



Moving the Needle Towards Gender Transformation in Diverse Social and Behavior Change Programming Across West and Central Africa

Lessons and Considerations



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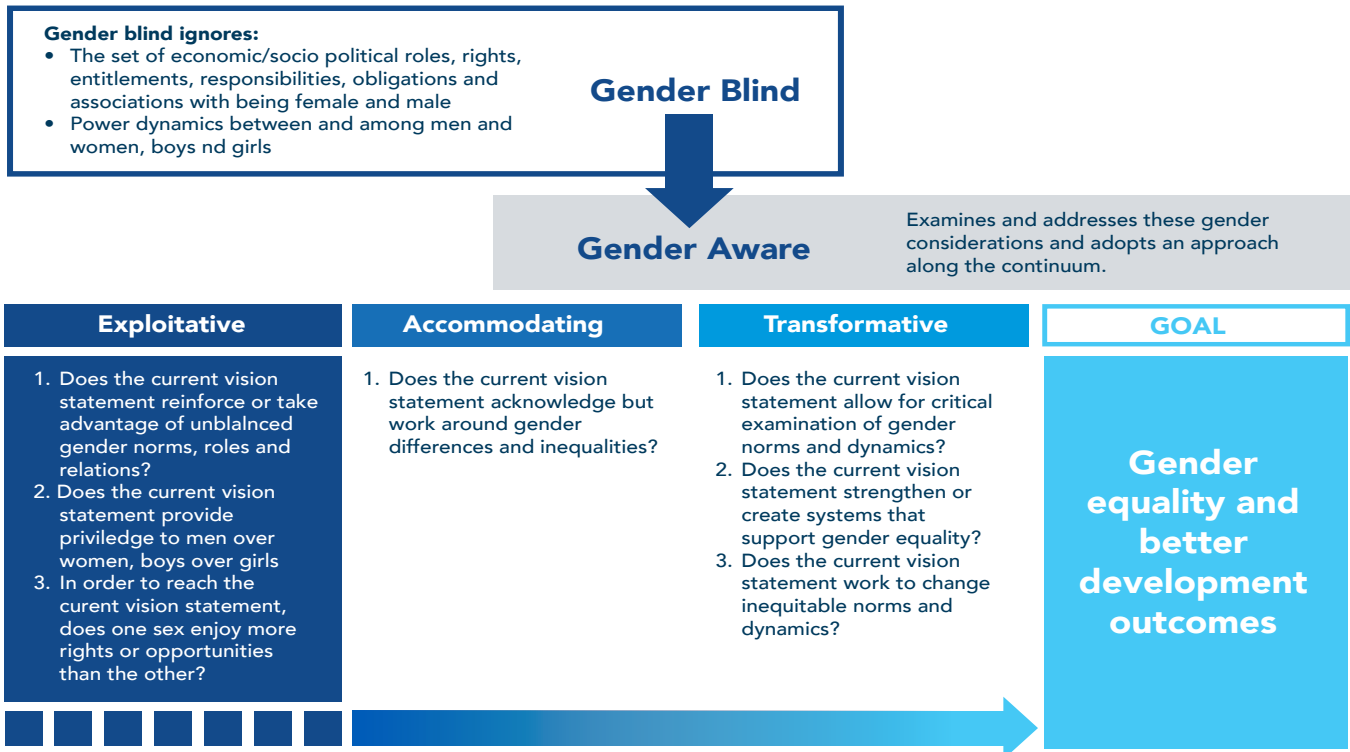
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INTRODUCTION

Gender integration is the process of examining the impact of gender norms, roles, and dynamics, including unequal power relations within a project’s context, and identifying how to compensate for and/or address gender-based inequities during program assessment, design, implementation, and evaluation. This process guides the development and implementation of programming, policies, and services that can improve health and development outcomes for people of all gender identities, especially cisgender women and gender minorities. As shown in the Gender Integration Continuum (Figure 1), programs can be categorized as gender blind, gender exploitative, gender accommodating, or gender transformative.* Gender integration aims to move programming along this continuum towards gender transformative approaches (GTAs). Through GTAs, programs seek to challenge and shift gender-inequitable norms, roles, and dynamics in support of gender equality and improved health outcomes. Ideally, a program and all its components would be gender transformative, but having a hybrid of components spanning two or more of these categories is sometimes a reality of program implementation. The feasibility and appropriateness of GTAs will depend highly on context and timing as well as practical considerations like resources (e.g., human, financial, material), expertise (e.g., in gender), and commitment from the funder, government, and implementing partners.

