	2	Resistor
Family	1	3	Resistor
Religious leader	4	4	Resistor
Friend	1	3	Supporter

7. Ask participants to brainstorm strategies to influence the stakeholders and to write each strategy on a separate card to place next to the relevant stakeholder.

8. Conclude the activity by collectively discussing which stakeholders are the highest priority and how we can influence those stakeholders. Use the following reflection questions to guide the discussion and decisions:
   • What are the rewards or consequences for people who do not follow the norm?
   • Why are these stakeholders important for challenging the norms?
   • Who are most powerful stakeholders, in terms of support needed for taking action to change these norms?
   • Which of the most powerful stakeholders may resist the change?
   • What is the community's power relationship with these stakeholders?
   • How can stakeholders help to challenge the norms?
   • What roles can different stakeholders play in challenging the norms?
   • Is it better to focus on stakeholders who are easier to access and more important to the change process, as smaller victories can boost the confidence and build momentum? Or is it better to focus on more difficult stakeholders who may be more influential?

9. Ask if there are any lingering questions or concerns and respond as best you can.

10. Summarize the activity by reiterating that we are seeking to change norms so that the lives of everyone in the community improve and that to do that, we must work with stakeholders, even though some may be resistant to change. Thank participants for their work and for being part of positive change in the community.

11. Remind participants that personal stories and experiences shared during the dialogue should be kept confidential, but encourage them to share the issues they discussed and what they learned with family and friends who are not present, if they feel comfortable doing so.

12. Finally, ask participants to think about how they might deal with some of the challenges discussed during the session, to help to continue the dialogue for the next session.

✏️ Additional Notes for Facilitators

Stakeholders are not homogenous groups; therefore, stakeholder engagement should also be unique and strategic. Stakeholders whose power is directly tied to certain gender and social norms may strongly resist efforts to challenge such norms. Conversely, some stakeholders will be important and willing allies for challenging harmful norms.

⚖️ Considerations for Socially Marginalized Groups

When preparing this activity, ask participants to reflect on socially marginalized groups, such as PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and adolescents under the age of 18. During discussion, ask participants to reflect on how different forms of marginalization intersect with gender as well as whether and how such intersections influence stakeholders who are key to change.

🎯 Adaptations to Address Specific Issues

N/A

🔭 Adaptations for Different Stages in GYSI Transformation

Gender and Power

Use this tool to identify the types of stakeholders and power-holders that exist in communities, to analyze which aspects of life and well-being they control, and to determine which stakeholders we can leverage to promote change.

Plan for Action

Use findings from the GYSI and power analysis to inform the focus of this tool, including the norm or change in norms in discussion. Select norms that the group identified to change during reflective dialogue sessions in order to ensure we are not forcing them to act on issues that they are not motivated to change.

Reflection with Community

This tool can help the community critically reflect on which stakeholders may be allies, which stakeholders may act as barriers to change, and how stakeholders can help in change processes. Be careful not to force change on community groups. The norm or change in norms under discussion should come from communities' own dialogues and discussions.

Capacity Building for GYSI Integration

The tools for understanding GYSI included in this manual focus on facilitating a process of reflection among participants. Participants reflect upon their personal biases, beliefs, and stereotypes related to GYSI concerns and are challenged to change them. These tools also help participants understand how GYSI-related norms and underlying barriers affect access to and availability of SRH and related information and services for women, men, adolescents, and marginalized groups in a community.

This section focuses on building the technical capacity of EngenderHealth staff and teams to understand how to integrate GYSI concerns into their work by designing and implementing gender- and youth-transformative, socially inclusive projects as well as how to monitor the progress of GYSI integration. To facilitate such capacity building, this section includes a set of specialized resources designed to support participants in integrating GYSI-related concerns into our programs and across our MEL activities in a sustainable way. Key resources for GYSI integration include:

- **GYSI and Power Analysis**, which is key to analyzing the target context and adapting tools in advance of training implementation
- **EngenderHealth's Do No Harm Framework (DNHF)**, which focuses on how our staff assume responsibility and are accountable for the effects of our interventions
- **Various resources for measuring GYSI transformation**, to support our teams in integrating GYSI-related concerns into MEL frameworks and developing specific frameworks for monitoring GYSI across programs

Together, these resources represent the next step in the GYSI transformation process. They are aimed at ensuring that our staff and programs are able to integrate GYSI into our work in meaningful, measurable, and sustainable ways.

GYSI and Power Analysis

This GYSI power analysis draws from CARE's *Good Practices Framework: Gender Analysis*.[23]

In order to understand norms and challenges related to gender and social marginalization, it is important to conduct a comprehensive GYSI and power analysis. The GYSI and power analysis is a systematic approach for identifying key issues contributing to inequalities related to gender, age, and marginalization—many of which also contribute to poor development and humanitarian outcomes. The GYSI and power analysis explores the power dynamics and relationships between different groups that affect access to and control over resources, capacities, and resilience. All EngenderHealth teams must complete a comprehensive GYSI and power analysis before implementing a new project.

This analysis is critical to understanding the existing social and gender norms, power dynamics, and challenges faced by women, girls, PLWH, LGBTQ+ individuals, sex workers, widowed women, PWD, religious minorities, and the other marginalized groups. More specifically, this analysis will examine the following:

- Sex- and age-disaggregated data related to access to services, education, livelihoods, mobility, SRH, nutrition, morbidity and mortality, violence, etc. **Note:** *If available, data should also be disaggregated by key groups, such as caste, class, ethnicity, and race.*
- Policies and laws related to SRH; early, child, and forced marriage; GBV; LGBTQ+ issues; and PLWH
- Mappings of key stakeholders and influencers in the context of SRH
- Sexual and gendered divisions of labor
- Household decision-making
- Control over productive assets
- Access to SRH services
- Body autonomy (control over one's body)
- GBV and related justice systems
- Individual/personal aspirations

23. CARE. 2012. *Good Practices Framework: Gender Analysis*. Atlanta, GA: CARE. https://www.care.org.au/wp-content/uploads/2015/02/Good-Practices-Brief.pdf. [Good Practices Framework: Gender Analysis. © 2012 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.]

EngenderHealth's Do No Harm Framework (DNHF)

We adapted our DNHF from CARE's *Social Analysis and Action Global Implementation Manual*.[24]

Introduction

Development and humanitarian interventions initiated by private organizations and governments do not operate in a neutral environment. These interventions (including associated baseline and end line evaluations) are impacted by the existing social, gender, and cultural norms as well as the political environment of the intervention geography or group. Programs designed without consideration of these critical factors are more likely to lead to some degree of unintended harm, depending on the nature of the relevant sociocultural and gender norms, political environment, target group, and intervention. For example, a GBV prevention intervention in which a newly trained community-based GBV counselor visits the house of a survivor to counsel the husband may have an adverse impact if the survivor has spoken to the counselor without the knowledge of her husband.

Unintended harm is possible during all stages of the project cycle, thus it is important for our teams to use a GYSI lens in designing, implementing, monitoring, and evaluating our projects—being mindful of the potential risks and unintended harms and preparing mitigation strategies in advance.

EngenderHealth is accountable for the protection of all individuals, groups, and communities with which the organization works, as well as our own staff and teams. To help us prevent, mitigate, and address any unintended harm, we have developed minimum standards for all projects to use as a mandatory framework.

24. CARE. 2018. 6–7, 9–14.

Do No Harm Framework (DNHF) Worksheet

The worksheet herein can be used to assess DNHF minimum standards as related to potential areas engagement. Use this worksheet to discuss potential areas of engagement and key considerations at each of these engagement points and to brainstorm potential ways to ensure adherence to minimum standards. Ideally, teams should tailor the DNHF for every target group, for example, to recognize that key considerations and approaches for adolescents aged 10 to 14 will differ from those for adolescents aged 15 to 16.

Area of Engagement	Key Considerations	Approach to Achieving Minimum Standards
Staff Capacity	**1.** Ensure program staff understand the facts, perceptions, and attitudes about gender, social norms, and power dynamics in the local context. **2.** Ensure program staff understand various forms of gender-based violence (GBV) prevalent in the community. **3.** Ensure program staff understand gender, youth, and social inclusion (GYSI) issues in the community and/or facility.	
Understanding Communities and/or Service Providers	**1.** Before starting discussions with the communities and/or service providers on gender norms, conduct a GYSI and power analysis and use findings to inform tools and guidelines to use for discussions on critical reflections. **2.** Ensure use of locally appropriate, nonjudgmental language. **3.** Sensitive information shared during group discussions cannot always be kept confidential. It is therefore important to inform the group in advance that nothing they share can be guaranteed as confidential and thus they should not share anything that they do not want others to know. It is likewise important to not make sharing mandatory. **4.** If any participant discloses GBV-related information, be ready to listen and provide necessary referral(s), by having a comprehensive list of functional referral services in the area.	

