

# **Gender, Youth, and Social Inclusion (GYSI) Analysis Framework and Toolkit**



EngenderHealth



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# Foreword

from Renu Golwalkar, EngenderHealth's Director of Gender, Youth, and Social Inclusion (GYSI)

"Gender equality is more than a goal in itself. It is a pre-condition for meeting the challenge of reducing poverty, promoting sustainable development, and building good governance."

*Kofi Annan*

EngenderHealth is delighted to bring to you, our latest resource, the Gender, Youth and Social Inclusion (GYSI) Analysis Framework and Toolkit. For designing impactful, gender-transformative, youth-friendly and socially inclusive programs, we need to understand the existing gender-, age-, and marginalization-related barriers and challenges faced by the stakeholders, communities, and service delivery ecosystems. For EngenderHealth, it is important to look at gender from an intersectionality lens and develop a deep understanding of our operating environment, including the communities and systems in which we work, through a gender, age, and social marginalization lens.

We know that programs aiming to deliver gender- and youth-transformative and socially inclusive change need to be informed by a robust analysis of underlying barriers around existing norms. Often, barriers related to age and social marginalization need to be called out specifically, especially in the context of sexual and reproductive health and rights, where the stigma, discrimination and lack of access are highest among these vulnerable groups.

EngenderHealth has developed this GYSI Analysis Framework and Toolkit—keeping in mind this intersectional lens of gender, age, and marginalization—to better inform program design, implementation, stakeholder engagement, and measures of success. Another key requirement that this framework fulfills is risk analysis. We have developed a risk assessment matrix, to be used as part of the GYSI analysis tools, to understand the cultural, political, religious, social, and related dynamics within a community and among the various stakeholders. Risk assessment is an important step to designing effective programs and can inform a “do no harm” framework for programs.

This GYSI Analysis Framework and Toolkit can be used for programs related to health (including sexual and reproductive health; gender-based violence; maternal, newborn, and child health; adolescent and youth sexual and reproductive health; and nutrition) as well as for economic empowerment and livelihoods activities and education programs. Some contextualization will be helpful in tailoring this framework and toolkit to suit other types of programs. Ideally, we recommend conducting the GYSI analysis in the beginning of a program, so that the findings can inform the design intervention and do no harm framework. This framework can also be used after the roll out of interventions, with flexibility to adjust interventions based on findings of the analysis.

GYSI Analysis Framework and Toolkit includes easy-to-use and adapt sets of key areas of enquiry and globally used tools from various organizations. Additionally, EngenderHealth has added tools for engaging service providers and supply-side stakeholders to capture gender, age, and marginalization related barriers on the supply side.

We hope that you find this GYSI Analysis Framework and Toolkit useful in your quest for designing and delivering gender-transformative, youth-friendly, and socially inclusive programs.



# Acknowledgements

EngenderHealth would like to acknowledge the contributions of several individuals and organizations who made this analysis framework and toolkit possible. This framework draws from best practice resources developed by leading organizations including the Access Alliance, Cooperative for Assistance and Relief Everywhere, Inc. (CARE), International Centre for Research on Women (ICRW), Promundo, Overseas Development Council, and the World Health Organization (WHO).

This framework is built on the technical knowledge and expertise of Renu Golwalkar, Director of Gender, Youth, and Social Inclusion; Ana Aguilera, Deputy Director of Adolescent and Youth Sexual and Reproductive Health; and Kate O'Connell, Senior Director of Impact, Research and Evaluation at EngenderHealth. Amy Agarwal, Principal Writer and Editor at EngenderHealth, provided editorial direction and support for the content and design of this manual.

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# Abbreviations

ANMs	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activist
AYSRHR	Adolescent and Youth Sexual and Reproductive Health and Rights
CRIAW-ICREF	Canadian Research Institute for the Advancement of Women
DNHF	Do No Harm Framework
GBV	Gender Based Violence
GYSI	Gender, Youth, and Social Inclusion
PSEA	Protection from Sexual Exploitation and Abuse
RAM	Risk Assessment Matrix
SRH	Sexual and Reproductive Health
TAAP	Transforming Agency, Access, and Power Toolkit
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization



# Introduction: What and Why

## Purpose of the Framework and Toolkit

The purpose of having a Gender, Youth, and Social Inclusion (GYSI) Analysis Framework and Toolkit is to provide an accessible tool to examine systematically how multiple axes of inequality contribute to inequitable health and other development outcomes for individuals and groups based on their identities. To achieve this objective, the GYSI Analysis Framework applies intersectionality as a lens for analyzing social inequalities.

Why apply an intersectional lens to GYSI? Intersectionality is useful for understanding how aspects of individuals' and groups' economic, political, and social identities and statuses overlap to create different experiences of privilege, marginality, discrimination, and/or vulnerability. Examples of social categories that intersect to define diverse identities are age, class, caste, (dis)ability, gender, geographic location, height, migration status, physical appearance, race, religion, sex, sexuality, and sexual orientation. These categories are socially constructed and dynamic, not innate, which means they are changeable.

As an intersectional lens, it also focuses on the power imbalances between and across social groups that are reproduced and sustained through economic, political, and social laws and policies as well as organizations and institutions, including the health system. It provides a fuller understanding of how marginalization disadvantages some groups relative to others and why those disadvantages are linked to adverse health conditions and outcomes. Nevertheless, power and privilege within these systems are also subject to being contested and renegotiated over time.

EngenderHealth expects its staff to use this framework for the design, implementation, and monitoring of its programs to ensure that all activities are inclusive and equitably responsive to the needs and interests of even the most marginalized individuals and groups. EngenderHealth expects that the application of the GYSI Analysis Framework will lead to more equitable and participatory strategies where all people are able to become empowered agents for their health and rights and the health and rights of their families and communities. By addressing the social identity-based barriers faced by different individuals and groups, EngenderHealth will contribute more equitably to improving self-care and access to and use of health and other services, and ultimately to promoting equally beneficial health, education, and economic outcomes.

By focusing attention on a more complete assessment of the cultural, economic, political, and social contexts, and how power operates at different levels of those processes and institutions, the intersectional analysis will more effectively advance the rights and wellbeing of all people through programs that are more equitable and responsive to the diverse needs of populations.

## Why a Focus on GYSI is Important for EngenderHealth's Programs

EngenderHealth is committed to the sexual and reproductive health (SRH) rights of every person regardless of age, gender, or other social identity to make free, informed decisions about whether, when, and with whom to have sex and whether, when, and with whom to have children. EngenderHealth's commitment to equitable and participatory healthcare is supported by organizational policies on adolescent and youth

sexual and reproductive health and rights (AYSRHR), a Do No Harm Framework (DNHF), and a Gender, Equity, Diversity, and Inclusion Policy. The GYSI Analysis Framework and Toolkit is another step toward institutionalizing EngenderHealth's commitment to GYSI through the development of practical tools designed to guide the data collection and analysis necessary to apply these policies in all of EngenderHealth's programmatic work.

### Key Concepts

**Gender:** Gender comprises the socially constructed roles, behaviors, activities, attributes, and opportunities that any society considers appropriate for men and women, boys and girls, and people with nonbinary identities. Gender is relational, sharing how men/boys, women/girls, and people with nonbinary identities interact with each other and the world around them. Due to its social construction, gender varies through contexts, spaces, and time, as individuals construct differing roles and identities that are shaped by broader economic, political, and social circumstances (WHO 2020).

