

Transforming Norms in Guinea

EVALUATING THE SUSTAINABILITY AND IMPACT OF GENDER INTEGRATION IN RISK COMMUNICATION AND COMMUNITY ENGAGEMENT TRAINING

Background

In the fight against infectious diseases, [addressing gender disparities](#) is not just a social imperative, it's also a necessity for effective health programs. Gender norms, roles, and stereotypes profoundly shape access to health services and influence community engagement. In the context of risk communication and community engagement (RCCE) and priority zoonotic disease (PZD) prevention, gender integration enhances health outcomes by encouraging a more comprehensive understanding of disease transmission, prevention behaviors, and community dynamics.

For example, involving women in hygiene/health promotion and communication allows for focused discussions at the household level about disease prevention, management, and response, which are often shaped by women's responsibilities as caregivers and managers of domestic spaces. In Ethiopia, this type of approach enabled both men and women farmers to transform gender roles, leading to shared domestic responsibilities and improved livestock management practices, including the use of protective gear to prevent zoonotic diseases.¹ Women are also frequently responsible for food preparation, household cleaning, and water collection, all of which intersect with zoonotic disease spread pathways such as contamination by vermin or livestock interaction.^{2,3} When RCCE programs actively engage women, solutions can incorporate practices to mitigate risks that may otherwise go overlooked, such as proper waste disposal or safe animal handling strategies within households. Such programs can also enable culturally sensitive interventions pertaining norms around both men and women that improve uptake and trust in health programs.

¹ International Livestock Research Institute. (n.d.). *Community conversations: A community-based approach to transform gender relations and reduce zoonotic disease risks*. Generating Evidence and New Directions for Equitable Results CGIAR. <https://gender.cgiar.org/tools-methods-manuals/community-conversations-community-based-approach-transform-gender-relations>

² UNICEF & the World Health Organization (WHO). (2023, July 6). *Women and girls bear brunt of water and sanitation crisis—new UNICEF–WHO report* [news release]. WHO. <https://www.who.int/news/item/06-07-2023-women-and-girls-bear-brunt-of-water-and-sanitation-crisis---new-unicef-who-report>

³ Storz, M. A., Beckschulte, K., Brommer, M., & Lombardo, M. (2022). Current sex distribution of cooking and food shopping responsibilities in the United States: A cross-sectional study. *Foods*, 11(18), 2840. <https://doi.org/10.3390/foods11182840>





Participants from the Kindia workshop in Guinea discussing stakeholders for their risk communication and community engagement intervention in preparation for developing their action plan. Photo Credit: Antonia Morzenti, Breakthrough ACTION Guinea

Breakthrough ACTION's Approach to Gender Integration in Guinea

Breakthrough ACTION, a social and behavior change project funded by USAID, developed a week-long [gender integration RCCE activities training](#). The first training of its kind, it focused on gender awareness and gender sensitive programming related to preparedness, mitigation, and response to local PZDs. The project piloted the training in two Guinean regions, Nzérékoré and Kindia, in February 2024. Breakthrough ACTION also [adapted it to the Nigerien context](#) and conducted it in Niamey in August 2024 and Cameroon in December 2024.

The training equipped participants with practical tools and approaches to better integrate gender principles into ongoing and future RCCE activities. Breakthrough ACTION Guinea wanted to be certain the training led to ongoing change. A follow-up evaluation in Guinea at five- and seven-months post-training reveals four promising outcomes—and lessons for the future.

Four Outcomes and Insights



Shifts in Knowledge

During the training, participants engaged with foundational concepts such as gender norms, gender transformative approaches, and the benefits of gender integration in health programming such as RCCE. Training participants showed significant gains in their understanding of gender concepts. Knowledge retention remained high across all four evaluated areas, with over 80% of respondents correctly answering three of the four questions several months after the

