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AIDSFree Strengthening High Impact Interventions for an AIDS-free Generation

AIDSFree Technical Brief

STRENGTHENING COMMUNITY PLATFORMS TO ADDRESS GENDER NORMS

INTRODUCTION

Advancing gender equality and addressing harmful gender norms are essential to ensuring that the cascade of HIV prevention, treatment, and care services are meeting the needs of everyone. Therefore, gender norms need to be considered across strategies and approaches for every aspect of HIV care, both at and between each point of service.

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According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), in 2014, there were 25.8 million people living with HIV in sub-Saharan Africa, more than half of them women (UNAIDS 2014a). Adolescents, especially girls, are at greater risk. There are about 380,000 new HIV infections among young women aged 15–24 every year. In 2013, close to 60 percent of all new infections among young people aged 15–24 occurred among adolescent girls and young women. Globally, 15 percent of women living with HIV are aged 15–24; of these, 80 percent live in sub-Saharan Africa (UNAIDS 2014b).

FEBRUARY 2016

Gender norms influence behaviors and reflect complex social structures within communities and societies. Harmful gender norms can lead to risky behaviors, violence, substance abuse, pursuit of multiple sexual partners, and domination of women. These norms affect not only men and women but also families and communities (Krug et al. 2002; Stiles 2002; Duvvury and Redner 2004).

Harmful gender norms also influence health outcomes. Several studies have reported that girls' and women's risk of HIV infection is associated with gender inequality and violence (Maman et al. 2000; García-Moreno and Watts 2000; Campbell, Williams, and Gilgen 2002; Krug et al. 2002; Decker et al. 2009; UNAIDS 2010; Dude 2011; Devries et al. 2013; Li et al. 2014). Gender norms are closely associated with obstacles and debates related to HIV disclosure in sub-Saharan Africa (Bott et al. 2013). Violence perpetrated by an intimate partner, including physical, sexual, and psychological violence, is the most prevalent form of violence against women. Gender-based violence (GBV) is recognized as a violation of human rights and a serious public health problem, associated with increased risk of HIV and other sexually transmitted infections, sexual risk-taking, and inability to negotiate condom use (Jenny et al. 1990; Glaser et al. 1991; Dunkle et al. 2004).

The U.S. Government defines GBV as "violence that is directed at an individual based on his or her biological sex, gender identity or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life" (USDOS 2012). GBV occurs globally (Garcia-Moreno et al. 2005; Karamagi et al. 2007; Wagman et al. 2009; Fulu et al. 2013) and contributes to the gendered nature of HIV risk by undermining the safety, dignity, overall health status, and human rights of individuals who experience it, but also the public health, economic stability and security of nations (USDOS 2012).

Men are also affected by gender norms that define masculinity as being strong, competitive, aggressive, tough, self-reliant, and willing to take risks, and may foster limited communication and early, risky sex with multiple partners. Poor or marginalized men who do not meet traditional or certain masculine norms, such as those with a different sexual orientation, can engage in poor health-seeking behaviors, unprotected sex, violence, and substance abuse (Pulerwitz et al. 2008; Jewkes et al. 2010; Shannon et al. 2012; Shai et al. 2012; Hatcher et al. 2014; Yamanis et al. 2015). The likelihood of male perpetration of intimate partner violence (IPV) is greatly increased when masculinity is associated with control over women, sexual risk-taking (unprotected sex, multiple partnership, and transactional sex), involvement in violence with other men, and misuse of alcohol and drugs (Jewkes et al. 2006; Jewkes et al. 2011; Shamu et al. 2011; Jewkes 2013; Fulu et al. 2013).

Because individuals' lives are multifaceted and embedded within their societies and cultures at multiple levels, community-based approaches, which involve all stakeholders, can be powerful tools for advancing gender equality and integrating gender to increase HIV prevention, care, and treatment for all. This technical brief describes the essential theoretical and practical elements of programmatic approaches to strengthen community platforms to address gender equality and harmful gender norms. It draws examples from successful community platforms for addressing GBV and more specifically, from the SASA! program in Uganda designed by Raising Voices.

Rationale for strengthening community platforms to address gender norms

Community participation is a key component of primary health care and public health in general. Several studies have reported improved outcomes resulting from gender-based interventions—interventions that consider gender norms and gender inequality in planning and design—citing community participation as a key factor (Pronyk et al. 2006; Pronyk et al. 2008; Jewkes et al. 2008; Wagman et al. 2012; Abramsky et al. 2012; Rifkin 2014; Abramsky et al. 2014; Kyegombe et al. 2014; Schensul et al. 2015; Wagman et al. 2015). Developing interventions based on understanding of a community's sociocultural norms and beliefs is a well-recognized component of effective behavioral change and development programs (Lyles et al. 2006; McKleroy et al. 2006).

Addressing inequitable or harmful gender norms requires fundamental changes in long-held attitudes and beliefs about masculinity and the value of women and their roles.

Regional experience and promising practices

Several studies and programs (see Resources section) have demonstrated that community mobilization as a distinct and comprehensive approach is very effective in leveraging large-scale changes in social norms. Such programs can focus on an array of issues—for example, discouraging GBV, challenging harmful ideas about manhood, increasing gender equity to reduce HIV, engaging men in prevention of GBV, and engaging young people to promote gender equity and HIV prevention (Ricardo, Nascimento, Fonseca, and Segundo 2010; Abramsky et al. 2014; Sonke Gender Justice 2015; Wagman et al. 2015).