**Youth:** EngenderHealth defines youth programming to be inclusive of all young people (ages 10 to 24). We understand that "youth" is not a homogenous group and that many subgroups exist within this broad age category (i.e., young women vs. young men, very young adolescent girls vs. young women, and young women with a disability vs. young men). To be effective at reaching and working with young people in all their diversity, we must work towards better understanding who they are within a given context and design and implement targeted interventions that seek to address their specific needs.

**Social Inclusion:** Social inclusion is process of improving the terms on which individuals and groups take part in society—improving the ability, dignity, and opportunity of those disadvantaged on the basis of their identity.  
(World Bank)

**Power:** Power is the capacity of individuals or groups to decide or influence. Power can also be defined as the ability to create, negotiate, or resist change in individuals, groups, and institutions. Analysis of power entails asking: who does what, who decides what, who has what, who is valued for what, and who sets the agenda.  
(Batliwala 2018)

The GYSI Analysis Framework and Toolkit will enable EngenderHealth staff, implementing partners, and program participants to reflect on, identify, and analyze the different and changing experiences, needs, and interests of women, girls, men, boys, and people with nonbinary gender identities to achieve optimum health outcomes over the course of their lives. To effectively reach different social identity groups with crucial SRH information and services and engage them in meaningful ways, EngenderHealth focuses on societal norms related to gender and power that heavily influence people's agency, access to, and participation in healthcare. The GYSI Analysis Framework and Toolkit includes qualitative and quantitative tools to facilitate inquiry into context-specific information about gender and power, as well as other systems of inequality that compound socioeconomic marginalization and institutionalize poor health and other development outcomes, often over generations. Most of the tools referenced in the GYSI Analysis Framework and Toolkit are also designed to involve different stakeholders, together or separately, in a participatory process to question and reframe discriminatory norms and structures.

## What Is in the GYSI Framework and Toolkit?

The toolkit consists of the following:

- A Risk Analysis that informs the EngenderHealth DNHF, which is based on a scan and analysis of the programming context and identification and power mapping of program stakeholders
- GYSI Analysis Framework
- A list of questions to guide the use of the framework to help organize information about stakeholders, and at the different levels of the socioecological model, and then a set of data collection tools to help collect the data
- Guidance on how to do the analysis after using the framework to organize the information
- A brief discussion of the contents and the presentation the GYSI intersectional report.

**Figure 1. Flow Chart Illustrating the Process**



Use the toolkit after establishing at least a preliminary idea of what your program objectives are. Application of the GYSI Analysis Framework and Toolkit will provide the information to revise your initial program design to ensure that it includes objectives aimed at improving equitable and inclusive outcomes in conjunction with sectorally defined outcomes and impacts.

## Timing of the Application of the GYSI Analysis Framework

The GYSI Analysis Framework can be used at different points in the programming cycle, but it is most important to use it early in the design stage. It is likely that most program, project, or activity teams will already have a preliminary outline of the project objectives and results when they are ready to conduct a GYSI analysis. The GYSI Analysis Framework is designed to examine whether a preliminary program design adequately addresses the different needs and constraints faced by different social identity groups. The analysis of quantitative data disaggregated by age, gender, and other relevant social identities of direct participants and other stakeholders likely to affect the achievement of program results and impacts combined with qualitative information about these same groups will inform whether and how to adapt the project design to ensure the program is both equitable and inclusive. The GYSI analysis will also assist in developing indicators to measure equality outcomes.

Application of the GYSI Analysis Framework for evaluation at strategic points in project implementation will also generate important information about how well the program is meeting its equality objectives. When used for evaluation, the GYSI Analysis Framework will facilitate an assessment of whether the age, gender, and other social constraints and opportunities identified are addressed adequately by the program, and if not, whether there are other constraints that may be more important to address by adapting some of the project objectives or approaches.

### **Guiding Principle for the GYSI Analysis Framework and Toolkit: Understand the Programming Context and Do No Harm**

Social change, especially change that involves challenging existing power relations, runs the risk of creating tensions and potential conflict, often making less empowered individuals and groups the target of backlash and, occasionally, violence. To avoid harm to participants of EngenderHealth programs, EngenderHealth has developed a DNHF that articulates minimum standards and principles for EngenderHealth programs (see Annex 5). The DNHF is informed by the application of a Risk Assessment Matrix (RAM) (see Table 1). The RAM will assist EngenderHealth teams to identify potential risks during program design and respond to any unanticipated risks encountered during implementation to prevent or mitigate harm to participants or other stakeholders. Use of the RAM in conjunction with the DNHF is an important complementary process to the GYSI Analysis Framework. Use of the DNHF informed by the RAM is obligatory for all EngenderHealth programs to ensure the safety of staff and participants, as well as other stakeholders. The GYSI Analysis Framework and Toolkit is designed to help staff gather information about existing power relations related to gender and other social categories. Staff should use the RAM to be aware of sensitivities that may arise in the process of gathering information and to plan for how to handle these situations.

Users of the GYSI Analysis Framework and Toolkit should keep in mind that communities are not homogenous, and actions that may empower some groups may affect others by challenging their privilege and power. The objective of social inclusion is to make services and benefits equitably available to all. Implementing staff should try to work with the power holders as well as less powerful groups to help all understand that changes may have unanticipated benefits for the power holders as well as for the less powerful. For instance, if men assume more responsibility for childcare, they may develop a closer bond with their children, and if women are able to participate equally in the workforce, men may feel less pressure to be the sole income earner. Similarly, young men who feel less pressured to have sex at a young age to prove their masculinity may benefit from experiencing first sex as part of a caring relationship rather than as a test of their sexuality. Change is difficult and although it may lead to benefits, it is likely to provoke negative effects during and after a transformative change.

Use of the RAM and DNHF is not about avoiding activities that lead to social change. Rather it provides guidance on how to balance the process by monitoring and reflecting on the approach, pace, and reaction of different stakeholders, and developing strategies to mitigate conflict. The idea is to support inclusive and participatory social change while reducing obstacles and avoiding aggravating the situation (Bonis Charancle and Lucci 2018).

## Risk Assessment Matrix (RAM)

Table 1. RAM for DNHF

Topics	Questions	Answers	Prevention/Mitigation Responses
Safety	Are program staff and contracted short-term consultants and enumerators adequately trained on gender and social inclusion and aware of services to refer people who need them?		Train enumerators in safety procedures and with referrals for medical, psychosocial, or legal services to anyone who requests them.
	Are program and non-program staff, volunteers, and partners trained and oriented on EngenderHealth's Protection from Sexual Exploitation and Abuse (PSEA) policy and all EngenderHealth safeguarding policies?		Train all staff, volunteers, and partners on PSEA and safeguarding policies and conduct refresher trainings for existing staff and induction for new staff.
	Have program and health facility staff been trained to safely provide referrals for people affected by gender-based violence (GBV), when adversely affected during data collection or participation in program activities?		Create a safety plan so the survivor can continue accessing services without jeopardizing their safety.
	Has the staff identified organizations for referral of GBV survivors when required; is there a referral list?		Partner with community or civil society organizations that have GBV expertise and experience in the programming context and create a referral list.
	Are there sufficient numbers of trained facilitators of different gender and intersectional identities to facilitate separate participant groups where needed?		Conduct activities on GBV in single gender and age groups (and others as needed) and safe spaces, followed by mixed groups if participants agree.
	If individuals or groups are put at unintentional risk through project activities, are there protocols for helping these at-risk individuals to get to safety?		Help GBV survivors create plans that ensure their safety and if relevant, the safety of their children.
	Are there measures in place to keep staff safe?		As staff do not give out personal contact information or become case managers, allow people trained appropriately to do case management. Staff have emergency protocols to follow when they are in potential danger.
	Has the project identified existing gatekeepers and influencers? Has the project established relationships with gatekeepers, stakeholders, and influencers, explained the project objectives, and received buy-in and support?		Include community gatekeepers and influencers identification as an important part of the GYSI analysis. Engage gatekeepers and influencers early on in the project and build rapport and obtain buy-in and support.

