



Social Analysis and Action

Global Implementation Manual





Acknowledgment

The Social Analysis and Action (SAA) global implementation manual is designed to provide practical guidance for development practitioners to adapt and use SAA to facilitate gender and social transformation across the global program outcome areas of CARE 2020 program strategy.

This document was developed with a collaborative effort of CARE staff members across the organization and was written by CARE USA. **Feven Mekuria, Anne Sprinkel, and Elizabeth Cowan** served as co-authors and working closely with others from inception to completion. We would like to thank the following CARE staff members for their valuable contribution; **Nguyen Thi My Linh** (CARE Vietnam), **Sarah Eckhoff, Leigh Stefanik** and **April Houston** (CARE USA). Our thanks also goes to Praxis institute for participatory practices for putting together the initial draft of this manual. Costs required for the development and design of this manual were covered by the CARE sexual and reproductive health and rights (SRHR) global program unit.

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Acronyms

GBV – Gender-based violence

FNS – Food and nutrition security

LFFV – Life free from violence

MEL – Monitoring, evaluation, and learning

SAA – Social Analysis and Action

SRHR – Sexual reproductive health and rights

TOC – Theory of change

WEE – Women’s economic empowerment

Welcome

Social Analysis and Action (SAA) is one of CARE's models for *gender transformation*. It is a community-led social change process through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives. SAA uses participatory tools – some developed by CARE and some borrowed from others – to achieve the long-term goal of **empowering vulnerable communities through the advancement of equitable gender, social and power norms**.

This manual provides practical guidance for how to use SAA in programming across the sectors prioritized in the CARE 2020 Program Strategy to explore and challenge the gender and social norms that impact the achievement of development goals. These sectors include: sexual and reproductive health and rights (SRHR), women's economic empowerment (WEE), food and nutrition security (FNS), and life free from violence (LFFV)/gender-based violence (GBV).

This manual is rooted in CARE's experience implementing SAA across the globe which has shown that SAA can promote gender equality across a range of sectors beyond sexual and reproductive health (the sector in which SAA was originally developed). This manual is a timely update to the original SAA manual, *Ideas and Action: Addressing the social factors that influence sexual and reproductive health* (2007).

Who can use this manual?

This manual has been designed for development practitioners who wish to increase the gender transformative potential of their work. The primary audience of this manual is staff who will implement SAA. However, the manual also provides a practical resource for others involved in the design, management, monitoring and evaluation of projects that use SAA to achieve gender transformation.

Users of this manual should note the following:



SAA is not designed to be a stand-alone project or intervention. It is a model for gender transformation that should be integrated into sector-focused programs.



It is not mandatory to use all of the tools in this manual. Tools here provide a “menu” of options for SAA practitioners to choose from based on their project's objectives, sector, target audience, and country context. Practitioners are encouraged to adapt the tools provided here and introduce their own – be flexible and creative!

3

A gender and power analysis see **Section 4** should precede use of SAA model to inform the selection and adaptation of tools chosen for dialogues.

4

“Do no harm” principles should be applied in implementing SAA to avoid negative consequences that may emerge when sensitive issues are raised and challenged.

5

SAA is based in critical reflection and dialogue and encourages self-reflection among participants. Creating a safe space for reflection and dialogue is central to SAA.

6

Participants should never be obligated to participate in any activity or share anything that they prefer to keep to themselves.

7

All programs – no matter the sector-focus or outcomes – should recognize and address GBV when reflecting on gender, social, and power norms. Section 5 provides guidance on monitoring and evaluating the effect of SAA on GBV and additional resources to achieve this are listed in Annex 3.

How to use this manual

This manual has been divided into four sections. **Section 1** provides an introduction to SAA. **Section 2** outlines the processes and steps of the SAA cycle. **Section 3** provides step-by-step instructions of ‘core tools’ for implementing SAA, with guidance on how to adapt and use these tools in different steps within the SAA process as well as adaptations for various sectors, including: women’s economic empowerment, food nutrition and security, sexual, reproductive, and maternal health, and GBV programming. **Section 4** provides guidance on monitoring, evaluation, and learning (MEL) for SAA. Finally, annexes provide a range of additional tools and resources for implementing SAA and gender transformative programming more generally.

Gender and social norms

A social norm is made up by one’s beliefs about what others do, and by one’s beliefs about what others think one should do. Social norms are maintained by social influence – that is, by the anticipation of social approval or disapproval for one’s actions. Norm-breakers may face social backlash, such as losing power and status in a community. An example of a social norm in some cultures or situations is waiting in line for service. People wait in line for service because 1) they expect that everyone around them will do so, 2) they expect that others expect them to do so, and 3) they expect a negative reaction from others if they try to skip the line.¹

Waiting for your turn



We wait our turn
because others do



...and because it is expected;
others would disapprove of cutting in line

In this manual, both gender and power norms are discussed and each core SAA tool presents suggestions and options for different norms to focus on during the activity. Guidance for choosing which norm to address through SAA is also provided in **Section 4**, Gender and Power Analysis.

¹ Applying Theory to Practice: CARE’s Journey Piloting Social Norms Measures for Gender Programming. Copyright 2017 Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Used by Permission.

1

Introduction to Social Analysis and Action

1.1 What is SAA?

SAA is a facilitated process through which individuals and communities explore and challenge the social norms, beliefs and practices that shape their lives and are at the root of the development problems that CARE seeks to address. Initiated in 2004, SAA has been applied in more than 20 countries to CARE projects addressing diverse development and social justice issues, supporting CARE's global commitment to gender equality and women's voice.

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

1.

Reflect to create understanding of how norms related to gender and sexuality influence health, women's economic empowerment, food security, nutrition, and GBV.

2.

Challenge norms by taking concrete steps to address health, food and nutrition security, economic empowerment and other social issues through a reflection-action cycle, supporting changes in individual attitudes and social norms, leading to greater gender equality in households, communities, and society.

3.

Explore by envisioning alternatives based on a realization of the negative effects norms have on well-being and development outcomes, and moving towards alternative ways of thinking and behaving.

4.

Learn how gender, social, and power norms shape perceptions/expectations of others and ourselves and influence decisions and behaviors.

1.2 Why SAA?

The key principles of SAA that differentiate the model from other community-based reflection and change methodologies are as follows:



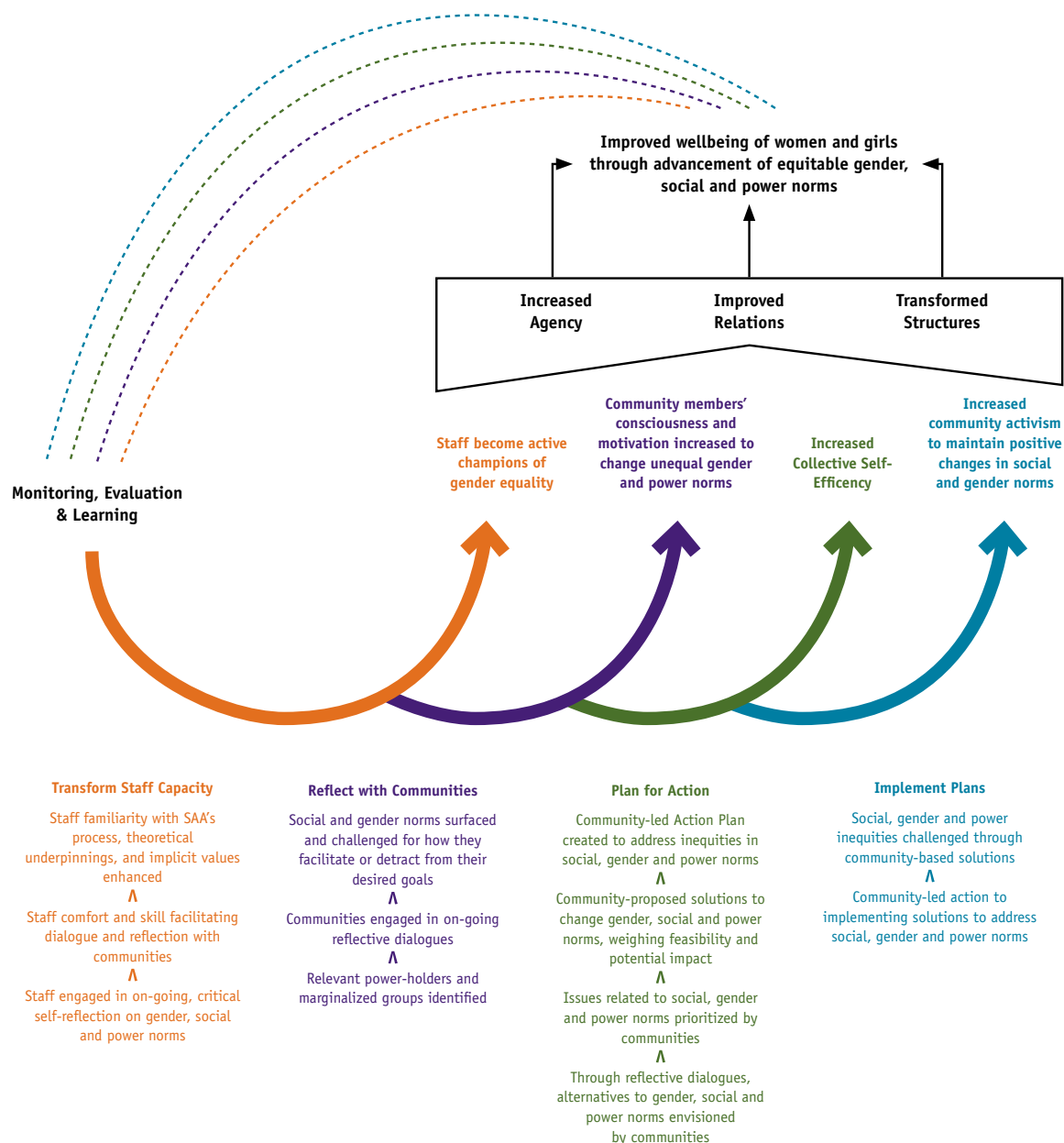
| Gender transformation | Sexuality as a cross-cutting issue | Personal transformation among implementers | Community-led action |
|--|---|--|--|
| SAA challenges harmful gender roles and relationships that negatively impact on development outcomes and wellbeing. It can enable women, men, girls, and boys to collectively envision alternatives and take action for a gender equitable household and society, transforming the underlying, broadly-held norms that perpetuate gender inequality. | Freedom to exercise our sexual and reproductive rights is an important part of gender equality. Sexual and reproductive rights enable a person to choose if, when, and with whom to have sex; if, when, and who to marry; and if, when, and how many children to have. While these issues are usually addressed within SRHR programming, SAA recognizes that sexuality heavily influences crosscutting gender, social, and power norms and is thus relevant to all sectors. | Through staff transformation, SAA implementers also participate in critical self-reflection and dialogue to examine their own behavior and values to understand how these influence their work and lives. Staff members' own reflective practice also supports capacity building for facilitating dialogue on sensitive issues to ensure that they do not reinforce gender stereotypes and power inequities. | In SAA, community members lead their own actions to challenge and change inequitable norms. While other approaches also identify development issues, not all approaches address underlying causes. By enabling communities' own identification and action to challenge root causes, SAA facilitates sustainable change in individuals and communities, creating an enabling environment for gender equity and women's empowerment. |

1.3 Theory of Change for SAA

The SAA theory of change (TOC) demonstrates the process, relationships, and components necessary to achieve the long-term goal of SAA: *empowerment of vulnerable communities through the advancement of equitable gender, social, and power norms*. The gender-transformative change that SAA aims to facilitate can be examined across three key domains that are the basis of the SAA TOC as well as CARE's Gender Equality Framework, represented in Figure 1 as the model's intermediate outcomes.

1. **Agency:** individual or collective capacities (knowledge and skills), attitudes, critical reflection, assets, actions, and access to services;
2. **Relations:** the expectations, cooperative, or negotiation dynamics between people in the home, market, community, groups and organizations;
3. **Structures:** informal and formal institutional rules and practices (norms, recognition and status).

Figure 1.2 SAA Theory of Change



Using the Gender Equality Framework as a basis for the TOC, we must understand that all steps in the SAA process contribute towards increasing agency, strengthening relations, and transforming structures to achieve improved wellbeing across sectors. Similarly, agency, relations, and structures are not enhanced unless all four immediate outcomes are achieved, thus stressing the interdependency of the steps in the SAA process as detailed below.

Staff transformation is the foundational step of SAA that should be initiated before the other SAA steps; 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 own understanding, comfort with the topics, and their skills for facilitating dialogue on gender and sexuality. This regular reflective practice results in staff members increased familiarity with SAA's process, theoretical underpinnings, and the model's implicit values of gender equality and women's empowerment. Increased individual capacity of staff opens spaces to act within programs and their personal lives, enabling **them to become active champions of gender equality**.

While **reflecting with communities** must commence after staff transformation has begun, it is similarly a continuous process throughout program implementation. This can be understood through the immediate outcome associated with this step: **individuals' and communities' consciousness and motivation increased to change unequal gender, social, and power norms**. Increasing understanding and critical reflection is not possible in one session or day, instead it should be a continuous process of growing capacity, awareness, and motivation for individuals and groups. Before choosing which tools to use to address gender, social, and power norms during reflective dialogues, teams must first identify the most relevant norms by engaging community groups who are most negatively impacted by these norms. Then program teams identify power holders that hold and influence these norms by conducting gender and power analysis (See **Section 4** for details). Through reflective dialogues with target groups and power holders, social and gender norms are surfaced and then critically assessed for how they contribute to or undermine shared goals and desires.

This critical reflection by community members is crucial for turning motivation for change into community-led action as these dialogues also offer the opportunity to envision alternatives to the current state of affairs. In the **plan for action** step, community members must first prioritize the issues they wish to address and then propose solutions to those prioritized concerns. CARE's role in guiding the planning process enhances the capacity of community members to weigh the feasibility and potential impact of the proposed solutions. The planning and decision making at a group level is a community-led process. This joint planning process is a reflection of relationships fostered through dialogue, further increasing both individual and **collective efficacy**. When communities **implement plans**, social, gender, and power inequities are challenged through **increased community activism to adopt and maintain positive changes**.

Finally, these on-going processes provide opportunity for **monitoring, evaluation, and learning**, including programs' understanding of SAA's contribution to the enabling environment (i.e. gender equitable norms) but also programs' ability to learn from and adapt to the sources of strength and opportunity already existing in communities.

1.4 Do No Harm and SAA

The principle of “do no harm” means that those undertaking research, projects, or providing services, should not cause harm – intentionally or unintentionally. This includes harm caused by individual development actors, processes and projects that are implemented in communities by CARE, partners, and peer organizations. “Harm” can mean a range of things, including physical, emotional, or sexual violence, denial of basic human rights (i.e. access to education, political participation), social exclusion or stigmatization, and damaging local resources.

Harmful effects are often unforeseen and unintended: well-meaning individuals or organizations can easily make mistakes. Harm can be avoided through careful consideration of the complexity and sensitivities around the gender, social, and power norms that SAA addresses. This understanding of both the context and the impact of SAA on individuals and communities is the practice of “do no harm.”

The following is a checklist of minimum standards for ensuring that programs using SAA do no harm. If CARE and partners cannot ensure that the following steps are fulfilled throughout implementation, the use of SAA should be reconsidered:



Transform staff capacity

- Ensure program staff have a good grasp of the facts, perceptions, and attitudes about gender, social, and power norms in the local context – including forms and prevalence of GBV, even if this is outside the programs’ explicit goals and objectives. This can be achieved by conducting a gender and power analysis at the start of the intervention (see **Section 4** for further guidance).



Reflect with communities

- Before facilitating critical reflective dialogue with communities, complete a gender and power analysis and use the findings to tailor tools and processes to the context.
- Facilitate reflective dialogues using non-judgmental, locally appropriate language.
- During SAA discussions, participants often choose to share personal stories or experiences. Facilitators should remind participants that sharing personal information is voluntary and that this type of information should be kept confidential. However, as confidentiality cannot be guaranteed, no one is obligated to participate. Participants *must* be given the ‘right to pass’; to skip any question or activity that they are not comfortable with.
- It is likely that GBV will be discussed by participants during the course of reflective dialogues. If a participant discloses an incident, facilitators should be ready to listen and provide a referral to services for the survivor where available.



Plan for action

- It is important to plan for potential risks, including action to be taken if faced with strong opposition, or if children at risk of harm are identified. An awareness of the political situation, degree of press freedom, and government approach to human rights is important. Any potential risks to the facilitator and the team should also be discussed at this stage.
- Understand how ready the community is to change gender, social, and power norms addressed through SAA, and adapt the use of SAA accordingly.
- During planning, start with 'less sensitive' gender norms (such as household division of labor) before attempting to address 'more sensitive' gender norms (such as violence against women).



Implement plans

- Ensure that change is locally led, particularly when groups take action to challenge harmful norms. Change initiated through SAA must be based on local knowledge and visible local leadership.
- Where possible, facilitators should help groups identify stakeholders and allies to support their actions.
- If groups choose actions that might cause harm – to either SAA participants themselves or other community members – facilitators should alert project managers and work with the SAA group participants to identify appropriate actions to mitigate risk. For instance, if SAA participants choose to exclude married adolescent girls from the program's activities to dissuade parents from marrying their daughters early, this will result in married adolescents' exclusion and possible stigmatization. CARE staff and facilitators can work with SAA groups to celebrate appropriate age of marriage while not excluding those who either cannot or are not ready to adopt the positive behavior.



Evaluate

- SAA implementers – including field-level facilitators and coordinators – should monitor how SAA groups' dialogues and actions are developing, providing guidance to SAA participants if there is a potential for harm.
- All programs employing SAA should monitor and evaluate changes related to GBV. [CARE's guidance for GBV Monitoring and Mitigation with non-GBV Focused Sectoral Programs](#) should be referenced for monitoring and evaluation tools, processes, guidance, and ethical and safety considerations.

For more resources on "do no harm" principles and practice

See Annex 3.

2

Steps in the Social Analysis and Action Process

2. Steps in the SAA Process

The core elements of SAA discussed in [Section 1](#) form the outer layer of the SAA process cycle, while the five steps below form the inner circle of the SAA process cycle. The last step, evaluate, is discussed in [Section 4](#) of this manual.



2.1. Transform Staff Capacity

Beliefs, attitudes, and values of staff are shaped by the societies they live in – just like the people in the communities where development programs operate. As seen in the TOC, SAA begins by transforming the capacity of program staff members. This continues throughout the process cycle. It usually begins with the staffs' own capacity transformation, which is a continuous process. This process usually begins with a training-of-trainers for SAA with program staff. Resources for this type of training can be found in Annex 3.

In SAA, staff transformation has **two core elements**:

Self-reflection

Development workers unconsciously hold biases and beliefs they've learned through their own socialization processes. Self-reflection encourages them to become aware of and address these so that they do not reinforce or perpetuate these stereotypes while facilitating the SAA process.

Building skills to facilitate critical reflection and dialogue (CRD)

Staff members' own reflective practice helps increase their confidence and comfort talking about and facilitating discussions about sexuality, gender, power relations and other social norms that are usually taboo. CRD enables individuals and communities to question and, challenge restrictive norms, envision alternatives, and act together to shift norms.