In the Africa region, two community-based interventions have proven especially effective in addressing GBV and HIV prevention:

- The SASA! program (which translates to "now" in Kiswahili) was designed by Raising Voices, a non-profit organization based in Kampala, Uganda. SASA! is a community mobilization intervention aimed at preventing violence against women and HIV. It seeks to change community attitudes, norms, and behaviors that result in gender inequality, violence, and increased vulnerability for women. The evaluation of the SASA! intervention showed a significantly lower social acceptance of IPV among women, and a lower acceptance among men. Women who experienced violence in intervention communities were more likely to receive supportive community responses, and reported sexual concurrency by men in the past year was significantly lower in intervention compared to control communities (Abramsky et al. 2012; Abramsky et al. 2014; Kyegombe et al. 2014; Michau et al. 2015). The SASA! program has been implemented in 20 sub-Saharan Africa countries.

- The Safe Homes and Respect for Everyone (SHARE) project, developed from Raising Voices' first program tool, was implemented within the ongoing HIV prevention and treatment activities of the Rakai Health Sciences Programme. SHARE was designed to reduce physical and sexual IPV and HIV incidence through two main approaches: community-based mobilization to change attitudes and social norms that contribute to IPV and HIV risk; and a screening and brief intervention to reduce violence following HIV disclosure and sexual risk in women seeking HIV testing services. Individuals in the SHARE intervention groups had fewer self-reports of physical and sexual IPV and a reduction in HIV incidence as compared to the control groups (Wagman et al. 2012; Wagman et al. 2015).

PROGRAMMATIC APPROACH

Changing harmful gender norms requires large-scale community engagement at multiple levels. This inclusive participation is necessary to build a substantial number of informed stakeholders to change attitudes, increase awareness about harmful gender norms, and address gender inequalities within various community groups and institutions. This section describes the elements of a programmatic approach for developing a new, sustainable environment to address harmful gender norms within communities. The section outlines the theoretical models for communities and sustainable change—as successfully used by SASA! and SHARE—and describes the preparatory research and program elements needed for effective community-based interventions addressing gender norms.

Definition of community

While the term ***community-based*** has a range of meanings—the term can refer to community as the settings for interventions, the target of change, resource or agent (McLeroy et al. 2003)—in this brief we use the term "community as agent." This model recognizes and emphasizes the inherent capacities of communities to make changes.

Communities function as agents by providing resources and addressing challenges through "units of solution" that comprise community institutions themselves: families, informal social networks, neighborhoods, schools, the workplace, businesses, philanthropic organizations, and political organizations or groups. The model also addresses non-health-related community issues (McLeroy et al. 2003). The goal of the agency-based community model, which was used in both SASA! and SHARE activities, is to work with and strengthen these units of solutions to address, community needs more efficiently.

Working with the community as agent model requires an assessment of community platforms or structures and practices before implementing any intervention, and a good understanding of the community to identify and work with these structures to address community needs or challenges. Interventions under this model may involve consolidating neighborhood organizations and network linkages and strengthening connections between individuals and organizations that serve them, to enhance collaboration (McLeroy et al. 2003).

Assessing community gender norms

Gender norms, relations, and roles influence access and control over many resources: information and education, land, income, credit, employment, social network, leadership, and participation in policymaking institutions, and access to health services.