Topics	Questions	Answers	Prevention/Mitigation Responses
<b>Confidentiality</b>	Has the program established or worked with the health facilities to establish private spaces to interview people about violence or other risks?		Provide private and confidential spaces to people who are asked questions about violence.
	Does the program have standard language incorporated into informed consent forms and facilitation notes on confidentiality and its limitations for different situations?		Explain that all information will remain confidential and inform participants about any limitations to confidentiality.
	Have well-trained same-sex interviewers as well as those from other identity groups that represent the diversity of participants who speak local languages available to ensure that informed consent is understood and freely given.		Informed consent is comprehensible by all participants (e.g., free of medical or legal jargon, in local languages, and presented either in written or verbal form by someone the participant or survivor feels comfortable with).
	When discussions and analyses of GBV and other sensitive social issues occur in public group settings, are issues referred to in general?		Do not ask individuals about their personal experiences with violence in a public setting.
<b>Respect</b>	Are questions on data collection instruments appropriate to the setting? Are personal questions limited to private individual interviews or questionnaires and not used in focus group discussions or participatory data collection exercises?		Conduct interviews in a manner that does not single a person or a particular group of people out, especially if they are already stigmatized or discriminated against.
	Are program staff, facilitators, and enumerators trained in active and respectful listening techniques?		Listen respectfully, without pressuring survivors and other vulnerable people to respond; provide practical care and support, only when asked, without intruding on a survivor's autonomy.
<b>Non-discrimination</b>	Have GYSI analyses considered the risks of differential risks for survivors from different identity groups?		Develop plans that demonstrate awareness of cultural taboos, social conflicts, and social norms that may put some participants at risk or further stigmatize them.
	Are the potential participants in the program inclusive of people from marginalized, vulnerable, or historically stigmatized and discriminated groups?		Conduct power analyses and appropriately engage different groups separately or together depending on the analyses. Follow guidelines for safety, confidentiality, and respect.
	Has the data collection plan and project design incorporated strategies to address potential backlash and conflict by power holders who may feel threatened by social change promoted by the program?		Acknowledge and cultural and social norms, emphasize how everyone can benefit from changing discriminatory social norms rather than taking antagonistic positions or ignoring discriminatory norms.
<b>Community Feedback Mechanisms</b>	Are there transparent, user-friendly mechanisms for reporting any violation by project teams, in a confidential, safe, and easily accessible manner (e.g., feedback boxes, helplines, whistle blower policies)?		Orient all project participants on ways and means of reporting any violation through confidential, safe, and easily accessible ways. Set up helplines, drop boxes, etc.

To assess risk, the first step is to conduct a thorough mapping of the economic, political, and social institutions—as an understanding of how people interact with those institutions is foundational to an intersectionality analysis and approach to project design. It is critical to focus on the terms of inclusion in each context as we are aiming for inclusion in a more equitable system. It is not enough to have greater participation in a system with highly inequitable set of rules and opportunities. The context analysis should focus on identifying the institutional structures that enforce social norms at different levels of social organization—especially those that reinforce inequitable distribution of economic assets, laws, and policies or that support a system of unequal power relations that shape interactions and relations between individuals and groups (Asha George 2020).

When and where people live plays a major role in the formation of their identities and experiences with how the world works, how they relate to other people, and processes that determine their value relative to others, their privileges, and disadvantages.<sup>1</sup> A picture of the context that includes a description of different levels of the context—local, regional, and national, as well as important global processes and structures that impact the local context (e.g., economic trends, pandemics, and other political and social influences) will provide insights into how structural inequalities may impact the health of different populations.

### Tools for Conducting a Context or Situational Analysis

- CARE's [Social Analysis and Action](#) (2018) [Social Mapping Tool](#) p. 42
- CARE's [Preliminary Foundation Toolkit](#)
- Towards Inclusion's [Situational Analysis: The Wall; Barriers Assessment](#) p. 49

## Stakeholder Analysis

As part of the context analysis and to identify potential risks, it is important to map stakeholders and identify which groups may have a positive or negative interest in and an influence over your program. The stakeholder mapping allows you to map the relative positions of power and influence of different stakeholders. It will allow you to identify powerful actors, marginalized groups, and other actors who may affect who has access to healthcare and to what extent, and who may be allies in challenging restrictive norms and structural inequalities.

### Tools for Conducting a Stakeholder Analysis

- TAAP's [Stakeholder Analysis Map](#)
- CARE's [Stakeholder Analysis](#) and [Network Analysis](#)
- Towards Inclusion's [Stakeholder Mapping](#) p. 28

1. As contexts can change over time and people can move across spaces, their situated experiences and positions relative to other individuals and groups also are subject to change.

## How Intersectional Analysis Is Useful for Achieving Greater Social Inclusion

**Intersectionality** is an analytical lens that examines how different social stratifiers (such as age, class, (dis)ability, education, ethnicity, gender, geographic location, migration status, race, religion, and sexuality) interact to create different experiences of privilege, vulnerability, and/or marginalization.

Intersectionality and its application in health research is an emerging research paradigm that seeks to “move beyond single or typically favored categories of analysis (e.g. sex, gender, and class) to consider simultaneous interactions between different aspects of social identity, as well as the impact of systems and processes of oppression and domination.”

Intersectional analysis enables a multifaceted exploration of how factors of privilege and penalty may alternate between contexts or occur simultaneously. Intersectionality is not additive. You should consider how human and social characteristics such as age, (dis)ability, ethnicity, gender, sex, sexuality, etc. interact to shape individual experience at a given point or time (WHO 2020).

An intersectional analysis of gender and youth recognizes, investigates, and responds to how relations of power intersect to produce multifaceted causes and impacts of marginalization that structure the lives of men, women, boys, and girls, and nonbinary youth and adults (CRIAW-ICREF 2006). An intersectional focus is different than a single analytical focus, such as on gender inequalities, or for example, the socioeconomic and cultural challenges faced by youth. How a person is treated by others, and by the institutions they interact with, shape one’s access to or marginalization from the power to own assets and make decisions, as well as determines one’s behavior and status relative to others in families, social groups, communities, and society.

As social groups are not homogeneous or unchanging, a singular focus on gender or age may overlook how women not only differ from men, or nonbinary people, but also from each other, in ways that privilege some groups of women over other women, or even over some groups of men, who may be disempowered by intersecting dimensions of their identities (Kang et al 2018).

### Advantages of an Intersectional Analysis

- Recognizes and addresses the social heterogeneity of children, youth, and adults by examining how intersectional social identities and forms of discrimination interact to differentially enable or constrain their opportunities.
- Facilitates a relational assessment of differences in power relations beyond a dichotomous analysis of women and men, or girls and boys, to a broader consideration of intersecting identities and power.
- Provides insights into how age and gender intersect with other social factors, such as caste, class, (dis)ability, ethnicity, race, residence, religion, and sexual orientation.
- Focuses on changes in the positioning of individuals and social groups, relative to each other over time.
- Puts power at the center of thinking about how to address inequalities by recognizing individuals’ and group’s relationships to privilege and marginalization through their intersecting identities.
- Examines relations of power at multiple levels of the socioecological framework.