Figure 1: The Gender Integration Continuum¹



* We invite readers to review emerging perspectives and insights on the gender integration continuum as they consider and apply it to their work. It is important that any gender transformative approach be intentionally monitored and evaluated for actual gender transformation to move from aspirational to actual. See Malhotra, A. (2021). The Disconnect Between “Gender-Transformative” Language and Action in Global Health. “The Power of Evidence” Think Piece and Podcast Series 2021. United Nations University International Institute for Global Health. <https://www.genderhealthhub.org/articles/the-power-of-evidence/>

Breakthrough ACTION, the flagship social and behavior change (SBC) project funded by the United States Agency for International Development (USAID), seeks to ignite collective action and encourage people to adopt healthier behaviors, from using modern contraceptive methods and sleeping under bed nets to being tested for HIV and preventing the spread of zoonotic diseases. Over the course of the project, regional and country programs have made concerted efforts to integrate gender across a diverse portfolio of SBC programming to improve health and social outcomes, in line with the project's gender strategy.

This report presents case studies of SBC programming across francophone countries in West and Central Africa and underscores efforts to integrate gender in ways that are culturally responsive and contextually appropriate. They include Breakthrough ACTION Democratic Republic of the Congo (DRC), Breakthrough ACTION Mali, and West Africa Breakthrough ACTION (WABA). WABA implements efforts in Burkina Faso, Côte d'Ivoire, Niger, and Togo. These case studies are not necessarily the most gender transformative interventions that Breakthrough ACTION has implemented; rather, they were selected to share examples of how programs can move the needle along the gender integration continuum—from gender blind towards gender transformative—and provide important lessons and considerations for similar efforts across Breakthrough ACTION and other global SBC programming.



FROM INSIGHTS TO DESIGN

Breakthrough ACTION engages couples in household health and finances in the Democratic Republic of the Congo

Program overview

Breakthrough ACTION DRC is an integrated health project that seeks to improve maternal and child health outcomes by reducing the incidence of malaria and tuberculosis and facilitating family planning (FP) access and use. The project also encourages parents to engage regularly in essential household health practices, such as use of insecticide-treated nets, exclusive breastfeeding, and hand-washing, and it promotes vaccination and care-seeking at health facilities during pregnancy for cases of fever, cough, and diarrhea. The project works across nine provinces, spanning three regions of DRC.

One of the project's initial research activities focused on understanding the experiences and perspectives of community members, healthcare workers, and traditional healers in two provinces of DRC: Haut-Katanga and Kasai Oriental. Breakthrough ACTION used this research to shape interventions that aim to reach couples, pregnant women, parents of children under age five, and key influencers of essential household health practices and health care-seeking at public health facilities. The project conceived these interventions through a human-centered design (HCD) process, using adaptation workshops to tailor the approaches to additional provinces that the project supports.

Gender integration process

The project began with an extensive review of existing literature, which included an examination of how gender norms and gender-based violence affect health and education outcomes in DRC. Subsequently, during the initial scoping visits and the discovery (formative) research phase of the HCD process, the project further explored gender roles to identify a number of insights on community and household dynamics that influence essential household health behaviors. Gender roles and couple dynamics surrounding decision-making emerged as major themes which affected both access to and the flow of information, playing into daily struggles around money, education, and planning for the future.

While the project did not have an explicit mandate to be gender transformative and, as such, did not set out to directly address gender norms and power dynamics, these insights showed that many challenging issues facing households were tied to gender-related barriers. For example, women's lack of self-sufficiency and adequate financial resources to provide for themselves and their families is critical to address health issues such as severe malnutrition.