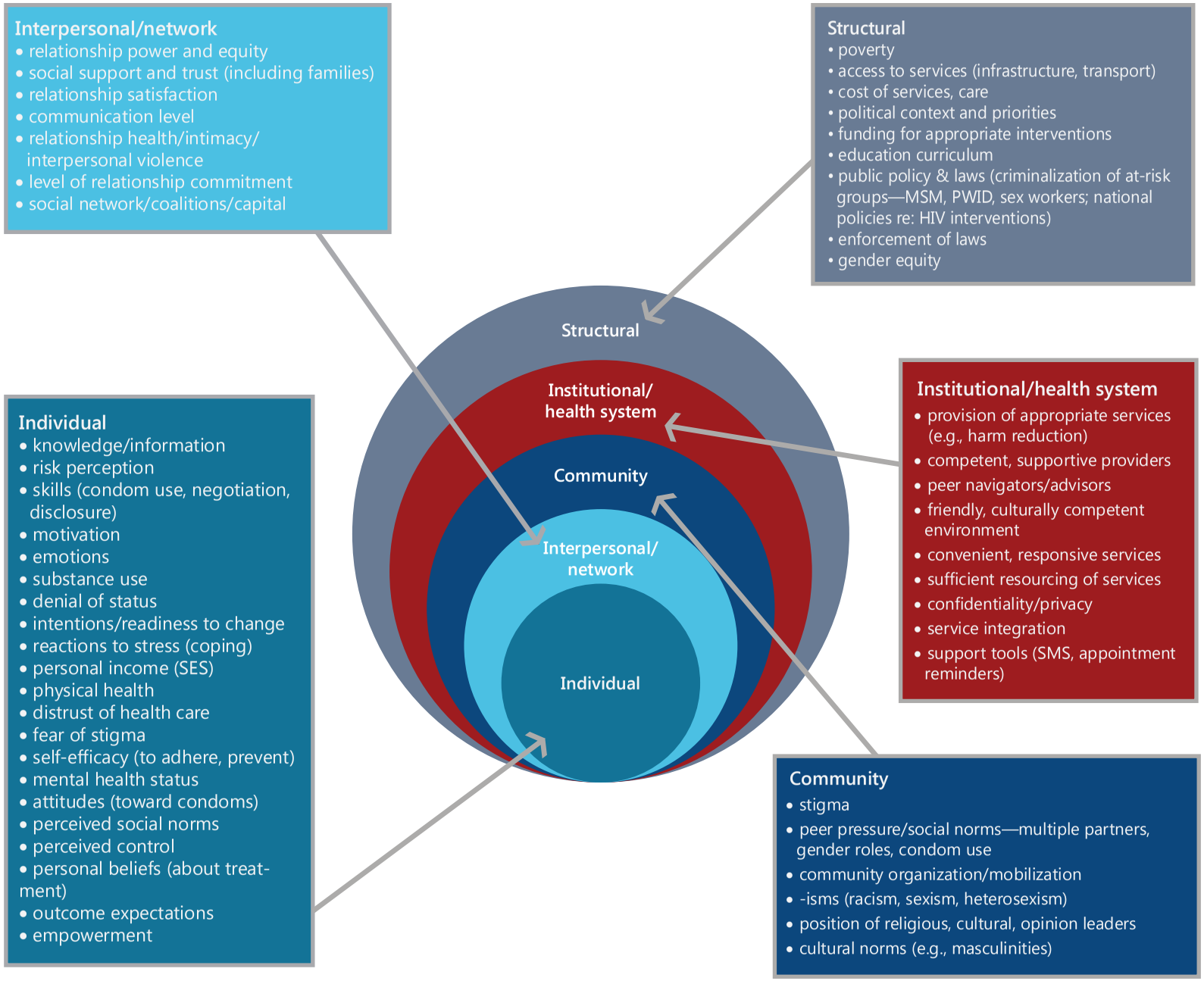
Keleher describes gender norms as powerful, pervasive values and attitudes about gender-based social roles and behaviors that are deeply embedded in social structures. Gender norms manifest at various levels: within households and families, and in communities, neighborhoods, and societies. They ensure maintenance of social values and practices, punishing or sanctioning nonconformity to those norms. They also interact at various levels to produce outcomes which are frequently inequitable. (Keleher and Franklin 2008).

Harmful gender norms, including those that influence sexual and power relations, lead to behaviors that put men, women, boys, girls, and marginalized populations (sexual minorities, people living with disabilities, religious minorities, and others) at risk for acquiring HIV (Maganja et al. 2007; Barker et al. 2010; Jewkes 2010; Pulerwitz et al. 2010).

Identifying harmful gender norms and gender inequalities in a community is thus a first step in intervention planning. This research can entail a range of approaches. Community members' observations and interviews with key informants can provide useful information about cultural values and beliefs. Ethnographic interviewing and mapping (Tripathi et al. 2010; Kostick et al. 2011; Schensul et al. 2015), in-depth interviews, and immersion in the daily lives of community members can provide valuable insights into community characteristics and links between individuals, groups and institutions. They can also help identify social networks and media that are relevant for the dissemination of preventive messages (Schensul and Trickett 2009).

The formative assessment conducted before designing or implementing an intervention will also require a gender analysis. Gender analysis—identification and interpretation of gender differences and relations and their impact on achieving development objectives—is necessary to prepare for implementation challenges, anticipate outcomes, and strategize scale-up, and is usually required to inform the design of country strategic plans and project activities. The analysis also assesses the consequences of interventions that may shift power relationships between women and men. The Gender Strategy articulated by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR 2013) specifies that the analysis should identify age-specific gender roles and norms that affect: (a) access to and control over resources; (b) access to and use of HIV prevention, treatment and care, and support; and (c) differences in power among and between women, men, girls, and boys. It should be specific to the HIV epidemic context and should go beyond the health sector to describe broad structural issues within a country, as well as U.S. government investments for HIV response in other sectors (see the Resources section for details.)

Figure 1. Ecological Model to Show Different HIV Behavioral Factors, Including Gender-related Factors



Ecological model

Addressing inequitable or harmful gender norms implies changing the unequal power relations between men and women both individually and structurally. Because norms are perpetuated and reinforced by numerous institutions, changing them requires interventions at different levels: individual, relationship, community, and societal.

A useful approach for achieving this understanding is the social ecological model, which helps implementers and researchers to identify factors affecting behaviors and provides guidance for developing successful programs through social environments (Heise 1998; Michau 2005; Abramsky et al. 2012; Wagman et al. 2012). Ecological models emphasize multiple levels of influence (individual, interpersonal, organizational, community, and public policy) and the idea that behaviors both influence and are influenced by the social environment (Glanz and Bishop 2010). On the previous page, Figure 1, adapted from Kaufman, M. illustrates different behavioral factors (including those related to gender norms) associated with the risk of HIV infection across the socioecological model.

Both the SASA! and SHARE projects used the ecological model to guide their formative research, and adapted the stages of change theory, scaling it up to the community level, to develop their interventions.