The GYSI Analysis Framework and Toolkit, as an intersectional analytical framework, offers a way to examine and understand how socially constructed categories, such as age, (dis)ability, ethnicity, gender, and race intersect to shape individuals’ identities and situate them relative to privilege or exclusion in their societies. Understanding the complexity of these intersecting components of identity increases our knowledge of peoples’

varied capacities, experiences, interests, and needs, and improves our capacity to engage them effectively in designing programs and policies (Chaplin et al 2019).

Application of an intersectoral lens in GYSI analysis, is not simply additive (e.g., gender plus youth plus other social identities), but rather compounded, demanding an analysis that is reflexive, interactive, relational, and grounded in specific historical and spatial contexts. Intersectional analysis grapples with “complex relationships and interactions” within a context of the structures of oppression and domination (e.g., ableism, ageism, ethnocentrism, heterosexism, racism, and sexism) and reactions to them, such as marginalization, resilience, and resistance (Hankivsky et al 2010, Hankivsky 2012).

Intersectionality accounts for the complexity of cultural, historical, political, and social contexts across time and place to focus on the structural causes of inequality and vulnerability. At the center of this analysis is a focus on power, and how it is exercised and negotiated among individuals and social groups through cultural ideologies, institutional arrangements, social practices, and outcomes (Davis 2008).<sup>2</sup>



2. The GYSI Analysis Framework and Toolkit follows the principles of intersectional analysis identified by Hankivsky (2014). These include reflexivity, intersecting categories, context, power, diverse knowledge, equity, social justice, and multilevel analysis. Descriptions of all the principles are included in Annex 1.

# When and How to Use The GYSI Analysis Framework and Toolkit

## The Socioecological Model

Gender-transformative change begins within us and therefore ensuring equitable access to SRH information and services often means encouraging self-reflection among EngenderHealth staff, facility-based health providers, community health workers, and community stakeholders. A GYSI lens is necessary to facilitate transformative change in SRH. This toolkit will guide EngenderHealth programmatic staff through a gender, youth, and social inclusion analysis with a focus on intersectionality throughout program design, implementation, and monitoring and evaluation. It uses the socioecological model as a means of examining the interplay of identity and structural inequalities at different levels of social organizations from the household to national levels, and for equivalent levels of health systems. The socioecological model, outlined in Figure 2, provides a conceptual framework for considering social and health interactions at different levels of social, economic, and political organization. While there are different analytical considerations at each level of the model, the levels are not discrete, and processes and actors at one level interact with actors and processes at other levels and are mutually influencing and constituting.

Most gender, youth, and diversity analyses for reproductive and maternal health and HIV have focused on socially determined health factors at the first two levels, with a strong emphasis on the demand side of healthcare rather than examining how other levels of the health system also produce and reproduce inequitable conditions and responses. Intersectional analysis expands the purview of the examination of inequities to the entire scope represented in the socioecological model and beyond, to understanding global processes that created different axes of inequality, such as colonialism, global capitalism, and racism.

**Figure 2. The Socioecological Model**



**Table 2. A Description of the Socioecological Model Levels**

Level	Description
<b>Individual / Relational</b>	<ul style="list-style-type: none"> <li>• Characteristics of an individual including knowledge, attitudes, behaviors, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic/caste identity, sexual orientation, socioeconomic status, financial resources, values, goals, expectations, literacy, stigma, and others.</li> <li>• Formal (and informal) social networks and social support systems that can influence individual behaviors and beliefs, including family, friends, peers, coworkers, religious networks, customs, and/or traditions.</li> </ul>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Relationships among organizations, institutions, and informational networks within defined boundaries, including the built environment (e.g., parks), village associations, community leaders, businesses, and transportation.</li> </ul>
<b>Health Systems and other Institutions</b>	<ul style="list-style-type: none"> <li>• Health, education, economic, legal and security, political, and other social institutions and systems with rules and regulations for operations that affect access and benefits of individuals and groups to assets, services, and representation.</li> </ul>
<b>Policy, Laws, and Processes</b>	<ul style="list-style-type: none"> <li>• Local, state, national, and global laws and policies, including policies regarding the allocation of resources for maternal and newborn health and access to healthcare services, restrictive policies (e.g., high fees or taxes for health services), or lack of policies (e.g. requiring screening for GBV where referral services exist).</li> </ul>

The toolkit uses this model and provides an array of tools to facilitate a GYSI analysis at each of these levels. This toolkit is intended for EngenderHealth staff and similar organizations that intend to undertake a GYSI analysis and those who work at various levels of the health system, including program officers, managers, and technical staff, including many who develop objectives and program activities, conduct monitoring and evaluation, and work on implementation. The tools selected for this toolkit come from an array of sources and together aim to provide comprehensive understanding and critique of knowledge, attitudes, and practices regarding GYSI, particularly with an intersectional lens and with an end goal of understanding and applying this knowledge to provide solutions to barriers to accessing health resources. For example, there are tools examining staff members' own beliefs about the organization's identity, and there are tools to guide data collection in various parts of the health system.

## Before Getting Started

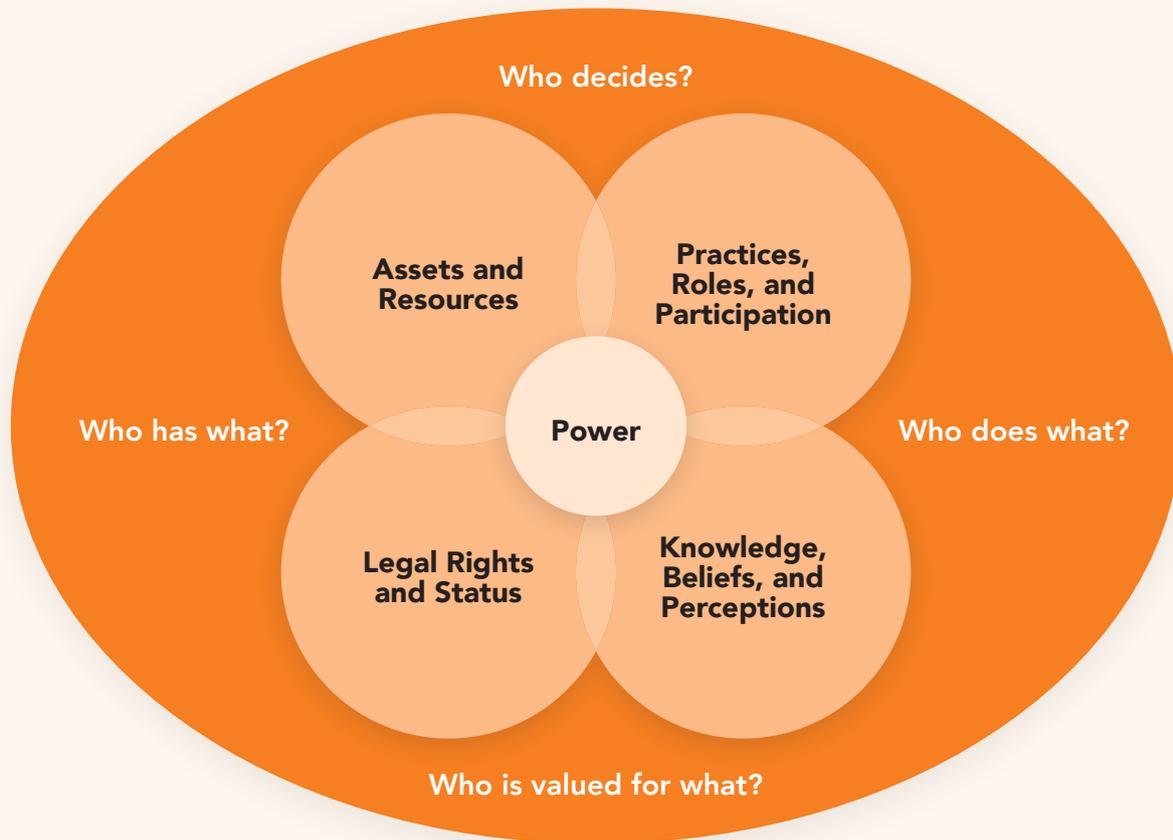
Gender-transformative change begins within us and therefore ensuring equitable access to SRH information and services often means encouraging self-reflection among EngenderHealth staff, facility-based health providers, community health workers, and community stakeholders. A GYSI lens is necessary to facilitate transformative change in SRH.