The purpose of transforming the capacity of the CARE staff is three-fold:

1.

Strengthen capacity at individual level to reflect on one's own biases and beliefs that influence work, enhance comfort with talking about sensitive issues, and build comfort with new perspectives and ideas.

2.

Build staff, partner, and organizational capacity to facilitate the SAA process, use SAA tools, and critically analyze issues for SAA implementation.

3.

Continuously strengthen the SAA process to explore new themes that arise from community dialogues, refine approaches, and adapt tools.

Because SAA aims to challenge deeply held and accepted gender norms and stereotypes, implementing SAA requires core communication and facilitation skills to lead communities through CRD on sensitive social topics. Key SAA facilitation skills include:



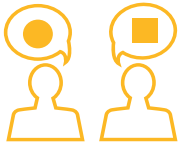
Creating welcoming, inclusive, and respectful spaces



Building trust with colleagues and the community



Encourage interaction and exchange amongst participants



Respectfully managing different points of view



Avoid using messages but instead use probing skills to prompt critical thinking



Managing conflict and tension over sensitive issues and deeply held beliefs



Active listening, inviting everyone to speak up, not interrupting



Withholding judgment and not discouraging opinions



Summarizing dialogue and emphasizing key points

Want to learn about how CARE Vietnam facilitated their staff transformation?

See Annex 1.

2.2 Reflect with Community

Reflect with community, the second step of SAA, is a continuous process of exploring the underlying causes of gender, social, and power norms. SAA uses participatory tools to facilitate CRD to surface the root causes of development challenges related to gender and sexuality. While the specific issues will differ across contexts, they should all be linked to gender, social, and power norms.

Reflecting with community involves three phases:

Explore:

A gender and power analysis engages communities in identifying the gender, social and power issues that negatively impact development outcomes. Discussions should take place in a safe space and facilitators should not be judgmental of community members' thoughts, beliefs, and practices.

Challenge:

Through discussing and exploring the identified norms, community members recognize that some values, customs, beliefs, and behaviors negatively affect their wellbeing and development. SAA facilitators guide participants through this sensitive process, asking probing questions to enable community members to reflect upon who is affected by inequitable norms, how they are affected, and what negative consequences this has for individual and community wellbeing.

Motivation for positive change:

Through recognizing how gender, social, and power norms can negatively affect development and wellbeing participants begin to envision positive alternatives.

Figure 2.1 Three phases to community reflection



Want to learn about how CARE Zambia and CARE Vietnam reflected with communities?

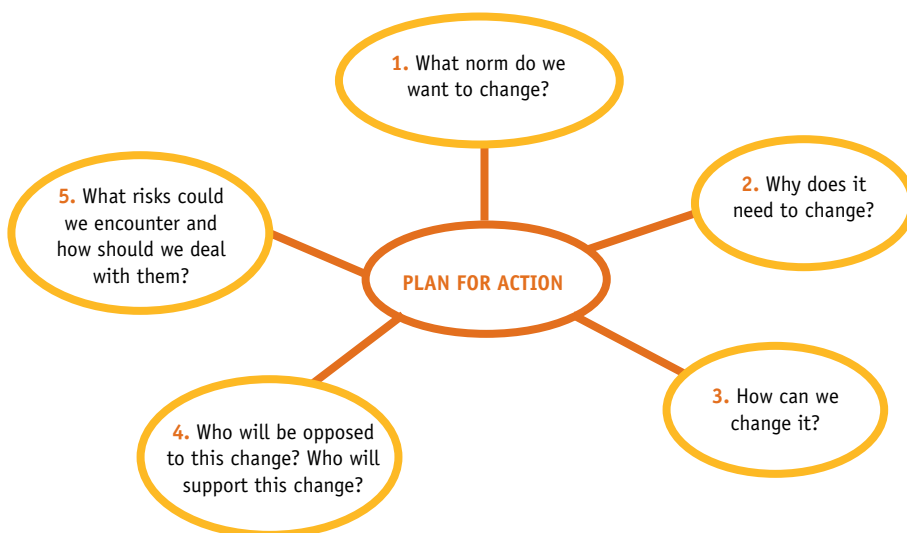
See Annex 1.

2.3 Plan for Action

Planning for action is a vital step in turning motivation for change into individual and collective action for sustainable transformation, centering around communities' own identification and prioritization of practical actions to challenge gender, social, and power norms. Multiple issues may have been addressed during SAA dialogues, such as women's workload, decision-making power within the household, and unequal distribution of food among family members. After these dialogues occur, participants can choose if and how they want to take action on one of these issues.

SAA facilitators help communities move through the planning process by understanding whether actions will influence change, who will participate in the actions, and the barriers to implementing actions and the changes communities seek. For instance, SAA participants may identify speaking to the religious leader about the issue of women's workload and how this affects their ability to breastfeed. The facilitator then facilitates a discussion with participants to decide if this alone will make a change in their community, if they need to do additional actions to create the change they seek, and if there are potential risks involved with their chosen actions. The planning process also builds capacity of the community for collective action and prepares them for implementing their plans.

Steps to facilitate plan for action



Broadly, planning for action involves the five steps in the web diagram. In a truly participatory action planning process everyone is heard, especially vulnerable and excluded groups and individuals. Some important points for facilitators of this step of SAA are listed below.

Key discussion points when facilitating community dialogue during the planning for action step



1. Priorities:

Keep the dialogue focused on the key issues participants want to tackle with SAA.



2. Entry points

- Which stakeholders should be approached? Who from the community will lead the process?
- Where will the planned activities occur? This includes the geographic location as well as the physical location within communities (i.e. in a household, at a health center, during a community-level meeting, etc.)



3. Actions

- What will be the guiding strategy — advocacy and campaign or livelihood generation etc., or mix of several actions?



4. Logistics:

Who will implement and when?

- Will the intervention be immediate, short-term, or long-term?
- Is capacity building and support needed?
- Who will mobilize resources and how?
- What risks are involved as it challenges social norms and values?

Want to learn about how CARE Ethiopia helped communities plan for action?

See Annex 1.

2.4 Implement Plans

The fourth step of SAA is implement plans, which includes both individual behavior changes and community-led social change through collective action. Implementing plans developed by communities is very sector and project-specific as plans are implemented within other programming interventions. It is important that implementation of action plans is flexible to ensure that they are responding to changes in the context that occur during implementation.

The implementation process follows the [Do No Harm Framework](#) to ensure that unintended negative impacts are prevented and mitigated as sensitive gender norms are challenged. Involvement of other stakeholders and implementation of a series of activities may bring about change in the gender, social, and power norms, as these norms are deep rooted in the culture of the community.

Want to learn about how CARE Ethiopia helped communities implement plans?

See Annex 1.

3

Core Social Analysis and Action Tools



3. Core SAA Tools

This section provides core SAA tools and instructions on how to use them. It also provides suggestions on how to use tools for different SAA steps and across different sectors.

Facilitators must remember the following points before facilitating any SAA tool:

In an effort to help communities challenge and explore social norms and assumptions, facilitators should focus on asking “why” instead of judging, teach, “extracting” information or “guiding” participants towards the “right answer”. Facilitators’ job is to help communities draw their own conclusions.

Tools should always be adapted for different contexts and programs. Contextual adaption should be guided by the gender and power analysis that must be completed before tools are used in community reflection processes. Guidance for adapting tools for different steps in the SAA process cycle and for different sectors is provided at the end of each core tool in this section.

The purpose of these tools is self-reflection, not self-disclosure; therefore, participants must never be forced to express their personal experience or views. *Participation in SAA activities must always be voluntary.*

Facilitators should remind participants that they should respect the privacy of others by keeping anything discussed during the dialogue confidential. However, confidentiality cannot be guaranteed. As such, no one is obligated to participate or share something they are uncomfortable discussing and may sit out any question or activity.

1. Gender Box¹

Purpose of the tool

To identify and critically analyze typical roles, behavior, and norms that are attributed to or expected of men and women in the community, how they are maintained, and how they can be changed.

Time required

1 hour – 1.5 hours

Materials needed and other preparation required

- Flip chart paper, bold markers or sketch pens of different colors, cards, adhesive tape.
- Review the steps for facilitation, clarify roles if there is more than one facilitator, and decide which method will be used for facilitation (i.e. each group draws their own or the opposite gender).

Steps

1. After welcoming participants, provide a brief introduction to the activity, such as: “Today we are going to discuss the expectations that we have, our friends have, our families have, and our communities have for us as women and men. We will call these expectations our ‘gender.’”
2. Divide the participants into women-only and men-only groups. If they are a single sex group, request half of them to work as if they were the other sex (example: women express the views of men if no men are present).
3. Ask each group to draw a medium-sized square and tell them this is a “gender box”. Inside this box, ask the women’s group to draw a “typical” woman and the men’s group to draw a “typical” man. Alternatively, the facilitator can choose for women to draw a typical man and men to draw a typical woman. This should be decided before the activity begins.
4. Ask each group to discuss their own experience of the roles, behavior, and norms that society expects of the “typical” woman and “typical” man, and draw symbols or write the key points inside the box.
 - a. For women, examples include: know how to cook well, take care of siblings and small children, have completed basic education, be married before a certain age, have at least one child/son, look beautiful, be a virgin until marriage, not oppose their husbands in public, etc.
 - b. For men, examples include: having a job, being sexually experienced having completed secondary education, being married before a certain age, having a child or a son, be physically strong, control one’s wife, participate in community events, etc.
5. Once the lists for “inside the box” are completed, ask groups members where those expectations come from or from where or whom they are learned. Instruct the group members to write the sources of expectations around the gender box, circling each item or source.
6. Next, ask participants to discuss within their groups the roles, behavior, and norms that society attributes of the “non-typical” woman and man, and draw or write this outside of the box. Ask the group to discuss consequences that result from practicing behaviors outside of the box.

1 Adapted from Tools Together Now-Tool number 25: International HIV/AIDS Alliance, 2006, www.aidsalliance.org

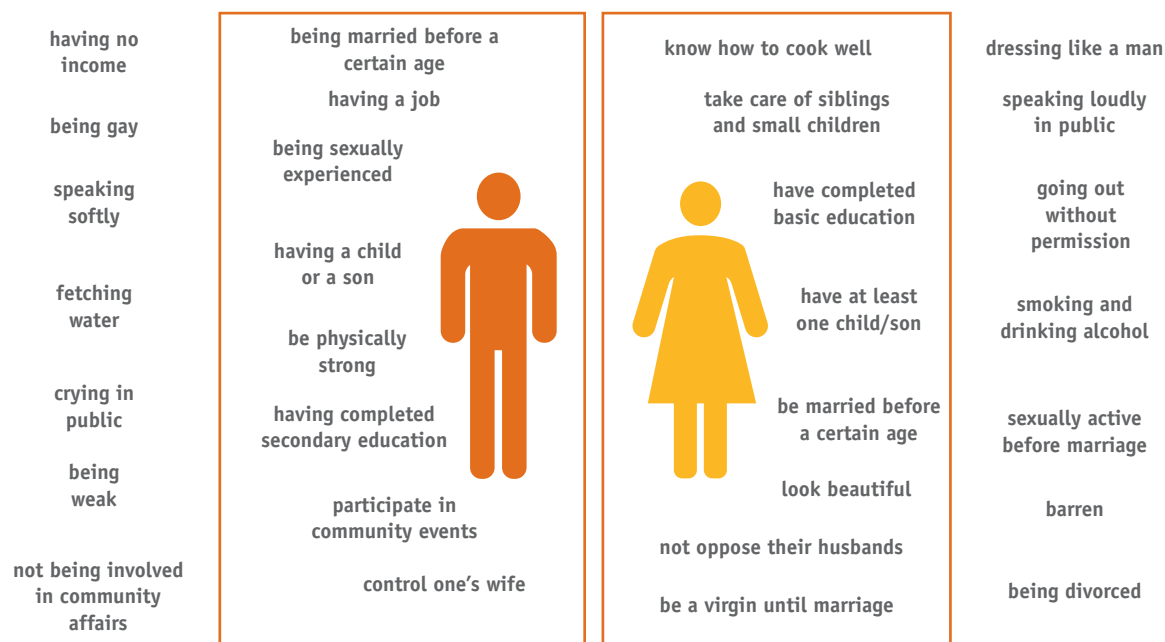
- a. For women, examples include: dressing up like a man, being sexually active before marriage, having more than one sexual partner, speaking loudly or in public, smoking and drinking alcohol, going out without permission, or at night, etc.
 - b. For men, examples include: not having an income or money, being gay, crying in public, being weak, speaking softly, cooking, fetching water or other household chores etc.
7. After groups have listed out expectations of “typical” and “non-typical” attitudes, behavior, appearance, etc., have one group of men and one group of women present their gender boxes. Invite others of the same sex to add, and then offer the whole group an opportunity to raise clarifications or observations.
8. Following the presentations, ask participants between 3-6 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?
 - 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 these typical and non-typical expectations different for certain groups? Which groups and how different?
 - Do people in our lives and communities force certain roles, behavior and norms for men and women? If yes, who, why and how?
 - As we look at the attitudes and behaviors that are outside the box, what are the consequences (both positive and negative) people experience when they “step outside” the box? Are the consequences the same for men and women?
 - Is there a cost (terms of 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/why not?
 - When do you choose to “stay in the box” and when do you choose to “step out of the box”? Why?
9. Following the discussion, ask participants if they have any questions or other points to raise for discussion. Then, thank participants for their contributions and for helping each other understand more about the other’s situation. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

1. Gender Box is a good foundational tool to clearly show the gender and social expectations of women and men, boys and girls and to highlight the ways in which women and men both benefit from and are restricted by these norms.
2. 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 while not making judgment. Whenever they are ready to move out of gender box, they know where they can seek support.

3. Another option for facilitating this tool is to ask each group to discuss social and gender norms related to one topic. For example: roles or behaviors related to sexuality, education, GBV, and nutrition. In addition to comparing women and men's views for each topic, the facilitator can help the group analyze how women and men, boys and girls hold different attitudes and behaviors about different things.

Gender Box Examples



Uses and sector adaptations of this tool

Adapting Gender Box to different steps in the SAA process cycle



Transform staff capacity

This tool can be used to understand and reflect on staff perception of gender roles in different spaces such as home, office, community, society, governance, etc.



Reflect with communities

Gender Box can be used to facilitate discussions with community groups to create understanding and increase consciousness about the different expectations of men and women (boys and girls) and reflect on how that may affect specific development outcomes.



Plan for action

Include the following discussion questions in the dialogue to identify potential barriers and supporters of change and potential activities that would help challenge restrictive expectations of men and women:

- Who are the key people in our communities who support existing or traditional norms? Who might support change in existing or traditional norms?
- Are we members of these groups or have access to these groups? What and how can we work with the key people to support positive changes?
- Is it possible to challenge and change the inequities in the roles, behavior and norms? If so, how?

Adapting Gender Box to different sectors

Sexual and reproductive health and rights

Steps:

- When requesting that groups discuss the roles, expectations, and behaviors of women and men, provide an area of focus for their discussion that relates to SRHR. For example:
 - What are the jobs, practices and perceptions of typical adolescent girls/boys related to marriage?
 - What are the expectations on women and men regarding contraceptive use?
 - What are the expectations of women and men regarding sex?
 - What are the roles, practices and perceptions of men and women, related to family planning?

Discussion Questions:

- How do these expectations of women and men affect their ability to seek reproductive healthcare?
- We have mentioned some negative consequences of “stepping out of the box”. Do these consequences affect women and men’s ability to have a healthy and safe sexual relationship?
- What can be done to mitigate these negative consequences so that people can make decisions to access sexual, reproductive, and maternal health services?

Women's economic empowerment

Steps:

- When requesting that groups discuss the roles, expectations, and behaviors of women and men, provide an area of focus for their discussion that relates to WEE. For example:
 - What are the roles, practices and perceptions of typical women or men related to work outside of the home/control over household incomes?

Discussion Questions:

- How do these expectations of women and men affect their ability to work outside the home? Or generate and manage income?
- We have mentioned some negative consequences of “stepping out of the box”. Do these consequences affect women or men’s ability to bring money into their homes or make decisions about how household finances are used?

Food and nutrition security

Steps:

- When requesting that groups discuss the roles, expectations, and behaviors of women and men, provide an area of focus for their discussion that relates to FNS. For example:
 - What are the jobs, roles and perceptions of typical women and men farmers?
 - What are the roles and characteristics of typical women and men regarding food and nutrition?

Discussion Questions:

- How do these expectations of women and men affect their ability to purchase or grow nutritious food?
- How do these expectations of women and men affect children’s access to nutritious food?
- We have mentioned some negative consequences of “stepping out of the box”. What are the implications? Do these consequences affect women and men’s ability to grow enough food for their family? Or provide for their family’s health and nutrition?

Using Gender Box for GBV

This tool can be used to discuss men and women’s experiences of violence – both as victims and perpetrators. The norms and discussion points below are purposefully broad, but as always, programs using this tool to discuss GBV should have a deep understanding of the context, forms, and prevalence of GBV in the implementation area to tailor this activity and questions appropriately.

Steps:

- When requesting that groups discuss the roles, expectations, and behaviors of women and men, provide an area of focus for their discussion that relates to GBV. For example:

- What are the expectations of women and men in terms of preventing violence?
- How are women and men expected to respond (speaking up, challenging, reaction) to violence according to the norm?
- How do these expected roles of women and men lead to more or less violence?
- We have mentioned some negative consequences of “stepping out of the box”. What are the implications? Do these consequences lead to more or less violence?

2. Pile Sorting

Note: To watch this tool in action, see video: “SAA in Action: Pile Sorting for Challenge” (About 3 minutes duration) <http://www.youtube.com/watch?v=mjFQMxBmpNA>



Purpose of the tool

To identify and critically reflect on:

- Gender roles and decision-making in the household and other spaces (groups, committees, organizations)
- Why these roles are present and whether they are equitable, functional, and support individuals' and families' well-being
- If and how things might be done differently

Time required

1-1.5 hours

Materials needed and other preparation required

The exercise has two parts – part A: tasks and part B: decision-making.

For part A, prepare 10-15 different cards with household tasks listed or pictured on them, and then prepare three title cards: “men,” “women,” and “both.” See example suggested “tasks” in text box below.

For part B, prepare 10-12 different cards with household decisions listed or pictured on them. You will need the same three title cards of “men,” “women,” and “both.” See example “decisions” in text box below.

Suggestions for tasks (part A)

- Caring for sick children
- Earning money for food
- House maintenance
- Farming cash crops
- Farming consumable crops
- Caring for livestock
- Preparing children for school
- Cooking meals
- Selling food at the market
- Disciplining children
- Participate in community activities
- Fetching water
- Fetching wood

Suggestions for decisions (part B)

- Large household purchases
- Children's schooling
- Children's marriage
- Daily household purchases
- Number of desired children
- Use of family planning
- When to go to health center
- When to have sex
- Who to socialize with
- Selling major goods

Steps

1. Introduce the exercise. "In every household, group or committee, there are many tasks that need to be completed and decisions that need to be made every day. Together, we will explore what some of these decisions are; who makes decisions and why; how decisions are made; and what are typical tasks of women and men."
2. Show participants that there are three categories that will be used: pile 1 is for men, pile 2 is for women, and pile 3 is for both.
3. Show participants the Part A: Tasks cards, clarifying the writing or picture for non-literate groups, making sure that everyone is clear on the meaning of each card.
4. Ask participants to sort each of the Part A: Tasks cards and place them under pile 1 (Men), pile 2 (Women), or pile 3 (Both), 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 or who does this task *most often* and not who is able to perform the task. This ensures that all tasks do not get placed under the "both" pile.