Based on these initial insights, the project is interested in delving further into how gender norms and power dynamics influence FP decision-making and are planning a research study using the Social Norms Exploration Tool.² The research findings will be used to develop interventions and messaging that focuses on shifting gender-inequitable norms to foster more egalitarian roles in contraceptive decision-making among couples.

Programming approaches and strategies to address challenges and leverage opportunities

In response to the gender-related insights discovered, the project identified a series of potential gender-integrated program concepts, co-designed with the community and subsequently

tested through visits to households, markets, and health centers, among others. Although the team determined that an income-generation activity would be a direct way to transform women’s livelihoods and address critical gender-related barriers, due to limitations in project scope, the team adapted the approach to address financial barriers from a different standpoint. Interventions, which are part of an umbrella campaign called VIVA!, thus promote couple communication and transparency related to household health and finances. For example, a couple-focused activity called “Rencontres de Couples” (Couple Get-Togethers) brings men and women together to participate in small group health games to understand more about FP, prenatal care, breastfeeding, and more. This event recognizes couples who demonstrate a strong shared understanding of each other and their family’s health-related goals. The event also promotes couple-based FP counseling as a way to encourage couple communication and cooperative decision-making with an intention to reduce gender-related barriers to openly expressing fertility desires and goals and contraceptive use intentions.



Presenting information on FP during a VIVA! Couple Get-Together. Photo credit: Breakthrough ACTION DRC

During these events, couples also participate in a cost comparison activity: a fun, interactive discovery process which demonstrates that the cost of health services is no greater than that of commonly consumed household items like salt, sugar, phone credit, haircuts, or a bottle of beer. This exercise helps couples recognize and dispel a common misperception—that health care expenses are costly and out-of-reach—which is a barrier to health service utilization. The project provides couples with a “savings box” which they can keep at home and use to save for important medical services such as prenatal care and care-seeking for fever in children under five (a symptom of malaria). The savings box encourages couples to be both more transparent about the money that is needed for household expenditures and communicative about sharing intent to practice facility-based health care-seeking when necessary for the health of their young children.

The project used the Most Significant Change approach to collect stories from participants about the ways in which these activities have affected the actions of individuals and the community at large. From this story collection, the team learned that the cost comparison and savings box interventions generated evocative conversations and action among couples around financial priorities and resource allocation. One male community member in the province of Sud Kivu remarked, “Now we are starting to split our products—some for consumption and others are saved—and we are starting to pay off our debts at the health center. If someone gets sick, we can go to our savings box to pay for care.”³



VIVA! cost comparison activity in the Kapolowe health zone. Photo credit: Breakthrough ACTION DRC

Elements contributing to success

The project's formative research did not set out to conduct a formal gender analysis, but nonetheless, by both paying attention to gender issues that emerged from the research and recognizing their importance in influencing the ultimate health outcomes, the team attained a solid understanding of critical gender-related barriers, such as decision-making within couples. When developing SBC interventions, addressing such barriers can help improve outcomes. The project was able to address gender-based financial barriers to health care-seeking by weaving in couple communication and household decision-making into a suite of interrelated and mutually reinforcing SBC activities that engage both men and women.