Area of Engagement	Key Considerations	Approach to Achieving Minimum Standards
Joint Planning with Communities and/or Service Providers	**1.** Plan for potential risks with action to be taken in cases of: • Strong opposition • Children at risk of harm **2.** Be aware of the political situation. **3.** Consider the degree of press freedom. **4.** Consider the government's approach to human rights. **5.** Identify and discuss any potential risks to the facilitator and the team. **6.** Understand the readiness of the communities and/or service providers to change gender, social, and power norms—and adapt intervention activities accordingly. **7.** Start with less sensitive gender norms, such as household divisions of labor, before introducing more sensitive gender norms, such as those related to sexuality and violence against women.	
Working with Communities and/or Service Providers	**1.** Ensure communities and/or service providers feel ownership of the attempted change, especially if the change relates to harmful gender norms or gender-related personal beliefs and attitudes. **2.** Base any attempted change on local knowledge and visible local leadership. **3.** Encourage groups to identify their own leaders and allies within their respective communities and/or organizations. **4.** Monitor action plans to prevent communities and/or providers from identifying strategies that might be harmful to any other group in the community or the process of change. For example, a community group working to end child marriage that excludes married girls under the age of 18 from distributing reading materials in order to send a message to parents and girls that early marriage will deprive them of certain benefits harms girls with such an exclusion. Or, if community-based health workers plan home visits to counsel to the husbands of women who disclose incidences of intimate partner violence, they may be further jeopardizing the women's safety.	
Evaluation	**1.** Continuously monitor group processes and meetings to observe any harmful outcomes and be prepared to provide guidance for course correction. **2.** Monitor for GBV-related changes (power dynamics, male engagement and response, enabling environment, etc.).	

DNHF Safety Plan

Definition of a Safety Plan

A safety plan is a plan made to protect project participants (including project teams) from potential unintended harm or backlash from any stakeholder in the community in which they live or work. Mitigation strategies can also help protect participants from possible future violence and abuse from family and/or community members. Safety plans focus on women, girls, young people, and other marginalized groups as the primary beneficiaries of transformative social change projects, while also recognizing that everyone benefits from a world free from violence. We must be careful to not inadvertently reinforce attitudes, beliefs, behaviors, and norms that contribute to violence against women, girls, young people, and other marginalized groups.

Developing a Safety Plan

Safety planning involves the creation of project-, community-, and stakeholder-specific actions, strategies, and resources to ensure safety of project teams and beneficiaries during any reported or perceived unintentional harm or backlash. The strategies included in the safety plan will vary based on the project context, the level of backlash, type of backlash, etc.

Objectives

1. Improve project participants' awareness of the possibility of encountering any form of violence or community backlash while participating in the project.
2. Raise awareness among project team members to address violence and community backlash against project beneficiaries.
3. Create a system to respond to violence and community backlash.

How to Prevent Community Backlash

- Always engage with all stakeholders of the socioecological model—not just with women, girls, adolescents, or other marginalized groups. While it is important to engage our primary impact population(s), it is also mandatory to engage other stakeholders in their environment (e.g., men and boys, parents and families, community leaders, religious leaders, service providers, and community health workers). Such broad engagement is critical to obtaining buy-in while simultaneously creating an enabling environment that will support a process whereby not only primary beneficiary groups but rather all stakeholders challenge and change inequitable norms and practices.
- Engage gatekeepers, especially as part of community campaigns related to GBV.
- Ensure the confidentiality of information provided during all GBV reports.
- Ensure contact details for key GBV referral services are posted in health facilities and schools.
- Always seek consent.
- Engage men in WEE activities (e.g., as clients or agents of change) to prevent and respond to harmful resistance to and backlash against such activities and to foster relationships based on cooperation and joint decision-making in households.
- Establish and maintain peer community support networks.
- Obtain buy-in from important community leaders who can provide support and be agents of change for the long term. Ensure the community leaders you engage include men as well as women leaders and leaders representing marginalized groups.

Addressing Unintended Harm and Backlash

Consider various options, including contacting key actors engaged in project activities, such as:

- Local community leaders, gatekeepers, and other community champions
- Health workers or extension workers
- Project officers
- Teachers
- Police officers
- Community legal bodies or traditional justice systems
- Local youth club members or youth champions
- Relevant government offices (e.g., for health, women, children, and youth)
- Local organizations and associations working in the area

Use the template below to identify primary actors to contact in cases of violence or community backlash. Ask participants to record the key beneficiaries, actions, and contacts they identify in this template to report back at the end of the session to facilitate groups learning from each other.

Beneficiaries	Actions	Contact

Measuring GYSI Transformation

We adapted this guidance from CARE's *Social Analysis and Action Global Implementation Manual*.[25]

How do we know whether we have achieved or are achieving GYSI transformation in our work?

The changes that this manual aims to facilitate are ambitious and ambiguous, requiring time and concerted effort, and such change is rarely linear. GYSI transformation requires a commitment to quality implementation, which requires tracking the progress of an initiative and monitoring the success of reflective dialogues.

Measuring GYSI transformation requires an MEL framework that recognizes change as a process rather than merely an endpoint. Monitoring each stage of the process is key. This means that MEL systems must be able to document and learn from incremental changes toward a larger goal.

Not all programs will have the abilities and resources to answer all of the questions below. However, we recommend that all programs that include GYSI transformation as a core element conduct MEL activities periodically throughout the training and transformation process using relevant questions to guide the process.

1. What do we want to know about staff transformation?
   a. How often do staff meet to practice reflective dialogues?
   b. What issues do staff reflect upon?
   c. How are staff perceptions about gender equality, power structures, empowerment, and GYSI interventions changing?
   d. How are staff facilitation skills progressing?
   e. How are staff interactions with communities changing?
   f. Have we observed any negative consequences due to staff transformation activities, including from staff or communities' participation in GYSI and power analyses?

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2. What do we want to know about community reflection activities?
   a. Which community groups are participating in the reflection activities and how often do they meet?
   b. How are community members' perceptions and understandings of gender equality, power structures, and empowerment changing?
   c. Are community members' motivations to challenge inequitable norms changing?
   d. Have any changes in agency, relations, and structures occurred because of these GYSI transformation efforts?
   e. Have we observed any negative consequences as a result of reflection dialogues?

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3. What do we want to know about action planning activities?
   a. Have groups created GYSI action plans?
   b. Do the action plans developed address any of the gender, age, social, and power norms that surfaced through the reflective dialogues? If so, will the planned actions be helpful or harmful (i.e., will they further marginalize or stigmatize any community members)?
   c. Have different gender and community groups contributed to and/or reviewed the action plans?

25. CARE. 2018. 61–66.

    d. Do action plans promote the rights and/or address the needs of vulnerable groups?

    e. Do the action plans explicitly call for the participation of women and girls?

    f. Have we observed any negative consequences as a result of the action planning process?

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4. What do we want to know about the implementation of actions?

    a. What types of collective action have occurred due to communities' participation in GYSI-related activities?

    b. How frequent are actions occurring?

    c. How effective are these actions?

    d. Have any changes in agency, relations, and structures occurred because of collective actions driven by these GYSI transformation efforts?

    e. How are these actions changing social norms?

    f. Have there been any changes in sector-based outcomes due to these actions?

    g. Are community members able to speak publicly about the changed behavior(s)?

    h. Have we observed any negative consequences as a result of the GYSI-related actions?

❁

Tools for Integrating GYSI into Work Planning and MEL Activities

GYSI Integration into Work Planning

Purpose of the Tool

This tool aims to help participants to discuss how they can integrate GYSI into their project work plans. The template builds upon the work plan format that EngenderHealth teams use, adding space for planning and tracking GYSI integration.

Time Required

2 hours

Materials Needed and Other Preparation Required

☐ GYSI Integration into Work Planning Worksheet, one copy per participant

Steps

1. Distribute the worksheet and ask participants to divide themselves into their project teams.

2. Instruct teams to review project activities planned for each objective and to write the concrete ways in which they can integrate GYSI. Give participants approximately one and a half hours to complete the worksheet. *Note: Project teams can also split into smaller groups, with each subgroup focusing on an individual objective; this will allow participants to spend more time thinking about how they can integrate GYSI into each objective and activity.*

3. Instruct participants to rejoin the larger group and ask each group to report key points from their discussions on how they plan to integrate GYSI concerns into their work, so that teams can learn from each other's ideas and approaches.