5. Ask participants if there are any tasks missing. If so, draw additional cards and ask the participants to place it under the correct pile.
6. Use 3-6 questions of the following questions to facilitate a dialogue among participants:
 - Who does more tasks? Why?
 - If one group has more tasks, what are the consequences or effects of this unequal distribution?
 - Ask participants to pick out the 3-4 of the most important tasks and then ask, "Who does more 'important tasks', and why?"
 - Which tasks are not done by women? Which tasks are not done by men? Why?
 - Are there tasks and responsibilities that you wish to be shared by other members in the household? Why?
7. Ask a volunteer to pick up a task in pile 1 and 2 and have participants discuss if it can be placed in pile 3. The following discussion questions can be used:
 - Have men ever done women's tasks and vice versa? Why?
 - What have happened if men have done women's tasks and vice versa? Why?
 - What are the difficulties in moving the task to pile 3?
 - Would men and women be willing to do the tasks that have been moved to pile 3?
 - If yes, what are the reasons it has not been done so far? If not, what are the reasons?
 - What are advantages for men and women to do this task?

8. Ask participants to discuss the cards in part B: decisions cards and follow the same steps 1-7 above as used with part A: tasks cards.

Note: It is important to challenge participants to identify who makes the *final decision* if there is a disagreement to ensure that all decisions do not get placed under the "both" pile.

9. Ask participants to discuss “joint” decisions that result in disagreement, and when “joint” decisions result in agreement.
 - How are these joint decisions made? Who has the final say?
 - Do both parties usually have equal say in the decision-making process?
10. If there is time, ask participants 2-3 of the following closing discussion questions:
 - Does this exercise reflect our own individual behavior in our own families? If not, why do we expect different things in our home than what we perceive in our communities?
 - Is our individual behavior different from what we see as normal in our community?
 - How does it feel to look at this list of tasks and decisions as a man/woman? Is it fair? Why? Why not?
 - Do you wish it were different? Why?
11. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Pile Sorting Example

| | | |
|--|--|--|
|  |  |  |
| Fetching wood | Hunting | Caring for livestock |
| Fetching water | Strategic thinking | House maintenance |
| Cooking meat | Providing security | Farming consumable crops |
| Preparing children for school | Formal employment | Earning Money |
| Caring for sick children | Decision making | Disciplining Children |

Notes for facilitators

1. The first step of this exercise is to help participants become aware of gendered division of labor and decision-making. The important part of this tool follows sorting cards into piles: facilitators should ask probing questions to help participants understand the norms and values attached to tasks and decisions which 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 this work only for women?” before asking about the consequences of the norm. This is how SAA is different from other approaches, facilitating for critical thinking as to why things are the way they are and their implication.
2. If we want to encourage participants change unequal division of labor and decision-making, we need to challenge attached gender norms and values. It means that activities at community level to create structural changes should take place at the same time to support individual and household changes.

Uses and sector adaptations of this tool

Adapting pile Sorting to different steps in the SAA process cycle



Transform staff capacity

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



Reflect with communities

Pile sorting can be used during gender and power analysis to establish an understanding of practices and beliefs around gender division of labor and decision-making to be explored in program implementation.



Plan for action

This tool can be used to identify what needs to be changed, why, and how. Include the following discussion questions at the end of the dialogue:

- What do we observe from the sorting exercise? Do you wish anything would change? Why?
- What can or cannot change and why?
- What would it take to change these tasks and decisions in your own home?
- Would you need support from outside of your home to make the changes? What kind of support?
- And who in the community can provide support? Who would be a barrier?



Monitoring and evaluation

This tool can be used at different points in program implementation to compare where cards are placed at different points in time. For example, during mid-term review or end of project evaluation, ask participants to undertake this activity and then 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. Asking “why?” offers an opportunity to learn about what is facilitating change or what barriers to change still exist, pointing to necessary modifications in the interventions. Note that this activity and its findings when used as a MEL tool can feed directly into Gender Equality and Women’s Voice Global Change Supplementary Indicator #1 (see [Section 4](#) for further guidance).

Adapting Pile Sorting to different sectors

In addition to the household-level responsibilities listed in the primary tool above, the following sector-specific task and decision cards can be added

Sexual and reproductive health and rights

SRMH-specific tasks:

- Going to the clinic to seek family planning
- Attending prenatal and postnatal care
- Initiating sex
- Preparing for birth
- Seeking information about contraception and reproductive health services
- Use of contraception

SRMH-specific decisions:

- Marriage of daughters
- When to get pregnant
- Number of children to have
- Birth spacing between children
- Whether to have sex
- Contraceptive use
- Whether to get sterilized, type of sterilization (vasectomy or tubectomy)
- Which doctor to be consulted (traditional healer or facility-based doctor),
- Whether medical treatment is required
- Where to seek medical treatment
- How much to spend for SRH services
- Female Genital Cutting

Food and nutrition security

FNS-specific tasks:

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

FNS-specific decisions:

- When to plant
- When to harvest
- Selling or buying small livestock and/or assets
- Selling or buying large livestock and/or assets
- How much money to invest in inputs
- Vaccinate small or large livestock
- When and where to seek healthcare services
- Type of food to be cooked and eaten in the house
- When to start complementary feeding for children
- Distribution of food in the house (who eats what and when)

Women's economic empowerment

WEE-specific tasks:

- All types of unpaid housework
- All types of unpaid care work
- Productive work – agricultural production/animal husbandry
- Wage labor inside/outside the home
- Going to the market (buying/selling)
- Migration for paid work
- Going to the bank

WEE-specific decisions:

- Livelihoods decisions (e.g. what and when to plant, whether to migrate for paid work)
- Whether to buy/sell major assets (such as motorbikes, livestock, houses)
- Taking and using loans/investments
- Opening bank account and bank transactions
- Owning property
- Day-to-day expenses
- Large family-related expenses, such as emergencies, deaths, marriages

3. Vote with your Feet¹

Purpose of the tool

To explore the diversity of opinions in regard to commonly held beliefs, expose participants to differing opinions, and give participants an opportunity to reflect on their own attitudes around commonly held beliefs and understand/learn about differences in opinions.

Note: Vote with Your Feet should **only be used for exploring non-threatening** norms and beliefs. Use the anonymous version of this tool, “Four Corners” (see 2007 Training Guidelines for implementing SAA listed in Annex 2) for engaging participants in a discussion around sensitive issues like abortion or violence.

Time required

30 minutes to 1 hour

Materials needed

Bold markers, paper tape.

Advance preparation

- Two cards with “agree” and “disagree” written or drawn for non-literate participants. If working with non-literate groups, decide together on symbols that depict the feeling of “agree” and “disagree”.
- Pick 3 - 7 statements related to the gender, social, and power norms to be explored. These should be relevant to program outcomes and drawn from the gender and power analysis findings. Some example statements that can be tailored to context and program outcomes include:
 - Women are emotional, and are therefore unfit to be leaders or rational decision makers
 - Women do not have knowledge to represent their households in meetings
 - Men are natural leaders because they are very rational
 - Only women should/can care for infants and children
 - Women are better at communicating with their children
 - Women should be responsible to manage and complete most of the household tasks
 - It is important for a woman to be a virgin when she gets married
 - Female genital cutting can help girls and women to be faithful to their husbands
 - Women should make important decisions about agriculture production in the community and their household
 - Men are always the ones who should make budget and expenditure decisions
 - I could not accept it if my son was gay
 - A woman is not complete if she hasn't had a son.
 - Men need sex more than women do.
 - A woman should not talk openly about sex with her husband.
 - It is shameful to depend on sex work to support yourself.

Steps (how to facilitate the tool)

1. Explain the purpose of the tool to the participants:
 - This is a group learning exercise, where everyone in the group gets to have their opinion on the statements and reflect on their own attitudes around commonly held beliefs. The objective is to

¹ USAID. Training Guide: Continuum of Approaches for Achieving Gender Integration in Programming: A decision-making tool for education officers. 2007. http://pdf.usaid.gov/pdf_docs/pnado744.pdf

understand the diversity of opinions and give everyone an opportunity to reflect on their own attitudes around commonly held beliefs.

- It is important that we show each other respect and refrain from judging, interrupting or ridiculing others.
 - Our values and attitudes are not “right” or “wrong”. They are simply the lens through which we view our world.
1. Place the agree/disagree cards at opposite ends of the space, so that everyone can see them with enough space for people to be able to move to either side.
 2. Read one statement. Ask participants to reflect quietly (without discussing with one another) on their *own attitude* or opinion about the statement, and then move to the card that represents their opinion (agree/disagree).
 3. Once all participants have moved, ask them to discuss with those near them why they have chosen that group if they feel comfortable.
 4. Invite participants of each group to share their reason for agreement/disagreement. Ask:
 - Would someone care to share with the other group why they are standing where they are?
 - How does it feel to be in the group they are in? (Note: the small group may have just one or two people—ask, how does it feel to be in the minority?)
 6. After hearing the views of each group, ask the participants if anyone would like to change their place and move to a different card. If participants moving would like to share, the facilitator should explore why they are doing so.
 - Remind participants that the objective is not to argue or convince people to change their opinions, but rather to genuinely understand and learn about different opinions.
 - Ask participants if they have any question or clarifications about the points raised during the discussion.
 7. Use the following reflection questions for a closing discussion:
 - Did you learn anything new from this discussion? Any surprises?
 - Did this discussion change anyone’s understanding of the beliefs and norms?
 - What are the advantages of discussing, challenging or changing our beliefs, attitudes or behaviors?
 - What are the disadvantages, consequences, or sanctions?
 - How could people be helped to challenge the beliefs we discussed and change their behaviors?
 8. To sum up, thank participants for their contributions, and summarize with the following key points:
 - We all hold positive and negative beliefs, attitudes and behaviors that affect us in different ways. The tool demonstrates what views the community holds with regard to some of prevalent gender, social, and power norms.
 - Our attitudes and values are often contextual and situational – they are not often black and white, so it may not be easy to know how we feel. It is important to notice that everyone does not necessarily hold the same values or opinions on certain issues even though this is what is assumed.
 - Even people who seem to be like us and whom we respect may have different ideas or opinions. It is our duty to respect these differences and understand why we have them.

9. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

- Through gender and power analysis, program staff and facilitators should identify dominant norms which can be reflected on and challenged in this exercise. If using example statements provided here, teams should change or adapt the statements according to the local culture and context.
- Statements should be black and white to avoid confusion and only contain one idea. This will help participants easily decide if they agree or disagree.
- Facilitators should start with easy and safe statements and then move to more sensitive ones. Facilitators should be observant and flexible to decide how much he/she wants to challenge sensitive norms. It is also good to determine when to use this tool depending on the rapport and trust among the group members.
- Discussions facilitated by this tool can become very emotional and heated. Before beginning and possibly during the discussion, remind participants that they should show each other respect and refrain from judging, interrupting or ridiculing others.
- It is common for participants with opposing views to argue with each other during this activity. While dialogue between participants from opposite ends of the space can help to surface norms and encourage others to think differently, the facilitator must be ready to intervene in the discussion becomes aggressive.
- It is also critical to inform participants that they should respect the privacy of others by keeping anything discussed confidential. However, remind participants that confidentiality cannot be guaranteed. As such, no one is obligated to participate or share something they are uncomfortable discussing and may sit out any question or activity.
- Difference is ok! This exercise shows that even though we can have different ideas and beliefs within this group, we can still coexist peacefully and respectfully.

Uses and sector adaptations of this tool

Adapting Vote with your Feet in different steps of the SAA process cycle



Transform staff capacity

Can be used to understand the diversity of opinion on issues staff hold on different questions and can help them introspect on their own views and why they hold them.

What challenges would you face with this activity or discussion around beliefs in the community?

Do we have any experience that the beliefs we voted on affect programs that we implement? How?

How do we ensure to keep neutral and respect diverse opinions in the community and not enforce our opinions on them?



Reflection with community

Can be used to help communities understand their own views and beliefs on issues the program is concerned with and can trigger a process of self-reflection by creating a safe space for discussions. Helps communities understand different views and opinions on issues and think critically about the implications; helps to understand the existence of different opinions within their group and community.

The exercise also provide an opportunity to critically think about the consequence of holding to some of the values and practices being discussed.



Plan for action

Include the following discussion questions at the end of the exercise to identify possible changes and the opportunities and barriers associated with those changes:

Are there some values or practices we discussed that you would like to change? Which ones and why?

What are the disadvantages, consequences, or sanctions to trying to change these practices?

How could people be helped to challenge the practices we have discussed and change their behaviors to promote wellbeing?



Monitoring and evaluation

Facilitators can use this tool at different stages of the program to see the difference in the percent of people in “agree” and “disagree” categories for statements related to priority issues found through the gender and power analysis. To do this, facilitators should remember to use the same statements each time the tool is used for a relevant comparison. Additionally, facilitators are encouraged to take notes on the discussions that happen around the activity as this can help to add meaning to the quantitative data related to agree or disagree. For example, Are the tensions more marked at the beginning versus the end of implementation? Is there more openness to other perspectives on agree or disagree towards the end of the program? What does the transformation process look like regarding peoples’ participation, ideas, or willingness to explain their opinions?

Adapting Vote with Your Feet for different sectors

The core activity remains the same, but facilitators can choose from the following sector-specific statements for the voting portion of the exercise.

Sexual and reproductive health and rights

SRHR-specific statements:

- It is a wife’s duty to care for the child
- Women who carry condoms are promiscuous
- Men need sex more than women do
- A man should respect a women’s choice of contraceptives
- Women must not breastfeed in public
- Menstrual issues are very private, girls should not talk about them publicly
- Good girls don’t get urinary tract infections
- Female genital cutting is the right thing to do for our girls
- Women must have children until they produce a son
- Woman’s main role is reproduction
- Infertile women are affected by evil spirit
- It is the woman’s fault if she cannot have a child
- A man can divorce a woman if she fails to bear him a son
- A man cannot control his sexuality (i.e. sexual urges, desires)
- Women should not have sex before marriage

Women's economic empowerment

WEE-specific statements:

- Women are not naturally good at managing money
- Women must not talk to men outside their workplace
- Respectable women do not work at night
- Women taking maternity leave should go on leave without pay
- Only men can be drivers and security guards
- Men who do "women's work" are homosexuals
- It is shameful to support yourself through sex work
- Women must not travel alone to or from work
- Men are better at bank dealings and maintaining bank accounts
- Women are better managers than men
- Women's work is "light", while men's is "heavy"
- Women must seek her husband's permission to spend money
- All men MUST work

Food and nutrition security

FNS-specific statements:

- Men should deal with extension agents
- Women are not farmers because they do not plough with oxen
- Men should sell in the market
- Only women should care for and feed infants
- Women are better at communicating with their children
- Women should make important decisions about agriculture production and food requirements in the community and their household
- Men should always make budget and expenditure decisions
- Women must eat last after ensuring everyone else gets food
- Men need more nutrition as they do all the hard work
- Boys need to grow up to be strong, so they deserve the best food
- Only women are able to cook
- Women must not eat different kinds of food if they are pregnant, menstruating, or widowed
- Women are obliged to fast at several occasions, even if pregnant
- Women must cook food that is preferable for men

Using Vote with Your Feet for GBV

As noted above in the tool description, this activity and statements regarding GBV in particular should be approached with considerable caution as they likely will foster debate and emotional reactions from participants.

GBV-specific statements:

- Rape should not be brought to public knowledge
- Women who dress provocatively deserve 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 sex to 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 be barred from participating in family functions
- A man/woman who is attracted to the same sex must be "cured" with medicines or force

4. Body Mapping

Purpose of the tool

1. To explore connections between gender, sexuality, violence, and power
2. To become more comfortable understanding and speaking openly about sensitive topics
3. To establish a rationale for why being able to talk about these things is relevant to participants' work and their lives

The following topics are best suited for this tool:

- Parts of the body that experience pleasure, power, pain, shame, stigma, etc.
- Gender norms and expectations of men and women
- Diverse perceptions about bodies among men and women
- Wellbeing and illness

Time required

1 hour – 1.5 hours

Materials needed and other preparation required

- Flip chart paper papers, bold markers or sketch pens of different colors, cards, adhesive tapes, crayons or chalks if the body mapping is made on the ground.
- Lead facilitator should decide the main topic or focus of the body map (see list above)

Steps (how to facilitate the tool)

1. Divide participants into separate groups of women and men, with around 4-8 people per group. Women should work on female body maps, and men should work on male body maps. Alternatively, the facilitator can ask participants to complete maps for the opposite sex to generate a discussion about women and men's perceptions of each other.
2. Ask participants to draw an outline of the human body on the ground or paper. Depending on the use of the tool, body map categories could include:
 - Women
 - Men
 - Gay/lesbian man/woman
 - Male/female sex worker
 - Pregnant or lactating women
 - Women with disabilities
3. Depending on the focus of discussion, ask the group to list out on the body map any of the aspects discussed in the purpose of the tool.
 - For example, if the objective is to analyze pleasure and pain or to understand violence or gender norms on men and women, participants would mark on the body where these are felt or experienced.
 - Use different colors to mark body parts used for pleasure, pain, and violence.
4. In each group, let participants reflect on the body map and discuss:
 - Why do men want sex? When do men feel aggressive towards their wives/partners? How would a man feel if he was abused? How does a man feel when he is pleased?