SMALL INROADS IN A GENDER-BLIND FIELD

**Breakthrough ACTION opens doors for women in
the Global Health Security Agenda in Mali**

Program overview

Breakthrough ACTION Mali is a small project focused on advancing the Global Health Security Agenda (GHSA) and supporting the country's preparedness and response to specific disease threats, including COVID-19 and Ebola. The project aims to strengthen the country's capacity to conduct effective risk communication and community engagement during disease outbreaks and other public health emergencies, as measured by the Risk Communication indicators included in the World Health Organization's Joint External Evaluation. In 2020, building upon its first 18 months of work supporting the GHSA, the project began providing intensive support to Mali's COVID-19 communication strategy, with activities contributing both to the acute response phase as well as to the country's overall capacity to conduct risk communication and community engagement. Additionally, in early 2021, a new outbreak of Ebola virus disease reported in neighboring Guinea triggered the initiation of Ebola preparedness in Mali, and Breakthrough ACTION began supporting the government's communication-related efforts to prevent and mitigate the potential spread of Ebola to and within Mali. The project is working to implement risk communication through different channels at all levels—from community-level interpersonal communication to nationwide mass media—as well as build a system for sustainable leadership by supporting the government in understanding and adopting international health standards for communication around zoonotic disease outbreak prevention and response.

Gender integration process

Breakthrough ACTION designed a standard programmatic approach to its multi-country GHSA work that is then adapted to individual country contexts. While the approach has brought a new focus on the behavioral aspects of GHSA, it was not designed with an explicit gender lens; this is also reflective of the general field of GHSA. An initial literature review showed that gender has not been considered in research on animal husbandry and zoonotic disease transmission in Mali, and government stakeholders participating in the GHSA are often men.⁴ As such, gender considerations have been given little attention at the national level. Gender integration in programming is generally limited to sharing information with women or measuring reach among men and women.

In 2019, Breakthrough ACTION Mali conducted formative qualitative research on the individual, cultural and social determinants of behaviors related to five priority zoonotic diseases, which revealed that men and women typically held different roles in terms of animal husbandry. For example, while men might constitute the majority of cattle herders or butchers, women are often the preparers and vendors of meat. Yet health programs have a limited understanding of how



HCD workshop participants in Mali.
Photo credit: Breakthrough ACTION Mali

these roles impact the incidence of zoonotic diseases, and subsequently messaging on the topic is not different for women and men.⁵ While the study did not explore the gender dimensions in detail, it was a catalyst for greater attention to gender roles and their influence on the risk of being exposed to zoonotic diseases. As a result, when the project carried out an HCD process to identify key insights in improving understanding, motivation, and shared ownership of community-wide healthcare outcomes related to priority zoonotic diseases, they were sensitive to considering the influence of gender when designing the lines of inquiry and analyzing the findings. For example, the team found having dedicated facilitators exploring and observing reactions and discussions from a gender lens to be helpful. These facilitators observed that women participants were not speaking out during exercises—a telling sign of gender norms and roles that could impact the insights these discussions generated and thus the prototypes stakeholders developed. Consequently, social cohesion and gender dynamics emerged as key themes important for understanding the context in which SBC programs diffuse information and that impact how community members adopt behaviors over time.



A resident in Yanfolila, Mali provides input on how a radio show prototype could better reach women and families.
Photo credit: Breakthrough ACTION Mali

Through these research and HCD processes, the project found that gender dynamics play into the GHSA space in more ways than might be expected at first glance, such as the gender dynamics in household decision making, couple communication, and the division of labor for animal husbandry. As the project has evolved, increased attention to gender has allowed the team to learn more about GHSA-related gender considerations, which could shape the design of future risk communication interventions. For example, the team is exploring how to raise awareness of the similarities and differences in how women and men and girls and boys experience different zoonotic disease risk factors or are impacted by outbreaks.

Programming approaches and strategies to address challenges and leverage opportunities

Breakthrough ACTION Mali's primary programmatic approach to integrate gender was to capitalize on the long history of working with women's groups in the country through a previous project that sought to reduce maternal, infant, and child mortality. By building on these existing relationships, the project identified women's groups—as well as other community-based groups—with a stake in outbreak prevention and response, particularly during the COVID-19 pandemic. By engaging with these women's groups, the project was able to leverage the organic know-how and influence that they have within their communities. Recognizing the groups' potential leadership role in their communities, the project trained

these women to disseminate information, positioning them as trusted and authoritative voices about risk and prevention behaviors. The project has also begun to explore how women's groups can engage with other gatekeepers like religious leaders to raise awareness around priority zoonotic diseases, though this has been challenging due to social and cultural barriers which contribute to unequal gender and power dynamics between these groups and other stakeholders in the community. Another challenge in engaging women is the inherent gender imbalance within the professional fields involved in GHSA, particularly veterinarians and butchers. In addition, top decision-makers in national human, animal, and environmental health are often men. Across the board, the lack of meaningful representation of women in relevant professions and government bodies, coupled with limited gender awareness in this male-dominated space, has stymied the inclusion of women's voices and experiences in the GHSA.