- Prior to analyzing age, gender, and other dimensions of social identity, it is important we self-reflect as it will lead to a better understanding of the people we work with and to challenging our own beliefs and stereotypes about other people. To do this there are several tools that we can use. For example, CARE's Social Analysis and Action Guide and the Transforming Agency, Access, and Power (TAAP) Toolkit offer exercises on how to engage staff in self-reflection.
- Conduct the context and stakeholder mappings as part of the risk analysis (see Annex).
- Develop a draft results framework or other type of logic model based on your sectoral objectives. Application of the GYSI Analysis Framework and Toolkit will help you to adapt the framework.



# GYSI Analysis Framework

Figure 3. Dimensions of the GYSI Framework<sup>3</sup>



## Dimensions of the GYSI Analysis Framework

The outer circle depicts how power not only cuts across the dimensions of the framework, as represented by the circle in the center, but also is embedded in institutions with rules expressed through hierarchical power relations, privileging some groups, and discriminating against others based on age, class, gender, race, and other socioeconomic stratifiers. The four questions placed in the outer circle of power provide a means for inquiring into “structural determinants that underpin gender power relations” and adversely affect health outcomes for marginalized, less privileged groups, such as women and girls in most societies (George 2020). A gender analysis with a focus on these strategic questions facilitates identification of structural, gender-based constraints and barriers that impede women’s and girls’ access to and use of healthcare, education, economic assets, political voice, and decision-making.

3. The GYSI Analysis Framework based on the adaptation of a gender analysis tool (Jhpiego n.d., Caro 2007, Rubin et al 2009), begins from a perspective of equality and equity. Before using the framework to guide the intersectional analysis, it is important for EngenderHealth staff to reflect on their own identities and how they view others.

**Table 3. Dimensions GYSI<sup>4</sup> Analysis Framework<sup>5</sup>**

The Four GYSI Analysis Framework Dimensions	
<p><b>Assets and Resources</b> Who Owns What?</p> <p><b>Access and Control</b></p>	<ul style="list-style-type: none"> <li>• <b>Tangible resources:</b> Employment, financial resources (savings, credit, insurance), income, labor, land, and property</li> <li>• <b>Intangible:</b> Education, information, services (health, legal, social, psychological), skills, and social capital</li> </ul>
<p><b>Practices, Roles, and Participation</b> Who Does What?</p> <p><b>Division of Labor</b></p>	<ul style="list-style-type: none"> <li>• <b>Practices and roles:</b> Division of labor and responsibilities</li> <li>• <b>Participation:</b> Participation in economic, political, social, religious activities and in social groups and institutions</li> </ul>
<p><b>Knowledge, Beliefs, and Perceptions</b> Who Is Valued for What?</p> <p><b>Norms</b></p>	<ul style="list-style-type: none"> <li>• <b>Social norms:</b> The rules that define normal and appropriate behavior within a group of people and which establish different acceptable behaviors for women and men in most groups and vary across different groups (Cislaghi and Heise 2020)</li> <li>• <b>Beliefs/ideologies:</b> Justify and rationalize social norms</li> <li>• <b>Knowledge:</b> Women and men often have differential knowledge and are privy to certain kinds of knowledge and not others; knowledge also varies by age, (dis)ability, and ethnicity</li> <li>• <b>Perceptions:</b> Individuals’ interpretation of information and experiences is affected by their social and gendered identities</li> </ul>
<p><b>Legal Rights and Status</b> Who Decides and Who Sets the Agenda?</p> <p><b>Laws, Policies, Regulations, and Institutions</b></p>	<ul style="list-style-type: none"> <li>• <b>Rules and decision-making:</b> Formal and informal laws (e.g., customary laws)</li> <li>• <b>Policies and regulations:</b> Economic, education, and health policies, regulations, and protocols</li> <li>• <b>Informal community norms and sanctions:</b> Such as those related to child marriage, who can serve as community leaders, and social sanctions for transgressing norms and customary practices</li> <li>• <b>Institutions:</b> Economic (e.g., banks, markets, producer associations, unions), educational (schools, universities, and vocational institutions as well as governance/administration), health (services and governance/administration), political and legal (local, regional, and national governments), religious, and social.</li> </ul> <p><b>Social norms are embedded in laws and institutions and affect how different groups of people are treated.</b></p>

## Power

Power is crosscutting at the center of age, gender, and most other social categories associated with social exclusion, which are reinforced by the economic, political, and social institutions and processes that structure gender and other marked social relations hierarchically (George 2020). Changes in gender and other social norms therefore require transforming institutional policies and power relations (e.g., ageism, ethnocentrism, sexism, and racism) within groups and between individuals—rather than simply changing beliefs, norms, and behaviors (Cislaghi and Heise 2019). The questions in the outer circle of Figure 3 guide the analysis of power in gender and intersectional relations across the framework.

4. As youth is defined differently in different contexts, the program team should decide who is included in this category and potentially disaggregate the data collection and analysis by different age cohorts.

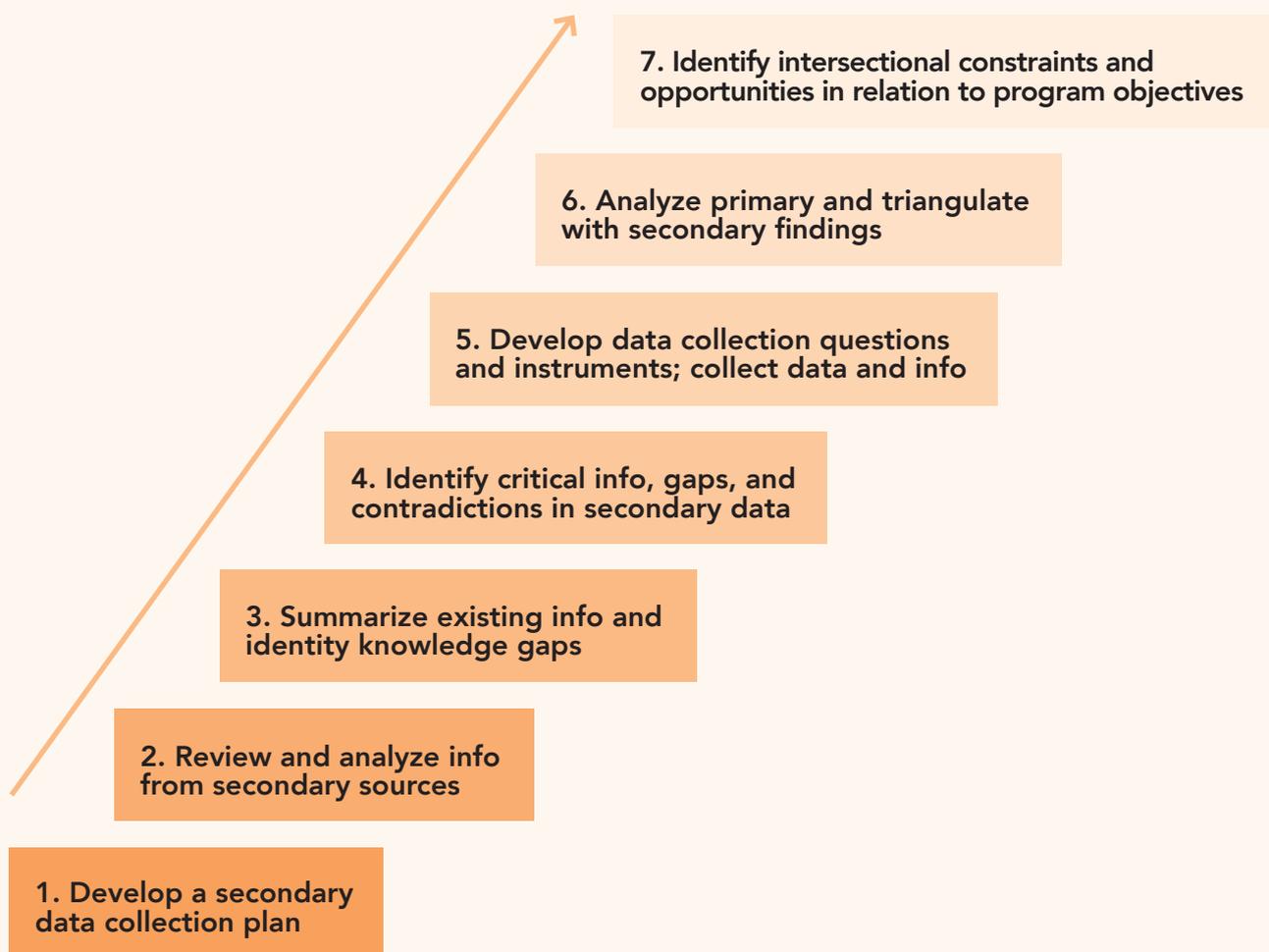
5. The description of the dimensions builds on several applications of the tool (Caro 2009, Rubin et al 2009, and Jhpiego 2020, Morgan et al 2016, George 2020, RINGs June 2016).