- Why do women want sex? When do women feel aggressive towards their husbands/partners? How does a woman feel when she is abused? How does a woman feel when she is pleased?
 - Is sex used as a tool to achieve certain goals? If so, what are these things? How do men use sex to achieve things? How do women use sex?
 - Why should we talk about sex?
5. If comfortable, participants can present their body maps. If participants are not willing, the facilitator can discuss the body map and clarify any myths or misunderstandings about the body.
 6. Facilitate a discussion using the following reflection questions:
 - What are the similarities and differences between women and men's body maps?
 - Are there differences in a body map of a man and a woman?
 - What are the reasons for differences, if any?
 - Which differences are caused by biology and which are caused by the expectations or perceptions of those around us?
 - How do these perceptions impact men and women's lives and wellbeing?
 7. After the discussion ends, clarify any questions and correct any misinformation. To sum up, thank participants for their contributions and for being open to talking about our bodies. Summarize with the following key points:
 - This activity helps us learn more about ourselves so we can learn more about our communities and ways to improve our lives.
 - Becoming more comfortable talking about sensitive topics can help us to identify development challenges and make changes to improve the lives of both women and men.
 - This activity often shows that even though we often think that women and men are very different, we have a lot in common. Women and men are both experience pleasure and pain, both have emotional needs, and both want to be loved and respected.
 8. To close, remind participants that personal stories and experiences shared during the dialogue should be kept within the group and encourage them to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

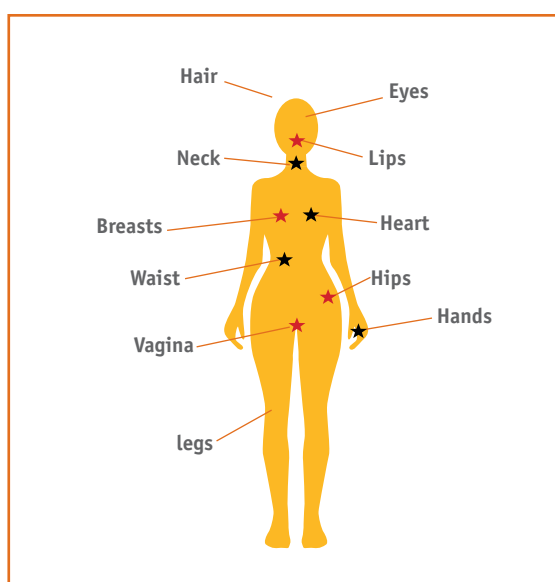
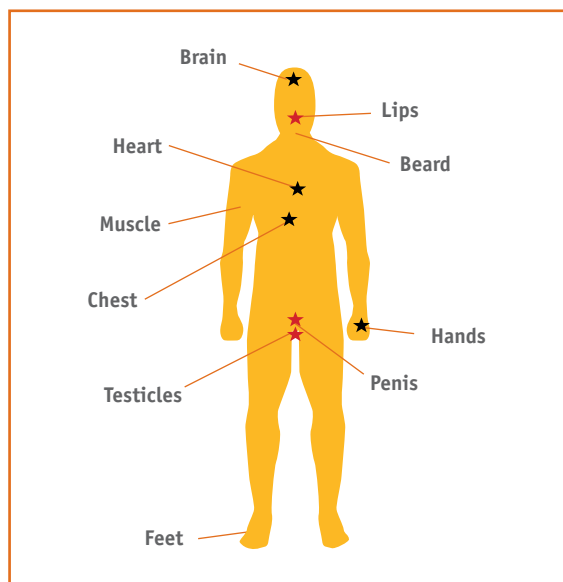
Body maps are very effective in facilitating engaging and deep reflections into sensitive areas, but the facilitator needs to keep the following in mind:

- a. Participants are likely to be more comfortable in single sex groups, possibly with people of a similar age or marital status, and in locations with some privacy.
- b. Be prepared that body maps may raise traumatic memories for some participants – for example, people who have been abused or suffered violence, FGC.
- c. If trauma and/or GBV has been discussed and someone has disclosed an incident, follow up with that person for referral to services and making sure they are stable.
- d. The facilitator should be ready to help the group explore stigmatizing attitudes that are raised if using this tool to explore issues such as homosexuality or sex work. This can be done not by answering questions but by asking participants to reflect on the issues by asking “why do you think that is?” or “where does that type of attitude come from?”



- e. Body maps can also be used as an evaluation tool with comments on what people learned placed near the head, and what people felt placed near the heart.

Body mapping examples



Uses and sector adaptations of this tool

Adapting Body mapping for different steps in the SAA process cycle



Transform staff capacity

It can be used to understand the knowledge, skills and attitude of the staff on a range of topics as listed at the beginning of a tool but also to identify characteristics and skills of a good facilitator. This tool is effective for increasing staff's comfort and willingness to facilitate discussions about sensitive issues; help them understand their own biases and limitations in addressing sensitive issues like pleasure, power and violence as part of human relations.



Reflect with communities

It can be used to reflect on several kinds of experiences – such as sex, pleasure, power, emotions, violence, social norms, diseases, etc. It also helps people to appreciate that, as human beings, both women and men share similar needs and experience similar and different challenges around pleasure, pain and violence (emotional, physical, psychological).



Monitoring and evaluation

This tool can be used at different points in the project's implementation to monitor changes in perceptions and experiences of participants. For instance, when participants note a spot of "shame" or a place of "pride", the facilitator can probe to ask if this is a new feeling or something that has recently changed. Additionally, facilitators and project staff can note if there are more or less areas identified as "pain" or "shame" and more or less areas of "good feeling" or "pride", thus providing implementers with an understanding of changes in self-efficacy, confidence, stigma, and possibly violence. Finally, facilitators can note changes in participants' willingness or comfort talking about these often-taboo subjects with their peer – for instance: observations related to number of participants speaking or participating in the discussion,

Adapting Body Mapping for different sectors

Facilitators should choose a focus for the body map related to the project's goals or objectives and informed by the gender and power analysis.

Sexual and reproductive health and rights

Suggested focus areas for body maps:

- Spots of pride or good feeling during sex
- Spots of pain, shame or diseases due to sex
- Spots of pain, shame or diseases during pregnancy (back pain, knee pain etc.)
- Spots of pride or good feeling during pregnancy
- Spots of pain, shame or diseases after child birth
- Spots of pride or good feeling after child birth
- Spots of pain, shame or diseases due to child care/ breastfeeding
- Spots of pride or good feeling due to child care

- Spots of pain, shame and distress or diseases at the time of menstruation period
- Spots of pain, shame and distress or diseases due to sexually transmitted illness (STI), ex. HIV
- Spots of pain, shame and distress or diseases due to productive work

Suggested discussion questions:

- What are the reasons for certain diseases observed only for women? Only for men?
- Facilitator should be ready to clarify any myths or misunderstandings about the pain and disease experienced by women and men

Women's economic empowerment

The tool can be used to discuss the expectations for working women and working men. This can relate to physical features, dressing, attitudes, behavior, etc.

Suggested focus areas for body maps:

- Parts of the body that are used for work
- Impact of work on different parts of the body

- Parts of the body that are strengths or weaknesses for bringing money into the home
- Parts of the body used to generate income/make money – by men? by women?
- Parts of the body that is abused/exploited due to economic power/imbalance?

Food and nutrition security

Suggested focus areas for body maps:

- What are the effects on different body parts due to deficiency in food and malnutrition?
- What are spots of pride/good feeling or pain/shame due to buying and selling in the market?

- What are spots of pride/good feeling or pain/shame due to agricultural labor?
- Where do we experience well-being and illness in our bodies?
- What are the parts of the body that are strong or weak when we think about providing food for our families?

Using Body Mapping for GBV

Focusing on violence should be done cautiously, and facilitators should ensure they take a "do no harm" approach and are prepared to provide referrals to GBV services if necessary. GBV-specific project staff should be trained in these skills and approaches before facilitating the body map. The tool can be used to identify where and how women and men experience violence and how this 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, pain, shame, stigma, etc.
- Gender, social, and power norms and expectations of men and women and their sexuality

Suggested discussion questions:

- Are the experiences of violence different for men and women?
- Is violence in some cases justified while condemned in other cases?
- Is violence to some parts of the body more acceptable than others? If yes, why? Who determines this difference?
- Are there reasons for women experiencing stigma or pain in a specific way due to GBV?

5. Problem Tree Analysis

Purpose of the tool

To critically understand the root causes of specific problems and unpack and analyze underlying causes related to gender, social and power norms and beliefs.

Time required

One hour

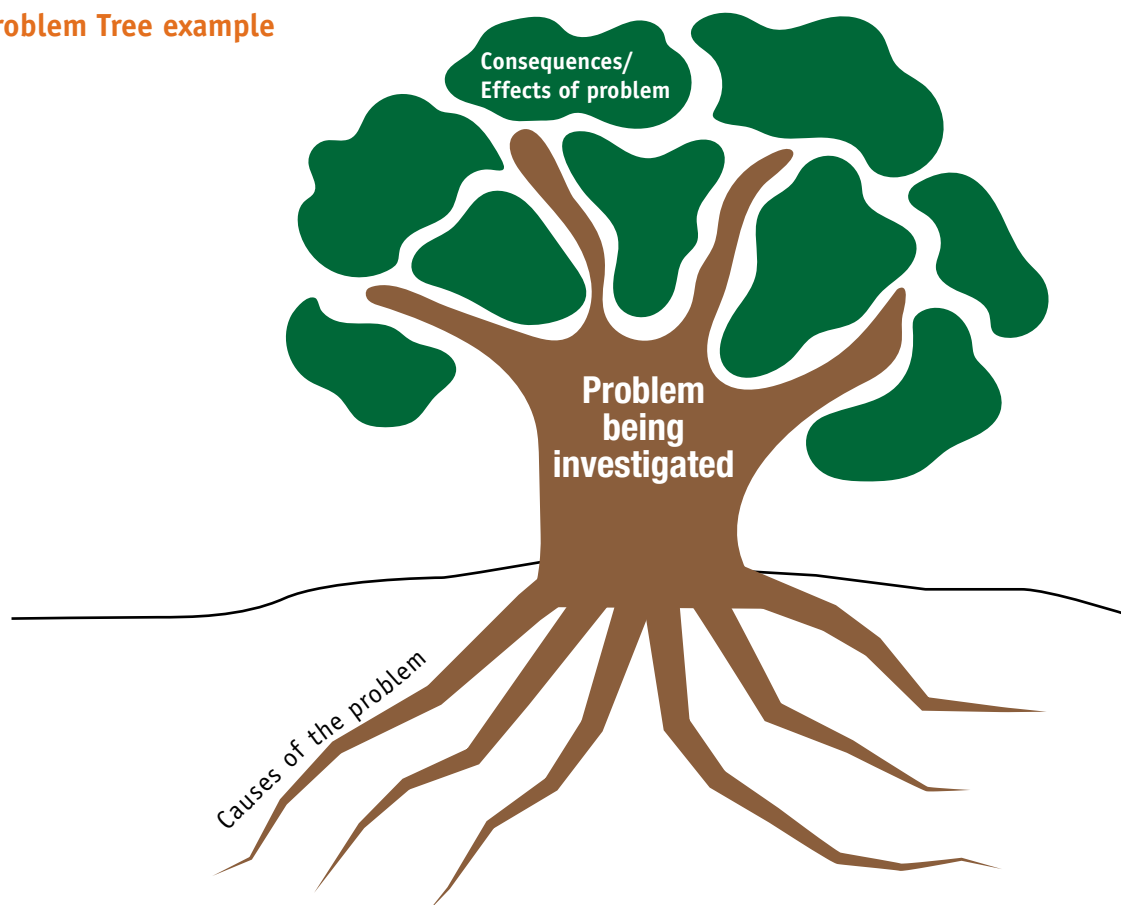
Materials needed and other preparation required

Flip chart papers, bold markers or sketch pens of different colors, cards, rulers, adhesive tapes.

Steps (how to facilitate the tool)

1. Welcome participants and explain the purpose of the tool.
2. Make a large drawing of a tree. In the trunk write an important problem, either sector-specific or crosscutting, that relates to your program's outcomes. For example, "complications during pregnancy" may be a problem one group wants to address.
3. Ask participants to identify all the main causes of the problem. Draw or write these along large roots of the tree, indicating that they are "root" problems.
4. Select one of the main causes. Ask, "Why do you think this happens?" This question will help us to identify the secondary or underlying causes. Write the secondary causes as smaller roots coming off the larger root of the tree.
5. Repeat the process for each of the other main causes.
6. Ask participants to identify the main consequences/effects of the problem. Write each as large branches of the tree.
7. Select one of the main consequences/effects. To identify the secondary effects, ask "what else does this lead to?" Write the secondary effects as small branches coming off the larger branch of the tree.
8. Repeat the process for the other main effects.
9. Highlight the beliefs and norms related specifically to gender that are identified as causes and effects. To do this, the facilitator can use probing questions as follows:
 - Is this effect something that happens specifically to either men or women?
 - Is this cause related to something that only men or women are allowed to do?
 - Are both men and women affected by this consequence?
 - How many of the causes and/or consequences are related to gender, social and power norms?
 - Who suffers most due to the effects? Who benefits? Why?

Problem Tree example



10. End the discussion with the following reflection questions:
 - How do the causes and effects relate to each other?
 - Are the beliefs and norms causes of the problem?
 - Are all the people in the community aware of the causes of this problem?
 - Are the roots causes related to an absence of a resource or service? Or is it because of a particular mind-set or belief? Do both men and women share these beliefs?
 - Who reinforces these differences in the community?
 - What could be changed? How?
11. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

- Often, programs address symptoms of a problem, rather than its root cause. As a result, the problem continues.
- For each cause, keep asking the participants, “but why does this happen?” until they have run out of ideas. This will help them to identify all of the issues involved, not just the main ones.
- This activity can get complicated! It helps to give clear instructions at each step, rather than providing all of the information at the beginning.

Uses and sector adaptations of this tool

Adapting Problem Tree to different steps in the SAA process cycle



Transform staff capacity

This tool can be used to understand root causes of gender, social, and power norms that affect staff, as well as community members.



Gender and power analysis

This tool can be used for further qualitative data collection and analysis to analyze the root causes of problems to be addressed through programming.



Reflect with communities

This tool can be used to collectively analyze any problem with a lens on gender, social and power norms and help create understanding of the link between underlying causes and negative outcomes, and motivating community to address root causes.



Plan for action

This tool can be used to plan how a community wishes to address a problem. By identifying root causes, the community can also identify actions to address the root causes. The facilitator can include the following discussion questions to help plan for action:

- What can be done to address the root causes?
- How can we remove the causes from the community?
- Do you foresee any risks in challenging the root causes of this problem?
- Who reinforces or creates the causes of the problem in the community? Who can support change?
- Can we remove or change the causes? What action could be taken?

Adapting the Problem Tree for different sectors

If the facilitator is providing the problem statement (as opposed to brainstorming with participants to identify a problem), the statement should always be taken from the findings of the baseline and/or gender and power analysis.

Sexual and reproductive health and rights

Possible SRHR-specific problem statements:

- Limited utilization of SRH service by adolescents/ youth
- Complications during pregnancy; complications during delivery
- Limited birth-spacing between children
- Early marriage
- Unwanted/unplanned pregnancy
- Early sexual debut
- Early motherhood
- High rate of urinary tract infections among women
- Poor menstrual hygiene among women and/or girls
- Girls dropout of school
- High maternal mortality
- Lack of quality maternal health services

Women's economic empowerment

Possible WEE-specific problem statements:

- Financial dependence of women on men
- Women are not allowed to do economic activities independently
- Little uptake of girls in vocational training
- Limited control of women over productive resources
- Women's limited decision-making power over financial resources
- Few women entrepreneurs
- Few women get promoted to senior posts
- Girls are not encouraged to work outside of the house
- Girls do not complete primary (or secondary) education

Food and nutrition security

Possible FNS-specific problem statements:

- Complications during pregnancy or delivery
- High rates of anemia among women
- High rates of stunting among children under 5 years
- Women cannot take extra rest during pregnancy
- Women cannot take more or different food during pregnancy
- Children do not consume animal-source foods
- Poor post-natal health status of women
- Increased cases of diabetes
- High incidence of diarrhea in young children
- Lack of water or expensive water
- Difficulties for women trying to access primary care facilities

Problem tree for GBV and MEL

Gender-based violence

Facilitators should take care to choose problem statements that will be seen as problems by the community. For example, in some communities, marital rape is often not considered a problem as this is viewed as the right of men over their wives. Therefore, choose a problem statement from the gender and power analysis findings that community members will be comfortable starting with and then probe deeper to ask, "why does this happen" and "are there negative consequences to this"?

Possible GBV-specific problem statements:

- Domestic violence
- Violence against women
- Rape
- Trafficking of women or girls
- Recruitment of boys or young men into gangs or armed groups
- Sexual harassment (in the street, market, workplace or school)
- Early marriage
- Strained relations between husband and wife/ increase in quarrelling between husband and wife
- Miscommunication between husband and wife
- Suicide
- Low self-esteem among women

Monitoring, evaluation, and learning

This tool is useful for gender and power analysis across sectors; the problem statement used can either be chosen in advance or chosen by communities. If using this as a monitoring tool (e.g. used during gender and power analysis, then used at mid-term or end line evaluation), facilitators can either ask participants if the problem has changed, if the causes or effects have changed, and why.

6. “But why”¹

Purpose of the tool

To analyze underlying causes of problems related to gender and sexuality in view of developing strategies to challenge them

Time required

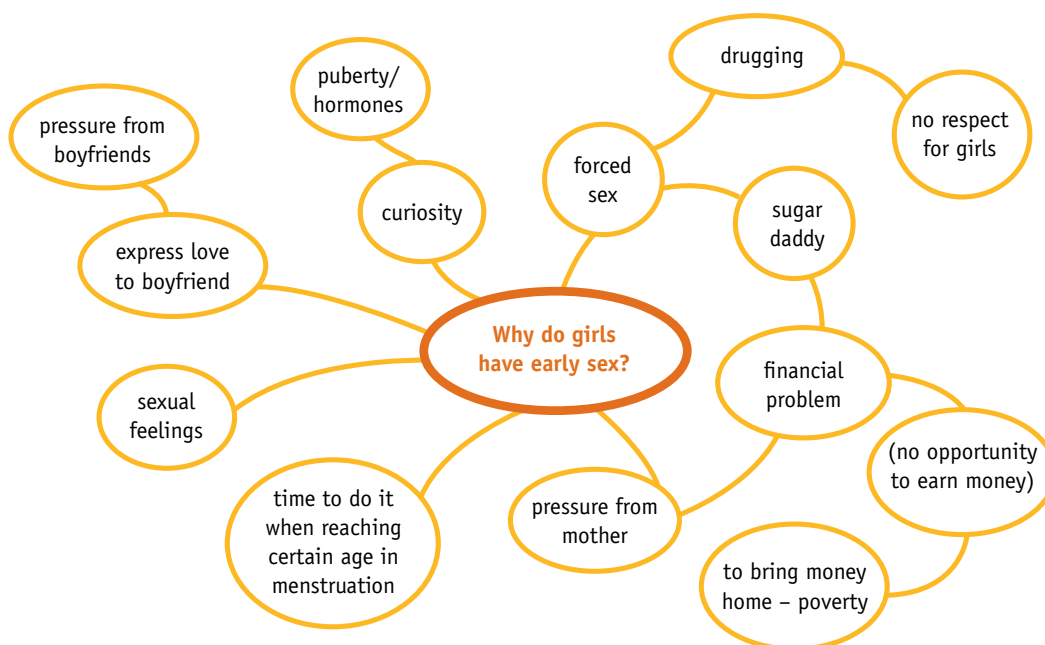
45 minutes – 1 hour

Materials needed and other preparation required

Flip chart papers, bold markers or sketch pens of different colors, adhesive tapes.

Steps (how to facilitate the tool)

1. Introduce the exercise to the participants by explaining its purpose
2. Divide the group in smaller groups of five-six participants.
3. Each sub-group is given a social norm for analysis by the facilitator, or identifies a social norm that they wish to explore. If possible, each group should have a different norm to analyze.
 - i. Examples of norms:
 - ii. Premarital sex among girls (or boys) is forbidden
 - iii. Women should be the sole caretakers of children
 - iv. Men should be responsible for selling livestock
4. Each group draws a circle in the middle of a sheet of flipchart paper and writes or draws the norm inside the circle to begin the analysis.
5. Each group discusses “but why does this norm exist?” Each immediate answer is written in separate circles around the central circle.