The project is also aiming to increase and improve dialogue with communities to understand both women's and men's attitudes about zoonotic diseases and ideas for outbreak prevention and response. This will help shape risk communication materials and approaches that are tailored to the varying risks, perceptions, and needs of men and women.

Elements contributing to success

Despite the general lack of attention to gender integration in the GHSA field, the project has been able to make small yet important inroads to increasing consideration and visibility of gender as a factor in the prevention and transmission of zoonotic diseases. Existing relationships with women's groups were leveraged to directly involve them and strengthen their capacity to be respected leaders in a new area of influence. These women have valued this opportunity to engage and lead in a health area that is new to most community members, regardless of gender. The whole process has been one of exchange, learning with and from all community members about disease risk, transmission, and prevention. As the project expands and prototypes are scaled up, the team plans to continue considering how and when gender can be more purposefully integrated, not only into its own community-level interventions, but also at a more strategic level in the various national risk communication plans, strategies, and other key guidance documents that the project routinely supports the government and key GHSA partners to develop and revise.



FINDING THE RIGHT BALANCE

Breakthrough ACTION promotes adolescent family planning access and use in West Africa

Program overview

WABA aims to improve access and use of family planning/ reproductive health (FP/RH) services across urban and peri-urban centers of four priority countries: Burkina Faso, Côte d'Ivoire, Niger, and Togo. Through collaboration with USAID service delivery partners, such as Amplify-FP, WABA strives to reinforce the capacity of national entities to coordinate and oversee quality SBC programming for FP, promote high-quality services, and foster supportive social norms for youth FP access and use.

At the onset of the project, the team identified lower education levels, limited decision-making power, and low access to and control over household and financial resources as factors associated with women's diminished agency in accessing and using health services, including FP. It also found that cultural and gender norms, such as, expectations for men to be generally more dominant compared to women in household decision-making, and taboos or stigmas about discussing FP/RH, particularly for young people, directly impact overall reproductive health outcomes.

Gender integration process

In its first year, in line with the wider Breakthrough ACTION gender strategy, WABA carried out some exploratory work to consolidate what it knew about men's sexual and reproductive health needs and challenges and explore systematic ways to help shift gender inequitable norms. This included performing a rapid analysis of private sector best practices for marketing to urban young men and a literature review to synthesize the evidence on male engagement in FP interventions relevant to the four WABA countries. These studies identified some key insights and strategies in male engagement, but given available resources and bandwidth, and regional priorities, the project decided to prioritize social norms impacting youth FP access. This focus on youth was identified given that indicators around FP were lagging among adolescents despite Ouagadougou Partnership countries generally progressing toward their FP targets among women of reproductive age (15–49 years).

Additionally, though the project was interested in assessing and integrating gender approaches such as male engagement, the overarching project theory of change did not explicitly call out gender. In hindsight, the team missed this opportunity to ensure that it systematically integrated gender across its activities from year to year. Nevertheless, the project team continues to consider gender—including addressing gender norms that limit young women's decision-making power and access to FP/RH—as opportunities arise. For example, the project leveraged other work carried out by the global Breakthrough ACTION team on regional gender synchronized interventions—that is those interventions that work with men and women, boys and girls, in an intentional and mutually reinforcing way—to challenge restrictive gender norms, catalyze the achievement of gender equality, and improve health.⁶ Using the recommendations developed through an analysis of gender synchronized approaches in Niger, WABA has remained attentive to opportunities to adopt gender synchronization in its implementation approach in Burkina Faso, Côte d'Ivoire, and Togo.

