FHI 360 Gender Integration Framework

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Background

Gender norms, roles and relations are powerful determinants of the health and well-being of women, men, girls and boys around the world. Health and development leaders around the world recognize that promoting gender equality is essential to achieving significant and sustainable progress.

Gender inequality limits women's and girls' access to information, decision-making power, economic assets, educational opportunities, social capital and other health and development resources. It also places them at greater risk of gender-based violence. Gender inequality harms men and boys' health, too. For example, gender norms that pressure men and boys to be violent, have multiple sexual partners or refrain from seeking health care can increase their risk of HIV and other sexually transmitted infections. Gender is closely linked with sexuality, and those who transgress sexual norms related to gender and heterosexuality often experience stigma, discrimination and violence. Discrimination against sexual minorities is prevalent in health care settings in many countries. Not recognizing the health care needs of these communities leaves many people vulnerable to poor health. Furthermore, political and social discrimination can block the economic development of individuals and the community as a whole.

More and more, evidence shows that integrating a gender perspective into health and development programs can improve program outcomes and increase equality between girls and boys and between women and men. Effective strategies are emerging that will transform harmful gender norms and behaviors, empower women and girls and engage men and boys as partners, clients, and agents of positive social change. Incorporating these strategies into health programs has improved program outcomes—such as increasing contraceptive uptake and condom use— and has promoted gender-equitable norms.

In light of this evidence, promoting gender equality is a major focus of global health and development donors— including the U.S. Government—and high-level international commitments such as the Millennium Development Goals (MDGs). Gender equality is widely acknowledged as a driver of all the MDGs, and MDG 3 (promote gender equity and empower women) specifically recognizes the importance of gender equality to development. The U.S. Global Health Initiative, of which the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is a key component, makes women and girls a top priority and gender equality a crosscutting principle. The U.S. Agency for International Development (USAID), which announced the formation of the Office of Gender Equality and Women's Empowerment in May 2011, mandates integrating gender considerations into health programs.

FHI 360 is committed to advancing gender equality through its global health and development research and programs. Many projects at FHI 360 have addressed gender issues over the years. Under the Women's Studies Project in the 1990s, FHI 360 conducted groundbreaking research on the impact of family planning on women's lives — including their educational attainment, employment status and marital relations. Through the YouthNet project, FHI 360 addressed gender norms among youth that contribute to unintended pregnancy, STIs, HIV/AIDS, sexual violence and coercion, and early sexual debut and marriage. More recently, FHI 360 has worked with communities to confront gender-based violence, evaluated strategies to increase men's engagement in reproductive health, implemented income generation and vocational-skills training programs with vulnerable female heads of households and tested and advocated for female-controlled HIV prevention methods.

Gender issues must feature even more prominently in FHI 360's future work. FHI Development 360 and FHI Solutions were created as parts of FHI 360 at the time this framework was being developed. These additional assets will enrich our capacity to increase gender equality and transform harmful gender norms and relations in our broader health and development work. We anticipate that the Framework will need to change to reflect the broadened scope and capacity of FHI 360, but recognize the urgent need to move forward now. This framework is, therefore, a living document. It is created from our historical perspective as a tool for integrating gender

concerns in health-oriented programs, but it will accommodate ongoing expansion and refinement as we find our new identity as FHI 360, including FHI Development 360 and FHI Solutions.

This framework offers guidance for how FHI 360's research and programs can systematically identify and challenge gender-based inequalities that pose barriers to health and development. Integrating gender considerations (hereafter referred to as *gender integration*) into the planning, design, implementation and measurement of FHI 360's research and programs and promoting the utilization of gender-related findings and evidence-based practices will maximize FHI 360's contributions to health and development goals, including gender equality.

Goal and Objectives

The goal of this framework is to lay a foundation of commitment and support to better enable FHI 360 to address gender-related norms, practices, inequalities and disparities in the planning, implementation, monitoring and evaluation (M&E) and dissemination of its health and development programs and research. Gender integration will directly enhance the impact of FHI 360's work by challenging gender-based inequalities that pose barriers to health and development progress.

The specific objectives of this framework are to

- build a common understanding of the fundamental role that gender plays in FHI 360's work
- provide guidance on integrating gender, including gender analysis, into the entire project cycle to produce gender-aware and transformative projects
- foster commitment to gender integration at all levels of the organization and translate this commitment into practice
- position FHI 360 as a technical leader among partners that are committed to advancing gender equality through our work with the world's most vulnerable populations

Guiding Principles
The following principles should guide all of FHI360's work:

- We maintain that **gender integration is an essential component of FHI 360's health and development work** that will improve program outcomes. We seek to address gender-related norms, practices, inequalities and disparities through gender integration in all stages of the project life cycle.

- We respect **diversity and cultural differences** while advocating **nondiscrimination and social justice.** That is, all people, regardless of sex, gender or sexual orientation, have equal rights, including the right to freedom from preventable disease and disability and the right to access quality health care.

- We believe in promoting **human rights-based approaches** grounded in gender equality. People of all genders are rights-holders and have the rights to health, security, dignity and autonomy. This includes the rights of individuals to express their gender as they see fit without discrimination or repercussion. We affirm that state actors and service providers have the responsibility to respect, protect and fulfill the rights of their citizens.

- We are committed to **working within and from the local context**. Because culture, religion, ethnicity and class shape gender norms and roles, it is important to start from the local context when integrating gender into programs. Local organizations, informal community leaders, and local residents all have a

vested interest in the well-being of their community and should participate in the design of interventions to ensure relevance, ownership, success and sustainability. Successful development programs work with communities to identify elements of culture that may promote inequality between the sexes and use these elements as a resource for change. These programs will acknowledge, respect and build on the diversity of their clients, communities, staff, partners and donors. As a result, programs can more effectively advance gender equality in partnership with local communities.

- We seek to **build alliances with diverse partners.** Addressing gender inequality requires collaboration among diverse stakeholders including national, district and local governments; civil society organizations (especially women's groups); the private sector; and funders. Each stakeholder provides a unique perspective, expertise and capacity to enrich strategic thinking, idea sharing, adoption of effective gender mainstreaming practices and joint responses to mutually relevant issues.