¹ Adapted from Checkoway, “Digging Deeper by Asking Why” 2002, <http://www.wkkf.org/pubs/YouthED/Pub564.pdf>

6. Repeat the activity for each of the immediate answers and keep asking “but why does this happen?” until the group can think of no more answers and the root causes have been surfaced.
7. After completing the process each sub-group presents its “But Why” diagram and initiates a discussion within the group using some of the following questions:
 - What are the most common reasons found for the norm discussed? Why are these the most common?
 - Did you learn anything new about this norm through this exercise?
 - How are norms you discussed in groups interconnected?
 - Who are adversely affected by these norms?
 - Does anyone benefit from these norms?
 - Is there a need to change any of the norms we discussed? Why? Why not?
 - What can be done to change it? Who can support this change?
8. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

- This tool helps understand some underlying, common causes for different problems. It also helps identify some common social norms that promote certain kinds of behavior and practice.
- By using probing questions, the facilitator helps analyze the reasons for each social determinant or barrier to positive behaviors.

Uses and sector adaptations of this tool

Adapting “But Why” to different steps in the SAA process cycle



Transform staff capacity

It can be used to help the staff analyze underlying causes of a problem during staffs’ own reflective practice or during a gender and power analysis.



Gender and power analysis

This can be used to analyze the root cause of problems that programs seek to address. After root causes are identified during the gender and power analysis, program teams implementing SAA can prioritize these and choose appropriate tools to facilitate discussion and reflection on them.



Reflect with communities

This tool can be used to collectively analyze underlying causes of a problem using a lens of gender, social and power norms.



Plan for action

This tool can be used to strategize what underlying causes need to be addressed and what kinds of actions need to be taken to address them.

Adapting “But Why” to different sectors

The steps of this tool remain the same no matter the sector-specific program using it; however, facilitators should choose norms to explore that were found in the gender and power analysis.

Sexual and reproductive health and rights

Possible SRHR-specific norms to explore

- Girls should be virgins at marriage
- Girls have no value if they are not virgin
- Men cannot control their sexuality
- It is acceptable for men to have multiple partners
- If a man has multiple partners, he is manly and attractive
- Women should be accompanied when leaving the home
- Women should ask their husband’s permission to spend money on treatment
- Women should give birth at home than in a health facility
- Using contraception is a sin
- Women who carry condoms are promiscuous
- Women’s responsibility is to bear children
- Men should not perform childcare
- Women should not lessen their work when pregnant

Women’s economic empowerment

Possible WEE-specific norms to explore

- Women should depend on men for their livelihoods
- Women should do light tasks while men should do heavy tasks because they are stronger
- Men should always be the primary breadwinner in the family
- Women should not do economic activities independently
- Women should work hard in the home and in the fields
- Men should be the property owners
- Girls should not be given education that helps them to manage economic activities
- Women should not manage money independently
- Women must get permission from men in spending of money

Food and nutrition security

Possible FNS-specific norms to explore

- Women should not own land
- Women should not do off-farm jobs
- Women should not interact with extension agents
- Men should receive the best food because they are head of the family and the breadwinner
- Women should not rest during pregnancy
- Women should not eat more or different food when pregnant
- Women should eat last, even when pregnant
- Fetching water and firewood is women’s job
- Men should have the final decision when selling or buying assets (such as harvested food, seeds, livestock, equipment)

Using the tool for GBV

Possible GBV-specific norms to explore

- Domestic violence is acceptable in our community
- It’s acceptable for men to use violence to teach wife about how to behave properly
- Female genital cutting keeps girls faithful
- Female genital cutting controls girls’ sexuality
- It is acceptable for men to scold or insult their wives if they misbehave
- Restricted mobility of women is to keep them in safe
- Men are entitled to have sex with their wives whenever they want, even if their wives don’t want it It’s women’s responsibility to meet husband’s sexual desire
- Girls should be married before they turn 17 years old
- Women who are not obedient should be disciplined with physical force/violence
- Emotional abuse (i.e. not allowing to speak to parents; siblings or others; threatening violence) is acceptable
- Abortion is acceptable if it is in the interest of the husband
- If a man beats his wife, he is showing that he loves her

7. Social Mapping¹

Purpose of the tool

To identify and critically analyze the important places, institutions and resources in a community; who owns, controls and accesses these resources; and how do gender, social, and power norms affect the control, use and access of resources.

Time required

1.5 hours

Materials needed and other preparations required

Flip chart papers, Bold markers or sketch pens of different colors, cards, adhesive tapes, crayons or chalks if the mapping is done on the floor, colored powder and/or other natural resources.

Steps (how to facilitate the tool)

1. The facilitator should decide if participants should be divided into groups, such as women-only and male-only, by age, etc.
2. Ask the participants to draw a map of the community on the ground or on a flipchart. It is good to start with the spot where this meeting is happening or a major landmark, such as a road leading to the village. Depending upon the purpose of the map, the following can be drawn or highlighted. Each of the relevant aspects can be drawn using symbols that the community can easily understand:
 - Roads, drainage and other infrastructure
 - Important institutions – government and private such as health centers, hospital, schools, village elders/leaders, local government offices, public drinking water sources, electricity lines, market, shops, religious centers
 - Individual households identified by certain categories – such as households with girls who go to school, to understand the spread of the target group; female-headed households; households with women as the main earning members; households by economic category
3. Use symbols or pictures to identify each institution and public place in the map.
4. After the mapping is completed use the following reflection questions to facilitate a group discussion:
 - Are there any institutions and resources that are accessed only by men/women? Why? Why not?
 - Are there any institutions or resources that only certain age groups or caste/classes can access?
 - Is there any space where neither men, women, boys nor girls have access? Why?
 - Which are institutions, offices of service providers and resources that have specific outreach to women and girls?
 - Who controls different institutions? Who controls access to public resources, such as those offered by the government?
 - Do these institutions and resources benefit women and men equally? Why? Why not?
 - Which are the places where people do not go often and why do they not go there?
 - Are there specific people who are not allowed to access some places? Is it dangerous for them to go there? Why?

¹ Adapted from Tools Together Now – Section B Mapping tools: International HIV/AIDS Alliance, 2006, www.aidsalliance.org

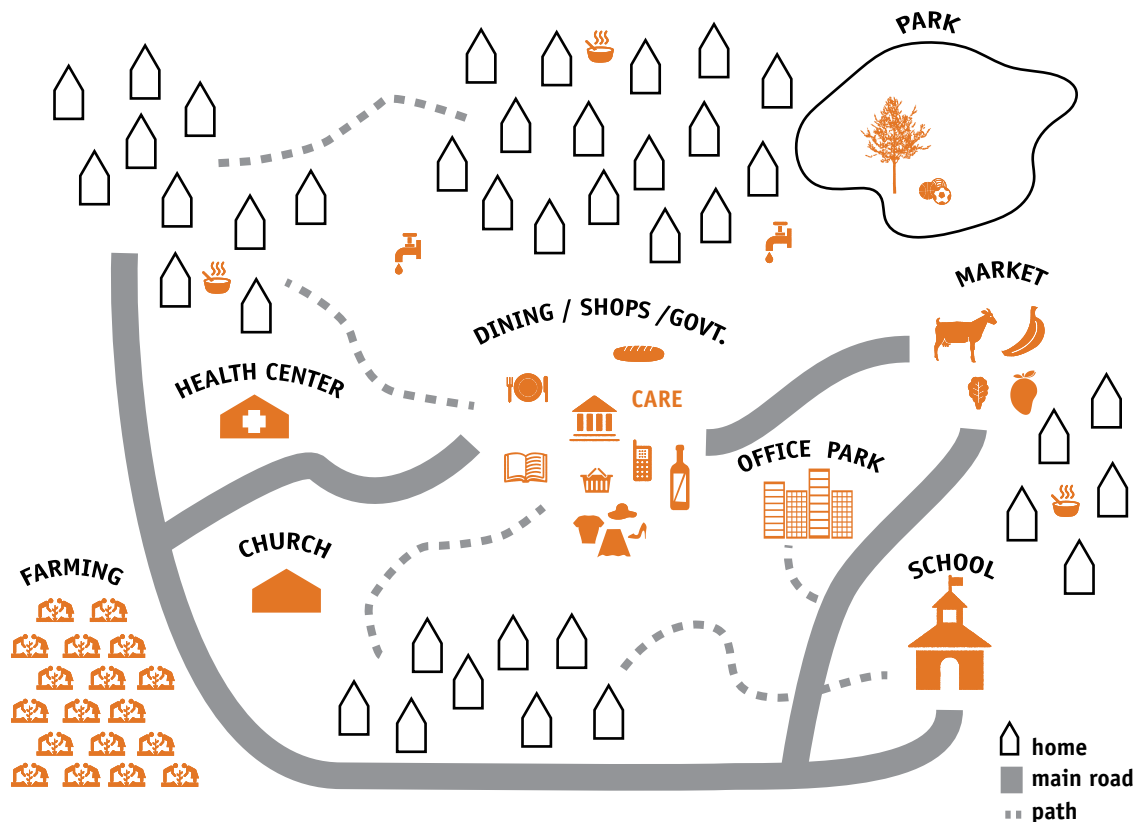
- Are there specific areas where poorer members of the community reside? Do they face any kind of discrimination?
 - Are there areas exclusively for wealthy people of the community?
 - Which are the places and resources that women or girls use most? Why?
 - Which are the places and resources that men use most? Why?
 - What gaps and deficiency exist in services, in terms of quality and availability?
5. After the discussion, ask participants to reflect on what they have learned or observed from the exercise.
 6. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

Social mapping allows the community to reflect on access and use of resources and services and mobility of people in the community and is useful to begin conversations about gender, social, and power norms.

If the participants are broken into groups by gender, the discussions can focus on a social map from a man's perspective and a women's perspective, how these are different, what are these differences and why. Similarly, different age groups or married and unmarried groups can be formed to create a similar discussion on contrasting maps.

Social Mapping example





Uses and sector adaptations of this tool

Adapting Social Mapping to different steps in the SAA process cycle



Gender and power analysis

Social mapping can be used to understand access to and control over institutions and resources by marginalized populations, women, men, girls and boys. This can be particularly helpful in identifying and addressing barriers to services.



Reflect with communities

Social mapping helps the community draw and see its own community as it is, helping trigger dialogue about inequalities. This can lead to discussion about the gender norms that impact women and men's access to and control over services, resources, and institutions.



Plan for action

Social mapping helps the community come up with areas of change and how to plan for that change. The following discussion questions can be used in the Plan for Action phase:

- We have identified that some important institutions/resources are not accessible to women/men/girls/boys. Is this something you think is important to change? Why? Why not?
- Why are these places/resources currently not accessible?
- What are the potential difficulties in helping women get access to this resource?
- Are there resources or people in the community that can help women get access?
- What steps can be taken to increase women/men's access to resources/services? Who can help to make this change?

Adapting Social Mapping to different sectors

Sexual and reproductive health and rights

Ensure to include SRHR services in the mapping, such as:

- Hospital/health clinics
- Location of traditional birth attendants
- Location of village health workers/health volunteers

Suggested SRHR-specific discussion questions to use during step 5

- Which are the institutions, resources or services for sexual, reproductive, and maternal health needs? Are there enough quality resources to meet the needs of girls, women, men and boys in this community?
- What are the barriers to accessing these services (from the community, facility and service provider sides)?
- Which are institutions, service providers and resources that have specific outreach to women and girls?
- How do you assess the quality of the service providers at these institutions (excellent, good, moderate, bad, very bad)? Why?
- How do you assess behavior of the service providers of these institutions (Excellent, good, moderate, bad, very bad), why?
- What benefits do these institutions and resources bring to women in the community?

Women's economic empowerment

Ensure to include WEE resources and services in the map, such as:

- Fields and animal housing
- Markets where inputs are purchased and products are sold
- Input vendors
- Location of traders/middle-men
- Location of extension services
- Financial institutions (MFIs)
- Fixed assets and other big household items

Suggested WEE-specific discussion questions to use during step 5

- Which are the institutions, services and resources for economic or livelihood activities? Do men and women access them equally? Why or why not?
- How do you assess the quality of services in terms of facilities and inputs (guidance, training, market, seeds, manure, incentives, etc.) of these institutions (excellent, good, moderate, bad, very bad)? Why?
- How do you assess the quality of the service providers at these institutions (excellent, good, moderate, bad, very bad)? Why?

Food and nutrition security

Ensure to include FNS resources and services in the map, such as:

- Markets/supermarkets where food can be purchased
- Markets where inputs are purchased and products are sold
- Fields and animal housing
- Home gardens
- Farmer centers/demonstration sites
- Nutrition/feeding centers for malnourished children
- Health facilities

Suggested FNS-specific discussion questions to use during step 5

- What are the most important resources for food production in our community? Who has control over them? Why?

- Which are the institutions, service and resources that are for food production? Who accesses them more? Why?
- Which are the institutions, resources, or services that are used for nutrition? Who accesses them more? Why?
- If men or women had more access to some of these institutions, resources or services, would that improve food production? Or nutrition?
- How do you assess the quality of services in terms of facilities and inputs (nutrition, food, incentives, training, etc.) of these institutions (excellent, good, moderate, bad, very bad)? Why?
- How do you assess behavior of the service providers of these institutions (excellent, good, moderate, bad, very bad)? Why?

Using Social Mapping for GBV

If this activity is done with GBV as a focus, the information could be used to inform the creation of a GBV referral map and to map the degree to which community members are aware of available services and the degree to which they would be willing to access them. Furthermore, this mapping and analysis information can then be used to improve awareness of these services and/or the quality of services. Facilitators should insure GBV services are included in the map, such as:

- Family counseling centers
- Safe houses for GBV survivors
- Informal places where GBV survivors can seek help
- GBV support services
- Police, legal aid service providers, judiciary services
- Health care facilities

Suggested GBV-specific discussion questions to use during step 5

- Are there any places where violence against women or men is more common? Why?
- Who controls or visits these places most? Why?
- Who is most affected by the violence in these places? Why? How are they affected?
- Which are the institutions, services and resources help prevent or respond to violence against women or men in our community?
- How would you assess the quality of institutions or services that prevent or respond to violence against men or women (excellent, good, moderate, bad, very bad)? Why?

8. Story of Atieno¹

Purpose of the tool

To explore the process of change and develop ideas on how to support the process of change.

Note: Through storytelling as a group creativity technique, this exercise creates a dynamic story of a young woman and explores factors that influence her life and her desire to make a decision about her life. **The story in this tool should be tailored to reflect the context in which it will be used and relatable to participants.** Some suggestions for adaptation for different sectors are provided below and in the adaptation table at the end of the tool.

Time required

1 – 1.5 hours

Materials needed and other preparation required

- Index cards of 3 different colors, bold markers
- Have some index cards with actions prepared prior to exercise (for step 5)

Steps (how to facilitate the tool)

1. Ask participants to sit in a circle and introduce the tool. Explain that through this activity we will explore the process of change and how we can support individuals along that process at different levels. Change is a complex process; it is not linear, not easy and it takes time. In this activity, we are going to examine the life of “Atieno” (*change for the local context*), and her journey through the change process.
2. State the situation. The situation can differ depending upon the context (see examples for different sectors in the adaptation table at the end of this tool). The following is related to SRHR:

Atieno is a young woman aged 19. She recently got married. She would like to postpone pregnancy.

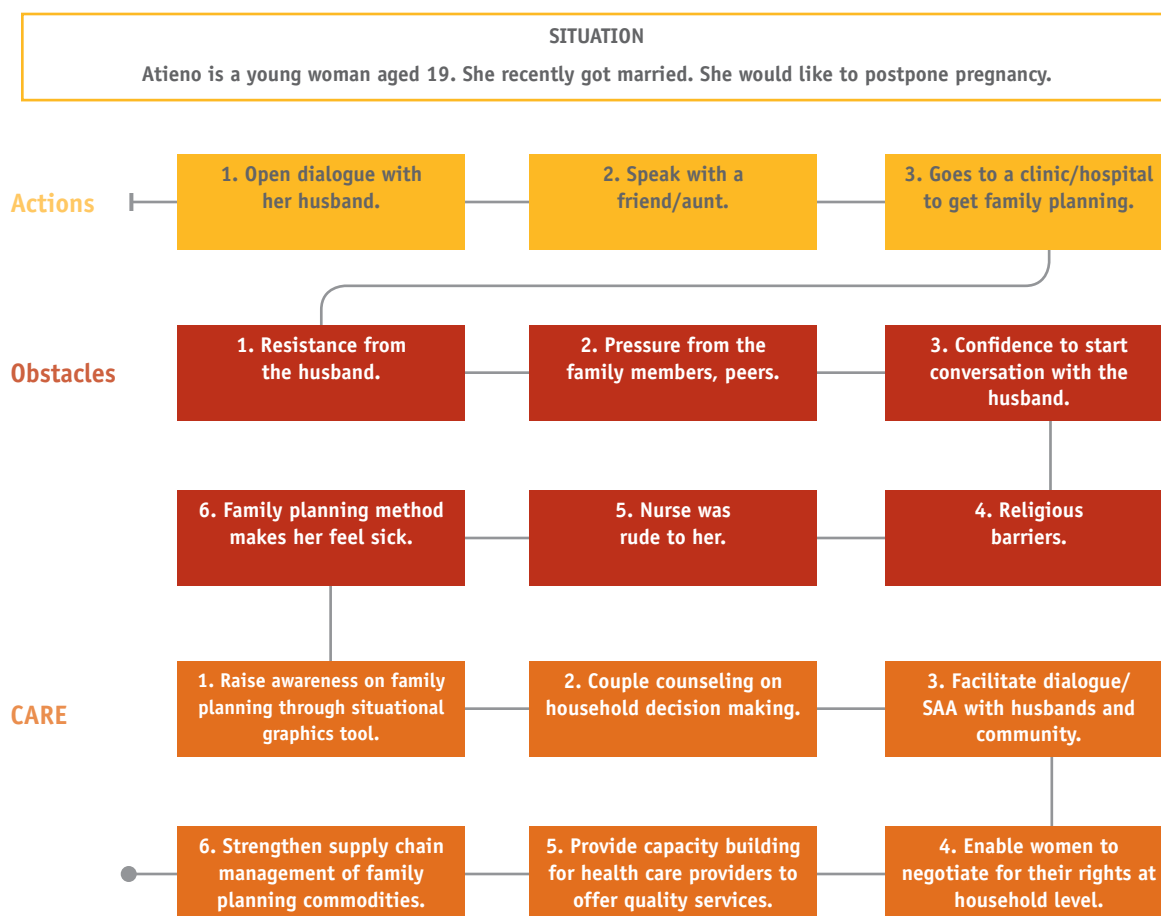
Ask participants to continue the story: “What happens to Atieno?” Going around the circle, encourage participants to create a story with actions that Atieno can take and any obstacles she may encounter. Write each aspect of Atieno’s story on index cards and place them along a timeline of Atieno’s life. These actions can be drawn as symbols for non-literate groups. Every action should be written on cards of one color, every obstacle on cards of another color.