Figure 2. Confiance Totale logo

(Translation: Total Confidence: Family Planning: Quality, Confidentiality, Assurance)



Programming approaches and strategies to address challenges and leverage opportunities

The project focused its gender integration efforts on two main activities: (1) the *Confiance Totale* (Total Confidence) campaign, which promotes client confidence in FP/RH services, encourages client-provider trust, and promotes the safety of modern contraceptives, and (2) the regional mass and social media campaign *Merci, Mon Héros* (Thank you, my heroes), which aims to create a supportive environment for youth by tackling taboos and social norms impeding young men and women from accessing FP information and services.

Under *Confiance Totale*, the project solicited feedback from government partners, FP providers, and others during the brand creation workshop, and learned that many men think FP services are not for them. In response, the campaign logo (see Figure 2) was designed to include a man and a woman with their children to promote quality FP services, serving as a visual cue that men have a place in FP. Furthermore, the outbreak of COVID-19 in 2020 and subsequent challenges in accessing health services were catalysts for reconsidering the key messages in the campaign's radio communications. These messages shifted to promote couple communication more directly because it is both a key predictor of FP use⁷ and a behavior the project could prioritize when people were avoiding health centers due to COVID-19. Messages included taking advantage of the increased time together at home to discuss desired family size, FP method preferences, care-seeking, and couple FP counseling with a provider, both before and after pregnancy.



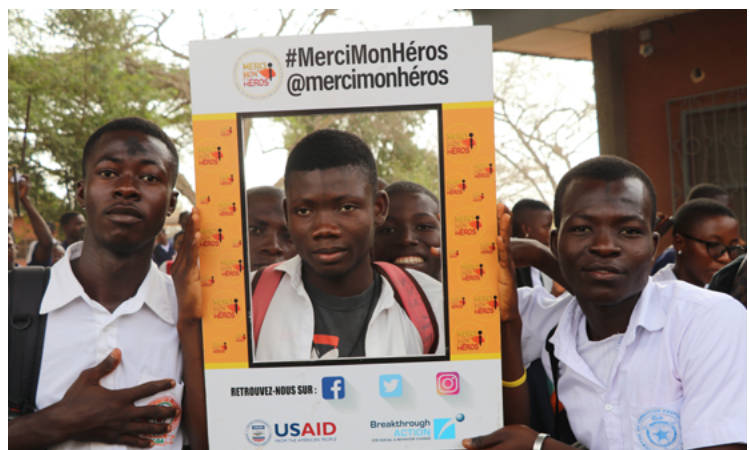
Merci, Mon Héros Facebook post to prompt discussion about the linkages between daily life restrictions as part of the COVID-19 response and increased levels of gender-based violence.

As the *Merci, Mon Héros* campaign evolved, the project became increasingly intentional about gender integration and included specific attention to gender norms when it unpacked the activity-level theory of change. In practice, this played out by integrating gender-related questions into campaign video development and social media and community-based discussion forums, such as why sexual debut may be different for young men versus young women or how boys and girls are socialized around power, values, and expectations in terms of sexual activity. WABA also explored the sensitive topic of gender-based violence through *Merci, Mon Héros* online content, as well as through nationally televised debates, and it pushed conversations to help young people understand that gender-based violence is not just physical violence, but also more structural, tacit violence which surfaces and impacts young lives based on their gender. Internally, the team also paid attention to gender representation in their staffing, engaging both men and women as program officers and youth consultants in a health area that is often dominated by women. The balanced representation helps demonstrate, in a project that engages both youth and their influencers such as parents and community leaders, that FP/RH is a relevant and important issue for both young women and young men.

The team still has more questions that it would like to explore around gender. For example, what are the gender-related challenges that young women face in accessing information and services? What are the gender differences in what is culturally acceptable for young men versus young women with regards to FP/RH? As the activity evolves, the team plans to consider such questions as they work with young people to critically reflect on what gender means for them and how it impacts their health and well-being.