- **Our framework and approach are grounded in empirical evidence and rigorous methodologies.** We are committed to generating and sharing quality data about gender and its impact on health and development. We are further committed to basing our programs on the best available quantitative and qualitative evidence. Monitoring and evaluation of gender-related activities and programs is essential to measuring progress and outcomes. These processes should involve women and other program beneficiaries.

Definitions

Gender: the economic, social, political and cultural attributes and opportunities that are associated with being girls and boys or women and men. The social definitions of what it means to be a girl, boy, woman or man vary among cultures and change over time. Gender is a sociocultural expression of particular characteristics and roles that are associated with certain groups of people with reference to their sex and sexuality.[1]

Sex: the biological characteristics (including genetics, anatomy and physiology) that generally define humans as female or male. These biological characteristics are not mutually exclusive, however, as there are individuals who possess both male and female characteristics.[2]

Gender equality: the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities and resources. Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and treated equally and that individuals' rights, responsibilities and opportunities will not depend on whether they are born male or female.[3]

Gender equity: fairness in treatment of girls and boys and women and men, according to their respective needs. The concept recognizes that women and men have different needs and social power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

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[1] Caro, D. A manual for integrating gender into reproductive health and HIV programs: from commitment to action. 2nd ed. Washington, DC: Population Reference Bureau, USAID IGWG; 2009. Available from: http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf.
[2] Caro, 2009. Global Fund to Fight AIDS, Tuberculosis and Malaria. Global Fund strategy in relation to sexual orientation and gender identities. Washington, DC: Global Fund; nd. Available from: www.theglobalfund.org/documents/core/strategies/Core_SexualOrientationAndGenderIdentities_Strategy_en/ .
[3] Caro, 2009. Global Fund to Fight AIDS, Tuberculosis and Malaria. Global Fund gender equality strategy. Washington, DC: Global Fund; nd. Available from: www.theglobalfund.org/documents/core/strategies/Core_GenderEquality_Strategy_en/ .

In the development context, a gender equity goal often requires built-in measures to compensate for the historical and social disadvantages of girls and women.[4]

Gender integration: strategies applied in program planning, assessment, design, implementation and M&E to consider gender norms and to compensate for gender-based inequalities.[5]

Gender mainstreaming: the process of incorporating a gender perspective into policies, strategies, programs, project activities, administrative functions and the institutional culture of an organization. It entails making women's and men's concerns and experiences an integral dimension in the planning, design, implementation and M&E of policies and programs so that institutional practices promote greater equality between men and women.[6]

Women's empowerment: improving women's status to enhance their decision-making capacity at all levels, especially as it relates to their sexuality and reproductive health.[7]

Constructive men's engagement: involving men to actively promote gender equity; increasing men's support for women's and children's empowerment and well-being and advancing the health and well-being of both men and women. Ideally, constructive men's engagement initiatives engage men as clients/beneficiaries, supportive partners of women, and agents of change to promote equitable norms and relationships.[8]

Gender identity: a person's internal sense of being a boy or girl, a man or woman, or something other or in between, which may or may not correspond with the sex assigned at birth. Because gender identity is internal and personally defined, it is not visible to others.[9]

Sexual orientation: each person's capacity for profound emotional, affectional and/or sexual attraction to, including sexual relations with, individuals of the same gender, a different gender or more than one gender.[10]

Sexual minorities: persons whose sexual orientation does not conform to the heteronormative standard of heterosexuality. These include men who have sex with men and transgender, bisexual, gay and lesbian populations. Many societies reinforce the supremacy of heterosexual identity and behaviors and apply sanctions, including criminalization and the death penalty, against sexual minorities.[11]

Heteronormativity: the presumption that everyone is heterosexual and/or the belief that heterosexual people are naturally superior to homosexual and bisexual people.[12]

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[4] Global Fund, nd.

[5] Caro, 2009.

[6] World Health Organization. Strategy for integrating gender analysis and actions into the work of WHO. Geneva: WHO; 2009. Available from: http://www.who.int/gender/documents/gender/9789241597708/en/index.html; Caro.

[7] Caro, 2009.

[8] Caro, 2009. Greene M, Levack A. Synchronizing gender strategies: a cooperative model for improving reproductive health and transforming gender relations. Washington, DC: Population Reference Bureau, USAID IGWG; 2010. Available from: http://www.prb.org/igwg_media/synchronizing-gender-strategies.pdf.

[9] IGWG. IGWG sexual orientation and gender identity-related terms and concepts. Washington, DC: USAID IGWG; nd. Available from: http://igwg.org/igwg_media/Training/SexOrientIdentityRelTerms.pdf.

[10] Global Fund strategy in relation to sexual orientation and gender identities.

[11] Global Fund strategy in relation to sexual orientation and gender identities.

[12] Caro, 2009.

FHI 360 Framework for Gender Integration

The remainder of this document provides guidance and tools for FHI 360 to fully integrate gender into programs and research. It includes the following components:

> **Gender Integration Continuum:** a conceptual framework that illustrates the different approaches to gender integration and their potential consequences

> **Introduction to Gender Analysis:** an overview of the process of collecting and analyzing information on gender to inform program or research design

> **Gender Integration in Programs:** the process of integrating gender considerations throughout the program cycle, including planning and proposal development; program design; implementation and management; M&E; reporting, documentation and dissemination; and research utilization

> **Special Considerations for Gender in Research:** how researchers can contribute to the growing knowledge base on gender and health and on effective programmatic approaches, including gender considerations for the process of conducting research

> **The Science of Improving Lives: Putting the Framework into Action:** a variety of actions that we can take to implement the framework and integrate gender into our work

Gender Integration Continuum

To demonstrate how our projects and research should integrate gender to address inequalities, FHI 360 uses a conceptual framework developed by the USAID Interagency Gender Working Group (IGWG), known as the *Gender Integration Continuum*.[13] This framework categorizes approaches by how they treat gender norms and inequality in the planning, design, implementation and M&E of a program or policy. The circle in the graphic below depicts a program environment. The term *gender blind* refers to the programs and policies that do not consider how gender norms and unequal power relations will affect the achievement of objectives, or how the program or policy will affect gender norms and relations. In contrast, *gender aware* refers to programs and policies that deliberately examine and address the anticipated gender-related outcomes during design and implementation. Gender awareness is an important prerequisite for FHI 360 projects.