Gender, Youth, and Social Inclusion (GYSI) Integration into Work Planning Worksheet

Type of GYSI Integration	Project-Related Objective	Activities/Interventions by Objective	Staff Responsible
Gender Integration			
Youth Integration			
Integration of Socially Marginalized Groups			

Ongoing Monitoring:
The Gender and Youth (GY) Marker

Purpose of the Tool

The GY Marker helps teams self-assess the degree of gender and youth integration within their programs using five critical criteria: analysis, activities, participation, negative effects, and M&E. The self-assessment helps teams track, improve, and support transformative approaches for gender and youth programming.

Time Required

2 hours

Materials Needed and Other Preparation Required

☐ GY Marker, one copy per participant
☐ GYSI Reflection and Observation Sheet, one copy per participant

Steps

1. **Complete the form(s).** Complete all relevant information. This includes:
   - **Country name**: Enter the name of the country where the project is implemented.
   - **Project title**: Enter the title of the project as listed on approved project documentation.
   - **Reviewer**: Provide the name of the GY focal point (or the Project Director, in the absence of a GY focal point) who will facilitate discussions of the GY Marker with the project team.
     Note: Using the marker for self-assessment is a team effort; the marker is not meant to be used alone. Ideally, the GY focal point (or Project Director) will use regular project meetings to discuss the GY Marker at the end of each quarter and complete the form based on those discussions with the team.
   - **Date**: Enter the date on which the project team discusses and completes the GY Marker. *Note: The discussion and completion of the GY Marker should occur on a single day, not over several days.*
   - **Grade assigned (Gender)**: Record the final grade obtained for the "gender" column after completing the form and calculating the total number of "yes" responses recorded; return to this question after completing the rest of the form.
   - **Grade assigned (Young People)**: Record the final grade obtained for the "youth" column after completing the form and calculating the total number of "yes" responses recorded; return to this section after completing the rest of the form.

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2. **Analysis.** Read and understand the question and the explanatory notes for the Analysis section. Assign a "yes" or "no" to the "gender" column and "young people" column separately, based on the question and explanatory notes.

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3. **Activities.** Read and understand the question and the explanatory notes for the Activities section. Assign a "yes" or "no" to the "gender" column and "young people" column separately, based on the question and explanatory notes.

4. **Participation.** Read and understand the question and the explanatory notes for the Participation section. Assign a "yes" or "no" to the "gender" column and "young people" column separately, based on the question and explanatory notes.

5. **Negative Effects.** Read and understand the question and the explanatory notes for the Negative Effects section. Assign a "yes" or "no" to the "gender" column and "young people" column separately, based on the question and explanatory notes.

6. **M&E Systems.** Read and understand the question and the explanatory notes for the M&E Systems section. Assign a "yes" or "no" to the "gender" column and "young people" column separately, based on the question and explanatory notes.

7. **Totals.** Add the total number of "yes" responses recorded in the "gender" column and the total number of "yes" responses recorded in the "young people" column separately.

8. **Interpret Results.**
   - **Gender:** Use the guidance provided under the "gender" column to assign a grade for the Gender Integration Continuum (gender-harmful, gender-neutral, gender-sensitive, gender-responsive, or gender-transformative).
   - **Young People:** Use the guidance provided under the "young people" column to assign a grade for the Youth Integration Continuum (youth-harmful, youth-neutral, youth-sensitive, youth-responsive, or youth-transformative).

Additional Notes for Facilitators

What do the grades of the GY Marker mean? Herein we provide definitions for interpreting results in the gender integration and youth integration columns. ***Note:*** *The youth integration continuum refers to all young people, ages 10 to 24; rather than being limited by traditional definitions of youth, that include ages 15 to 24.*

Gender-harmful: Approaches and activities reinforce inequitable gender stereotypes or disempower women and/or girls in the process of achieving program goals. For example, in order to encourage institutional deliveries, a country's health department requires all women to deliver at a facility; if a woman fails to deliver at a facility, she must pay a substantial fine. As a result, many women at the end of their third trimesters wait in facilities, as they fear otherwise delivering at home or en route to the health facility (due to poor road conditions and inadequate transportation systems). This causes additional stress for women in the final stages of pregnancy, which can have a negative health impact. Women with young children face additional challenges, as they are required to find resources to care for the existing children during their absences. Hence, despite the positive intentions of increasing institutional deliveries and improving maternal and newborn care, this policy resulted in notable unintended harm.

Gender-neutral: Approaches and activities do not actively address gender stereotypes and discrimination. Gender-neutral programming does no harm, yet is often ineffective because it fails to respond to gender-specific needs. For example, a project working in a community with high rates of early onset sexual activity among adolescents and notable stigma against premarital sex ensures SRH and family planning services are available in the local clinic. However, the project fails to ensure that the facility offers special provisions for adolescents, such as youth-friendly information, education, and communication materials, or operating hours outside of school schedules.

Gender-sensitive: Approaches and activities recognize and respond to the different needs of individuals based on their gender and sexuality, thereby significantly improving access to care and/or treatment. However, these approaches and activities fail to address larger contextual issues underlying gender inequities or alter the gendered balance of power. For example, a project supports the training and deployment of female gynecologists to increase the comfort levels of pregnant and postpartum women and girls thereby increasing uptake of related services.

Gender-responsive: Approaches and activities enable men and women to examine sociocultural gender expectations and stereotypes and their impact on issues such as health, education, and power dynamics. For example, a project trains antenatal care staff in regions with high prevalence of FGM/C to assess the type and degree of FGM/C, counsel clients according to their risk of obstructed or difficult labor, and establish and/or strengthen referral linkages for complications.

Gender-transformative: Approaches or activities actively build equitable social norms and structures, in addition to fostering individual gender-equitable behaviors. For example, a project seeking to address high rates of teenage pregnancies within a community undertakes the following: (1) sensitizing service providers about the specific challenges and vulnerabilities faced by adolescent girls; (2) providing youth (girls and boys) with comprehensive sexuality and life skills education to improve understanding of safe sex and contraception and build effective negotiation and communication skills; (3) engaging with schools and teachers to encourage girls to continue and finish schooling, even if they become pregnant; and (4) engaging community leaders and other community gatekeepers to create a safe, youth-friendly environment free of biases or judgements that hinder access to SRH information and services.

Youth-harmful: Approaches and activities reinforce negative stereotypes and/or perceptions of young people and create unintended harm. For example, the service providers in a country require adolescents under the age of 15 to obtain parental consent to access contraceptive services; or, school authorities remove an unmarried pregnant girl from school, thereby denying her the opportunity to access education.

Youth-neutral: Approaches and activities do not address the specific needs of young people or fail to engage them in meaningful ways. For example, a project seeking to increase the provision of contraceptive services in public health facilities conducts training on free, full, and informed choice but does not include any sessions focused on the specific barriers adolescent girls face when seeking care.

Youth-sensitive: Approaches and activities recognize and address the specific needs of young people in all phases of programming. However, these approaches and activities fail to address larger contextual issues underlying age inequities or alter the related balance of power. For example, a project seeking to increase the provision of contraceptive services in public health facilities conducts a training on free, full, and informed choice that includes sessions focused on the specific barriers adolescents face when seeking care and special considerations for ensuring a safe and inclusive space for counseling and delivering contraceptives to young people.

Youth-responsive: Approaches and activities not only recognize and address the specific needs of young people in all phases of programming, but also support and include young people in meaningful ways. For example, a project seeking to increase the provision of contraceptive services in public health facilities integrates meaningful youth participation in the design and implementation of all service delivery interventions and includes young people in monitoring service provision.

Youth-transformative: In addition to addressing the specific needs of young people and meaningfully incorporating them in all phases of programming, approaches and activities focus on empowering young people, enhancing their abilities to exercise their rights, and disrupting traditional power norms that prevent them from holding positions of power. Youth-transformative programs engage stakeholders to challenge the underlying causes of inequality and transfer power and decision making from adults to young people. Youth-transformative programs focus on supporting youth-led initiatives and youth-adult partnerships. For example, a project seeking to increase the provision of contraceptive services in public health facilities integrates meaningful youth participation into all phases of programming, including through funding leadership camps for adolescent girls led by young women, funding youth-led mass media campaigns in communities to increase awareness of SRHR, and establishing and/or strengthening youth-adult partnerships composed of members of local youth groups and facility providers to define youth-friendly SRH services.