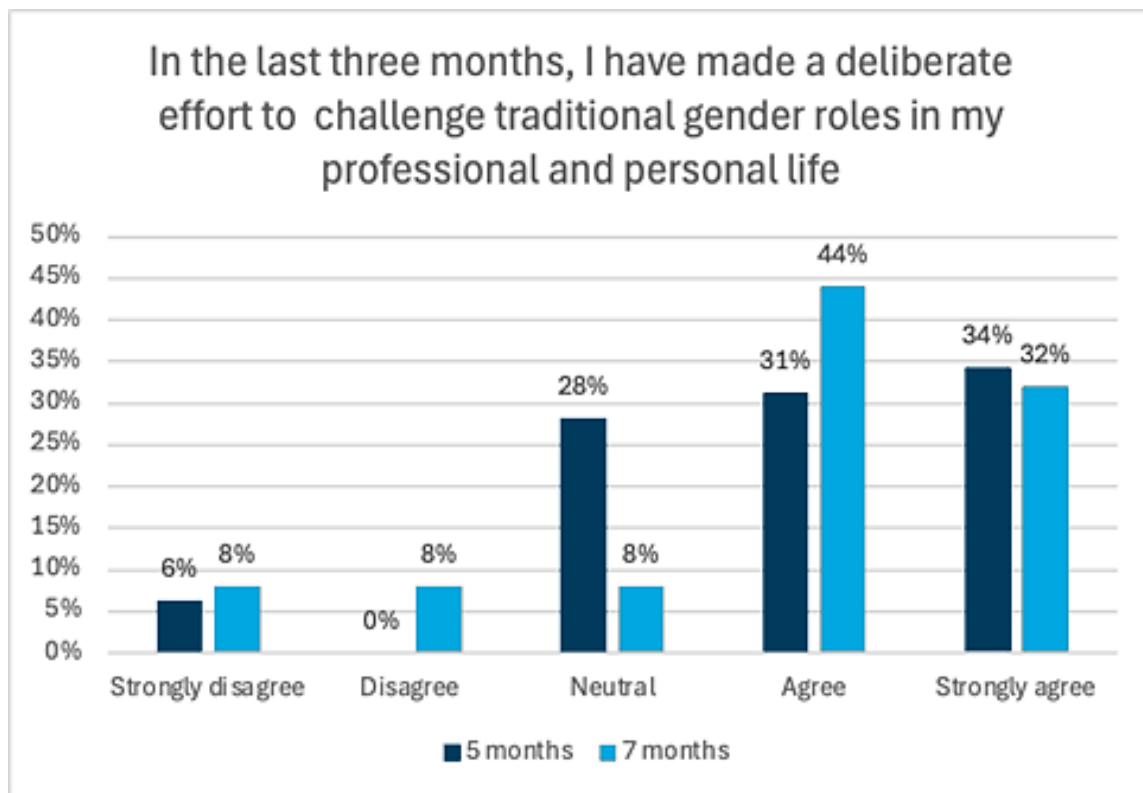
training. While one question saw a slight decline in correct responses in the seven-month survey, the overall knowledge from pre-training levels is higher than the baseline. The results underscore the training's efficacy in deepening participants' understanding of gender norms and their integration into RCCE activities. It also highlights the need for continued engagement and reinforcement to ensure knowledge remains actionable.

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Confidence in Action

One standout finding was the high level of participants' self-efficacy, extending the training's impact beyond knowledge. At seven months post-training, 92% of respondents reported confidence in identifying, applying, and advocating for gender integration approaches. Notably, confidence in applying these approaches grew over time, suggesting participants were not just retaining knowledge but actively putting it into practice.

For instance, participants expressed the highest confidence in their ability to advocate for gender integration, with 69% strongly agreeing at seven months compared to 63% at five months. This progress suggests that as participants apply what they learned, they gain greater confidence in and commitment to leading gender-sensitive initiatives within their organizations and communities.



This graph details participants endeavoring to challenge traditional roles, surveyed at five and seven months after the gender integration training. The number of those who agreed or strongly agreed with the statement increased by 11% seven months after the training compared to the first post-training survey which occurred at five months.

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Turning Learning into Practice

The most tangible evidence of the training’s success lies in its application. Participants have actively integrated gender considerations into program documents, project planning, implementation, and monitoring. Notable examples include:

- **Shifting traditional roles:** A participant described how they included women as social mobilizers in their communities, a role previously dominated by men due to the weight of social norms.
- **Inclusive leadership:** In establishing a local death audit committee, RCCE personnel who had taken the training intentionally assigned leadership roles to a diverse group, including appointing female physicians as chair and vice-chair and recruiting representatives from women and youth groups.
- **Data disaggregation:** Another participant explained how they now systematically break down all community-level data by sex and age, ensuring they better address the needs of different groups.
- **Accessibility considerations:** One participant shared how they adapted training venues to accommodate individuals according to their gender, age, and ability, demonstrating a commitment to inclusivity in their planning.