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[13] Caro, 2009.

Figure 1. The Gender Integration Continuum[14]
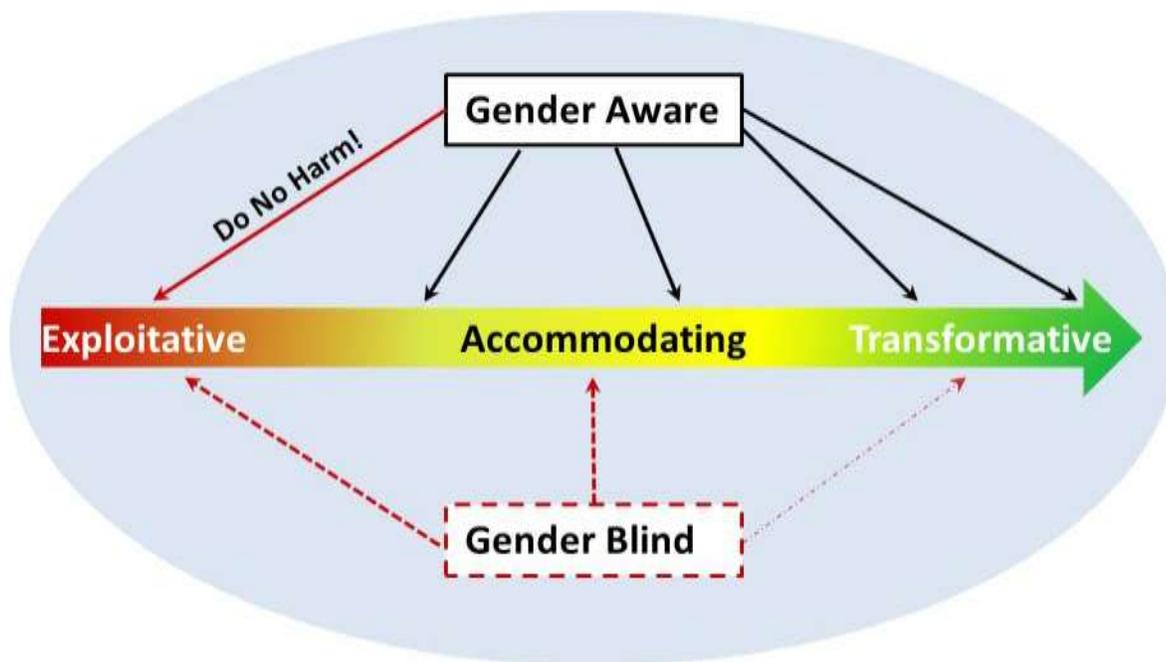
The continuum itself (the colored and shaded arrow) classifies projects according to the way in which they respond to or address gender inequality: whether they seek to exploit, accommodate or transform inequitable gender norms and roles.

Gender exploitative approaches (on the left of the continuum) take advantage of rigid gender norms and existing imbalances in power to achieve program objectives, for example, a condom ad that portrays men as sexually aggressive or promiscuous. This approach exploits harmful norms related to men's sexuality. Using a gender exploitative approach may seem expeditious in the short run, but this approach is unlikely to be sustainable, and it can result in harmful consequences and undermine the program's intended objective. Gender exploitative approaches are unacceptable for integrating gender.

Gender accommodating approaches (in the middle of the continuum) acknowledge the role of gender norms and inequalities and develop actions that adjust to and often compensate for them. While such projects do not actively attempt to change norms and inequalities, they try to limit any harmful impact on gender relations. For example, a condom ad that portrays men as consumers of condoms acknowledges the dominant gender norm at play in order to sell more condoms, but it does not challenge that norm. A gender accommodating approach may be a missed opportunity, because it does not deliberately contribute to increased gender equality or address the underlying structures and norms that perpetuate gender inequality. Gender accommodating approaches can, however, provide a sensible first step to gender integration in contexts when gender inequality is deeply entrenched and pervasive in a society. As unequal power dynamics and rigid gender norms are recognized and addressed through programs, a gradual shift toward challenging such inequalities may take place.

Gender transformative approaches (at the right end of the continuum) actively attempt to examine, question and change rigid gender norms and the imbalance of power as a means of reaching health, development and gender equity/equality objectives. Gender transformative approaches encourage men's and women's critical awareness of

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[14] Caro, 2009.

gender roles and norms; promote the status of women; challenge the distribution of resources and allocation of duties between boys and girls and men and women; or address the power relationships between women and others in the community, such as service providers and traditional leaders. For example, in a context where men tend to be decision makers about sexuality, a condom ad may portray a man and woman deciding together to use a condom, thereby questioning dominant norms about men's aggression and women's passivity related to sex and offering a positive, healthful alternative. The ultimate goal of development programs is to achieve program outcomes while transforming gender norms toward greater equality. The transformative area in the continuum graphic is green (indicating *go*), and the arrow extends indefinitely toward greater equality. Examples of gender transformative approaches can be found on page 13, and in *Guidance and Resources for Integrating Gender into Proposals at FHI 360*.

FHI 360's programs should endeavor to transform harmful gender norms whenever possible. At a minimum, our planning and program design processes should be gender aware. Gender-blind planning processes highly unlikely to result in gender transformative projects, rather they are most likely to either exploit or accommodate inequitable and harmful gender norms, roles or practices, however inadvertently. This is why the arrows from the gender blind box are dotted, but are heavier toward exploitative and accommodating than toward transformative. On the other hand, gender aware programs are deliberate about where they fall along the continuum, which is why we advocate a gender aware approach for all FHI 360 projects. The multiple arrows indicate that projects may also have multiple components that fall at multiple points along the continuum. As noted above, it may be necessary for some components of a program to be accommodating as a first step toward transforming gender norms, roles and relations. Under no circumstances, however, should programs take advantage of gender inequalities to pursue health or development outcomes ("Do no harm!"), which is why the exploitative area in the continuum graphic is red (indicating *stop*).