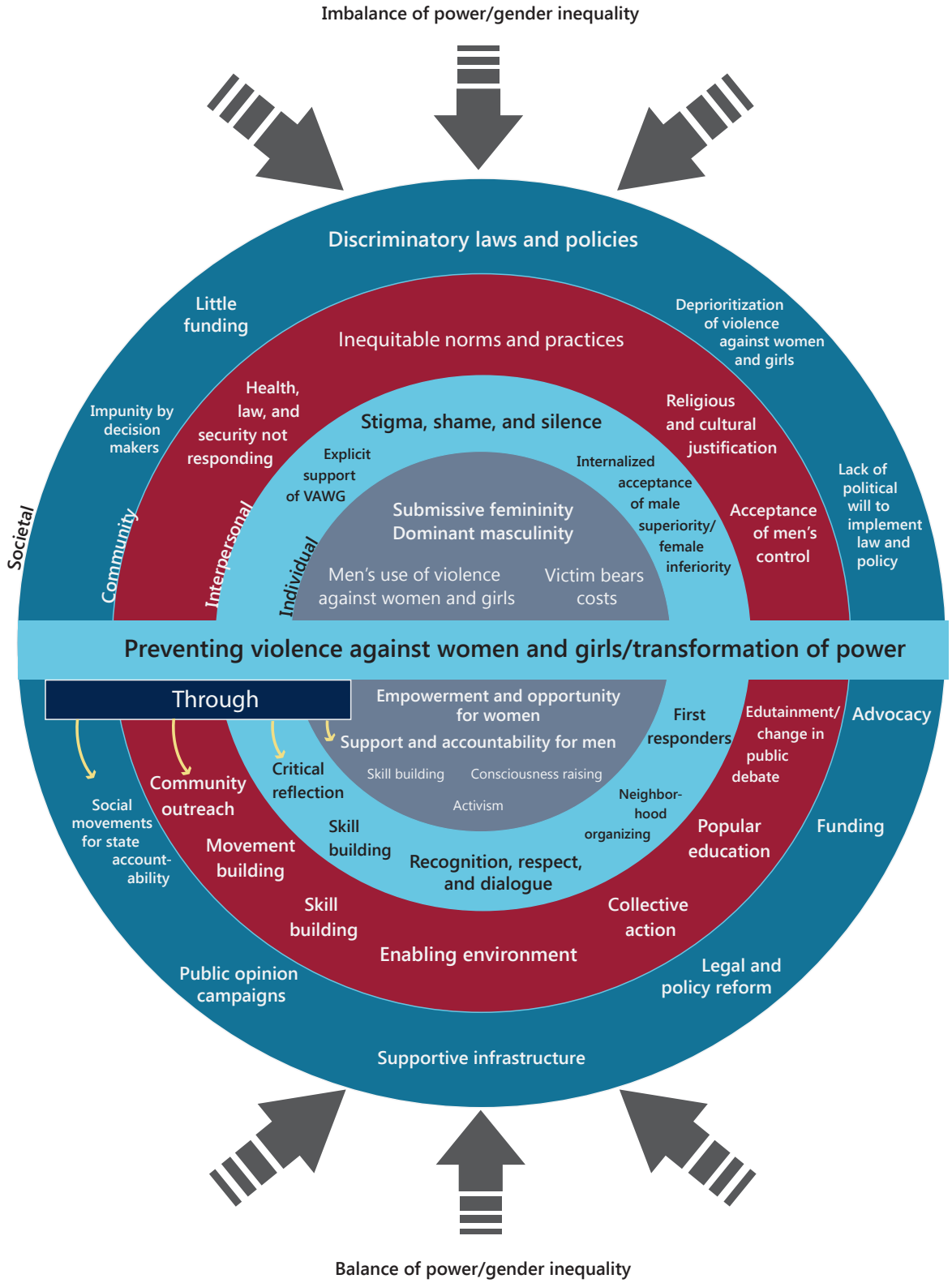
Stages of change in the process of community mobilization

Programmers considering community interventions to address gender norms should base their activities on a theoretical framework. Interventions developed with a theoretical foundation or theory of change are reportedly more effective than those lacking a theoretical base; and strategies that combine multiple theories appear to have larger effects (Ammerman et al. 2002; Noar, Chabot, and Zimmerman 2008).

Achieving longstanding changes in health behavior requires multiple actions and adaptations over time. The phased nature of change is a key element of the transtheoretical model (TTM) of behavior change, also known as the "stages of change" model. This model proposes that people are at different stages of readiness to adopt healthful behaviors (Prochaska, Spring, and Nigg 2008).

The TTM model describes a sequence of stages in successful behavior change: ***pre-contemplation*** (no recognition of need or interest in change), ***contemplation*** (thinking about changing), ***preparation for action*** (planning for change), ***action*** (adopting new habits), and ***maintenance*** (ongoing practice of new, healthier behavior).

Figure 2. Transformation of Power across the Ecological Model



Source: L. Michau et al. 2015.

Both the SASA! and SHARE projects used two theoretical models as frameworks for their interventions addressing IPV. They used the ecological model to guide the formative research, and also adapted the stages of change theory, scaling it up to the community level, to develop their interventions. For more information, see the Resources section.

SASA! community mobilization was organized in four phases, each entailing four corresponding strategies (local activism; media and advocacy; communication materials; training) that engage different groups in the community,[1] increase community ownership, and improve the sustainability of positive change (see Table 1).