## Why the GYSI Analysis Begins with a Gender Analysis

Gender inequality is an important entry point for social inclusion analysis as it is a critical determinant of health globally. Although gender identities, relations, and roles are variable across different contexts, gender is also a nearly universal axis for allocating power within social groups—almost always unequally. As a pervasive organizing principle of human societies, a focus on gender analysis as a starting point opens the door for considering how other social identities are involved in axes of unequal power. For example, age intersects with gender to differentially restrict adolescent girls, boys, and nonbinary youth and adolescents to exercise their sexual and reproductive rights. The GYSI Analysis Framework and Toolkit’s intersectional lens helps to distinguish how constraints faced by youth in expressing their sexuality and accessing contraception, for instance, play out variably by age, gender, and other social identities in different cultural and geographic contexts.

## Steps in the GYSI Analysis Framework Process

Figure 4. Steps in a GYSI Analysis<sup>6</sup>



6. As indicated earlier, context is key to the GYSI analysis and should be analyzed in conjunction with identifying potential risks for unintended harm. As social categories and how they intersect to define individual and group identities are context-specific and vary across time and space, it is necessary to do this analysis whenever working in a new context, or after not having worked in a familiar context for a substantial period of time (more than five years). Similarly, to understand which individuals and groups are privileged (empowered) compared to which ones are disadvantaged, vulnerable, and discriminated against (disempowered), a stakeholder analysis is also recommended before beginning the GYSI analysis. The GYSI analysis will provide additional insights into how relative positions of power affect health and wellbeing. Importantly, data collection and analysis using the GYSI Analysis Framework and Toolkit helps to anticipate and avoid unintended consequences that may adversely affect participants during data collection and programming.

## Description of Steps

### 1. Develop a secondary data collection plan:

Develop a data collection plan linked to project objectives to answer questions related to context, gender, stakeholders, and other economic and social inequalities. Before preparing the plan, identify sources of information and conduct a limited number of key informant interviews to identify relevant age, (dis)ability, ethnic, gender, racial, and other relevant social identity groups.

### 2. Review secondary data sources:

Conduct a search for gender-focused studies (published and unpublished and data disaggregated by age and sex related to the objectives of the project on context, stakeholders, and gender, youth, and other intersecting social identity groups.

### 3. Summarize findings from secondary data analysis:

Using the four dimensions of the GYSI Analysis Framework, organize information about gender differences from existing sources. Is the existing information adequate for the project context to understand how health program objectives may be affected by gender difference and inequalities?

### 4. Identify critical information, gaps, and contradictions:

Identify what information is lacking and develop a data collection plan.

### 5. Develop a primary data collection plan and related instruments:

Develop research questions and select research methods. Illustrative questions can be used to indicate the type of information that needs to be collected, although the project objectives and focus will determine which of the illustrative questions are most pertinent.

### 6. Conduct data analysis:

Use the GYSI Analysis Framework and Toolkit to organize your findings by dimension, gender, and other relevant social categories (e.g., age, class, ethnicity, race, and sexual orientation). Data can be analyzed using standard quantitative and qualitative analytical methods (refer to the section on data analysis for guidance). The analysis should be designed to compare information about men and women, and about different categories of women and men. These comparisons will reveal where there are gaps and inequalities that are likely to affect various aspects of men's and women's experiences. The analysis should also provide information on why these gaps and disparities exist.

### 7. Complete a constraints analysis:

The final step examines how the identified gender differences limit or facilitate desired changes in health knowledge, practices, and access to care from the user's perspective.

## Timeline for Completing a GYSI Analysis

A full GYSI analysis can take anywhere from 8 to 12 weeks, depending on how much primary data collection you plan to undertake and the types of instruments you use. On the following page is a timeline for an eight-week GYSI analysis.

**Table 4. Timeline for a GYSI Analysis and Report Writing<sup>7</sup>**

Tasks	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks	7 Weeks	8 Weeks	9 Weeks	10 Weeks
Context analysis from literature review and targeted interviews	Active		Completed							
Summary of existing info from literature review	Active		Completed							
Development of data collection tools	Active		Active	Completed						
Data collection	Completed			Active				Completed		
Summary of new and existing info	Active						Active		Completed	
Constraints analysis	Active							Active		Completed
Report writing	Active								Completed	

### The Kinds of Questions the GYSI Analysis Will Answer

The matrices for conducting a GYSI analysis organize information collected on women, nonbinary people, and men across the four dimensions of the framework that are relevant to project objectives (see worksheet in Annex 3). To use the GYSI Analysis Framework and Toolkit, focus your analysis on a specific program intervention or policy or conduct a broader analysis of accessibility and responsiveness to a particular identity group or to compare two or more different identity groups. The GYSI Analysis Framework and Toolkit will help you to understand:

- The existing inequities in a given geography, group, or population that may affect your efforts to address a particular health problem
- Whether the proposed intervention adequately addresses inequities in the access to and provision of healthcare or other services and how interventions may interact with systems of inequality that differentially allocate benefits and result in unequal health and other outcomes for different groups of people
- How to develop indicators to measure reductions in social inequalities and health system inequities (or other sector related inequities)

7. The timeline can be adjusted as needed, preferably a few weeks longer, unless you have substantial recent information from secondary sources.