3. Encourage participants to be creative. Possible responses could include the following:
 - Atieno talks to a friend about her desire to postpone pregnancy (action)
 - Her friend advises Atieno to use family planning secretly (action)
 - Her friend suggests a family planning method (action)
 - Atieno sees a provider, but the provider is rude; the provider does not understand why a woman who does not yet have a child would want to use family planning and tells her a woman should not seek family planning without her husband anyway (barrier)
 - Atieno uses a particular method but does not like the side effects (barrier)
 - Atieno speaks to her husband about postponing pregnancy (action)
 - Her husband is upset – he does not think women should talk about these things (barrier)

¹ Adapted from “Auntie Stella: teenagers talk about sex, life and relationships on page 19 of Young People We Care training guide, John Snow International

- Her husband speaks to his mother (action)
 - Atieno's husband beats her (barrier)
 - Atieno's mother-in-law becomes involved and pressures her (barrier)
 - Husband agrees to family planning (action)
 - When they arrive at the health facility there is no couples counseling offered (barrier)
 - Her husband is ridiculed at the health facility for accompanying Atieno (barrier)
4. Ask participants to explore what can be done to help Atieno, or what interventions could be delivered to support Atieno. Write these interventions on a different color of index cards to place on the timeline. For example:
- Lead community dialogue on family planning myths and misconceptions which Atieno attends
 - Facilitate SAA dialogues with health care providers to identify and challenge their own biases and beliefs (including about the right of women to seek family planning)
 - Train health providers in family planning couples counseling
 - Establish youth-friendly and male friendly services
 - Create discussion groups between mothers-in-laws and newly married women
 - Encourage men to discuss family planning? with their partners
 - Advertise publicly details of places/persons who can provide contraception

Story Example



5. Use the following reflection questions to facilitate a dialogue:
 - Do women/girls in the community face a similar situation to Atieno's?
 - What happens to women/or girls in this community when they face similar situations as Atieno?
 - Are women in the community able to negotiate some of the actions in their favor?
 - What were the factors within her, in her family, and in the community, which helped or hindered Atieno from reaching her goal?
 - How do different people in the community respond to a situation similar to Atieno's?
 - Does their response help solve Atieno's problem or does it aggravate the problem?
6. Close the dialogue by responding to any unanswered questions and correcting misinformation. Explain that change involves learning, critical thinking, reflection of risks for changing behaviors (for example to avoid suffering the negative consequences for an action taken), and community validation of new action or behavior. Change often involves moving back and forth, toward and away from one's aspirations.
7. Thank participants for creating such a rich story and sharing their experiences. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session.

Notes for facilitators

- When participants are identifying interventions to support Atieno, encourage them to identify both technical and social interventions. For example, technical interventions may include training service providers or providing services. Social interventions may include holding SAA dialogues with women and men in Atieno's community or facilitating couple communication.
- If using this activity for staff transformation, explain that as SAA facilitators, we support people and communities that are in different stages of that change process.

Uses and sector adaptations of this tool

Adapting Story of Atieno for different steps in the SAA process cycle



Staff transformation

The Story of Atieno helps staff think through community members' own individual processes of change what interventions could be delivered to support both individual and social change.



Plan for action

The Story of Atieno helps the community creatively think of action points to address a gender norm, debate its pros and cons, and identify stakeholders and/or allies who may help or impede the change process.

Adapting Story of Atieno for different sectors

Sexual and reproductive health and rights

Possible SRHR story lines:

- Atieno is a young woman aged 19. She recently got married. She would like to postpone pregnancy.
- Florinda is a first-time mother, aged 22 years. She gave birth to a baby girl one month ago. She has heard that only giving breast milk to your baby is good for them. However, her mother-in-law insists that the baby needs water because she is thirsty.
- Bopha is a young unmarried women of 20 years-old living in the city. She has a boyfriend and wants to start having sex with him, but she's worried about getting pregnant.
- Shanti is a 20-year-old who is not keen to get married but her family has fixed the date of her wedding.
- Gulnar's husband forces her to have sex without a condom and does not listen to her objections
- Me-Me has just had a baby and needs to eat healthy and nutritious food. Her in-laws think she should reduce her food intake to come back to shape.
- Tsungai's boyfriend wants her to have sex to prove her love for him. She is not comfortable having sex with him yet.

Womens economic empowerment

Possible WEE story lines:

- Shanti is a 16-year-old who wants to earn money to support her family. She does not feel ready to get married, but her family wants to get her married off soon.
- Rosa and her husband live on a small plot of land. On the radio, Rosa heard of a new technique for planting bananas to increase yields, but her husband refuses to change the way they plant as it has been done by his family for many years.
- Huong is an unmarried 23-year-old woman who wants to leave her village to move to the city to work in a factory to earn more money to support her family. However, her parents refuse to support her because they are worried that she will become a "bad girl" if she lives away from her family.
- Lia is responsible for tending to her family's coffee fields and wants to learn more about coffee growing to improve yields. However, when the extension workers visit her village they only invite Lia's husband to the training.

Food and nutrition security

Possible FNS story lines:

- Atieno has limited resources to provide the best nutrition for her son and daughter. Her husband insists on their money being spent for food for their son, rather than the daughter. Atieno disagrees.
- Me-Me is 4 months pregnant and knows she should be taking some extra food while pregnant. However, her in-laws think she should not be selfish when the family is struggling to feed everyone.
- Gulnar is 15 years old and 6 months pregnant. The health worker told her that she needs to take rest during the day. While Gulnar respects the opinion of the health worker, she does not think this is possible due to how much work she has with the harvest.
- Maria learned that a poultry vaccination campaign will occur soon in her village, but her husband says this is too high a cost to pay.
- Usha is a 15-year-old girl who loves playing sports and needs to eat healthy and nutritious food to be part of her team. However, her mother believes that nutritious food should be reserved for sons.

Storylines for GBV

Possible GBV story lines:

- Atieno is 12 years old and her marriage has been fixed to a man she does not like. But she is too young for her opinion to be sought.
- Rachel faces domestic violence everyday from her husband. She is bruised both physically and tired mentally, but is not sure of what step she can take.
- Me-Me is a young unmarried woman of 20 years old who lives in a rural area. She has recently survived sexual violence and now wants to seek health services after the violence.
- Umar beats his sister Uzma regularly if he feels she doesn't listen to him. Uzma is tired and humiliated and wants the beatings to stop.
- Maria's husband saw her talking with another man and beats her to discipline her. She is bruised both physically and tired mentally, but is not sure of what step she can take.
- Shanti was raped by upper caste men in her village as a revenge for her husband accidentally stepping into an upper caste man's pond. Her husband thinks she should forget the incident and move on.

9. Who is Affected and How¹

Purpose of the tool

To explore the consequences of social norms and their effect on the lives of individuals (men and women) in the community

Time required

1 hour – 1.5 hours

Materials needed and other preparations required

- Index cards of different colors, flip chart papers, bold markers or sketch pens of different colors, cards, glue or pastes and adhesive tape.
- Depending on the aim of the tool, have a picture of women, man, girl or boy on the index card for the center of the diagram. For instance, if the tool is being used to explore how a norm affects women, have a picture of a woman; if the tool is being used to explore how a norm affects boys, have a picture of a boy.
- Pre-prepared cards for the domains to be explored, such as:
 - Roles and responsibilities
 - Sexual and reproductive health
 - Control over one's body
 - Self/identity
 - Social status
 - Economic status
 - Nutritional status
 - Mobility
 - Negotiation with stakeholders outside the family
 - Independence
 - Mental wellbeing

Steps (how to facilitate this tool)

1. Introduce the tool. Often, the rules and regulations that guide us and the way they affect us go unnoticed. This tool explores how a specific social practice or behaviour impacts an individual's life. While the norms discussed using this tool should be chosen from the gender and power analysis findings, below are examples of practices or behaviours to explore (additional sector-specific examples are provided at the end of this tool):
 - *Son preference*
 - *Women should not go out at night*
 - *Women should obey to keep the harmony in the family (this norm is often used to justify GBV)*
 - *It is acceptable for men to beat their wives if they disobey*
 - *Women should eat last*
 - *Female genital cutting*
 - *Early marriage*

¹ Adapted from Tools Together Now – Section B Mapping tools: International HIV/AIDS Alliance, 2006, www.aidsalliance.org

2. Present the group with a diagram with a picture of a woman/man at the center surrounded by the domains written on cards or with a symbol that should be easily understood by all (see following diagram). It is not necessary to focus on the same domains in every exercise.



3. The group is asked to brainstorm about how a woman's/man's life may be impacted in each of these areas". Write the responses on flip chart. Probe until most of the examples are stated.

| Domain | How son preference affects a woman's life (listed within or surrounding the corresponding domain) |
|---|--|
| Roles and responsibilities | <ul style="list-style-type: none">• Heavy household and childcare duties, as she has multiple very young children to care for |
| Sexual and reproductive health and rights | <ul style="list-style-type: none">• Pressure to have a boy means she might not be able to negotiate for using family planning or control the timing and spacing of her pregnancies• Poorly timed and spaced births can have an adverse effect on her health |
| Self-determination and bodily integrity (i.e. control over one's body) | <ul style="list-style-type: none">• Pressure to have a boy may limit her ability to make her own decisions about when to have sex, when to have children, how many children to have• She may experience neglect and abuse – from her spouse and also family members – if she does not have a boy child |
| Self/Identity | <ul style="list-style-type: none">• Suffers rejection, from within and outside her family, if she fails to produce a son• Has low self-esteem if she does not give birth to a boy• Self-esteem of other girls in society as they see that their culture celebrates the birth of boys, but not the birth of girls |

Example: How a woman's life is affected by son preference

4. This tool could also be done for adolescent girls, boys, or specific marginalized groups such as pregnant and lactating women, married adolescent girls, single women, female and male sex workers, etc.
5. Use the following reflection questions to facilitate a dialogue among participants:
- Does this practice or behavior affect women alone?
 - How do these practices or behavior affect men?
 - Why are these practices or behavior upheld or continued?

- Who supports or demonstrates that these practices or behavior are acceptable in the community?
 - How are these practices or behavior passed on from one generation to the other?
 - Is maintaining practice or behavior more important than the impact it has on the person's life?
 - Can the norm or practice be changed? Who can help this change?
6. Close the discussion by responding to any questions or concerns and correcting misinformation. Remind participants that even though we think about some issues affecting women or men more, many times these effects can also touch our children, spouses and communities. Therefore, when we are talking about a woman's wellbeing, we are also talking about her children, her family and her community's wellbeing. Encourage participants to discuss what was said today with their family and friends if they feel comfortable.
7. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session

Notes for facilitators

- Every gender, social, and power norm has either positive or negative impacts. This tool shows how one norm can influence many aspects of a person's life and how these effects can extend to children, family and society as well.
- This tool can also show how sometimes a norm that is seen to exist to protect or benefit women or men can actually have a number of negative impacts on their lives.

Uses and sector adaptations of this tool

Adapting Who Is Affected and How for different steps in the SAA process cycle



Staff transformation

The tool can help the staff critically analyze whether staff are aware of some of the norms that they see in their lives or work and analyze what are the kinds of impact these have on their lives and communities.



Plan for action

The tool can be used to analyze the norms for which changes are required and to collectively explore how certain norms affect individuals and why. It helps the community to analyze some of the norms and their implications from different angles and understand the far-reaching negative consequences, potentially providing them with enough motivation to think of solutions.

Adapting Who Is Affected and How for different sectors

Sexual and reproductive health and rights

SRHR-specific examples of norms, practices or behavior for exploration

- Son preference
- Women should not go out at night
- Women should not say no to their husbands' request for sex
- It is acceptable for men to beat their wives
- Family planning is a women's issue
- Women are responsible to avoid violence
- Women should eat last
- Female genital cutting
- Early marriage
- Women should be virgins at marriage
- Using contraception by adolescent girls is unacceptable
- Adolescent girls should not be taught sexual education
- Men are naturally promiscuous
- Women who carry condoms are promiscuous

Women's economic empowerment

WEE-specific examples of norms, practices or behavior for exploration

- Women cannot handle money
- Women spend without care
- Men are earning members of family
- Women's job is in the home
- Women should not work at night

Using the tool for GBV

GBV-specific examples of norms, practices or behavior for exploration

- It is acceptable for men to beat their wives
- Traveling at night is dangerous for women
- Women cannot not say no to their husbands' request for sex
- Female genital cutting
- Bride price/dowry
- Child marriage
- Women who talk to men are "loose"
- Women are responsible to avoid violence
- Women/girls should dress up properly to avoid sexual harassment

10. Stakeholder Mapping and Analysis

Purpose of the tool

To identify stakeholders and analyze their potential roles while implementing activities that challenge gender, social and power norms.

Time required

One hour

Materials needed and other preparation required

- Flip chart paper, bold markers or sketch pens of different colors, cards, and adhesive tape.
- Prepare index cards with the following headings: supporters, resisters, community.
- Choose a norm or behavior to discuss that is related to the project goal and objectives. If completing this activity during the plan for action step, facilitators should choose norms discussed during reflective dialogue sessions as practices or behaviors that groups want to change. This is to make sure that facilitators are not forcing community groups to take action on issues they are not motivated to change.

Steps (how to facilitate this tool)

1. Introduce the tool. Explain that planning and implementing an intervention without analyzing the stakeholders can be counter-productive. It is important to know who the stakeholders are, if they support the current norms or would be in favor of challenging them, and if they are potential supporters or obstructers to action. Stakeholder mapping helps answer these questions.
2. Ask the group to list out the stakeholders or people who influence the norm or behavior, listing each stakeholder on a separate card. For example, for an intervention on family planning, the relevant stakeholders would be the man and woman, the health service provider, mother-in-law, religious leaders, friend, etc.
3. Once the list is complete, place the community index card in the center and ask the participants to place other cards around it in the following way: 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.



4. Next, ask the participants to draw circles around each stakeholder in the following way: the bigger the circle, the more important the stakeholder; the smaller the circle, the less important the stakeholder.
5. Next, ask the participants to draw lines between the stakeholders and the community in the following way: the thicker the line, the more supporting the stakeholder; the thinner the line, the more resisting the stakeholder.
6. To make the analysis easier, the information can be put in the form of a table as shown in the example below, ranking importance, access, and support from low (1) to high (4).

Example Analysis Table:

| Stakeholders | Access | Importance | Supporter/Resister |
|-------------------------|--------|------------|--------------------|
| Man | 3 | 1 | Resister |
| Woman | 1 | 1 | Supporter |
| Health service provider | 2 | 2 | Resister |
| Mother-in-law | 1 | 3 | Resister |
| Religious leader | 4 | 4 | Resister |
| Friend | 1 | 3 | Supporter |

7. Ask the participants to brainstorm strategies to influence the stakeholders. Each strategy should be written on a separate card and placed next to the appropriate stakeholder.
8. To conclude, collectively analyze which stakeholder to influence first and how to influence the stakeholder. The following reflection questions will help arrive at a decision:
 - Why is the stakeholder important in challenging the norms?
 - What is the community's power relationship with the stakeholder?
 - Is it better for the community to go for a person who is easier to access and more important for the change process as smaller victories will boost the confidence of the group, or to go for the more difficult ones as they may be the most influential?
 - What are the roles different stakeholders can play in challenging the norms?
 - What are the rewards or consequences if people do not follow the norm?
 - Who are most powerful stakeholders in terms of support needed for taking action to change these norms?
 - Who are most powerful stakeholders who would resist the change process?
 - How can stakeholders help to challenge the norms?
9. Close the discussion by responding to any questions or concerns or participants. Then, remind participants that we are seeking change so that the lives of everyone in the community improves. To do that, we must work with stakeholders, even though some may resist change. Thank participants for their work and for being part of positive change in the community.

10. While reminding participants that personal stories and experiences shared during the dialogue should be kept within the group, encourage participants to share what issues were discussed and what they learned with the family and friends who were not present if they feel comfortable doing so. Finally, ask participants to think of how to deal with some of the challenges discussed during the session, which would help to continue the dialogue for the next session

Notes for facilitators

Stakeholders are of different categories and hence engagement with stakeholders should also be unique and strategic. Some gender and social norms are essential for stakeholders to keep their power, and challenging such norms will be strongly resisted by such stakeholders. On the other hand, some other stakeholders will be important allies to challenge harmful norms.

Uses and sector adaptations of this tool

Adapting Stakeholder Mapping and Analysis for different steps in the SAA process cycle



Gender and power analysis

This tool can be used to analyze what type of stakeholders and power-holders exist in communities, what aspects of life and wellbeing they control, and which stakeholders can be used to promote change.



Plan for action

The tool can help the community critically reflect on which stakeholders to target as allies, which stakeholders may act as barriers to change, and what are the potential ways stakeholders can help in change processes.



Implement plans

The focus of this tool, including the norm or change in norms under discussion, should be taken from the gender and power analysis findings. As noted above, facilitators should be careful not to force change on community groups. To do this, the norm or change in norms under discussion should come from communities' own dialogue and discussion.

11. Social Norm Prioritization

Purpose of the tool:

During staff transformation, including a training-of-trainers or group discussion after completing the gender and power analysis, this tool will help program staff analyze and then prioritize which gender, social and power norms to address through reflective dialogues with communities to maximize the sector-specific program's impact.

Time required

30-45 minutes

Materials needed and other preparations required

- Flip chart paper, markers OR copies of the table to distribute to each participant (see handout below for table to be filled in small groups)
- If using this tool with program staff who were not involved in the gender and power analysis, provide participants with the key findings if possible

Steps (how to facilitate this tool)

1. Distribute handout (below) or draw a large table with six columns for 1) social norms, 2) people affected by the social norm, 3) health consequences, 4) impacts on household, 5) positive changes resulting from addressing the social obstacle, and 6) how easy to change? If drawing on flip chart, refer to below handout for example table.
 - "Sector-specific consequences" can be replaced by naming the sector focus of the program using SAA, such as "nutritional consequences" or "consequences for income security"
2. Lead participants in a plenary brainstorm discussion to fill in each box of the table.
3. Once complete, ask participants to contemplate the contents of the table and discuss what norms they may want to address during reflective dialogues and why. The following are some ways to help participants prioritize:
 - Consider which norms affect the greatest number of people or which norms affect the most vulnerable and marginalized populations?
 - If the group cannot come to a consensus, facilitator can have participants vote.

| Social norm/issue | People affected by the norm | Sector-specific consequences | Impacts on household | Positive changes resulting from changing the norm | How easy to change? |
|-------------------|-----------------------------|------------------------------|----------------------|---|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

4. If there is time available, have participants start planning for SAA implementation for the prioritized norms by answer the following questions:
 - Which tools are most relevant and appropriate to address the norms prioritized?
 - When will these dialogues take place?
 - Who will facilitate these dialogues and what training and/or support do they need to be effective?

Notes for facilitators

Where possible, this tool should be used in conjunction with gender and power analysis findings. To do this, give participants time to reflect on the gender and power analysis findings (by reading a summary, quickly giving a presentation on the findings, etc.). Then, step 2 should include a discussion of which norms are most present and important within the study's findings. If there is limited time, step 4 should be led by the program manager at a later time using the information generated in the table to plan for implementation of SAA in coordination with other program activities.

4

Monitoring, Evaluation, and Learning for Social Analysis and Action

4. Monitoring, Evaluation, and Learning for SAA

Introduction to SAA monitoring, evaluation and learning

In this section of the manual, staff implementing SAA will find guidance on gender and power analysis, important aspects to monitor throughout the process of implementation, and what methods and tools can be used to monitor and evaluate changes most effectively – including cross-cutting and sector-specific indicators. For a more complete guidance on these topics, refer to the document [Monitoring, Evaluation, and Learning Framework for Social Analysis and Action](#).