Community mobilization as used in SASA! and SHARE projects is a primary prevention approach aimed at preventing violence against women, and at promoting healthy environments and behaviors (Michau 2012). High-quality community mobilization also requires secondary and tertiary prevention activities to support women who experience violence (support and referral systems) or need medical attention resulting from harmful gender norms such as IPV or genital mutilations (provision of post-exposure prophylaxis to survivors of rape, treatment of complication of female genital mutilations).

Table 1. Stages of Individual Change and Phases of Community Mobilization*

Stage of individual change	Phases of community mobilization
Stage 1—***Pre-contemplation***: an individual is unaware of the issue/problem and its consequences for her/his life.	Phase 1—***Start***: Encouraging community members to begin thinking about violence against women and HIV as interconnected issues and foster power within themselves to address these issues.
Stage 2—***Contemplation***: an individual begins to wonder if the issue/problem relates to her/his life.	Phase 2—***Awareness***: Increasing awareness about how communities accept men's use of power over women, fueling the dual pandemics of violence against women and HIV.
Stage 3—***Preparation for action***: an individual obtains more information and develops an intention to act.	Phase 3—***Support***: Developing measures to support women experiencing violence, men committed to change, and activists speaking out on these issues by joining their power with that of others.
Stage 4—***Action***: an individual begins to try new and different ways of thinking and behaving.	Phase 4—***Action***: Taking action (both men and women) using their power to prevent violence against women and HIV.

Source: Raising Voices 2013

****Note:*** The initial steps for community mobilization included a fifth step, maintenance of changes. For ease of programming, action and maintenance stages were condensed into one stage, "action."

Strengthening community platforms

In recent years, several organizations like Sonke Gender Justice[2] and Raising Voices have used the ecological model to help build the critical mass necessary to create a new environment that addresses harmful gender norms like intimate partner violence. Their community mobilization framework (Figure 2) attempts to reach individuals, relationships, community, and the larger society.

Guiding principles for mobilizing communities include, among others, a human rights framework to create a legitimate channel for discussing gender norms (e.g., women's needs and priorities) and to hold the community accountable for treating members as valuable and equal human beings. This framework invites

[1] Community members engaged included religious leaders, health care providers, general community members, shopkeepers, women's groups, other NGOs, governmental and community leaders, police officers, and local court officials.

[2] Sonke Gender Justice is a nonprofit organization, based in South Africa, that implements a broad range of activities designed to help the government, civil society, and individuals prevent domestic and sexual violence and reduce the spread of HIV. See their website for more information.

community members to examine and assess their value system and empowers them to make sensible and sustainable change. Another guiding principle is promoting community ownership, given that effective community-based projects aimed at changing harmful gender norms must engage and be led by members of that community. In the Raising Voices approach, organizations working with communities can play an important facilitative and supportive role—working with individuals, groups, and institutions to strengthen their capacity to function as agents of change in their community—but the true ***change*** must occur in the hearts and minds of community members.

Community capacity building

Research shows that community capacity building has resulted in many advantages to the community. The most recognized benefits include better reach of the target populations (Bandesha and Litva 2005); improved use of resources (Bandesha and Litva 2005); enhanced local competence in and commitment to health action and change (Andersson et al. 2005); and increased community ability to respond to emerging health issues (Cottrell 1964; Littlejohns et al. 2000).

In her literature review on measuring capacity building in communities, Liberato and her colleagues (Liberato et al. 2011) identified nine comprehensive strategies that many teams have used to support and nurture the development of competent communities:

- ***Learning opportunities and skills development*** to build capabilities of community and strengthen teams
- ***Resource mobilization***, including securing funds and drawing on individuals, institutions, and systems
- ***Partnership/linkages/networking*** within and across communities
- ***Leadership*** in motivating communities to participate collaboratively in pursuit of a goal, negotiate conflict, and overcome obstacles
- ***Participatory decision making*** (e.g., consensus building, teamwork)
- ***An asset-based approach*** emphasizing the importance of starting with pre-existing strengths
- ***Sense of community***, including a commitment to action where positive perceptions of the community itself were apparent and communities felt responsible to act for their own good
- ***Communication***, including dissemination
- ***Development pathway***, including four sub-strategies (shared vision and clear goals, community needs assessment, process and outcome monitoring, and sustainability).

The domains or strategies described above have been used by many teams or programs, including Sonke Gender Justice, Soul City,[3] SASA!, and SHARE study teams. They used similar domains, or a combination of them, to strengthen community platforms to address harmful gender norms. The strategies include:

Community activism (resource mobilization): Community activism is very effective for reaching the individual, relationship, and community circles of influence within the ecological model. Community activism for social change has led to acknowledgments of women's and men's unique needs and vulnerabilities by using combinations of approaches, such as the media, collective organizing, and dissemination of information.

[3]Soul City Institute is a South African organization that carries out a wide range of initiatives to promote health. See http://www.soulcity.org.za/about-us/vision-missions.

Successful community mobilization requires identifying and training community activists, including women, men, and young people, who can represent the voices of community members. Activists selected for training should be respected males or females of different ages (both young and older) who live and work in the community and represent the major local ethnicities (if relevant). Generally they are selected from among the community's more progressive men and women.