The data analysis has two steps:

- 1. Analysis of inequalities, gaps, and disparities:** The first stage of analysis is a process to identify inequalities, gaps, and disparities in a particular context; this consists of collecting information on gender identities, relations, roles and data related to specific health problems to identify gaps and disparities based on gender differences by dimension, as well as assessing differences among other social categories that intersect with gender. In structuring your data collection instruments, you should also inquire into differences by age, class, ethnicity, sexual orientation, and any other relevant social categories that apply to the context you are working in.
- 2. Analysis of constraints:** The second stage entails analyzing the information collected on gender and other social differences to determine and prioritize identity-based constraints and opportunities and their implications for achieving health objectives and equal status of women and men across all intersecting social identities relevant in your programming context.

**Note:** Your preliminary project design will guide which levels of the Socioecological Model are most pertinent to your analysis. The questions should be treated as examples and should be adjusted to reflect the social identity groups and the sectors that are the focus of your program. Similarly, while all levels of the Socioecological Model are relevant to most programs, the emphasis in your GYSI analysis is likely to concentrate on some levels more than others.

## **Analytical Questions by Level of the Socioecological Model and Dimension of the GYSI Analysis Framework**

The matrices below contain illustrative analytical questions to guide the literature and document reviews, as well as any additional primary data collection the GYSI analysis team decides to undertake. It is recommended that at least one member of the team have previous experience doing gender- and youth-focused research, assessments, or evaluations. If the team collects information through a survey or using qualitative participatory methods, the analytical questions in each dimension will have to be reworded for your survey instrument or for your qualitative inquiry. The matrices also include a sample of different data collection tools. A more extensive list is included in Annex 3. The matrices are arranged by dimension of the GYSI Analysis Framework and Toolkit by level of the Socioecological Model (individual/relational; community; organizational; and policy, institutions, and laws).

**Table 5. GYSI Analysis Framework Matrices with Questions and Data Collection Tools by Dimension and Socioecological Model Level**

Assets and Resources	
Level	Individual / Relational
<b>Power Questions</b>	<p><b>Who owns what?</b></p> <p><b>Who decides what?</b></p> <ul style="list-style-type: none"> <li>• Financial assets</li> <li>• Health services</li> <li>• Information</li> <li>• Legal services</li> <li>• Natural resources</li> <li>• Social capital</li> <li>• Land</li> <li>• Other</li> </ul>
<b>Illustrative Questions</b>	<p><b>Women</b></p> <ul style="list-style-type: none"> <li>• What resources and assets do women have access to?</li> <li>• What resources and assets do women control?</li> <li>• What resources and assets do women either manage or control jointly with a partner or other family member?</li> <li>• How do women manage and allocate the resources they control? For example: business, education, food, healthcare (for themselves or other members of their family, and which ones), or other?</li> <li>• Are women’s assets equally liquid and transferrable to men’s individuals?</li> <li>• How do answers to these questions vary by age and marital status among women (girls, adolescents, young women, older women, single compared to married)?</li> </ul> <p><b>Men</b></p> <ul style="list-style-type: none"> <li>• What resources and assets do men have access to?</li> <li>• What resources and assets do men control?</li> <li>• What resources and assets do men either manage or control jointly with a partner or other family member?</li> <li>• How do men manage and allocate the resources they control? For example: business, education, food, healthcare (for themselves or other members of their family, and which ones), or other?</li> <li>• Are men’s assets equally liquid and transferrable to women’s and nonbinary individuals’?</li> <li>• How do answers to these questions vary by age among men (boys, adolescents, young men, older men, single compared to married men and boys)?</li> </ul> <p><b>Intersectional</b></p> <ul style="list-style-type: none"> <li>• How do these answers vary for people of different nonbinary identities?</li> <li>• How do these answers vary for people living with a disability?</li> <li>• Are their differences across different castes, classes, (dis)abilities, ethnic groups, races, sexual orientations, or other social identities relevant in your project context?</li> <li>• Do married and unmarried girls have access to education?</li> <li>• Do pregnant married and unmarried girls have access to education?</li> <li>• Do adolescent girls, young women, nonbinary adolescents and young people, adolescent boys, and young men have access to employment and business opportunities? What types? And how are they remunerated?</li> </ul>

**Data Collection Tools**    **Access to Health Services:** [Access Alliance Client Experience – Focus Group Questions](#)

**CARE:** [Focus Group Discussion Tool](#)

**CARE:** [Income and expenditure matrices](#)

**CARE:** [Key Informant Interview Tool](#)

**Vera Van Ek and Sander Scot:** [Accessibility Checklist](#)

**Vera Van Ek and Sander Scot:** [Gender Inequality and Equity Tree](#)

**Vera Van Ek and Sander Scot:** [The Wall: Barrier Assessment](#)

## Assets and Resources

Level	Community
<b>Illustrative Questions</b>	<ul style="list-style-type: none"> <li>• To what extent do women have sufficient autonomy, literacy, and technology access to effectively use mHealth interventions or other medical projects?</li> <li>• How is the financing for commodities required specifically by women different than those needed specifically by men?</li> <li>• Have sex-disaggregated information on out-of-pocket expenditures on health been obtained? What services incur the greatest out-of-pocket expenditures for men and women? And what is the impact on individuals and households?</li> <li>• To what extent do youth groups (formal and informal) have access to resources to support their health and well-being?</li> <li>• How do answers to these questions vary by age, class, sexual orientation and gender identity, etc. in communities?</li> <li>• What types of community resources do young women have access to (for education, health, information, sports, etc.)?</li> <li>• What types of community resources do young men have access to (for education, health, information, sports, etc.)</li> <li>• In schools, what types of educational resources are accessible to girls, boys, and children of nonbinary identities, and those who live with a disability?</li> <li>• What kind of economic opportunities are open to adolescent girls, boys, and nonbinary adolescents and young people? Are these opportunities equitable??</li> </ul>

**Data Collection Tools**    **CARE:** [Access to Public Spaces](#)

**CARE:** [Sex and Age Disaggregated Data](#)

**CARE:** [Social Mapping](#)

**EngenderHealth:** [GYSI Staff Training Manual \(Who is Affected and How\)](#)

**EngenderHealth:** [GYSI Staff Training Manual \(Problem Tree Analysis\)](#)

[Feed the Future Mobility Map](#)

**TAAP:** [Create a Local Snapshot](#)

**Vera Van Ek and Sander Scot:** [Accessibility Checklist](#)

**Vera Van Ek and Sander Scot:** [Gender Inequality and Equity Tree](#)

**Vera Van Ek and Sander Scot:** [The Wall: Barrier Assessment](#)

## Assets and Resources

### Level

### Health System and Other Institutions

#### Illustrative Questions

- To what extent do health facilities provide services that meet the healthcare needs of different identity groups (e.g., young women from an ethnic minority, adult men who have sex with men, young men, and nonbinary youth, unmarried women, women and girls with disabilities)?
- How does the infrastructure in the health facility affect access to privacy, confidentiality, biosecurity, and sanitary services for different identity groups?
- How do health workers' attitudes towards clients about family planning, maternal and newborn health, HIV, and other health conditions vary by clients' age, (dis)ability, ethnicity, gender, marital status, race, religion, residence, and sexual orientation?
- What are the access barriers related to how services are organized or delivered for different identity groups (e.g., permission from parents or husbands for girls to access contraceptive care, SRH, maternal healthcare or fistula repair services)?
- What is the quality of information and services given by providers to clients depending on clients' gender, age, (dis)ability, ethnicity, gender, marital status, race, religion, residence, and sexual orientation? How does this vary by the providers age, (dis)ability, ethnicity, gender, marital status, race, religion, residence, sexual orientation, and category (e.g., community health worker, doctor—including generalists or specialists, midwife, or nurse)?
- How does gender and ethnic or racial segregation of the health work force limit access to healthcare for different identity groups?
- How do fees for services and medications or transportation limit access for certain groups?
- Are health workers and volunteers from different identity groups paid equally within each category of work?
- How do health workers use and share information?
- Are girls, women, boys, or men more or less likely to know about user fees exemptions, cash transfer entitlements, and health insurance benefits?
- To what extent are services that are needed by only some populations included in performance-based incentive programs or health insurance plans? Do insurance packages include services exclusively used by women, such as maternal health? Do they include services for men's SRH care?
- To what extent do user fees or the removal of user fees have more impact on women from marginalized groups, because they have less access to cash?
- To what extent does leadership have access to and use of information disaggregated by age, class, (dis)ability, ethnicity, race, and sex?
- How equitable are mentoring opportunities for people of different identity groups?
- Do people from different identity groups have equal capacity to respond to performance incentives, or are people from some identity groups constrained by their age, marital status, place of residence, or roles and responsibilities?
- Are there differences in pay and/or other benefits by age, (dis)ability, ethnicity, gender identity, sex, sexual orientation, race, etc. of health personnel with similar skills, levels of responsibility, and years of experience?