Gender and Youth (GY) Marker

Country: _____

Date: _____

Project: _____

Reviewer: _____

Grade Assigned (Gender): _____   Grade Assigned (Youth): _____

* Young people include: adolescents (10–19 years) and youth (15–24 years). Adolescents include early adolescents (10–14 years); middle adolescents (15–16 years); and late adolescents (17–19 years).

Criteria	Gender (Yes/No)	Young People* (Yes/No)	Explanatory Notes
Analysis: Is the project design informed by sex- and age-disaggregated gender and power analyses with women, men, girls, boys, and other marginalized groups?			Gender, youth, and social inclusion (GYSI) analysis is the systematic attempt to identify key issues that contribute to inequalities related to gender, age, or marginalized status—many of which also contribute to poor development and humanitarian outcomes, including those related to sexual and reproductive health (SRH). GYSI and power analysis explores the power dynamics and relationships between different groups and their impacts on access to and control over resources, capacities, and resilience. *For the Young People column:* Indicate "yes" if the project focuses specifically on young people (all categories of adolescents and youth), identifies their specific needs, and includes approaches and interventions designed to meet those needs.
Activities: Are the project activities designed to address the specific needs, challenges, and capacities of women, men, girls, boys, and marginalized groups by advancing all three dimensions of equality (i.e., agency, structure, and relations)?			Gender equality advances through activities targeting changes in the following three domains: agency (direct inputs to women and girls through building their SRH-related knowledge, skills, self-esteem, self-confidence, decision-making, and personal aspirations); structure (government laws and policies related to SRH; social norms and institutional practices within the community); relations (power dynamics with and support of intimate partners, family members, and peers). Such activities ensure that they lead to all groups enjoying equitable access and control over SRH information and services. *For the Young People column:* Indicate "yes" if project activities address specific needs of young people (all categories of adolescents and youth) and engage in all three dimensions (i.e., agency, structure, relations).

Gender and Youth (GY) Marker (Continued)

Criteria	Gender (Yes/No)	Young People* (Yes/No)	Explanatory Notes
Participation: Does the project ensure meaningful participation of women, men, girls, boys, and marginalized groups in all of the following: transparent information sharing, participatory decision making, and responsive feedback mechanisms?			Participatory approaches involve women, men, girls, boys, and marginalized groups and should be adapted to local contexts through the following: • Transparent information sharing: Project staff share and ensure all target groups have equal access to relevant, accurate, project-related information provided in languages understood by such groups. • Involvement in decision making: Project staff ensure that target groups have equal access to meaningfully participate in decision-making efforts related to project activities (e.g., via community consultations). • Responsive accountability mechanisms: Project staff establish and employ accessible, safe, reliable, and transparent mechanisms for garnering, managing, and responding to complaints and other forms of feedback from target groups. *For the Young People column:* Indicate "yes" if young people (all categories of adolescents and youth) are participating in and/or benefitting from transparent information sharing, involvement in decision making, and responsive accountability mechanisms.
Negative Effects: Does the project intervention consider prevention and mitigation strategies, safety plans, and Do No Harm Framework (DNHF) minimum standards, to protect women, men, girls, boys, and marginalized groups from harmful effects as a result of intervention?			Potential negative effects of project interventions that may impact women, men, girls, boys, and marginalized groups should be proactively identified and prevented. Examples of such concerns include backlash against a survivor for reporting sexual violence or GBV or tensions between or among groups. *For the Young People column:* Indicate "yes" if the project has established prevention, mitigation, and safety plans for young people (all categories of adolescents and youth).
M&E Systems: Are monitoring systems collecting, analyzing, and reporting sex- and age-disaggregated data for all changes in gender roles, relations, and inclusion of marginalized groups in the project area?			Collection and analysis of sex- and age-disaggregated data is critical to understanding and responding to the specific vulnerabilities and challenges faced by project participants. *For the Young People column:* Indicate "yes" if the M&E system can report the following: • Age-disaggregated by the following categories: 10–14, 15–16, 17-19, and 20–24.

Gender and Youth (GY) Marker (Continued)

Criteria	Gender (Yes/No)	Young People* (Yes/No)	Explanatory Notes
GY Marker Scale and Interpretation for **Gender** (total number of "yes" responses)	TOTAL yes		If the project has resulted in any negative effects (Negative Effects column = No), this should be listed as "0 = gender-harmful," irrespective of the number of "yes" responses. Otherwise, use the following formula: • 0 "yes" responses = gender-harmful • 1 "yes" response = gender-neutral • 2 "yes" responses = gender-sensitive • 3 or 4 "yes" responses = gender-responsive • 5 "yes" responses = gender-transformative If the project is rated as gender-harmful, it must immediately apply EngenderHealth's DNHF minimum standards.
GY Marker Scale and Interpretation for **Young People** (total number of "yes" responses)		TOTAL yes	If the project has resulted in any negative effects (Negative Effects column = No), this should be listed as "0 = youth-harmful," irrespective of the number of "yes" responses. Otherwise, use the following formula: • 0 "yes" responses = youth-harmful • 1 "yes" response = youth-neutral • 2 "yes" responses = youth-sensitive • 3 or 4 "yes" responses = youth-responsive • 5 "yes" responses = youth-transformative If the project is rated as youth-harmful, it must immediately apply EngenderHealth's DNHF minimum standards.

Gender Integration Continuum

Gender Harmful → Gender Neutral → Gender Sensitive → Gender Responsive → Gender Transformative

Youth Integration Continuum

Youth Harmful → Youth Neutral → Youth Sensitive → Youth Responsive → Youth Transformative

Table 1: Discussion and Reflection Guidelines

Topic	Area of Discussion	Rationale (for "yes" or "no" response)	Examples & Links
Analysis	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Older youth (20–24)		
Activities	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Older youth (20–24)		
Participation	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Older youth (20–24)		

Table 1: Discussion and Reflection Guidelines (Continued)

Topic	Area of Discussion	Rationale (for "yes" or "no" response)	Examples & Links
Negative Effects	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Older youth (20–24)		
M&E Systems	Gender		
	Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Older youth (20–24)		

Table 2: Overarching Success, Challenges, Next Steps, and Responsible Parties

Theme	Successes	Challenges	Next Steps	Responsible Party/Parties
Gender				
Early adolescents (10–14) Middle adolescents (15–16) Late adolescents (17–19) Older youth (20–24)				

* Young people include: adolescents (10–19 years) and youth (15–24 years). Adolescents include early adolescents (10–14 years); middle adolescents (15–16 years); and late adolescents (17–19 years).

Gender, Youth, and Social Inclusion (GYSI) Reflection and Observation Sheet

Project Name: _____   Quarter/Months: _____   Country: _____   Completed By: _____

Socioecological Levels	GYSI-related beliefs, behaviors, norms, practices, &/or stereotypes planned to be changed this quarter	What was achieved? What was not achieved?	What/who were enablers? What/who were the inhibitors?	How will we engage enablers & inhibitors to facilitate changes?	What will the project do in the current quarter to ensure we achieve GYSI-related changes?	Examples of personal GYSI stereotypes challenged & changed by project staff (do not share identity/name)
Individual level: Women, young people, marginalized populations						
Family & community levels: Families, men & boys, community groups & leaders						
Systems level: Health systems, facilities, service providers, community health workers						
Law, policy & processes levels: Advocacy for GYSI integration						

Sustainability of GYSI Integration

Integration

Meaningfully integrating GYSI into the work of our offices, programs, services, and teams is a process. The core training program detailed in this manual represents the first step in this process. During this training, it is important to begin discussions about how we can ensure GYSI considerations are sustainably integrated into the ongoing work of individual staff, teams, and projects.

We recommend discussing methodologies for implementing refresher trainings and strategies for sustaining GYSI integration efforts in the long term. For example, at the end of the training, ask participants to brainstorm ideas for ways that they can ensure their teams revisit GYSI issues regularly—they may have innovative suggestions.

At EngenderHealth, regular staff meetings are common. Many of the exercises included in this manual can be used or adapted as 45-minute refresher trainings, for example, at the start of a staff meeting (refer to the list below). This can help ensure GYSI remains on the agenda in a sustainable way, which will ensure that delivering programs and services with equity in line with EngenderHealth's mission and vision remains a clear focus. Use the Sustainability Plan Worksheet herein to plan and track these refresher trainings.