These individuals are volunteers. To ensure sustainability of community mobilization activities, some programs opt not to remunerate volunteers. They also prefer not to recruit students or job seekers, to avoid disruptions and limit turnovers among volunteers. However, volunteers can receive assistance with transportation and refreshments during their coordination meetings and training sessions. Activists can be part of watch groups (e.g., GBV watch group), community volunteer networks, and community action groups, and can engage in outreach activities like open discussions with couples or community members and community dialogues. They are encouraged to interact informally with community members wherever they find people (workplaces, marketplaces, homes, and so on). (See the Resources section for documents describing approaches for community mobilization.)

Asset-based approach: This approach mobilizes community "assets," including institutions or individuals with an established reputation in community leadership, to act as leaders or community change agents. Programmers using this approach should engage community systems (or individuals associated with them) that are connected with cultural norms, such as traditional marriage counselors. These assets, along with religious, cultural, governmental, and other community leaders, are encouraged to integrate ideas about gender and power into their leadership roles. In addition, the asset-based approach should include professionals like health care providers and police officers, who provide prevention and response services, and institutional leaders, who have the power to implement policy changes that address harmful gender norms at national and local levels (e.g., examination of institutional and community structures to encourage women's political participation or as agents of change). Community-based associations and organizations can also play valuable roles in community development by representing important relationships or social capital to help community members build coalitions.

Comprehensive mapping of community assets is an important tool for identifying and engaging all of the resources that could contribute to community-building or networking to address gender norms.

Strengthening capacity (learning opportunities and skills development): In the context of interventions addressing gender equality and preventing violence and HIV, capacity building could include interactive and stimulating exercises to strengthen community members' understanding of harmful norms. This training can take the form of community activism courses, seminars, workshops, learning tours, specialized training for community activists and health care providers, and structured ongoing dialogues with various decision makers. Training sessions can examine links among gender, power, and health (alcohol abuse, violence, HIV), as well as concepts of masculinity in the local context. These sessions represent opportunities to engage men, boys, and other community members in understanding and thinking deeply about gender inequalities and GBV in their families and communities, and considering the connections between gender inequalities and HIV. All types of community members, from adolescents

and out-of-school youth to women and men, police officers and local leaders, should be engaged in training activities to increase their knowledge and skills about harmful or inequitable gender norms and the benefits of change.

Advocacy/leadership: Advocacy engages important community and institutional figures—religious leaders, other nongovernmental organizations (NGOs), community leaders, professional associations, teachers, traditional healers, and local and national governments—to support and/or promote awareness. Activities could include collaborating with community-based organizations, lobbying local leaders, developing community newsletters, reaching out to schools, and facilitating workplace dialogues. In the ecological model, advocacy is very useful for reaching the community and social circles of influence.

Advocacy seeks to secure commitments for leadership. Such commitments are critical for challenging deeply rooted cultural norms surrounding power and decision making at the community level. Leadership takes place at all levels. For example, community leaders, including women's groups, can have great influence on the adoption or non-adoption of healthier gender norms. Local government leaders can play an important role in strengthening national and subnational policy, institutional, and legal frameworks that support local governance.

Photo 1. Mural about domestic violence at the Center for Domestic Violence Prevention program office.

Leadership is also required from organizations helping communities to address harmful gender norms. This means that collaborating organizations should have (or ensure provision of) leaders and staff with appropriate technical skills in gender analysis, assessment and training in the context of HIV prevention, care and treatment. Collaborators should be located close to communities, and should be prepared to commit to the long process of community mobilization programming.

A critical consideration for programmers, organizations, and communities contemplating mobilization interventions is an investment of time—community change can be a multi-year investment. Individuals within communities are likely to accept and act on change within varying time frames. Many organizations fail to move beyond the community awareness phase, and thus fail to achieve true behavior change, because of lack of skills in designing programs with long-term implementation activities (close to three years for SASA!). Building mobilization interventions on the foundation of the theory of behavioral change can help programmers accommodate variations in individual and broader transformation as gender norms evolve.

Partnership/linkages/networking: Gender-transformative[4] interventions require partnerships and co-ordination within and across communities. These linkages help to build relations and find synergies with other organizations and also to ensure that both formal support systems (e.g., shelters, health services to handle GBV cases) and informal systems within the community (e.g., local councils, peer support groups, watchdog or faith-based groups) are in place and functional by engaging and partnering with health service providers, police officers and neighborhood committees. Some organizations have used memoranda of understanding to formalize their partnerships with different groups or community leaders.

Media, events, and learning materials (communication/diffusion): Broadening dissemination through media outlets and events can reach people during their daily activities or stimulate discussion with target groups. Media activities—including soap operas, films, television, comics, newspapers, and radio programs—can impart facts and present stories to communities and to leaders and policymakers: for example, to increase understanding of how gender inequality and harmful gender norms (such as expressing manhood as toughness, dominance, risk-taking and heterosexual success) could lead to GBV and increased HIV risk. Events can include marches, community theater (edutainment), music, dance, exhibitions, and seminars. Programs have used learning materials such as booklets, posters, murals (see photo 1), story cards, and games to engage community members. Communication materials are useful in drawing attention of individuals or when working with institutions, professional and community groups. They can also function as a learning tool to promote personal reflection and critical thinking.