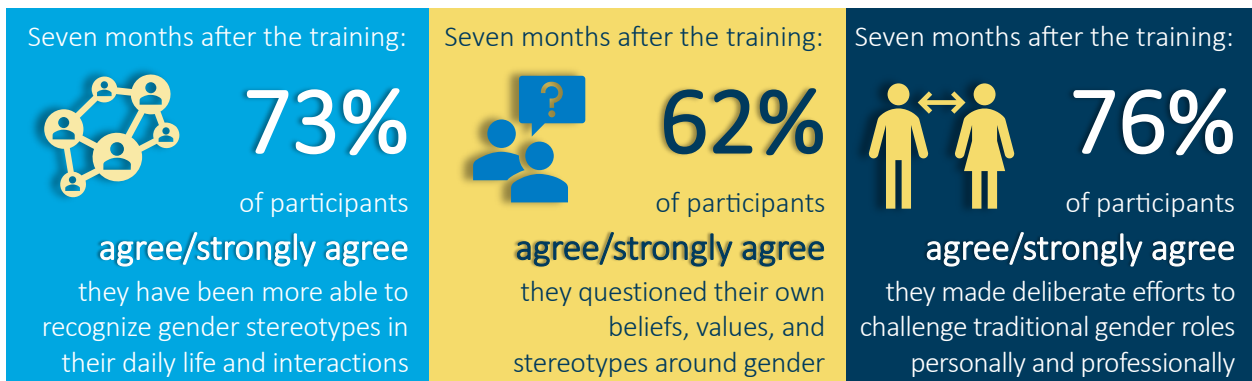
Participants have also used the action plans they developed during the training as practical guides for these efforts. These plans have empowered participants to take deliberate steps to embed gender integration into their work, creating lasting changes in their organizations and communities.

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Challenging Norms and Stereotypes

Beyond professional implementation, the training encouraged introspection and cultural shifts. Most participants reported questioning their own beliefs about gender stereotypes and recognizing these biases in their daily lives. At seven months, 76% of respondents stated they had actively challenged traditional gender roles—an increase from two months prior. Several participants reported examples of advocating for gender considerations in their activity planning with other RCCE implementers and sharing their knowledge through discussions and cascade trainings.

This deepened awareness of stereotypes and gender roles, coupled with efforts to challenge them, underscores how the training fostered both professional and personal transformation. Participants not only changed how they worked but also began influencing those around them, creating ripple effects in their communities. These shifts suggest the training not only equipped participants with knowledge but also inspired personal growth.



Broader Impact and Lessons Learned

The ripple effects of the gender integration training extend far beyond individual participants. Many attendees have become champions of gender equity within their organizations, sharing knowledge through informal trainings, awareness sessions, and direct application of the training principles. From involving women in hygiene promotion to ensuring representation of marginalized groups in decision-making committees, these actions demonstrate a tangible shift in how health programs are designed and implemented. Gender-focused approaches do more than promote equity—they amplify RCCE effectiveness by addressing the nuanced factors influencing PZD spread. By equipping all community members, particularly women and marginalized groups, with tools and knowledge, health programs become more responsive, sustainable, and impactful.

While the feedback and impact reported by participants is promising, sustaining the momentum requires addressing key challenges. The reliance on self-reported data in the evaluation process, while useful, may not fully capture the depth of behavior change. Additionally, declining response rates at later follow-ups suggest the need for ongoing engagement and support to participants, ensuring their knowledge and confidence continue to grow.

The training also underscored the value of contextualization. While participants in Nzérékoré demonstrated higher integration of gender into their work, this regional variation highlights the need to tailor approaches to local realities and challenges. Providing continued technical support and fostering peer networks can further strengthen these efforts, creating a foundation for sustained gender equity in RCCE and other health programs.

Conclusion

In global health, integrating gender into programs and activities is essential for achieving equity and improving outcomes. Breakthrough ACTION's Gender Integration in RCCE Activities Training in Guinea illustrates how transformative such efforts can be. By focusing on local PZDs and ongoing and recent RCCE activities in the country, the program equipped participants with the skills to recognize and address gender dynamics in health interventions. Seven months post-training, an evaluation highlights changes in knowledge, self-efficacy, and practice, shedding light on the ripple effects of gender-sensitive approaches.

The training has not only deepened knowledge and built confidence but also inspired tangible actions. By equipping health professionals to recognize and challenge gender norms, the training is fostering more inclusive, equitable, and effective health interventions.

The journey, however, does not end with a single training. The lasting impact of this work depends on ongoing engagement, resource sharing, and a commitment to embedding gender equity into every layer of health systems. With these efforts, health programs will better address the needs of all individuals, regardless of gender, paving the way for healthier, more equitable communities worldwide.

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