Introduction to Gender Analysis

Gender integration in research and programs must be guided by information on how gender inequality affects health and development and the intended outcomes of the programs. Gender analysis is therefore the foundation of strategic and effective gender integration processes. It refers to a systematic way of examining the following:

- the different roles and norms for women, men, girls, boys, heterosexuals and sexual/gender minorities
- the different level of power that they have in society
- the different needs, constraints and opportunities of each group
- the impact of these differences in their lives

A gender analysis first identifies the gender norms and inequalities between these groups that are likely to affect the achievement of sustainable results. That information then helps to determine how to address the inequalities and health and development consequences. Gender analyses in the context of health and development programs should use locally relevant data to answer two basic questions:

- How will gender norms affect the achievement of sustainable project results?
- How will the proposed project results affect the relative status of men and boys, women and girls and sexual/gender minorities (including possible unintentional positive and negative outcomes)?

Gender analyses can and should take place at every stage of the project and research cycle. At some stages (especially in project design), a formal gender analysis is needed. Sources of data for formal gender analysis include:

- published research studies and other existing quantitative and qualitative data about gender norms in the project context (for example; DHS surveys, journal articles, national surveys on gender-based violence. For more details, see Appendix C)
- gender-related policies in the project area
- primary data on gender norms and practices related to the project/study focus (for example, data obtained through focus groups and key informant interviews)

When resources are constrained or when a formal gender analysis has already been conducted earlier in the project/research cycle, conducting a more informal gender analysis using as much information as is easily accessible can be useful. This analysis might include published or unpublished studies; quantitative or qualitative data; feedback from study or project participants; or even the experiential knowledge of the staff, target community or other stakeholders.

To understand gender relations better, both formal and informal gender analyses should be systematically organized by exploring gender norms, inequalities and relations within specific aspects of social and cultural relations in a given context. Gender experts have developed a number of analytical tools to guide you through this process.[15] FHI 360 endorses a gender analysis methodology adapted from the Liverpool Gender Analysis Framework by the IGWG. This methodology analyzes the following domains:[16]

- **Access to resources:** one's ability to use financial and other resources/assets. Having access to resources and control over them is fundamental to being a fully active and productive (socially, economically and politically) participant in society. Resources and assets include national and productive resources, information, education, income, services, employment and benefits.

- **Knowledge, beliefs and perceptions:** beliefs, perceptions, knowledge and social norms *of* women, men, girls and boys; and beliefs and perceptions *about* women, men, girls, and boys. Boys, girls, women and men are privy to different types of knowledge and experiences. Thus, boys, girls, men and women have diverse beliefs and may perceive situations differently. This domain also includes beliefs and social norms about women's and men's acceptable behavior, how they are differently valued in society, and what they are capable of.

- **Practices and participation:** peoples' behaviors and actions in life and how they vary by gender. The domain encompasses gender differences in freedom of movement or autonomy to enable participation, types of activities and practices, how people engage in development activities and allocation and availability of time to participate.

> Gender-based inequities can pose **barriers** to achieving health results. For example, women's lack of access to financial resources may be a barrier to uptake of family planning services.
>
> Equitable gender norms and relations (or willingness of women and men to enact more equitable relationships and behaviors), on the other hand, can be **opportunities** for achieving health outcomes. For example, if a gender analysis finds that many men are willing to discuss family planning with their female partners, this may be an opportunity to promote communication, shared decision making, and equitable allocation of financial resources within couples and families.

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[15] An illustrative list of tools is provided in the reference section of Caro, D. A manual for integrating gender into reproductive health and HIV programs: from commitment to action. 2nd ed. Washington, DC: Population Reference Bureau, USAID IGWG; 2009. Available from: http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf . Leave this as footnote when endnotes are converted.

[16] Caro, 2009.

- **Legal rights and status:** how people of different genders are regarded and treated by the customary and formal legal codes and judicial systems. This domain includes the right to vote, enter into legal agreements/contracts, be a legislator, own property and make reproductive choices. It also includes entitlements to health care, representation, due process and family formation/recognition. Gender-based differences in legal rights and status may affect girls, women and sexual minorities particularly.
- **Power:** the capacity to control resources and to make autonomous and independent decisions free of coercion. Gender norms influence the extent to which individuals can make and act on decisions about acquiring resources; beliefs; one's own body; children; occupations; affairs of the household, community or state; voting; running for office; legislation; entering into legal contracts; and moving about and associating with others. Power is a part of each of the above domains, as well as a domain in its own right.

To conduct a gender analysis, identify within each domain: (1) key gender relations, (2) the ways in which those key gender relations create barriers to and opportunities for achieving project results, and (3) the ways in which the proposed project or activity is likely to exploit, accommodate or transform gender relations. Appendix B contains a worksheet to guide you through the gender analysis process.

Gender Integration in Programs

Gender analysis is the foundation of gender integration — it informs gender integration at each stage of the project cycle (proposal planning and development, design, implementation and management, M&E, reporting, documentation and dissemination) and in research utilization. As previously noted, FHI 360 staff can and should integrate gender into their program or research study at all phases of the project cycle.

Planning and Proposal Development

Today, most funder requests for proposals (RFPs) explicitly request that respondents consider gender as a crosscutting issue and expect them to clearly integrate gender considerations throughout the proposal. This is often the case even in requests that are not focused specifically on gender issues. To ensure responsiveness, FHI 360 design teams should abide by the following guidelines:

- Become familiar with the donor's policies, expectations, language and priorities related to gender and the health/development issue, such as those listed in Appendix A.
- Become familiar with FHI 360's Gender Integration Framework, capacity, demonstrated strengths and experience related to gender ([Menu of Technical Assistance Services offered by the FHI 360 Gender Working Group](#)).
- Become familiar with the technical and geographical gender contexts relevant to the proposal.
- Propose and budget for evidence-based or innovative project elements and activities that strive to transform gender norms and increase equality, including building the capacity of staff and partners.
- Plan to measure the impact of the proposed project on gender-related outcomes, such as changes in gender norms and women's status.
- Ensure the proposal is reviewed carefully for its gender-relevant content.