Elements contributing to success

Realism and cultural appropriateness are essential elements in the project's ability to integrate gender in a meaningful yet respectful manner. While the team strives for activities to be gender transformative, they also need messages to be credible in some very socially conservative environments of West Africa. They have also acknowledged that what is popular and interesting to young people—critical for a youth-led campaign—will not always be gender transformative. Instead, the team has sought to generate creative solutions and focus on areas where progress is feasible rather than pushing too hard in areas where it is not. As part of this process, it has recognized the need to build gender integration capacity among project staff and young consultants and invested in staff training and peer coaching. However, the team identified a need to improve gender sensitivity among others involved in project implementation, including video production staff and performers hired for campaign activities.



Boys attending a *Merci, Mon Héros* event in Daloa, Côte d'Ivoire.
Photo credit: West Africa Breakthrough ACTION

Midway through the project, *Merci, Mon Héros* also used a tool developed by Breakthrough ACTION: the *Gender Equality Check-In*.⁸ This tool includes a series of checklists to help staff assess the level of gender integration in their projects and identify areas where programming can be more gender transformative. The results surprised the project staff and motivated them to take a number of new actions: while staff members thought they were doing fairly well in integrating gender, the nuanced and detailed question prompts in the tool helped them to identify areas where they could take action to improve their efforts. The experience of applying the tool and getting surprising results helped the team realize how the project would have benefited from addressing gendered power dynamics from the onset, alongside age-related power dynamics. This learning experience inspired the team to be more explicit in their attention to gender and seek out gender expertise as needed moving forward.



LESSONS LEARNED AND RECOMMENDATIONS

These case studies illuminate how a strategic approach to gender integration from project inception would help to ensure that the project adopts an intentional and systematic approach to gender integration, thereby maximizing opportunities to examine how gender influences outcomes of interest and design programming that is both contextually relevant and culturally appropriate. As demonstrated in these select case studies from Breakthrough ACTION programming across West and Central Africa, the rapid startup in multiple countries meant that the systematic processes and tools were not solidly in place to support gender integration from the outset. Specific tools at the start-up stage, such as those that could be used in scoping visits or conducting gender analysis in strategic planning, can help increase attention to gender in early yet critical stages of the project cycle.

At the same time, these case studies underscore that finding ways to identify and address gender considerations throughout the project cycle will positively influence the impact of gender on the outcomes of interest. To harness the possibilities of new insights, adapt activities, and build greater commitment among staff and collaborators, programs must remain attuned to opportunities throughout the project cycle. In these case studies, a catalyst often prompted greater attention to gender considerations. For example, unearthing insights through formative research or using a gender-specific tool, such as Breakthrough ACTION's Gender Check-in, served as a reminder to consider gender intentionally and systematically throughout the project cycle and as part of staff professional development.

While the projects approached gender integration in different ways, the following stand out as critical elements of success: promoting greater harmony and shared decision-making between couples (as in DRC and WABA), fostering women's leadership and influence at the community level (such as in Mali), and providing a space for critical reflection of gender norms among mixed-gender groups (such as in WABA). The specific gender integration approaches and accompanying messages and materials—and the level of gender integration—were all tailored to the local context. These case studies provide examples of how to move SBC programs, or components of programs, along the Gender Integration Continuum in socially conservative environments without creating a backlash. With additional time and resources, these have the potential to move further along the continuum and lead to gender transformative change.

Lastly, the experiences of these Breakthrough ACTION programs show that commitment to gender integration among staff, funders, and collaborators is essential for improving gender integration and adopting increasingly effective GTAs. Even when commitment is in place, attention to staff and local partner capacity is crucial. While having at least one gender expert weigh in at critical moments is useful—such as scoping visits, strategy design, and co-creation workshops—the project benefits greatly when the majority of staff have some training in gender integration, with that training being adapted for the priorities and experiences of the participants and the context of the country, such as the specific needs of youth and key stakeholders.