The following activities can be used for refresher trainings:
- Power Walk: page 15
- The Gender Box: page 21
- Pile Sorting: page 26
- Body Mapping: page 31
- Silent Power: page 36
- Vote with Your Feet: page 41
- Circles of Influence: page 50
- Stakeholder Analysis: page 77

Note: Depending on the amount of time set aside during staff meetings for the GYSI refresher session, you may need to adapt the tool, for instance, by reducing the number of questions or leading shorter and more focused discussions.

Sustainability Plan Worksheet

Use the table below to guide participants in developing plans to ensure GYSI remains on the agenda of staff meetings, senior management team meetings, project meetings, or similar.

Month	Facilitator	Type of Meeting (e.g., senior management meeting)	Refresher Training Tool (e.g., power walk)

Appendixes

These appendixes provide additional tools for delivering the GYSI training. **Appendix A** provides practical information for structuring training plans, depending on the objectives and duration of your training, including which tools to prioritize for specific audiences, if you do not have time to deliver the full training program. **Appendix B** includes assessment tests to deliver on the first and final days of the training to measure changes in knowledge and attitudes. You can also revisit these tests later, for instance, three to six months later, for a mid-term review of impact. Finally, **Appendix C** provides a brief Facilitators Guide. After completing the full five-day version of this training, participants will emerge as master trainers who are ready to cascade their learning to colleagues. However, recognizing that for some participants, this may be their first experience as trainers, this appendix provides additional guidance, including tips and tricks for conducting an effective training.

Appendix A: Preparing Your Training Plan

You can conduct the GYSI training in three ways: as a five-day training, a three-day training, or a one-day training. The duration you choose depends on your audience, objectives, and expected outcomes. Herein we provide guidance related to objectives and agendas for training schedules according to these different timelines.

Gender Youth and Social Inclusion (GYSI) Staff Training Agenda: 5-Day Master Trainers Version

The five-day version of this training is appropriate for EngenderHealth staff as well as representatives from partner organizations, donor agencies, or government service providers, who intend to cascade the training to others.

Objectives
- Facilitate the transformation of participants' personal beliefs, stereotypes, biases, and prejudices relating to GYSI concerns toward understanding and eliminating underlying barriers to programs and services
- Orient participants to EngenderHealth's GYSI strategy
- Train participants to use and apply the DNHF and the GY Marker to their work
- Explore how participants can integrate GYSI concerns into their roles and responsibilities
- Train master trainers who will cascade GYSI training to others in their local, national, or regional context

Sample Agenda
- Pretest
- Power Walk
- The Gender Box (including "ideal man and ideal woman")
- Pile Sorting
- Body Mapping
- Silent Power
- Vote with Your Feet
- Crossing the River
- Circles of Influence
- Problem Tree Analysis
- But Why
- Safety, Security, and Mobility Mapping
- Social Norm Prioritization
- Who Is Affected and How
- Stakeholder Analysis
- Reflection Circle
- Posttest

Additional Sessions
- Introduction to the SAA Approach
- EngenderHealth's DNHF (including contextualization of the DNHF to projects)
- GYSI and Power Analysis
- GY Marker
- GYSI Integration into Work Planning
- Sustainability of GYSI Integration

Objectives

- To orient participants to EngenderHealth's GYSI strategy
- To facilitate participants' transformation towards personal GYSI-related beliefs, biases, prejudices, and stereotypes using the Social Analysis and Action (SAA) approach
- To orient participants on EngenderHealth's Do No Harm Framework (DNHF)
- To orient participants on EngenderHealth's Gender and Youth (GY) Marker
- To discuss opportunities to integrate GYSI into participants' roles and responsibilities

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
Day one					
8:30-9:00	Welcome Pretest	To welcome participants to the training & assess existing knowledge & attitudes	Not applicable (N/A)	Pretest	
9:00-9:45	Introductions Icebreaker Gathering Expectations Establishing Group Agreements Introducing Training Objectives	To introduce facilitators & participants; to establish expectations for the training	Group activity	N/A	
9:45-10:30	Power Walk	To understand the importance of integrating GYSI issues into sexual and reproductive health (SRH) programming	Group activity	Prepared character strips	
10.30-10.45	*Coffee & tea break*				
10:45-12:00	GYSI Strategy Briefing	To share our emerging GYSI strategy	Lecture/ presentation & discussion	*Optional: Laptop & projector*	
12:00-1:00	The Gender Box	To identify & critically analyze typical behaviors, norms & roles that are attributed to or expected of men & women in a society as well as how they are maintained & how they can be changed	Group activity	Flip chart paper, markers & tape	
1:00-2:00	*Lunch break*				
2:00-3:00	Pile Sorting	To identify & reflect on gender roles & decision-making	Group activity	Prepared cards	
3:00-3:15	*Coffee & tea break*				
3:15-4:30	Body Mapping	To explore connections between gender, sexuality, violence & power; to become more comfortable understanding & speaking openly about sensitive topics; to understand why being able to talk about these topics is relevant to participants' personal & professional lives	Group activity	Flip chart paper, markers & tape	

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
		Day two			
8:30-8:45	Recap	To review learning from the previous day	Group activity	N/A	
8:45-10:15	Silent Power	To understand different kinds of expressions of power & to identify ways to positively use different kinds of power, particularly in participants' work	Group activity	Prepared & blank flip chart papers, markers & tape	
10:15-10:45	Vote with Your Feet	To explore the diversity of opinions about commonly held beliefs, expose participants to differing opinions & give participants an opportunity to reflect on their own attitudes around commonly held beliefs related to SRH & rights	Group activity	Prepared cards, paper, markers & tape	
10:45-11:00	*Coffee & tea break*				
11:00-12:00	Crossing the River	To facilitate self-reflection on prevalent social norms related to gender & sexuality	Storytelling & discussion	N/A	
12:00-1:10	Circles of Influence	To explore how various community stakeholders influence access to SRH services & affect the SRH rights of women, young people & marginalized groups	Group activity	Prepared cards	
1:10-2:15	*Lunch break*				
2:15-3:15	Problem Tree Analysis	To understand the root causes of specific SRH-related problems; to unpack & analyze underlying causes related to gender, youth, social & power norms & beliefs	Group activity	Flip chart paper, markers & tape	
3:15-3:30	*Coffee & tea break*				
3:30-4:15	But Why	To analyze underlying causes of problems related to gender, youth & sexuality in order to develop strategies to challenge & address such problems	Group activity	Flip chart paper, markers & tape	
4:15-5:15	Safety, Security & Mobility Mapping	To explore barriers related to gender, age & social marginalization that limit access to SRH services	Group activity	Flip chart paper, markers & tape	

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
Day three					
8:30-8:45	Recap	To review learning from the previous day	Group activity	N/A	
8:45-9:45	Social Norm Prioritization	To explore the consequence of social norms & their effects on the lives of individuals in the community	Group activity	Prepared flip chart papers & markers or printed handouts	
9:45-10:45	Who Is Affected and How	To explore the consequences of social norms & their impact on the lives of individuals in the community	Group activity	Prepared & blank flip chart papers, markers & tape	
10:45-11:00	*Coffee & tea break*				
11:00-12:00	Stakeholder Analysis	To identify stakeholders & analyze their potential roles while challenging gender, social & power norms	Group activity	Flip chart paper, markers, prepared & blank index cards & tape	
12:00-1:00	SAA Approach	To introduce the SAA approach	Lecture/presentation	*Optional: Laptop & projector*	
1:00-2:00	*Lunch break*				
2:00-3:15	EngenderHealth's DNHF	To understand how to implement our DNHF, to monitor unintended harm & to reflect on progress	Lecture/presentation & discussion	DNHF Worksheet	
3:15-3:30	*Coffee & tea break*				
3:30-4:45	GYSI & Power Analysis	To identify issues contributing to inequalities related to gender, age & marginalization & to explore power dynamics & relationships between different groups that affect access to & control over resources, capacities & resilience	Lecture/presentation	*Optional: Laptop & projector*	