Building a competent community by strengthening community platforms is critical to successful community mobilization for addressing gender norms or other difficult community challenges such as HIV and women's land and property rights. Each phase of community mobilization includes a series of strategies—developing communication materials, training and mentoring community members, engaging the mainstream media, and finally advocacy and fostering local activism—corresponding to the stage of community activities. Each strategy uses a range of participatory activities, and involves different groups in the community. Thus, the sequence of communication activities builds momentum, increases community ownership, and improves the sustainability of positive change.

This approach supports the development of a long-term, structured program to move community members beyond the awareness phase, into consideration of alternatives, and into active change that supports more equitable gender norms (e.g., respect for women's rights, better communication within relationships).

Raising Voices recommends that while specific activities are meant to be adapted to community needs and context, the sequence of the four phases of community mobilization, use of diverse strategies, and outreach to various groups should be maintained (Michau 2005).

[4]Gender-transformative interventions foster critical examination of gender norms and dynamics; strengthen or create systems that support gender equality; strengthen or create equitable gender norms and dynamics; and change inequitable gender norms and dynamics (PEPFAR, Updated Gender Strategy, FY 2014).

Monitoring and evaluation of program activities

Tracking the impact of interventions is critical, not only to document progress but also to justify continued investment. Evaluation activities may use quantitative and or qualitative methods to assess strategies implemented at different levels of the community. However, changes in community-wide social norms are difficult to measure, and attributions to specific areas of programming can be challenging. Randomized trials have been used to evaluate community mobilization approaches. However, community mobilization monitoring and evaluation (M&E) tools for non-research organizations need to be simple but informative, taking into account the capacity of activists or community-based organizations to collect, use, and analyze data (The Aspen Institute 1996). Typical M&E measurements for community-based mobilization or capacity building could include tracking the number of activities conducted and people reached. Also, tools have been developed. SASA! has developed several M&E tools for community mobilization activities (see Box 1 and Resources).

Box One

SASA! M&E Tool for Monitoring Community-based Change

In the SASA! Activist Kit, community activists use a tracking form to document their activities within their communities; and supervisors or mentors use a monthly community activity report form to track their work.

The report form captures information on the strategy, phase of community mobilization, activities implemented, and attendance by men, women, and youth. It also enables organizations to rank the quality of the activity (by collecting data on the quality of the mobilization, relevance to the phase, and level of interest of attendees) and the facilitator's skills (by collecting data on effort demonstrated, content mastery, confidence, and so on). The form provides space for summarizing successes, challenges, and comments or feedback from attendees or community members.

An outcome tracking tool documents the progress on key outcomes for each phase. The tool is organized according to four SASA! outcome areas: knowledge, attitudes, skills, and behaviors, and it can be used by organizations with different levels of M&E skills. See guidance to access SASA! M&E tools in the Resources section.

As mentioned earlier, activities to address gender-transformative community activities should be implemented using a phased approach. To move from one phase of implementation to another, a rapid assessment tool (see Resources) is used to collect data from community members on knowledge, attitudes, skills and behaviors (e.g., understanding of different types of GBV, acceptability of and attitude towards violence in their communities).

In addition to monitoring community activists' work, it is also critical to hold planning meetings to discuss successes and challenges, build activists' confidence by reviewing activities within the current intervention stage, help them develop their monthly plan for community activities, and review new communication materials (see photo 2).

Furthermore, PEPFAR recommends that while monitoring gender-related outputs and outcomes, programmers should consider including indicators that are gender-sensitive (disaggregating all epidemiological and programmatic data by sex and age categories) and indicators that measure gender equality—(see Resources).

Photo 2. Planning meeting with SASA! community activists facilitated by a program officer from the Center for Domestic Violence Prevention.

It is important to plan the evaluation early: during the project design phase. As the project evolves, the evaluation process provides opportunities to discuss planned outcomes and community changes, how they might occur, and how the implementation might need to change to address emerging needs.

RECOMMENDATIONS

Securing agreement: Addressing local politics and securing the buy-in of community leaders or authorities can be difficult. It is therefore important to work in alliance with local partners who have a deep understanding of community contexts and structures. These partners can engage with influential opinion leaders and can mitigate tense or hostile situations.

Discussing sensitive topics: Fostering local acknowledgment and discussion of sensitive issues such as beliefs about GBV, sexual orientation (men having sex with men, transgender), which center on fundamental concerns about power and rights, can create a backlash. Thus, gender-transformative community-based HIV interventions require strong relationships with community members, which require time and trust to build. Programmers must also establish processes for regular consultation with communities on program design, implementation, and monitoring.

Understanding and addressing support systems: Communities where harmful gender norms are linked to HIV are very often located in areas with weak public services, especially in regions affected by conflict. Community members may have difficulty accessing services, and facilities may lack the resources, training, and equipment necessary for adequate services. An assessment of formal or traditional support systems is critical in the planning stage.

Committing to long-term partnerships: Achieving meaningful changes in gender norms takes considerable time and requires an insightful gender analysis of social norms, justice, and power. Often, when communities begin to examine gender norms, they may raise other issues, such as access to quality health services, including HIV post-exposure prophylaxis or shelter arrangements, that address the consequences of violence, security, policing, and the legal and enforcement environment. Therefore, organizations working with communities to change sociocultural norms should be prepared to sustain long-term partnerships with community members and be involved in issues related to social justice.