Figure 3: Critical Elements of Success

- Promoting greater harmony and shared decision-making between couples
- Fostering women's leadership and influence at the community level
- Providing a space for critical reflection of gender norms among mixed-gender groups
- Tailoring gender integration approaches and accompanying messages and materials to the local context
- Commitment to gender integration among staff, funders, and collaborators
- Attention to staff and local partner capacity, including assistance from specific gender experts as well as staff-wide training in gender integration

Conclusion

In terms of gender integration, these case studies from Breakthrough ACTION programming provide important lessons and considerations for how SBC projects can move the needle towards gender transformative design and implementation and thereby contribute to improvements in health outcomes. They also emphasize the need for greater coordination and collaboration between funders, implementing partners, government institutions, and civil society organizations so that programmatic efforts continue to build upon one another and advance the sustainability of local leadership and advocacy in support of gender equality.

Reflection questions

The following questions can be used to guide how you might approach gender integration in your own programs:

1. What data do you have that could be used to consider how gender-related factors impact the health behaviors of interest in your program?
2. What SBC activities or interventions could you add to move your program further along the Gender Integration Continuum (even in cases where the overall project may only be gender aware)?
3. What monitoring questions can your program include to track the gender-related aspects of SBC implementation, including access, participation, and unintended consequences?
4. What internal capacity, technical assistance, or tools does the team need to meaningfully integrate gender and how can access to these be provided?
5. What steps can you take to advocate for increased attention to, or funding of, GTAs in your program?
6. What future opportunities can you identify to conduct a more purposeful and systematic review of gender integration in your SBC programming, such as monthly meetings, annual work plans, or mid-term reviews?

References

1. Interagency Gender Working Group. The Gender Integration Continuum. Washington, DC: USAID; 2017. Accessed September 30, 2021. https://www.igwg.org/wp-content/uploads/2017/05/Gender-Continuum-PowerPoint_final.pdf
2. Institute for Reproductive Health. Social Norms Exploration Tool. Washington, DC: Georgetown University; 2020. Accessed September 1, 2021. https://www.alignplatform.org/sites/default/files/2020-01/social_norms_exploration_tool_snet.pdf
3. Breakthrough ACTION. *Exploration qualitative de la campagne familiale Viva dans la province du Sud-Kivu / DRC*. Baltimore, MD: Johns Hopkins Center for Communication Programs; 2021. <https://thecompassforsbc.org/project-examples/understanding-individual-and-social-risk-factors-related-priority-zoonotic-diseases>
4. Breakthrough ACTION. *Understanding Individual and Social Risk Factors Related to Priority Zoonotic Diseases in West Africa: A Review of the Literature*. Baltimore, MD: Johns Hopkins Center for Communication Programs; 2018. <https://www.thecompassforsbc.org/project-examples/understanding-individual-and-social-risk-factors-related-priority-zoonotic-0>
5. Breakthrough ACTION. *Les déterminants sociaux, culturels et individuels des comportements à risque, de prévention et de réponse liés aux cinq maladies zoonotiques prioritaires au Mali: Une étude qualitative formative*. Baltimore, MD: Johns Hopkins Center for Communication Programs; 2020.
6. Breakthrough ACTION. *Improving Family Planning Programming in Niger Through Gender Synchronized Approaches: Recommendations for Implementers and Policy Makers*. Baltimore, MD: Johns Hopkins Center for Communication Programs; 2020. Accessed September 1, 2021. <https://breakthroughactionandresearch.org/improving-fp-programming-in-niger-through-gender-synchronized-approaches>
7. Wulifan JK, Brenner S, Jahn A, De Allegri M. A scoping review on determinants of unmet need for family planning among women of reproductive age in low and middle income countries. *BMC Women's Health*. 2016;16:2. <https://doi.org/10.1186/s12905-015-0281-3>
8. Breakthrough ACTION. *Gender Equality Check-In: A Tool to Assess Gender Integration and Gender Transformative Programming*. Baltimore, MD: Johns Hopkins Center for Communication Programs; 2020 (updated 2021). Accessed September 1, 2021. <https://breakthroughactionandresearch.org/gender-equality-check-in-tool/>