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
		Day four			
8:30-8:45	Recap	To review learning from the previous day	Group activity	N/A	
8:45-10:00	GY Marker	To assess the degree of gender & youth integration in programs	Lecture/ presentation	GY Marker handout	
10:00-10:15	*Coffee & tea break*				
10:15-12:00	Integrating GYSI into Project Work Plans *(parallel activity)*	To understand that GYSI is everyone's responsibility & explore how each of us can integrate GYSI into our individual & team roles & responsibilities	Group activity	Participant laptops	
10:15-12:00	Contextualizing the DNHF *(parallel activity)*	To contextualize the DNHF for each project	Group activity	Participant laptops	
12:00-1:00	*Lunch break*				
1:00-2:00	Sustainability of GYSI Integration	To develop Master GYSI Trainer Implementation Plans	Group activity	Participant laptops	
2:00-5:00	Reflection with Community: Discussion Guidelines for Project Stakeholders	To plan community engagement and reflection activities	Lecture/ presentation	Participant laptops	

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
		Day five			
8:30-8:45	Recap	To review learning from the previous day	Group activity	N/A	
8:45-1:00 *(working coffee & tea)*	Participant Presentations • Integrating GYSI into Project Work Plans • Sustainability of GYSI Integration • Reflection with Community: Discussion Guidelines for Project Stakeholders	See above	Group activity	Participant laptops & projector	
1:00-2:00	*Lunch break*				
2:00-3:00	Reflection Circle	To share journeys of challenging personal beliefs, biases & behaviors related to GYSI issues	Group activity	N/A	
3:00-4:30	Closing Posttest	To thank participants & thoughtfully wrap-up the training; to assess knowledge & attitude change resulting from the training program	N/A	Posttest	

Gender Youth and Social Inclusion (GYSI) Staff Training Agenda: 3-Day Version (for cascading training)

The three-day version of this training is appropriate for EngenderHealth staff, partner organizations, donor agencies, and service providers who can eliminate underlying barriers to programs and services through a process of personal transformation.

Objectives
- Facilitate the transformation of participants' personal beliefs, stereotypes, biases, and prejudices relating to GYSI concerns toward understanding and eliminating underlying barriers to programs and services
- Explore how participants can integrate GYSI concerns into their roles and responsibilities
- Train master trainers who will cascade GYSI training (potentially a modified version thereof) to others in their local, national, or regional context

Sample Agenda
- Pretest
- Power Walk
- The Gender Box (including "'ideal man and ideal woman")
- Pile Sorting
- Body Mapping
- Silent Power
- Vote with Your Feet
- Crossing the River
- Circles of Influence
- Problem Tree Analysis
- But Why
- Safety, Security, and Mobility Mapping
- Social Norm Prioritization
- Who Is Affected and How
- Stakeholder Analysis
- Reflection Circle
- Posttest

Additional Sessions
- Introduction to the SAA Approach

Objectives

- To orient participants to EngenderHealth's GYSI strategy
- To facilitate participants' transformation towards personal GYSI-related beliefs, biases, prejudices, and stereotypes using the Social Analysis and Action (SAA) approach
- To orient participants on EngenderHealth's Do No Harm Framework (DNHF)
- To orient participants on EngenderHealth's Gender and Youth (GY) Marker
- To discuss opportunities to integrate GYSI into participants' roles and responsibilities

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
			Day one		
8:30-9:00	Welcome Pretest	To welcome participants to the training & assess existing knowledge & attitudes	Not applicable (N/A)	Pretest	
9:00-10:00	Introductions Icebreaker Gathering Expectations Establishing Group Agreements Introducing Training Objectives	To introduce facilitators & participants; to establish expectations for the training	Group activity	N/A	
10:00-10:30	Power Walk	To understand the importance of integrating GYSI issues into sexual and reproductive health (SRH) programming	Group activity	Prepared character strips	
10.30-10.45	Coffee & tea break				
10:45-12:00	GYSI Strategy Briefing	To share our emerging GYSI strategy	Lecture/ presentation & discussion	Optional: Laptop & projector	
12:00-1:00	The Gender Box	To identify & critically analyze typical behaviors, norms & roles that are attributed to or expected of men & women in a society as well as how they are maintained & how they can be changed	Group activity	Flip chart paper, markers & tape	
1:00-2:00	Lunch break				
2:00-3:00	Pile Sorting	To identify & reflect on gender roles & decision-making	Group activity	Prepared cards	
3:00-4:00	Body Mapping	To explore connections between gender, sexuality, violence & power; to become more comfortable understanding & speaking openly about sensitive topics; to understand why being able to talk about these topics is relevant to participants' personal & professional lives	Group activity	Flip chart paper, markers & tape	
4:00-4:15	Coffee & tea break				
4:15-5:30	Silent Power	To understand different kinds of expressions of power & to identify ways to positively use different kinds of power, particularly in participants' work	Group activity	Prepared & blank flip chart papers, markers & tape	

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
		Day two			
8:30-8:45	Recap	To review learning from the previous day	Group activity	N/A	
8:45-10:00	Vote with Your Feet	To explore the diversity of opinions about commonly held beliefs, expose participants to differing opinions & give participants an opportunity to reflect on their own attitudes around commonly held beliefs related to SRH & rights	Group activity	Prepared cards, paper, markers & tape	
10:00-10:45	Crossing the River	To facilitate self-reflection on prevalent social norms related to gender & sexuality	Storytelling & discussion	N/A	
10:45-11:00	*Coffee & tea break*				
11:00-12:00	Circles of Influence	To explore how various community stakeholders influence access to SRH services & affect the SRH rights of women, young people & marginalized groups	Group activity	Prepared cards	
12:00-1:00	Problem Tree Analysis	To understand the root causes of specific SRH-related problems; to unpack & analyze underlying causes related to gender, youth, social & power norms & beliefs	Group activity	Flip chart paper, markers & tape	
1:00-2:00	*Lunch break*				
2:00-3:00	But Why	To analyze underlying causes of problems related to gender, youth & sexuality in order to develop strategies to challenge & address such problems	Group activity	Flip chart paper, markers & tape	
3:00-4:00	Safety, Security & Mobility Mapping	To explore barriers related to gender, age & social marginalization that limit access to SRH services	Group activity	Flip chart paper, markers & tape	
4:00-4:15	*Coffee & tea break*				
4:15-5:30	Social Norm Prioritization	To explore the consequence of social norms & their effects on the lives of individuals in the community	Group activity	Prepared flip chart papers & markers or printed handouts	

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
		Day three			
8:30-9:00	Recap	To review learning from the previous day	Group activity	N/A	
9:00-10:00	Who Is Affected and How	To explore the consequences of social norms & their impact on the lives of individuals in the community	Group activity	Prepared & blank flip chart papers, markers & tape	
10:00-10:10	*Coffee & tea break*				
10:10-11:10	Stakeholder Analysis	To identify stakeholders & analyze their potential roles while challenging gender, social & power norms	Group activity	Flip chart paper, markers, prepared & blank index cards & tape	
11:10-12:00	SAA Approach	To introduce the SAA approach	Lecture/ presentation	*Optional: Laptop & projector*	
12:00-1:00	EngenderHealth's DNHF	To understand how we implement our DNHF, to monitor unintended harm	Lecture/ presentation & discussion	DNHF Worksheet	
1:00-2:00	*Lunch break*				
2:00-3:00	GY Marker	To understand how we assess the degree of gender & youth integration within our programs	Lecture/ presentation	GY Marker handout	
3:00-3:15	*Coffee & tea break*				
3:15-4:00	Reflection Circle	To share journeys of challenging personal beliefs, biases & behaviors related to GYSI issues	Group activity	N/A	
4:00-5:00	Closing Posttest	To thank participants & thoughtfully wrap-up the training; to assess knowledge & attitude change resulting from the training program	N/A	Posttest	

Gender Youth and Social Inclusion (GYSI) Staff Training Agenda: 1-Day Version (for refreshing training)

The one-day version of this training is primarily only appropriate for service providers with a limited amount of time to dedicate to a GYSI training.