Gender and power analysis for SAA

This guidance on gender and power analysis for SAA is grounded in [CARE's Good Practices Framework for Gender Analysis](#) as it is a systematic attempt to identify key issues contributing to gender, social and power inequalities, many of which also contribute to poor development outcomes. Gender and power analysis for SAA aims to collect, identify, examine, and analyze information on the different power-holders, norms, networks, and roles of men and women. While understanding differences between men and women is important, examining diversity among groups of women, men, boys and girls is also critical. Key gender and power analysis research questions relevant for most programs using SAA include the following:

- *What are the examples of individuals' or groups rights' being denied in this context?* How do unequal gender and power relations, including subordination and exclusion, influence rights denials? How do these rights abuses relate with other areas of discrimination – based on ethnicity, sexual orientation, class, age, disability, tribe, religion, etc.?
- *How do gender inequalities affect the achievement of sustainable results?* For example, if the project's goal is "increased productivity among female smallholder farmers", then gender norms in household divisions of labor and workloads may greatly influence production outcomes.
- *How will proposed results affect the relative status of men and women?* Will it exacerbate or reduce inequalities?

These questions can be explored in three phases:

1. **Context analysis:** program teams seek to understand the broader context in which to ground our understanding of gender and power norms and relations.
2. **Inquiry:** teams collect primary *qualitative* data using *participatory tools* for a deeper understanding of the characteristics and conditions of gender relations, cutting across the three domains of CARE's Gender Equality Framework: agency, structures and relations.
3. **Analyzing and prioritizing issues:** programmers and communities should examine both the key norms that affect women's and men's well-being as well as the needed transformation of structures and relations to pursue gender equality.

Using the key research questions, programs implementing SAA can tailor the following areas of inquiry to the sector focus of their program and local context:

- Power-holders and marginalized groups
- Networks and social capital
- Gendered division of labor
- Household decision-making
- Claiming rights and meaningful participation in public decision-making
- Control over productive assets

- Access to and control over non-productive assets, such as food
- Access to public spaces and services
- Control over one's body (i.e. bodily integrity)
- Violence and restorative justice
- Aspirations for oneself
- Determining family size

What should I monitor and evaluate?

The changes that SAA aims to facilitate are ambitious and ambiguous, typically take a long time, and are rarely linear. A responsive MEL system is therefore needed which recognizes change as a *process* instead of an endpoint. This means MEL systems used to measure changes through SAA must document and learn from incremental changes towards the larger goals.

The following provides a short description of key components of SAA MEL. For more extensive guidance on the processes, methodologies, and indicators presented below, refer to the document [Monitoring, Evaluation, and Learning Framework for Social Analysis & Action](#).

Quality and efficacy of implementation

As SAA requires a commitment to quality implementation - particularly advanced facilitation skills, staff commitment to gender equality and regular reflective practice - programs employing SAA must also monitor the quality of SAA's implementation. This should include tracking the progress of an initiative and monitoring the success of reflective dialogues.

Monitoring and evaluating throughout the SAA process

Monitoring should occur in each stage of the SAA process. Not all programs will have the resources and ability to answer all of the questions listed below, but it is recommended that all programs implementing SAA monitor and evaluate at least one aspect of the first four steps in the SAA process cycle.

1. What do we want to know about staff transformation?
 - How often does staff meet to practice reflective dialogue?
 - What are the issues they reflect upon?
 - How are staff perceptions about gender equality, power structures, empowerment and SAA interventions changing?
 - How are staff facilitation skills progressing?
 - How are staff interactions with communities changing?
 - Are there any negative consequences observed that are due to Staff Transformation activities – either within staff or communities' participation in gender and power analysis?
2. What do we want to know about reflecting with communities?
 - Which community groups are included in the reflection and how often do they meet?
 - How are community members' perceptions and understanding of gender equality, power structures and empowerment changing?
 - Are community members' motivations to challenge inequitable norms changing?
 - Are there changes in agency, relations, and structures occurring because of SAA?
 - Are there any negative consequences observed as a result of critical reflective dialogues?

3. What do we want to know about planning for action?
 - Have groups participating in SAA created action plans?
 - Are these action plans addressing the gender, social, and power norms surfaced through reflective dialogues? If so, are the planned actions helpful or harmful (i.e. do they further marginalize or stigmatize community members)?
 - Are the action plans shared across gender groups and different community groups?
 - Are these action plans promoting the rights and/or addressing the needs of vulnerable groups?
 - Do community-led action plans call for the participation of women and girls?
 - Are there any negative consequences observed as a result of planning for action?
4. What do we want to know about the implement plans phase?
 - What types of collective action have taken place due to communities' participation in SAA?
 - How frequent are these actions?
 - How effective are these actions?
 - Are there changes in agency, relations and structures because of collective actions driven by SAA?
 - How are these actions supporting a social norm change?
 - Are there changes in sector-based outcomes due to these actions?
 - Are the community members able to speak out about the changed behavior in public?
 - Are there any negative consequences as a result of SAA groups' actions while Implementing Plans?

How can I monitor and evaluate changes facilitated by SAA?

Before choosing your approach and methods for SAA MEL, understanding and utilizing the [Do No Harm Framework](#) is an important first step given that SAA involves dialogue and debate around sensitive issues. [CARE's guidance for GBV Monitoring and Mitigation with non-GBV Focused Sectoral Programs](#) provides guidance. This section provides suggested approaches for monitoring and evaluating changes brought about through SAA.

SAA MEL for quality of implementation

It is important to assess *how* activities are implemented. Many programs rely on community-level facilitators or partners to implement SAA dialogues who require knowledge and advanced facilitation skills. It is therefore important to invest in these workers' and volunteers' capacity through training and mentoring. The following tools combine mentoring and monitoring:

- [Quality Improvement and Verification Checklist](#) provides a detailed check of development workers' performance for monitoring and improving their performance.
- [Supportive Supervision/Mentoring & Monitoring for Community Infant and Young Child Feeding](#) provides guidance for supervisors to mentor community-level workers as a part of routine monitoring activities. While the resource is written for maternal and child health and nutrition programs the components of facilitation skills and mentoring workers is relevant across sectors.

SAA MEL for efficacy of implementation: understanding and measuring change

Programs can use one or more of the following approaches and tools together or separately to understand changes in gender, social and power norms addressed in SAA dialogues.

- **SAA tools for comparison across groups and time:** many of the tools found in [section 3](#) of this manual can also be utilized to monitor changes in perceptions, attitudes, and behaviors over time. By

using a tool at the beginning, middle and end of implementation, program teams can reflect on the changes in dialogues, reflections by participants, or simply the rate and strength of participation by different sub-groups within the dialogue.

- [SASA! Outcome Tracking Tool](#) ranks the degree of resistance or acceptance of norms by community members. The tool's sections, which can be used separately or as a whole, are organized into SASA! outcome areas: knowledge, attitude, skills, and behaviors.
- [Knowledge, Attitude and Practice \(KAP\) Surveys](#) generate quantitative and qualitative information. KAP surveys reveal misconceptions or misunderstandings that may represent obstacles to activities and potential barriers to behavior change. Note that a KAP survey reveals what was *said*, not what was *done*.
- [Most Significant Change \(MSC\)](#) is used to collect stories from program participants to explore change brought about by the program. The 10-step process requires teams to define the domains of change to analyze with the most significant stories being filtered up from field staff to management teams. For CARE's adaptation of MSC, see SRHR team's experience [here](#).

SAA MEL for staff transformation

As staff transformation towards becoming active gender champions is the basis upon which SAA is built, it is important to understand and document changes in staffs' experience, perceptions, and action. A note of caution: as some discussions with staff may be personal, reporting and sharing documentation can become a challenge for creating and maintaining safe spaces. Therefore, it is important that the monitoring and evaluation methodologies are discussed and agreed on with participating staff. Many techniques described above can be used to monitor and evaluate staff transformation along with the following:

- [Staff perceptions of empowerment and related interventions](#): using semi-structured interviews, teams can probe how staff and partners view empowerment, capture events and changes in the project that could explain changes reported, and identify CARE's role in bringing about these changes.
- [Reflective Practice](#): to think critically as a group about how a project is progressing, or another priority issue, and brainstorm steps to take that may be necessary to improve impact or catalyze positive change. This can be done on a quarterly basis to document learning and appropriate actions taken by management to adjust implementation where necessary.

Indicators for measuring change

SAA is not a standalone intervention and should be integrated into programs with sector-specific goals and impact-level indicators. Therefore, SAA should be viewed as a means to an end, a process that produces intermediate-level outcomes that contribute to higher-level goals. This means that the most appropriate indicators for monitoring and evaluating SAA are outcome-level. Many of the indicators below are adapted from CARE's WE-MEASR (Women's Empowerment – Multidimensional Evaluation of Agency, Social Capital and Relations), a set of tested and verified quantitative measures designed to measure women's empowerment in the three domains of [CARE's Gender Equality Framework](#). As noted below, the suggested WE-MEASR indicators are subscales within the larger framework and not one single indicator. Other indicators align with CARE's 2020 Program Strategy Global Indicators and Supplementary Indicators, [CARE's VOICES tool](#), and the Pathways to Empowerment [MEL framework](#). Guidance on the use of the Global and Supplementary Indicators can be found on the [CARE Global MEL page](#).

In line with the Do No Harm framework, all programs employing SAA should monitor and evaluate changes related to GBV. [CARE's guidance for GBV Monitoring and Mitigation with non-GBV Focused Sectoral Programs](#) should be referenced for MEL tools, processes, and guidance. Thus, in the table below that provides crosscutting indicators applicable to all of CARE's sectoral programming, GBV is listed as a crosscutting issue in all domains of change. This table of crosscutting indicators urges programs to think of issues related to women's empowerment without a sector-specific focus. For instance, mobility as a true expression of women's empowerment does not only relate to women's ability to seek health services but also markets, job opportunities, education, and public spaces for governance.

As the pathway to change facilitated by SAA is non-linear, the suggested indicators do not map any simple one-to-one relationship to the three domains of change. Each indicator reflects multiple changes that cut across the three dimensions of [CARE's Gender Equality Framework](#). Therefore, programs will most successfully monitor and evaluate SAA if indicators are chosen from agency, relations, and structures domains.

Finally, programs should only choose indicators that are relevant to the gender and power analysis findings and the gender, social and power norms that they are challenging through SAA dialogues. A full table with sector-specific indicators for each of the three domains can be found in the [Monitoring, Evaluation, and Learning Framework for SAA](#).

Cross-Cutting indicators for measuring changes in agency, relations and structures

| Domain of Change | Cross-Cutting Indicator |
|-------------------|--|
| Increasing Agency | GBV |
| | Proportion of respondents that reject intimate partner violence (Global Change Indicator #10 for LFFV; WE-MEASR sub-scale) |
| | Decision making |
| | Participation of women in household decision-making index ¹ |
| | Access to and control over resources |
| | # and % of women and men who own or control productive asset (including land)/ technology and have the skills to use them productively (WEE Supplementary Indicator #3, shared with FNS) |
| | Mobility |
| | % of respondents scoring high mobility of the Female Mobility Scale (WE-MEASR sub-scale) |
| | Self-efficacy: knowledge, skills, and confidence |
| | % of individual reporting <u>high</u> self-efficacy (GEWV Supplementary Indicator #2) |
| | % of individuals who report confidence in their own negotiation and communication skills (SAAD) (GWEV Supplementary Indicator #4, shared with FNS, WEE) |
| | Participation in the public sphere |
| | % respondents confident speaking about gender and other community issues at the local level (Pathways to Empowerment) |
| | Participation in collective action (WE-MEASR sub-scale) |
| | Self-efficacy to speak out in community meeting/attend community meeting (WE-MEASR sub-scale) |
| | Self-efficacy for participation at community meetings (VOICES subscale) |

| Domain of Change | Cross-Cutting Indicator |
|--------------------------------|---|
| Strengthening Relations | GBV |
| | % of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months (LFFV Indicator #11) |
| | % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months (LFFV Indicator #12) |
| | Proportion of people who agree that rape can take place between a man and woman who are married ² |
| | Quality of relationships with spouse and within family, including access to and control over resources |
| | Percent of women who mainly decide how their own income will be used ³ |
| | Average total # and proportion of weekly hours spent on unpaid domestic and care work, by sex, age and location (for individuals five years and above) (GEWV Supplementary Indicator #1, shared with WEE) |
| | Number/percent of respondents who (report they) want their daughters to finish school before marriage ⁴ |
| | Increased social capital (bonding, bridging) |
| | Social cohesion (VOICES subscale) |
| | % of individuals reporting they can rely on a community member in times of need (GEWV Supplementary Indicator #6) |
| Transforming Structures | GBV |
| | Rates of abuse, assault and harassment against women in public spaces ⁵ |
| | Proportion of people who would assist a woman being beaten by her husband or partner ⁶ |
| | Gender norms: perceptions and attitudes |
| | % of respondents who report gender equitable attitudes (GEM Scale) (GWEV Supplementary Indicator #5) |
| | Community-level structures |
| | Score of influence in community decision-making processes ⁷ |
| | % women holding leadership positions in formal and informal groups (Pathways to Empowerment) |
| | % of women reporting their sex as a barrier to participation in local groups or forums (Pathways to Empowerment) |
| | Service providers |
| | % women reporting satisfaction with extension services (Pathways to Empowerment) |
| | Collective efficacy |
| | % of individuals reporting high certainty that they could work collectively with others in the community to achieve a common goal; SAAD (GEWV Supplementary Indicator #7) |

1 MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database. Accessed from: https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/participation-of-women-in-household-decision

2 Bloom, S. "Violence Against Women and Girls: A compendium of Monitoring & Evaluation Indicators". USAID, 2008.

3 MEASURE Evaluation's Family Planning and Reproductive Health Indicators Database. Accessed from: https://www.measureevaluation.org/prh/rh_indicators/gender/wgse/percent-of-women-who-mainly-decide-how-their-own

4 Malhotra A, Schuler SR and Boender C. 2002. Measuring women's empowerment as a variable in international development. Background Paper Prepared for the World Bank Workshop on Poverty and Gender: New Perspectives. Washington, DC: World Bank.

5 Golla et al. "Understanding and Measuring Women's Economic Empowerment: Definition, Framework and Indicators". 2011. Available at <https://www.icrw.org/wp-content/uploads/2016/10/Understanding-measuring-womens-economic-empowerment.pdf>

6 Bloom, S. "Violence Against Women and Girls: A compendium of Monitoring & Evaluation Indicators". USAID, 2008.

7 Alsop R and Heinson N. 2005. Measuring empowerment in practice: Strengthening analysis and framing indicators. World Bank Policy Research Working Paper 3510. Washington, DC: World Bank.

Below is a table of indicators suggested for measuring changes related to the immediate outcomes within the SAA TOC as seen at the beginning of this manual, including indicators for each step of the SAA Process.

Indicators for immediate outcomes of the SAA process cycle steps

| SAA Process Cycle Step | Immediate Outcome | Indicator | Source |
|---------------------------------|---|--|--|
| Staff transformation | Staff become active champions of gender equality | % of staff trained in SAA who (report they) discuss gender norms with other staff and family members on a regular basis | None (not yet validated) |
| Reflect with communities | Individuals' and communities' consciousness and motivation increased to change inequitable gender, social and power norms | % of respondents who report gender equitable attitudes (GEM Scale) (GWEV Supplementary Indicator #5) | WE-MEASR adapted this indicator from: Pulerwitz, J., & Barker, G. (2008). Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale. <i>Men and Masculinities</i> , 10, 322-338. |
| | | % of respondents who say they want to improve attitudes towards women in their community | None (not yet validated) |
| Plan for action | Increased collective efficacy | % of individuals reporting that they could work collectively with others in the community to achieve a common goal; SADD (GEVV Supplementary Indicator #7) | Adapted from multiple sources of measures looking at social cohesions and collective efficacy, including the collective efficacy and collective action sub-scales of WE-MEASR |
| Action | Increased community activism to maintain positive changes in social and gender norms | % of respondents that report participating in collective action | Adapted from <u>VOICES</u> ⁸ |

8 CARE USA. (2014). Women's Voices in Open, Inclusive Communities and Effective Spaces (Women's VOICES): A tool to measure governance outcomes in sexual, reproductive and maternal health programs. Atlanta, GA: Author. Accessed at: http://familyplanning.care2share.wikispaces.net/file/view/Women%27s_VOICES_Final.pdf

A

Annexes

Annex 1. Case Studies for SAA Process Cycle Steps

Case Study #1: Transform Staff Capacity

CARE Vietnam implements Staff Transformation with all male and female staff to create a non-judgmental and open environment for staff to reflect.

On the last Friday of each month, all CARE Vietnam staff gather to participate in reflective dialogues on their own social norms and power relations and how they have affected to staff's work and life to nurture a progressive learning culture toward gender equality and diversity. Participants are staff from not only program implementation teams but also from program support areas.

Each month, different teams within the Country Office take turns to facilitate critical reflection and dialogue on gender and social norms using a diversity of approaches such as role-play, storytelling and drawing pictures. Through this process, staff reflect on how they themselves are influenced by social norms and power relations and consider whether they have challenged or conformed with these norms. CARE Vietnam feels the most important part of Staff Transformation, making it effective, and worth staff's time is the facilitation and probing questions raised by the host team leading the dialogue.

Some of the topics of dialogues include: sexist jokes; decision making in the family; New Year celebration traditions; sharing housework between husbands and wives; lending money to family members; and gender norms during dating, during marriage ceremonies and after getting married.

While staff actively engage in monthly SAA discussions, motivating staff to prioritize their time for ongoing personal reflection alongside their busy work schedules remains a challenge. Some teams do not feel confident facilitating these dialogues, and other teams do not feel comfortable discussing sensitive and controversial topics. However, other 'SAA Champions' have emerged who are now leading the coordination of the monthly SAA dialogues.

In spite of these challenges, as a result of active participation, staff have become more engaged in creating a more supportive and learning-focused culture. The monthly discussions are an opportunity for all staff to come together, from all departments within the Country Office, and experience SAA as project participants do. One male staff member from the program support team shared that, "SAA makes me feel like I am a part of CARE."

Case Study #2: Reflect with Communities

CARE Zambia's Nutrition at the Center (N@C) project aims to improve nutritional status for women and children in Eastern Zambia. After conducting formative research to identify and analyze the influence of gender, social and power norms on nutrition and maternal health, the program used SAA dialogues to Reflect with Communities on the following norms: men getting best and most food; men not being allowed to do household chores; and pregnant women being forbidden from consuming eggs.