At the time of proposal development (or earlier when design teams have an advance draft of an RFP), a gender analysis should be undertaken to gather information on gender norms, relations and inequalities that affect the health and development goals of the project. For proposals, the gender analysis should particularly emphasize the policy, target community and stakeholder environments. To assess the policy environment, proposal team

members should ask what laws and policies support or hinder achievement of the project's objectives. Examples might be laws and policies regarding women's status, gender-based violence, the constructive engagement of men and boys and heteronormativity. These might include international commitments or national, constitutional, regional, local, customary and clinic-level policies. For the stakeholder environment, proposal team members should ask who are the relevant actors and agencies that the project might engage as partners in order to achieve project objectives related to or affected by gender and sexuality. Such groups could include women's organizations or other community groups; nongovernmental organizations; lesbian, gay, bisexual and transgender advocacy groups; ministries; and local government agencies. If time permits, information gathered through literature reviews, policy analysis and stakeholder identification and discussions can be augmented with focus groups or key informant interviews with target populations and other influential community members. More information on gender integration in proposals can be found in *Guidance and Resources for Integrating Gender into Proposals*.

Program Design

Program design provides an opportunity to address gender through the objectives, goals and activities of the programs. Program design should take into account the findings of a gender analysis. The process for identifying and addressing gender issues at this stage includes the following steps:

> **Examples of Gender Transformative Approaches**
> - engaging communities in discussions of gender inequality and its consequences for women, men, boys and girls
> - encouraging women's meaningful participation and leadership in health and development projects
> - preventing and responding to gender-based violence
> - incorporating safe-sex negotiation and communication skills training emphasizing equitable relationships between women and men
> - introducing behavior change campaigns that discourage men's sexual risk-taking and violent and controlling behaviors, or that demonstrate the benefits of equitable partnerships between women and men
> - supporting women's education and empowerment (especially economic empowerment) so that they can better advocate for their rights
> - reducing gender-based stigma and violence against groups marginalized by gender-deviant behaviors and identities (such as sexual minorities) and increasing access of these groups to health and development resources and services
> - engaging men in supporting the health needs of their partners and in challenging harmful gender norms

1. Identify gender-specific barriers to or opportunities for achieving the objectives.
2. Within project objectives, articulate or strengthen synergy between gender and health/development goals.
3. Identify specific strategies and approaches to address those harmful norms, behaviors and structures and to promote the equitable participation of women and men in programs as appropriate.
4. Incorporate the identified strategies into the project design, activities and work plan.
5. Identify ways to measure the impact of the strategies on gender equality and health/development outcomes (see M&E section below).

As with any other part of the project design process, FHI 360 should undertake gender integration in collaboration with the project's implementation partner(s). Together, we should ensure that the strategies and activities are locally relevant and appropriate and that they address gendered structural issues (for example, policies and health systems) as well as gender norms and practices at the community and individual level. This process can also serve as a component of an advocacy strategy to raise awareness and dialogue of gender issues in the broader community.

After the project has been designed, project members should review the draft to assess whether and how proposed activities will affect existing gender norms, behaviors and structures. Do activities unintentionally reinforce or intensify harmful norms? Will they promote gender equality or increase the status of women and girls? Do activities address existing negative gender relations but potentially pose new gender challenges? The Gender Integration Continuum (see Figure 1) can help staff assess the potential impact of the project on gender norms. As

noted above, project design should promote gender transformative strategies whenever possible. At a minimum, however, projects should be gender aware and should avoid reinforcing or exploiting harmful norms. See Appendix D for more resources on gender integration during project design.

Implementation and Management

Project implementation and management strategies are essential opportunities for promoting gender equity and, ultimately, gender equality. Project members should ensure that men, women, girls and boys (as appropriate) participate fully in program design and implementation, and that they benefit from the program equitably. The perspectives of people of all relevant genders and sexual orientations should be taken into account as work plans are created, reviewed and updated. Program implementers should note that the presence of women or other marginalized groups does not always mean their voices are heard or taken seriously. In areas where certain groups are very marginalized, implementers should also ensure that participation in program activities does not put individuals at increased risk of violence, ridicule or other ill treatment. Implementers should ask questions such as the following:

- Are marginalized voices and perspectives heard in meetings and in decision making?
- Are girls and boys being engaged in youth activities?
- Is there a balance in representation and leadership between youth, men and women?
- Is the program being implemented in a way that provides safe access to sexual minorities and other marginalized or stigmatized groups?

Management of programs provides an important opportunity to increase gender equity and gender mainstreaming in FHI 360's work. At a minimum, program staff and implementing partners should be adequately trained in gender integration and mainstreaming to carry out their program responsibilities. Management can sustain commitment to such capacity by including performance criteria that are related to competencies and excellence in gender integration. In addition, it is imperative that project activities and governance structures — such as project management structures, mobilization of peer educators or outreach workers, community task forces and other leadership structures — strive to include equal and fair numbers of women and men, as appropriate, and to enable their equitable influence. Measures to increase the meaningful representation of women may be necessary (for example, affirmative action procedures, paid child-care and literacy support).

Best practices for gender mainstreaming also highlight the importance of implementing gender equality policies and practices within organizations. Though such an internal process is important to achieve sustainable gender-integrated programming, but it is possible to advance gender mainstreaming in technical or project work prior to embarking on gender mainstreaming at the organization level.[17] Further consideration of best practices and guidance to support gender mainstreaming within FHI 360 as an organization is necessary, but it is beyond the scope of this framework and its focus on gender integration within FHI 360's technical programming.

Monitoring and Evaluation

At a minimum, gender integration during project M&E means disaggregating data by sex in order to measure differential effects on males, females and, as appropriate, other sex or gender categories. Incorporating gender considerations into M&E should, however, go

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Examples of gender-related measures
- Women's mobility
- women's control over their earnings
- couple's decision making on family planning
- men's and women's attitudes toward gender roles and norms
- men's and women's attitudes toward gender-based violence
- men's willingness to participate in domestic chores and child rearing
- health-related knowledge of boys/girls
- homophobic attitudes

[17] Mehra R, Gupta GR. Gender mainstreaming: making it happen. Washington, Women; 2006.

much further. Programs and their subprojects ought to be evaluated in terms of their impact on gender-related outcomes in addition to the health- or development-related outcomes that are the project's primary focus. While the outcomes measured should be linked to program objectives, as appropriate, M&E plans should include indicators that measure changes in gender norms or relations, access to services and resources, and women's and men's status and power. A number of gender-related scales have been validated and can be adapted and incorporated into project M&E plans (see Appendix D).