CONCLUSIONS

Gender norms and equality play an important role in the behaviors of all community members. Sociocultural norms can reinforce gender inequalities at the community level, leading to negative health outcomes that include increased vulnerability to HIV or support gender equality, leading to positive health outcomes and more effective HIV prevention, care, and treatment programs and services.

Research and experience have shown that strengthening community platforms can be an effective strategy for sustainably addressing harmful gender norms that exacerbate HIV risks and reduce uptake of prevention, treatment and care services. However, building community capacity requires commitment, resources, and skills. Successful gender-transformative community-based HIV programs have several characteristics in common:

- Broad-based, multisectoral engagement
- A tailored, well-structured, well-monitored, phased set of community capacity building activities
- Use of theory-based models to guide formative research and development of appropriate interventions
- Implementation by individuals, groups, and organizations based in the communities to increase effectiveness in addressing community needs, monitoring interventions activities, developing trust, and building relationships.

Finally: changing harmful gender norms requires time and effort. Implementers and communities should plan for a longer-term commitment. Organizations should also dedicate staff and a sufficient resource commitment to build a broad base of skills and nourish stronger communities.

RESOURCES

AIDSFree Gender Strategy. AIDSFree Project. 2015.

AIDSTAR-One Gender-based Violence Case Study Series. AIDSTAR-One Project. 2012.

AIDSTAR-One Integrating Gender into Programs for Most-at-Risk-Populations Case Study Series. AIDSTAR-One Project. 2011.

AIDSTAR-One Gender Strategies in Concentrated Epidemics Case Study Series. AIDSTAR-One Project. 2011.

Gender analysis

Gender Analysis, Assessment, and Audit Manual & Toolkit. ACDI/VOCA. 2012.

Tips for Conducting a Gender Analysis at the Activity or Project Level: Additional Help for ADS Chapter 201. USAID. 2011.

Community mobilization

The SASA! Activist Kit for Preventing Violence against Women and HIV. (access to materials for the SASA! approach to activism and community mobilization). Raising Voices. 2008.

SASA! Mobilizing Communities to Inspire Social Change. Raising Voices. 2013a.

Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and Southern Africa. Available free, but registration is required for access. Raising Voices. 2013b.

Tsima Booklet 1: Community Mobiliser's Handbook. Sonke Gender Justice. 2015a.

Tsima Booklet 2: Community Mobilisation Workshop Manual. Sonke Gender Justice. 2015b.

Tsima Booklet 3: Community Mobilisation Toolkit. Sonke Gender Justice. 2015c.

Also see the Curriculum, Training & Tools section of the Sonke Gender Justice site for a full range of resources and curricula produced by this South African organization, including documents on working with sex workers, men, and boys, the One Man Can campaign, and other community-based initiatives.

Developing and monitoring interventions

Community assessment:

SASA! Rapid Assessment Tool. Raising Voices. 2010.

The Assess Guide: How to Use Action Research in Close To Home's Community Organizing Approach. Thompson, Aimee M., and P. Catlin Fullwood. 2015. This document describes the "action research" used in implementing the Close to Home approach to address sexual violence in communities. The approach was developed in the U.S. and is now implemented in and beyond the U.S. More details on the approach itself are available on the Close to Home website.

M&E tool kits:

SASA! Approach. Raising Voices. 2009.

Basic Monitoring Tools: Outcome Tracking Tool (teaching module). Raising Voices. 2009.

Basic Monitoring Tools: Activity Report Form (teaching module). Raising Voices. 2009.

PEPFAR Updated Gender Strategy. PEPFAR. 2009.

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Recommended Citation

Thior, Ibou. 2016. *Strengthening Community Platforms to Address Gender Norms*. Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.

Acknowledgments

This technical brief resulted from the collaboration of Raising Voices, the Center for Domestic Violence Prevention (CEDOVIP) and the Safe Homes and Respect for Everyone (SHARE) project in Uganda. Special appreciation goes to Lori Michau, Co-founder and Co-director at Raising Voices, who facilitated the learning trip and interviews with the CEDOVIP team; and Paul Bbuzibwa, CEDOVIP program officer for Local Activism. Special appreciation also goes to Jennifer Wagman and Deus Kiwanuka, investigator and project coordinator in the SHARE project, respectively.

Ibou Thior, AIDSFree HIV Prevention Advisor, wrote the technical brief.

Contributing editors include Lori Michau; Lyn Messner, AIDSFree Gender Advisor; Stephanie Joyce, Editor, AIDSFree; Helen Cornman, Deputy Director, AIDSFree; and Suzanne Leclerc-Madlala, the HIV Prevention GP&Y TWG Lead, USAID Washington.

This technical brief is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the U.S. Agency for International Development (USAID) under the Cooperative Agreement Strengthening High Impact Interventions for an AIDS-free Generation, number AID-OAA-A-14-00046. The information provided does not necessarily reflect the views of USAID, PEPFAR, or the U.S. Government.

ABOUT **AIDSFREE**

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-14-00046. AIDSFree is implemented by JSI Research & Training Institute, Inc. with partners Abt Associates Inc., Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, IMA World Health, the International HIV/AIDS Alliance, Jhpiego Corporation, and PATH. AIDSFree supports and advances implementation of PEPFAR by providing capacity development and technical support to USAID missions, host-country governments, and HIV implementers at the local, regional, and national level.

AIDSFree
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