Objectives
• Facilitate the transformation of participants' personal beliefs, stereotypes, biases, and prejudices relating to GYSI concerns toward understanding and eliminating underlying barriers to programs and services

Agenda
• Power Walk
• The Gender Box (including "ideal man and ideal woman")
• Silent Power
• Circles of Influence
• Problem Tree Analysis

Objectives

- To facilitate participants' transformation towards personal GYSI-related beliefs, biases, prejudices, and stereotypes using the Social Analysis and Action (SAA) approach
- To discuss opportunities to integrate GYSI into participants' roles and responsibilities

Time	Session Title	Session Objectives	Methodology	Required Materials	Facilitator
		Day one			
8:30-9:00	Welcome Introductions Gathering Expectations Establishing Group Agreements Introducing Training Objectives	To welcome participants to the training; to introduce facilitators & participants; to establish expectations for the training	Not applicable (N/A)	Pretest	
9:00-9:45	Power Walk	To understand the importance of integrating GYSI issues into sexual and reproductive health (SRH) programming	Group activity	Prepared character strips	
9:45-10:45	The Gender Box	To identify & critically analyze typical behaviors, norms & roles attributed to or expected of men & women in a society as well as how they are maintained & how they can be changed	Group activity	Flip chart paper, markers & tape	
10.45-11:00	*Coffee & tea break*				
11:00-12:30	Silent Power	To understand different kinds of expressions of power & to identify ways to positively use different kinds of power, particularly in participants' work	Group activity	Prepared & blank flip chart papers, markers & tape	
12:30-1:30	*Lunch break*				
1:30-2:40	Circles of Influence	To explore how various community stakeholders influence access to SRH services & affect the SRH rights of women, young people & marginalized groups	Group activity	Prepared cards	
2:40-3:40	Vote with Your Feet	To explore the diversity of opinions about commonly held beliefs, expose participants to differing opinions & give participants an opportunity to reflect on their own attitudes around commonly held beliefs related to SRH & rights	Group activity	Prepared cards, paper, markers & tape	
3:45-4:00	*Coffee & tea break*				
4:00-4:30	Reflection Circle	To share journeys of challenging personal beliefs, biases & behaviors related to GYSI issues	Group activity	N/A	
4:30-4:45	Closing	To thank participants & thoughtfully wrap-up the training	N/A	N/A	

Matching GYSI Tools to Relevant Audiences

This training is applicable to a variety of audiences. Below is a list of key audiences, matched with the tools that are most appropriate for that audience. Use this table as a guide when planning your training agenda.

Audience	Relevant Tools
EngenderHealth staff	• All tools
Partners and donors	• Power Walk • The Gender Box • Pile Sorting • Circles of Influence • Problem Tree Analysis • Safety, Security, and Mobility Mapping
Community-based health workers and outreach workers	• Power Walk • The Gender Box • Pile Sorting • Circles of Influence • Safety, Security, and Mobility Mapping
Facility-based service providers	• Power Walk • Circles of Influence • Safety, Security, and Mobility Mapping
Adolescent-friendly clinic workers	• Power Walk • Body Mapping • Circles of Influence • Safety, Security, and Mobility Mapping
Health extension workers	• Power Walk • The Gender Box • Pile Sorting • Circles of Influence • Safety, Security, and Mobility Mapping
Doctors, nurses, and midwives	• Power Walk
Family planning counselors	• Power Walk • Circles of Influence • DNHF
GBV center staff, including legal support workers	• Power Walk • Body Mapping • Circles of Influence • Safety, Security, and Mobility Mapping • DNHF
Community and religious leaders	• Power Walk • Circles of Influence

Appendix B: Assessment Tests

Facilitator Instructions for Implementing Assessment Tests

Use the Pretest and Posttest, which include a series questions along with scoring rubric, to assess participants' knowledge, awareness, attitudes, and practices related to the GYSI training. Administer the assessment immediately prior to the training (pretest) and immediately after the completion of the training (posttest) and use the accompanying rubric for scoring. Compare participants' scores from before and after the training to assess whether the training achieved its stated objectives. You may also consider asking the participants to complete the test again three to six months after the training to assess the medium-term sustainability of the training's impact on participants.

Scoring Rubric

- When scoring **Section A**, allocate 1 point for each correct response (1 point x 7 questions = 7 maximum points).

- When scoring **Section B**, allocate 2 points for each correct response (2 points x 7 questions = 14 maximum points).

- When scoring **Section C**, use the following points system (maximum 2 points x 6 questions = 12 maximum points):
  Answer a) = +2 points
  Answer b) = +1 points
  Answer c) = 0 points
  Answer d) = -1 points

Gender, Youth, and Social Inclusion (GYSI) Training Pretest and Posttest

Participant Instructions

This test aims to assess your knowledge, awareness, attitudes, and practices related to GYSI issues. Facilitators will score your tests using an established universal scoring rubric aligned with the stated learning objectives of the GYSI training. Answer all questions in their entirety, honestly, and with detail, as applicable.

Country: _____

Dates of Training: _____ to _____   Date of Test: _____

Participant Name: _____   Age: _____   Sex: _____

Facilitator Name(s): _____

Assessment Type (mark one box only):   ☐ Pretest   ☐ Posttest

A. Select the correct response for each of the following questions.

1. What is gender? *(circle only one response)*
    a) Biological differences between male and female
    b) Social differences between male and female
    c) Social and cultural norms, expectations, and rules, which vary from one geography to other
    d) Both a and b

2. Who are young people, according to the World Health Organization's guidelines? *(circle only one response)*
    a) People ages 15 to 24 years
    b) People under the age of 35
    c) People ages 10 to 24 years
    d) None of the above

3. Socially marginalized groups and people are the ones who: *(circle only one response)*
    a) Are disadvantaged in a given society or context due to historical barriers and/or discrimination
    b) Are disadvantaged due to age, social status, and/or geographical location
    c) Are disadvantaged due to disease, profession, and/or physical or psychological vulnerability
    d) All of the above

4. Name the different levels of the socioecological model.
    a)
    b)
    c)
    d)

5. What is gender-transformative change? *(circle only one response)*
    a) A sustainable change leading to gender equality in a given society
    b) Addressing the root cause of gender-discriminatory practices and norms
    c) Engaging with all stakeholders to bring about gender equality
    d) All of the above

6. What is youth-transformative programming?
   a) Programming that engages stakeholders to challenge the underlying causes of inequality and transfer power and decision-making from adults to young people
   b) Programming that supports youth-led initiatives and youth-adult partnerships
   c) Programming that meaningfully incorporates the voices and needs of young people
   d) All of the above

7. What are the five criteria under the EngenderHealth GYSI Marker?
   a)
   b)
   c)
   d)
   e)

B. Provide short responses (one to two sentences) for each of the following questions.

8. What is GYSI analysis?

_____

_____

9. What is a Do No Harm Framework (DNHF)?

_____

_____

10. Why is a DNHF important in the context of sexual and reproductive health and rights (SRHR) programming?

_____

_____

11. What is meaningful youth participation?

_____

_____

12. Why is it important to analyze and address the needs of adolescents and youth differently from other groups?

_____

_____

13. What challenges do socially marginalized groups face in accessing SRHR services and information in your intervention area?

_____

_____

14. How can you ensure systematic, ongoing monitoring of GYSI integration with EngenderHealth?

_____

_____

C. Choose the one response that you relate to most.

15. Do you agree that gender discrimination is influenced by power structures and power dynamics?
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree

16. How comfortable are you training colleagues and service providers on issues related to gender, sexuality, and gender-based violence (GBV)?
    a) Highly comfortable
    b) Comfortable
    c) Uncomfortable
    d) Highly uncomfortable

17. Do you agree that in the context of SRHR projects, the design and implementation must account for a comprehensive GYSI lens for truly transformative change?
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree

18. Do you agree that caring for a child or children, including feeding and bathing, should only be a mother's responsibility?
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree

19. Do you agree that unmarried pregnant girls should be removed from school?
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree

20. Do you agree that adolescents and youth are incapable of making decisions and choices about their SRHR?
    a) Strongly agree
    b) Agree
    c) Disagree
    d) Strongly disagree

Appendix C: Facilitators Guide

A master trainer who has completed the full version of this training will be familiar with the tools and the format of the training; however, we recognize that not all participants will have a background in delivering training and many may not have participated in prior training-of-trainers programs. This facilitation guide is intended to support trainers who are conducting their first training as well as those who wish to improve their facilitation skills. For those who have never delivered a training before, this section will help to scaffold tools and other exercises on a training framework that ensures a smooth and productive experience for all.

This guide provides tips and tools for smooth and effective facilitation. This includes guidance for commencing the training by **gathering expectations** to understand participants' learning goals as well as for collaboratively **establishing group agreements**, to ensure participants are working with each other, and you, to maintain a positive and constructive group dynamic. This also includes a selection of **icebreakers** and **energizers**, which are useful for helping participants to get to know one another and for reenergizing the room at various points during the training, when concentration and energy might be lagging. Finally, this guide concludes with tips for **ending each training session** by providing space for participants to reflect on their learning and facilitators to gather initial feedback about how participants are feeling about the material.

Gathering Expectations

At the opening of any training session, discussing participants' expectations is a useful way of learning about participants existing knowledge and attitudes as well as what they hope to gain from the training. If you are delivering the training over multiple days, this also provides an opportunity to adjust the agenda to better meet the needs and expectations of participants. The training tool below will help you gather expectations of participants.