Evaluation strategies should also track the project's effectiveness in identifying and addressing gender-related obstacles to program success. Gender-related activities should be monitored regularly throughout the project to determine whether they are achieving their objectives. They should then be modified as necessary to ensure successful gender and public health outcomes. Gender integration into M&E is also crucial for identifying a program's unintended negative consequences related to gender. See *Guidance and Resources for Integrating Gender into Proposals* at for more resources on gender integration in M&E.

Reporting, Documentation and Dissemination

As FHI 360 continues to build its reputation as a leader in gender and development research and practice, it is increasingly important to report and promote our gender-related strategies, approaches and results. FHI 360 is particularly well poised to contribute to the broader gender and development community through our capacity to generate evidence regarding the effect that gender norms and inequalities have on health and development and the ways in which gender-integrated programs and approaches can reduce gender inequality, raise women's status and improve health and development outcomes. Gender results should therefore be reported, documented and disseminated along with health or development results, including in the context of health- and development-related publications and fora.

Research Utilization

FHI 360 should take a leading role in promoting evidence-based practices for integrating gender into health and development programming. As the evidence base on gender's influence on health and development expands, it is important to synthesize and package the best available evidence on effective gender transformative programming. Furthermore, we should advocate for the utilization of this evidence to inform the development and scale-up of gender transformative policies and programs.

Specific Considerations for Gender Integration in Research

FHI 360 has a longstanding commitment to research on gender and health. This commitment has substantially contributed to the growing body of evidence driving the current international focus on gender. FHI 360's leadership in gender research is demonstrated by large initiatives, such as the Women's Studies Project, and smaller formative and operations research studies on approaches for transforming gender norms and promoting equitable health outcomes. (For an example, see the side bar on the Ujana Project.)

Research methodologies that explore relationships between gender and health vary greatly, from the basic collection and analysis of sex-disaggregated data to the explicit incorporation of research questions about dynamic social, cultural, political and economic determinants of gender inequality. The recent surge of research on gender and health has led to a growing sophistication in research methods that allows researchers to understand gender and health with more complexity. For instance, several indices have been developed to go beyond sex-disaggregated service data to measure the impact of programs on gender norms, attitudes and behaviors (for example, the "Gender Equitable Male" (GEM) scale).

FHI 360 must continue to be at the forefront of using cutting-edge research methods (both quantitative and qualitative) to answer three broad questions: (1) How do gendered norms, practices and inequitable status and access to information and services affect the relative health and well-being of women, men, boys, girls and

sexual/gender minorities? (2) What programmatic approaches are effective in increasing gender equality and improving the status of women and sexual/gender minorities? (3) What effect does gender transformative programming have on health and development outcomes? Research in these areas is critical to inform programmatic work undertaken by FHI 360 and its partners in the field.

FHI 360's sociobehavioral research offers an important foundation to better understand the relationships between gender and health and broader socioeconomic development. FHI 360 has demonstrated competence in this area through research programs like the Women's Studies Project, which explored the impact of family planning on women's lives and well-being, and research that investigated why and how young men participate in their partners' use of emergency contraception. However, a study does not have to be focused primarily on gender to integrate gender questions. All studies regarding health behaviors and attitudes (for example, studies on male circumcision, microbicide acceptability and introduction of vasectomy) should incorporate questions about whether and how gender poses barriers to and opportunities for improving health outcomes.

> Applying gender-focused research to existing programs and clinical trials is one of FHI 360's strengths. FHI 360's Ujana Project in Tanzania provides an example of how gender-associated data was used to shape an existing program. Ujana project leaders investigated how school-related gender-based violence negatively affected education and health outcomes, including reductions in student attendance, retention and performance; increases in unwanted pregnancy; HIV incidence; student self-esteem; sexual risk-taking behaviors; and rates of depression. Findings from this basic research identified several key areas for intervention (such as addressing transportation concerns and forced and transactional sex between male teachers and female students). These data were later used to design interventions that are being piloted and systematically evaluated.

FHI 360 is also well positioned to conduct intervention research on the impact of health and development programs on gender inequality. Despite the ever-growing body of work on gender norms in the literature, the number of rigorously evaluated gender transformative programs remains small.[18] Other important gaps in operations research on gender include cost-effectiveness studies, studies to explore scale-up and replication of programs proven to work, and sustainability analyses to measure how long proven changes last and what is needed to support sustained change.[19] FHI 360 is strategically poised to contribute to this research as a leader in methodological development and in its capacity to provide scientifically grounded evidence to programmatic efforts. For instance, FHI 360's experience in gender-related operations includes research from Malawi showing that an intervention to increase communication and shared decision-making between spouses also resulted in increased contraceptive use.[20]

Finally, it is important for FHI 360 researchers to continue to consider gender not only in the content of its research, but also in the way in which it conducts research. When working with marginalized groups or researching sensitive subjects (for example, gender-based violence), it is especially important to consider the implications of participants' involvement and to adhere to the highest standards of research ethics.[21] Considering

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[18] Barker G, Ricardo C, Nascimento M. Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions. Geneva: World Health Oganization;2007. Rottach E, Schuler S, Hardee K. Gender perspectives improve reproductive health outcomes. New evidence. Washington, DC: Population Reference Bureau, USAID IGWG; 2009.

[19] Rottach, 2009.

[20] Shattuck D, Kerner B, Gilles K, Hartmann M, Ng'ombe T, Guest G. Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi male motivator project. Am J Public Health. 2011;101(6):1089–95.

[21] World Health Organization/Department of Gender, Women, and Health. Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva: WHO; 2001. World Health Organization, PATH. Researching violence against women: a practical guide for researchers and activists. Geneva: WHO; 2005.

gender when designing the research methodology can improve the effectiveness of participant recruitment and increase understanding of the research issue and the likelihood of drawing correct conclusions from findings. For instance, FHI 360 has applied gender-focused formative research in the design of its HIV prevention clinical trial research, resulting in better recruitment and retention methods, improved services for participants (such as HIV prevention counseling and care and treatment algorithms) and increased understanding of the dynamics between trial participants' drug adherence and the context in which participants live. Incorporating gender into research can also have a transformative impact on the community, particularly when community members are engaged in the research and dissemination process.