After training N@C staff and government partners from the Ministry of Health and Ministry of Agriculture in SAA, N@C completed 10 reflective dialogue sessions with pregnant or lactating mothers, older men and women (as the formative research revealed them as key influencers and barriers to positive nutritional behaviors), and village headmen and women. All dialogues were facilitated by trained community-level facility workers and/or extension agents using the following tools:

- Daily Clock to discuss sharing household chores
- But Why? to discuss inequitable access to food at the household level
- Brainstorming to identify problems related to nutrition in the community
- Ideal Man/Ideal Woman to reflect on roles and responsibilities of men and women and how these roles affect the nutrition of pregnant and lactating women and young children

The team reflected that SAA tools were easy to use and helpful for participants' understanding of gender, social and power norms affecting nutrition, especially "But Why?" and the "Daily Clock". Additionally, using government partners as the main facilitators was of utmost importance for the success of Reflecting with Communities. Government staff, who live nearby but are seen as outsiders in general, are seen as credible and knowledgeable on certain subjects. Therefore, when they led dialogues that challenged norms, perceptions and behaviors, participants felt the discussion was credible and felt more comfortable with someone close to the community facilitating.

The N@C team noticed differences in SAA implementation between targeted districts. In one district, reflective dialogues were completed as scheduled with high quality in the same recurring communities, leading to more observed changes in perceptions and behaviors, including stronger engagement with community leaders. However, in the second district, the government partner staffs were not clear on the implementation strategy and therefore completed fewer dialogues in each community. As a result, the implementation strategy was adjusted so that CARE staff took the lead at the beginning of SAA implementation to ensure that the SAA approach was clear for all partners.

After 12 months of SAA implementation, the project has recorded drastic changes in the way food is distributed at household level with women and children now accessing larger portions of food. In addition, project participants have reported that SAA activities encouraged men to do some household chores that were previously assigned to women. Finally, after participating in reflective dialogues, village headmen and community leaders are beginning to extend gender-positive messaging to other male-dominated platforms such as men's village meetings and church meetings.

Case Study #3: Plan for Action and Implement Plans

CARE Ethiopia's Food Sufficiency for Farmers (FSF) project targets chronically food insecure households to improve sustained food security. Gender norms affecting food security were identified through the project's gender & power analysis and were included in SAA discussion manual that was developed for the project. Community members, Community Facilitators (CARE staff), and SAA group facilitators (members of the community chosen to lead SAA groups) all took part in this analysis to identify the norms to be addressed through SAA, namely: early marriage, division of labor, power relations and decision-making, women and men involvement in household nutrition and access to resources. One particularly harmful norm was identified relating to marriage ceremonies: it is culturally expected that families of the bride provide a large, expensive ceremony, impacting both savings and spending habits. Additionally, when the ceremonies take place, the workload burden falls largely on women, effectively sidelining other activities such as agriculture, income-generating, or caregiving activities.

During reflective dialogues on this and other topics, SAA group facilitators introduce the discussion topic using the SAA tool, moderate the discussion, and give clarification when there were misconceptions. Community facilitators made sure groups were following steps, implementing actions according to plan, and clarified difficult topics when needed. However, as they worked in multiple communities, community facilitators were not able to attend each SAA group meeting and only meet with all SAA group facilitators once per month. Therefore, the SAA group facilitator provided monitoring support to the community facilitators, tracking what issues were discussed.

At the end of each reflective dialogue, SAA group members decided what actions to take. They discussed the advantages and disadvantages of the norms or behaviors raised through the SAA tool then verbally agreed to practice (if the action is positive) or not to practice (if the action is negative) the behavior. Group members then started implementing the agreed upon actions in their own households. When groups met again, SAA group facilitators asked group members to share what happened after the last meeting and challenges they faced when implementing actions.

Important factors in FSF's success with the Implement Plans step were the structure and facilitation of the group sessions. Before reflective dialogues began, each SAA group created and agreed upon by-laws for the group, including sanctions for group members that do not follow agreed-upon actions. For example, in the case of wedding ceremonies, it was also decided that if group members did not follow the agreed actions (i.e. they spent an extravagant amount of money on the ceremony), other group members would not to attend the ceremony, providing social pressure to follow the agreed action.

Having SAA group members set their own rules for group functioning creates ownership and responsibility for the group, leading to more commitment to follow agreed-upon actions to challenge gender, social and power norms. Equally as important is the facilitation of this step: each reflective dialogue included a thorough discussion of "pros" and "cons" of the norm or behavior before deciding as a group what action to take. This approach resulted in a reported 100% compliance with agreed upon actions for change. By taking ownership of the actions, SAA group members became change agents and role models in their communities.

In the case of wedding ceremonies, SAA dialogues helped community members reflect on the impacts of large ceremonies, with the result that expensive ceremonies have stopped, producing a large amount of savings for participants. Traditional norms have not been completely lost, but have rather been adapted. For examples, previously, everyone at the ceremony would be provided large, circular injera bread, ending in large amounts of wasted bread. Now, it has become a practice to serve only enough injera for each person, cutting down on the overall cost of the ceremony while still respecting the need to feed guests in celebration of a life event.

As a result of savings from decreased spending on ceremonies, investment in income generation activities has increased, directly contributing to FSF's goal of increased income of chronically food insecure households. Additionally, because of the SAA discussions, women's role in household decision-making has increased.

Case Study #4: Evaluate

CARE Ethiopia's Towards Economic and Sexual Reproductive Health for Adolescents (TESFA) project aimed to improve sexual and reproductive health (SRH) and economic outcomes for ever-married adolescent girls.

The gender, social and power norms addressed through SAA included early marriage, stigma around adolescent SRH, barriers to family planning information and service access by adolescents, and married adolescent girls' engagement in economic activities, civic actions and household decision-making. These were discussed in dialogues with husbands, mother in-laws, religious leaders, and health extension workers.

To effectively monitor and evaluate the use of SAA, program staff structured regular feedback and accountability within the SAA groups. For instance, after SAA critical reflective dialogue sessions, TESFA's SAA group members planned and executed facilitation of discussion points with 5 neighbors that were not part of the reflective dialogue session and worked with neighbors to identify and address harmful practices around early marriage. During SAA meeting, members reported back on the outcomes and challenges they faced during these discussions; success stories resulting from the reflective dialogues including cancelled early marriage arrangements. The group also discuss on the challenges and develop action plans to address them along with identifying and including other stakeholders for support. These were recorded by the group's main facilitator.

Review meetings between SAA group facilitators, girls' group facilitators, CARE program staffs and key stakeholders provided a forum for performance reporting and raising issues for attention and follow up. At review meetings, girl group facilitators also presented their progress and challenges which were recorded in a session monitoring summary sheet. At the same time, any support the girls group may require from the SAA group facilitators was discussed and scheduled for support by the community leaders. Review meetings provided qualitative monitoring data, producing a lot of information and learning for the program and most importantly to address barriers to the change process and course correct as needed in order to achieve the goals set by the community.

Annex 2. Alternate and additional tools

These additional tools in this table are complementary to the core SAA tools provided in [section 3](#). They offer alternatives to the core SAA tools and opportunities for reinforcement of analysis and awareness.

| Additional tools and use | Related SAA tool | Reference links |
|---|-----------------------------------|--|
| <p>Bead Game: Demonstrates how men and women both contribute to the sex of a baby, and how it is actually the man's gene contribution and a matter of chance that determines whether the baby will be a boy or girl.</p> <p>This tool has a very specific purpose - to demonstrate how both parents contribute to the sex of a baby and facilitate discussion around the issue</p> | Gender Box, Pile Sorting | <p>Training Guidelines for implementing SAA, Training Toolkit. www.care.org</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/Tool_5_BeadGame.pdf/569788627/Tool_5_BeadGame.pdf</p> |
| <p>Talking about Sex: To better understand and challenge our own assumptions around men's and women's decisions around family planning use and sex</p> <p>The tool specifically can be used in the context of family planning/SRMH to understand compulsions of men and women in following different practices. It is best used with literate groups</p> | Vote with your Feet | <p>Training Guidelines for implementing SAA, Training Toolkit. www.care.org</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/Tool_6_TalkingAboutSex.pdf/569788659/Tool_6_TalkingAboutSex.pdf</p> |
| <p>Four Corners: To explore the diversity of opinions in regard to commonly held beliefs, expose participants to differing opinions, and give participants an opportunity to reflect on their own attitudes around commonly held beliefs</p> <p>Four Corners helps to anonymize a discussion and is apt in cases where a sensitive issue is being discussed</p> | Pile Sorting, Vote with your Feet | <p>Training Guidelines for implementing SAA, Training Toolkit. www.care.org</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/Tool_FourCorners%28anonymous%29.pdf/569788713/Tool_FourCorners%28anonymous%29.pdf</p> |
| <p>Fish Bowl: To openly discuss and analyze social issues; to explore the underlying causes of an issue/problem.</p> <p>The tool helps a group understand how people experience exclusion and analyses reasons for the same</p> | "But Why?" | <p>Training Guidelines for implementing SAA, Training Toolkit www.care.org</p> <p>http://www.care.org/sites/default/files/documents/social_analysis_manual.pdf</p> |
| <p>Chain of Effects: It makes a 'human chain' of the effects that result from a problem relating to gender and sexuality.</p> <p>The tool focuses specifically on effects of an issue and builds awareness of the community</p> | Problem Tree Analysis | <p>Training Guidelines for implementing SAA, Training Toolkit www.care.org</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/Tool_ChainOfEffects.pdf/569773313/Tool_ChainOfEffects.pdf</p> |

| Additional tools and use | Related SAA tool | Reference links |
|--|------------------|---|
| <p>Thought Shower: Helps participants to share quick thoughts, opinions, feelings and ideas about challenging situations. Thought showers are also called brainstorm or ideas showers.</p> <p>Thought shower can be used to come up with spontaneous and creative solutions to challenges as groups first list out ideas and then discuss its feasibility/suitability</p> | Story of Atieno | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Trust Game: To understand issues of confidentiality. It also helps people to gain trust in each other.</p> <p>The tool can be used during staff reflection to build team strength as an addition to the body mapping exercise</p> | Body Mapping | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Role Play: To challenge harmful norms and envision alternative ways of behaving.</p> <p>This tool is very engaging and presents vivid scenarios that makes it easier for the community to see and explore a plan before implementing it</p> | Story of Atieno | <p>Training Guidelines for implementing SAA, Training Toolkit: www.care.org</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/Tool_RolePlay.pdf/569782671/Tool_RolePlay.pdf</p> |
| <p>Social Norm Prioritization: To prioritize which social norms to address to maximize impact of program interventions.</p> <p>The tool focuses on prioritizing social norms that need to be changed immediately and parking those that can wait. Discussion on priority helps the community understand and hear out each other and also builds rationale for why one norm needs to be prioritized over the others.</p> | Pile Sorting | <p>Training Guidelines for implementing SAA, Training Toolkit</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/Tool_SocialNormPrioritization.pdf/569782699/Tool_SocialNormPrioritization.pdf</p> |
| <p>Ideal Man and Women: To reflect on the different roles or ideals that men and women are expected to fulfill in daily life –such as father/mother, husband/wife, son/daughter, friend, employee, etc. <i>why</i> and <i>how</i> these ideals are defined and the inconsistencies between fulfilling different ideals for different roles and to begin to consider if and how men and women may act differently and how they can reconcile multiple ideals</p> <p>The tool helps a group question existing gender and social norms that are deeply entrenched in society by holding it up as ‘ideal’, instead of analyzing the ‘typical’ by using a Gender Box</p> | Gender Box | <p>Training Guidelines for implementing SAA, Training Toolkit www.care.org</p> <p>http://familyplanning.care2share.wikispaces.net/file/view/AlternateTool_IdealManWoman.pdf/569788439/AlternateTool_IdealManWoman.pdf</p> |

| Additional tools and use | Related SAA tool | Reference links |
|---|---|---|
| <p>Cob Web Diagram/Evaluation wheel: To understand the extent of influence of men and women in decision making and impact of various programs on women and men</p> <p>This is a one-dimensional tool can be used to compare different stakeholders with each other based on a single indicator</p> | Stakeholder Mapping and Analysis | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Force Field Analysis: To explore positive and negative forces in place in the process of achieving objectives of interventions</p> <p>This tool can be used as an evaluation tool to analyze the positive and negative effects of an intervention. It can also be used as a planning tool to understand what can be supporting and resisting factors for an intervention</p> | Story of Atieno | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Ranking and Scoring: To analyze relative importance of various variables that are critical to bring about change and relative importance of various issues and social norms</p> <p>The tool can help the community give weightage to particular interventions or stakeholders and analyze why one ranks higher than the other. It can be used while deciding the pros and cons of an intervention</p> | Vote with your Feet | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Cause effect diagram: To analyze the causes and the effects of a problem</p> <p>The tool visually presents the Cause and Effect Diagram creating a non-threatening space for discussing a practice or a norm and its causes and effects. It helps suggest solutions through the discussion</p> | "But Why?", Problem Tree Analysis | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Community Drama: Participants acting a drama to highlight the issues and challenges faced by real people in terms of gender, power and social norms</p> <p>This tool, like role play, is an engaging way of discussing an issue, building awareness, encouraging discussion around it and sensitizing them to others' points of view in a fun way</p> | Story of Atieno | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |
| <p>Risk Assessment: To analyze and consider what risks an organization, community, individual or project faces, how likely they are to happen and what impact it can make.</p> <p>This tool is very useful to visually present risks in any planned intervention and impact and weight it against each other</p> | Can be used for Plan for action and implement plans steps | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |

| Additional tools and use | Related SAA tool | Reference links |
|---|--|---|
| <p>Mobility mapping: Helps to identify places where women and men go in a location or community, when women and men go to different places; to explore when and where women and men are most vulnerable, and what services women and men use and when</p> <p>The tool helps respondents discuss issues that are usually swept under the carpet – such as women’s safety /mobility – by exploring the limits on mobility, barriers, strengths</p> | Social and Resource Mapping, Stakeholder Mapping | <p>Tools Together Now: International HIV/AIDS Alliance, 2006, www.aidsalliance.org</p> <p>https://www.aidsalliance.org/resources/275-tools-together-now</p> |

Annex 3. Additional Resources

Additional SAA Resources

- Social Analysis & Action White Paper: An Integrative Approach to Catalyzing Change through Reflection and Action http://familyplanning.care2share.wikispaces.net/file/view/SAAWP_FINAL_Oct%202016.pdf/595306140/SAAWP_FINAL_Oct%202016.pdf
- Inner Spaces and outer Faces Initiative (ISOFI): Concept and Tools for learning and action on gender and sexuality, <http://familyplanning.care2share.wikispaces.net/ISOFI>
- Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health, http://www.care.org/sites/default/files/documents/social_analysis_manual.pdf
- SAA Training Toolkit. <http://familyplanning.care2share.wikispaces.net/SAA+Guidance+Materials>

Resources for CARE's Gender Focus

- CARE (2016). Gender Equality and Women's Voice Guidance Note, [http://gender.care2share.wikispaces.net/file/view/CI+Gender+Equality+and+Womens+Voice+Guidance+Note+\(1+april+16\).pdf](http://gender.care2share.wikispaces.net/file/view/CI+Gender+Equality+and+Womens+Voice+Guidance+Note+(1+april+16).pdf)
- CARE's Gender Power and Justice Primer, <https://www.genderinpractice.care.org/>
- CARE's Inclusion Solutions: Gender, Equity & Diversity training modules <http://pqdl.care.org/gendertoolkit/Pages/training.aspx>

Do No Harm Resources

- CARE (2014). Guidance for Gender-Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Planning. http://www.care.org/sites/default/files/documents/CARE%20GBV%20M%26E%20Guidance_0.pdf
- The Do No Harm Framework for Analyzing the Impact of Assistance on Conflict: A Brief Description of Seven Steps http://www.donoharm.info/downloads/level000/Seven_Steps_English.pdf
- Anderson, M. B. 1999. Do no harm: How aid can support peace--or war. Boulder, Colorado: Lynne Rienner Publishers.
- CARE's Do No Harm Guidelines for GBV: <http://gender.care2share.wikispaces.net/Do+no+harm+guidelines+for+GBV>
- Collaborative of Development Action's (CDA) website: www.cdainc.com

Monitoring, evaluation and learning resources

- We-MEASR: Tool to Measure Women's Empowerment in Sexual, Reproductive and Maternal Health Programs. http://familyplanning.care2share.wikispaces.net/file/view/WE-MEASR_Tool_Final.pdf
- GEM Scale: Gender-equitable Men Scale, <https://www.c-changeprogram.org/content/gender-scales-compendium/gem.html>

Guidance for conducting a Gender & Power Analysis

- CARE Good Practices Framework on Gender Analysis <http://gendertoolkit.care.org/Pages/core.aspx>
- CARE International-East/Central Africa (2010). Situational Analysis for Program Design. Available at: http://p-shift.care2share.wikispaces.net/Analysis_Design+Compendium
- CARE International-Austria (2009). Gender Analysis Guiding Notes. Available at: <http://expert.care.at/?id=1129>
- Formative Research: A guide to support the collection and analysis of qualitative data for integrated maternal and child nutrition program planning (2014). <https://www.fsnnetwork.org/formative-research-guide-support-collection-and-analysis-qualitative-data-integrated-maternal-and>

- CARE (2007). Promising Practices Inquiry on Women's Empowerment: Resources. Available at Module 4 of CARE's Women's Empowerment Strategic Impact Inquiry Library: <http://pqdl.care.org/sii/pages/methods.aspx>
- Program Impact Evaluation Process – Module 2: M&E Tool Box (CARE Uganda, 1998)

Resources for Food and Nutrition Security

- CARE Gender Primer for FNS: <https://www.genderinpractice.care.org/food-and-nutrition-insecurity/>
- Pathways to Empowerment: Field & Farmer Business School manual's Gender Tools. http://www.care.org/sites/default/files/documents/FFBS_4_Gender_Tools.pdf
- CARE. Food and Nutrition Security and resilience to Climate Change. <https://www.care-international.org/files/files/Summary-FNS%20and%20climate%20change%20resilience.pdf>

Resources for Women's Economic Empowerment

- CARE Gender Primer for WEE: <https://www.genderinpractice.care.org/womens-economic-empowerment/>
- CARE (2016). CARE's Women's Economic Empowerment Strategy. <http://insights.careinternational.org.uk/publications/care-s-women-s-economic-empowerment-strategy-download>
- Oxfam Novib (2014). Gender Action Learning System (GALS): Practical guide for transforming gender and unequal power relations in value chains. https://www.oxfamnovib.nl/Redactie/Downloads/English/publications/150115_Practical%20guide%20GALS%20summary%20Phase%201-2%20lr.pdf
- Eves R, and Crawford J. 2014. Do No Harm: The Relationship Between Violence Against Women and Women's Economic Empowerment in the Pacific. Australian National University. http://ssgm.bellschool.anu.edu.au/sites/default/files/publications/attachments/2015-12/SSGM_IB_2014_3_0.pdf

Resources for addressing gender-based violence

- CARE Gender Primer for GBV: <https://www.genderinpractice.care.org/genderbased-violence/>
- CARE Gender Primer – Best Practices for Prevention of GBV: <https://www.genderinpractice.care.org/promising-practices-gbv>
- CARE (2015). CARE GBV Strategy. http://gender.care2share.wikispaces.net/file/view/CARE+GBV+Strategy_2015final.pdf
- SASA!: A community mobilization approach developed by Raising Voices for preventing violence against women and HIV <http://raisingvoices.org/sasa/>
- Gender-Based Violence in the context of Sierra Leone: <http://restlessdevelopment.org/file/restless-sl-gbv-training-manual-2103-14-pdf>



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