Purpose of the Tool	To identify participants' expectations and to understand any relevant knowledge or opinions they may be bringing the training.
Time Required	30 to 40 minutes (depending on the size of the group)
Materials Needed and Other Preparation Required	☐ Flip chart paper, markers, and sticky notes or note cards and tape
Steps	**1.** After welcoming participants, provide a brief introduction to this activity. For example, "To begin, we will go around the room to get an idea of everyone's hopes and expectations for the training." **2.** Distribute sticky notes or notecards and ask everyone to write down their hopes and expectations for the workshop. **3.** After approximately five minutes, ask participants to individually share what they wrote with the group and to add their note or card to the flip chart paper, so that the group can be mindful of each other's hopes and expectations for the training over the coming day(s).

Establishing Group Agreements

To establish an atmosphere of positivity and respect among participants, we recommend collaboratively establishing a set of agreements for how you will work together over the coming day(s). The training tool below can help you establish group agreements and foster a cohesive and safe group dynamic.

Purpose of the Tool	The purpose of a group agreement is to create an open and respectful environment in which participants can work together creatively and individuals feel safe sharing their ideas and opinions.
Time Required	30 minutes
Materials Needed and Other Preparation Required	☐ Flip chart paper, markers, and tape
Steps	1. Explain the importance of having group agreements to ensure that the training operates smoothly and that participants feel safe participating. 2. Welcome participants' ideas to inform the group agreements. Consider asking the following questions to prompt this discussion: • What can we do to make sure this workshop works well? • How can we ensure that the learning environment is a safe and respectful place? • How can we make this room a positive space for learning? 3. Record responses on flip chart paper, so that the groups can be mindful of these agreements over the course of the training.

Sample Group Agreements	• Everyone will be on time and prepared for the training.
	• Everyone should actively contribute:
	  ○ Quieter participants will be supported to voice their opinions.
	  ○ More talkative members will make space and listen to others.
	• Only one person is allowed to speak at a time.
	• We will respect each other's opinions and ideas, even when we do not agree.
	• Anything discussed during the training will remain confidential.
	• We recognize time constraints; if topics arise that cannot be dealt with immediately, we will record those in a "parking lot" to return to before the close of the training.
	• Computers and mobile phones will be turned off during the training to minimize disruptions. They can be used during breaks.
	• The facilitator will ensure regular rest breaks to keep everyone focused.

Icebreakers

For participants who are first meeting each other or do not know one another well, icebreakers help create a friendly atmosphere and help participants to learn a little bit about one another, such as each other's names and what programs they work on. You can choose from the following icebreakers, depending on your group. Alternatively, asking participants if they have a favorite icebreaker is a great way to engage participants and a chance for you to gather additional icebreakers that you can use in your next training.

What's in a Name?

Ask each participant to introduce themselves and share what they know about why they were given their name. This could include any story associated with their first, middle, or last name—or a translation of their name. This icebreaker helps participants to learn the names of people in the room, while eliciting unique and sometimes funny stories about the meaning of names and how people choose names.

One Word

Ask each participant to choose one word that describes them; however, explain that they can only choose words that start with the first letter of their first name (e.g., the amazing Amina or enthusiastic Essy). Ask a participant to share their name and descriptor and then instruct the next person to restate the previous participant's name and descriptor before sharing their own. Continue around the room, with each participant reciting the names and descriptors of everyone who has completed the exercise before them. While the first participant only has to share their descriptor and name, this becomes a memory challenge and a way of reiterating everyone's names, as each successive participant must remember and recite previous participants' names and descriptors for the group.

Desert Island Picks

Pose the common, "if you were on a desert island, what one item would you take with you?" question. It could be a book, movie, food, etc. This a silly question, but a good way to get participants in the room to share something personal about themselves separate from work.

What Is Your Theme Song?

Ask participants "If you had a personal theme song, what would it be?" This could be a song that inspires them, energizes them, or has a deeper significance for them. This is another good exercise to encourage participants to talk about something besides work. Later in the training, when participants are completing small group work, you can play a mix of their personal theme songs in the background for inspiration.

Learning Something New

Ask participants to take turns sharing share something they would like to learn, or a skill they wish to acquire. This can be a personal or professional skill. By asking participants to share something about their goals and ambitions, this exercise can highlight areas where skills or knowledge exchanges between participants may be fruitful.

Energizers

Alternate icebreakers, which help participants to remember each other's' names and learn about one another, with energizers, which focus on allowing participants to move and stretch between sessions, throughout the training. You can incorporate some of the following energizers, as appropriate for your group. Alternatively, asking participants if they have a favorite energizer is a great way to engage participants and a chance for you to gather additional energizers that you can use in your next training.

Find Your Pair

Ensure there are an even number of participants; otherwise, you will need to include yourself in the energizer. Divide the number of participants in half and identify the names of animals for each pair (for instance, if there are 20 participants, you will need to choose 10 animals). Make sure you pick animals that make sounds. Write the animal names on strips of paper or notecards (writing each animal on two separate cards). Distribute the animal cards to participants, asking them not to show their card to anyone else. Ask participants to move to a different spot in the room and then to cover their eyes with their hands. Now, instruct participants to make the noise of their animal and, using only sound, to try to find their pair.

Fruit Salad

Ask participants to form a circle with their chairs. Go around the circle and give each person a fruit name—alternating lemon, orange, and apple. Ask participants to stand and remove two chairs. Instruct participants

without chairs to stand in the middle. Explain that you will shout a fruit name, and then all participants who were assigned that fruit must leave their seats and find another. Additionally, when you shout "fruit salad," everyone must leave their seat and find another. Call out different fruits, occasionally adding in "fruit salad" until energy levels have increased.

Strategy Stretch

This is a simple stretching activity with an activist twist. Ask people to space themselves evenly around the room, with enough space to swing their arms. Then, ask them to follow you in this series of stretches: "Stretch upwards toward your vision, stretch out toward your allies and colleagues, stretch down toward the grassroots, reach backwards toward your supporters." Alternate these stretches until participants have had a good stretch. This is a great chance for participants to move their bodies after long periods of sitting.

Which Side Are You On?

Draw an imaginary line and explain that the room is now divided into two sides. Explain that you will be giving participants two choices; the first option will be represented by the left side of the room, the second option by the right side. Instruct participants to quickly move to the side of the room that corresponds with their preferred option. Or, they can stand on the middle line if the are undecided or neutral. You can make up your own options or choose from the following list: City or country? Beach or mountains? Left or right-handed? Glass half-empty or half-full? Siblings or only child? Morning person or night owl? Coffee or tea? Television or reading? Cats or dogs?

Finding Your Fold

This exercise will require participants to form temporary groups based on their similarities. Ask participants questions and instruct them to find peers with the same answer. For instance, you can say "get together with other participants who share your favorite _____," filling in the blank with different topics, such as: favorite fruit, animal, sport, or hobby. This will require participants to call out their responses, find others who share their favorite thing, and form a group with them.

Ending Each Training Session

At the close of each training day, it is useful to gather feedback from participants as a way to understand their experience and to ensure the group is ready to progress to the next day's activities. Asking everyone to take turns sharing one word that summarizes how they are feeling is a useful way to quickly gather feedback.

Purpose of the Tool	To check in with the group and understand how participants are feeling at the close of the day.
Time Required	30 minutes (depending on the size of the group)
Materials Needed and Other Preparation Required	N/A
Steps	**1.** Ask participants to gather in a circle. **2.** Open the activity by explaining that you want to understand how participants are feeling after the day's activities. **3.** Ask participants to take a moment to think of one word to describe their mood or how they are feeling. **4.** Go around the circle allowing each participant to share their word with the group.
Additional Notes for Facilitators	• For the five-day training, we recommend structuring this reflection exercise so that you can observe internal and group transformations that are occurring at the close of days one and three. Earlier in this manual, we included a GYSI Reflection and Observation sheet, which we recommend introducing during the training to give participants opportunities to practice noticing and recording these changes. This is a good time to introduce this form. • Close the last day of the training by asking the group if they have any final outstanding questions or comments before administering the posttest. Ensure all participants complete the test and collect the tests. • Participants who complete the full five-day version of this training may now be considered master trainers. Share a full copy of this training manual with these participants at the end of the training or collect their contact details and arrange to send them soft copies. If appropriate, consider sharing your contact information as well, in case participants want to follow up with you later.

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Notes