The Science of Improving Lives: Putting the Framework into Action

This framework lays out the ways in which FHI 360 can significantly improve the lives and health of women, men, boys, girls and sexual or gender minorities by integrating gender into our work. The framework builds on the international community's increasing support and a growing evidence base to make our work more rigorous, effective and transformative. The framework also contributes to existing FHI 360 Strategic Initiatives: It strengthens scientific and technical leadership on gender-related concerns, staff capacity building, program performance improvement, and enhanced knowledge management through sharing of best practices in gender integration and analysis.

In that spirit, FHI 360 must continue to

- generate and disseminate evidence on the effect of gender norms on health-related knowledge, behaviors and vulnerabilities; access to services; the use of technologies; and development progress
- contribute to the evidence base of effective interventions and strategies for improving gender- and development-related outcomes
- enhance the measurement of gender's influence in health and development research and evaluations
- strengthen the use of gender-integration tools and approaches in the design of development programs
- advance research utilization to accelerate the uptake of gender-related research findings into policy and practice
- expand the pursuit of gender transformative policy and programming for women, men, girls and boys

The following are practical steps that FHI 360 projects, offices, or departments can take to fully integrate this framework into FHI 360's work across the organization:

1. Identify gender focal points for our country or project offices and organizational departments. Gender focal points help a country or project office or a department to focus its efforts around gender integration, facilitate staff access to up-to-date resources on gender, build the capacity of staff and implementing agencies to integrate gender into programming and facilitate the exchange of information between the country or project office or department and the Gender Working Group. Gender focal points should be mid- or senior-level program or technical staff with experience or interest in gender. It is important that gender focal points have the capacity and the mandate to make an impact on the country/project office's or department's efforts on gender.

> As part of its organization-wide Quality Management System (QMS), FHI 360 will set standards of performance for itself in terms of gender integration into its proposals, research and programs. FHI 360 will use existing mechanisms such as technical and data quality assessments and mid-term project and portfolio reviews to measure performance against our standards and use the results of those assessments to further build FHI 360 capacity in gender and improve program outcomes. The standards and processes and tools for measuring performance on gender will be added to the next version of the Framework.

2. Build plans for a formal gender analysis into your current work plan. As noted above, gender analysis can take place at any phase of the program cycle. Formal or informal, gender analysis is critical to integrating gender into FHI 360's work.

3. Explicitly budget resources in new and existing projects for formal gender analysis, integration and related capacity building. This includes finances and time for staff capacity building and ongoing resources for gender analysis and integration.

4. Incorporate gender-related objectives and indicators into your performance monitoring plan. Measuring the impact of programs on gender norms, practices and the status of women is important to ensuring that programs are on track and to improving their effectiveness.

5. Report and disseminate key gender research and programmatic results. As FHI 360 becomes known for its commitment to gender integration, reporting and disseminating our gender-related findings and results is just as important as reporting and disseminating other health and development findings and outcomes.

6. Develop specific country/project office or department strategies for integrating gender into their work.

7. Identify gender-related technical assistance or capacity-building needs and request support from the Gender Working Group. The Gender Working Group is available to provide technical assistance with any of the above action steps.

Appendix A: Endorsed Strategies and Technical Approaches for Gender

USAID
The following link is to a document written for USAID staff to help them implement the USAID Automated Directive System (ADS) language related to gender analysis and integration. The document summarizes USAID's requirements for gender and provides guidance on implementation.
http://www.usaid.gov/policy/ads/200/201sab.pdf.

USG Global Health Initiative Women, Girls and Gender Equality Principle

The Global Health Initiative, launched in May 2009 by the Obama administration, emphasizes the importance of women's empowerment and gender equality in global health and development work. Among its guiding principles is the implementation of a Women, Girls and Gender Equality Principle. The following are key elements for operationalizing that principle:

- Ensure equitable access to essential health services at facility and community levels.
- Increase the meaningful participation of women and girls in the planning, design, implementation and M&E of health programs.
- Monitor, prevent and respond to gender-based violence.
- Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities and economic assets.
- Engage men and boys as clients, supportive partners and role models for gender equality.
- Promote policies and laws that will improve gender equality and health status and increase access to health and social services.
- Address social, economic, legal and cultural determinants of health through a multisectoral approach.
- Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy and engagement of community leaders and role models to improve health for women and girls.
- Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers decision makers throughout the health systems, from the community to national level.
- Strengthen the capacity of institutions -- which set policies, guidelines, norms and standards that impact access to and quality of health-related outreach and services -- to improve health outcomes for women and girls and promote gender equality.
- Include formative research to identify the influence of gender normative barriers to implementing a program.
- Incorporate changes in gender normative attitudes or behaviors in the outcomes of research studies.

USG PEPFAR Crosscutting Gender Strategies

PEPFAR promotes a two-pronged approach to gender: (1) the integration of gender into all HIV/AIDS prevention, care, and treatment programs; and (2) programming to address the following five cross-cutting gender strategic areas:

- Increase gender equity to HIV/AIDS programs and services.
- Reduce violence and coercion.
- Address male norms and behaviors.
- Increase women's legal protection.
- Increase women's access to income and productive resources.

DFID

The following quote from the vision statement of DFID's 2011–2015 business plan lays out its commitment to gender:

"We want to see girls and women, who so often hold the key to development, becoming empowered members of their communities. We will work to strengthen women's voice and engagement in decision making. We will strengthen health systems and family planning facilities so that women can plan their families and receive treatment before, during and after childbirth."

Additionally, gender figures into Priority 5 of DFID's business plan, which is to lead international action to improve the lives of girls and women: "Work to empower and educate girls, recognize the role of women in development and help to ensure that healthy mothers can raise strong children."

The business plan provides further detail about how DFID plans to make Priority 5 operational.

http://www.dfid.gov.uk/Documents/DFID-business-plan.pdf .

Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund has two complementary strategies that are considered two parts of one gender framework. One addresses gender with an emphasis on women and girls and the other addresses sexual orientation and gender identity (recognizing that sexual minorities are marginalized primarily because they deviate from dominant gender norms). Overall, the Gobal Fund will fund and champion projects that incorporate these activities:

- scale up services and interventions that reduce gender-related risks and vulnerabilities to infection
- decrease the burden of disease for those most at risk
- mitigate the impact of the HIV/AIDS, tuberculosis, and malaria
- address structural inequalities and discrimination (Global Fund Gender Strategy).

The Global Fund's 2011 Information Note on Addressing Women, Girls and Gender Equality further articulates that proposals should take the following key steps to better incorporate a gender-sensitive approach:

- collect epidemiological and behavioral data and conduct a gender analysis of that data
- include interventions in response to gaps identified (including examples of gender-related interventions in key health areas)
- integrate gender into monitoring and evaluation

http://www.theglobalfund.org/en/application/infonotes/

Appendix B: Gender Analysis Worksheet

The following template for conducting a gender analysis was developed by the USAID IGWG and can be found at http://igwg.org/training/GenderAnalysisIntegration/IntroGendrAnalysisIntegration.aspx.

Conduct a gender analysis of your program by answering the following questions for your program goal or objective.

Program goal and overall health objective: _____

Be sure to consider these relations in different contexts — individual, partners, family and communities, healthcare and other institutions, and policies.

A. What are the key **gender relations** inherent in each domain (listed below) that affect women and girls and men and boys?	B. What **potential information is missing** but is needed about gender relations?	C. What are the **gender-based constraints** to reaching program objectives?	D. What are the **gender-based opportunities** to reaching program objectives?
Practices, roles and participation:			
Knowledge, beliefs and perceptions (some of which are norms):			
Access to assets:			
Legal rights and status:			
Power and decision making:			

Appendix C: Sources of Data for Gender Analysis

1. Demographic and Health Surveys (DHSs), which contain data from over 75 countries, include a number of questions designed to shed light on gender inequality and norms, such as the following:
- educational status and media exposure
- employment status
- control over earnings
- freedom of movement
- control over money and assets
- attitudes about gender roles and the right to refuse sex
- spousal equality and communication
- freedom from violence and coercion
- attitudes that reflect a sense of self-efficacy, self-worth and entitlement
- control of household and reproductive decision making

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

2. The Population Reference Bureau's annual publication, *The World's Women and Girls Data Sheet,* has current data on a number of indicators on the status of women and girls in over 180 countries. These indicators include the following:
- the percentage of women who are married by age 18
- the percentage of married women who use contraception (any method/modern method)
- the percentage of births that are attended by skilled personnel
- the number of maternal deaths per 100,000 live births
- the percentage of adults ages 15–49 with HIV/AIDS (female/male)
- the rate of primary school completion (female/male)
- the percentage of children who are enrolled in secondary school (female/male)
- the percentage of people ages 15+ who are economically active (female/male)

Source: http://www.prb.org/Publications/Datasheets/2011/worlds-women-and-girls.aspx.

3. Multi-country data on gender-based violence:

- Garcia-Moreno C, Henrica AFM, Ellsberg ME, Heise L, Watts C. WHO multi-country study on women's health and domestic violence against women. Geneva: World Health Organization; 2005. http://www.who.int/gender/violence/who_multicountry_study/en/.
- Kishor, S, Johnson K. Profiling domestic violence – a multi-country study. Calverton, Maryland: ORC Macro; 2004. http://www.measuredhs.com/pubs/pdf/OD31/OD31.pdf.
- Krug EG, Dhalberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health. Geneva: World Health Organization; 2002. http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf.

4. Other data sources may include qualitative studies, grey literature and project reports as available.

Appendix D: Key Resources for Gender Integration in Service Delivery Programs

Evidence-based Examples of Gender Integration in Program Design

Rottach E, Schuler S, Hardee K. Gender perspectives improve reproductive health outcomes: new evidence. Washington, DC: Population Reference Bureau, USAID IGWG; 2009. http://www.igwg.org/igwg_media/genderperspectives.pdf.

Program Design Resources

Caro D. A manual for integrating gender into reproductive health and HIV programs: from commitment to action. 2nd ed. Washington, DC: Population Reference Bureau, USAID IGWG; 2009. http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf.

Greene M, Levack A. Synchronizing gender strategies: a cooperative model for improving reproductive health and transforming gender relations. Washington, DC: Population Reference Bureau, USAID IGWG; 2010.
http://www.prb.org/igwg_media/synchronizing-gender-strategies.pdf.

USAID IGWG. Gender integration continuum categories. (Handout) Washington, DC: IGWG; nd. http://igwg.org/igwg_media/Training/GendrContinuumCategories.pdf.

USAID IGWG. Moving from analysis to action. (Worksheet) Washington, DC: IGWG; nd. http://igwg.org/igwg_media/Training/GendrIntegrExercisTbl2.pdf.

Rottach E, Schuler S, Hardee K. Gender perspectives improve reproductive health outcomes: new evidence. Washington, DC: Population Reference Bureau, USAID IGWG; 2009. http://www.igwg.org/igwg_media/genderperspectives.pdf.

Monitoring and Evaluation Resources

C-Change. Compendium of gender scales. Washington, DC: FHI 360; nd.
http://www.c-changeprogram.org/content/gender-scales-compendium/index.html

Bloom S. Violence against women and girls: a compendium of monitoring and evaluation indicators. 2008. Chapel Hill, NC and Washington, DC: MEASURE Evaluation, USAID IGWG; 2008. http://www.prb.org/igwg_media/violenceagainstwomen.pdf.

Moser A. Cutting-edge packs: Gender and indicators. Brighton, UK: BRIDGE, Institute of Development Studies; 2007.
http://www.bridge.ids.ac.uk/go/bridge-publications/cutting-edge-packs/gender-and-indicators/.

Yinger N, Peterson A, Avni M, Gay J, Firestone R, Hardee K, et al. A framework to identify gender indicators for reproductive health and nutrition programming. Washington, DC: USAID IGWG; 2002. http://www.prb.org/igwg_media/FramewkIdentGendrIndic.pdf.