#### Data Collection Tools

**Engender Health:** Gender and Youth Marker Guidance Note and Youth Marker Vetting Form  
**EngenderHealth:** [GYSI Staff Training Manual \(Safety, Security, and Mobility Mapping\)](#)  
**EngenderHealth:** [GYSI Staff Training Manual \(Social Norms Prioritization\)](#)  
**EngenderHealth:** [GYSI Staff Training Manual \(Who is Affected and How\)](#)  
**TAAP:** [Mapping Your Organization's Identity – TAAP Guiding Questions](#)

**Access Alliance:** [HEIA Online Course](#)  
**Access Alliance:** [R2P Mapping Tool](#)  
**Access Alliance:** [Risk Assessment Framework](#)  
**Access Alliance:** [Stakeholder Analysis Tool](#)

[Health Workers for change](#)

**World Health Organization (WHO):** [Incorporating Intersectional Gender Analysis Into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers – Gender Framework](#)

## Assets and Resources

### Level

### Policies, Laws, and Processes

#### Illustrative Questions

- Are gloves, personal protection equipment, resources, and infrastructure designed to be equally usable by people of different statures and sizes (e.g., gowns that fit pregnant health workers or small goggles)? If not, how does this affect men and women health workers differently? Are women or men in certain cadres or occupations affected more or less (e.g., shorter women surgeons may find tables to be at an uncomfortable height, gloves and protective gear may only come in one size [large], or instruments may be difficult to use if they are not designed for people with small hands).
- Is disaggregated health information shared with civil society and community groups, especially those representing women, adolescents and youth, people with disabilities, people from ethnic and racial minorities, and economically disadvantaged women and men in appropriate forms, languages, and through different types of media?
- Who has access to new medical technologies and devices? Do men and women of different occupational categories have equal access to training and skills building opportunities for these technologies? Who decides who gets training and access to technologies?

#### Data Collection Tools

**Access Alliance:** [HEIA Online Course](#)  
**Access Alliance:** [R2P Mapping Tool](#)  
**Access Alliance:** [Risk Assessment Framework](#)  
**Access Alliance:** [Stakeholder Analysis Tool](#)

**Hankivsky:** [Intersectionality Based Policy Analysis Framework](#)

**Table 5. GYSI Analysis Framework Matrices with Questions and Data Collection Tools by Dimension and Socioecological Model Level (Cont.)**

Practices, Roles, and Participation	
Level	Individual / Relational
<b>Power Questions</b>	<p><b>Who owns what?</b></p> <p><b>Who decides what?</b></p>
<b>Illustrative Questions</b>	<p><b>Women</b></p> <ul style="list-style-type: none"> <li>• What are women’s roles in their households and with extended families, in their communities, and in local, regional, or national governments?</li> <li>• What kind of work do women do? How does their work change as they age (girls, unmarried and married adolescents, unmarried and married young women, older women)</li> <li>• Where do women work (in the household, in agriculture fields or forests, outside of their communities, in other countries)?</li> <li>• Do women have restrictions on their mobility? What restrictions? How do they influence others’ access to services and supportive social networks? How do other social characteristic, such as (dis)ability, economic status, HIV status, and marital status affect these restrictions?</li> <li>• What organizations do women participate in within their family, community, government, or other social networks?</li> <li>• What types of leadership roles do women play? What about women with disabilities, women living with HIV, women who are single mothers or divorced?</li> <li>• Who decides at what age people marry? What are the reasons for getting married at younger or older ages?</li> <li>• How are women and girls of different ages occupied over the course of 24 hours? Are there seasonal differences in how women and girls use their time?</li> </ul> <p><b>Men</b></p> <ul style="list-style-type: none"> <li>• What are men’s roles in their households and with extended families, in their communities, and in local, regional, or national governments?</li> <li>• What kind of work do men do? How does their work change as they age?</li> <li>• Where do men work (in the household, in agriculture fields or forests, outside of their communities, in other countries)?</li> <li>• Do men have restrictions on their mobility? What restrictions? How do they influence others’ access to services and supportive social networks?</li> <li>• What types of leadership roles do men play? What about men with disabilities in leadership roles, men living with HIV, men who are single fathers or divorced?</li> <li>• What organizations do men participate in within their family, community, government, or other social networks?</li> <li>• Who decides at what age people marry? What are the reasons for getting married at younger or older ages?</li> <li>• How are men and boys of different ages occupied over the course of 24 hours?</li> <li>• Are there seasonal differences in how men and boys use their time?</li> </ul> <p><b>Intersectional</b></p> <p>How do the answers to these questions vary for women and men and nonbinary people of different ages, (dis)abilities, castes, classes, ethnicities, races, sexual orientations, and other relevant social identities?</p>

<b>Data Collection Tools</b>	<p><b>Access Alliance:</b> <a href="#">Client Experience – Focus Group Questions</a></p> <p><b>CARE:</b> <a href="#">A Day in the Life Gender Roles</a></p> <p><b>CARE:</b> <a href="#">Decision Making Exercises</a></p> <p><b>CARE:</b> <a href="#">Gender Assessment Household Questionnaire Tool</a></p> <p><b>CARE:</b> <a href="#">Intra-Household Decision Making</a></p> <p><b>CARE:</b> <a href="#">Seasonal Calendar</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Training Manual (Safety, Security, and Mobility Mapping)</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Training Manual (Gender Box)</a></p> <p><b>HPI:</b> <a href="#">Identifying Appropriate Livelihood Options for Adolescent Girls: A Program Design Tool</a></p> <p><b>Instituto Papai:</b> <a href="#">Project H Working with Young Men Series</a></p> <p><b>Partners for Prevention:</b> <a href="#">The Core Men’s Questionnaire</a></p> <p><b>Women’s Refugee Commission:</b> <a href="#">Cohort Livelihoods and Risk Analysis (CLARA) Tools</a></p>
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## Practices, Roles, and Participation

Level	Community
<b>Power Questions</b>	<p>Who owns what?</p> <p>Who decides what?</p>
<b>Illustrative Questions</b>	<ul style="list-style-type: none"> <li>• What is the age, ethnicity, gender, and race of people who serve as community health workers and volunteers? Are there groups that are barred from or favored for serving as community health workers and volunteers?</li> <li>• Are there gender-based risks related to different types of jobs that health workers may engage in that increase their exposure to infection, injury, or stress?</li> <li>• To what extent are health educational activities held at times and in places that accommodate different groups’ schedules and workloads?</li> <li>• What types of exposures or situations put women or men of different ages, (dis)abilities, ethnicities, or races at greater risk of being unsafe on their way to and from the health facility?</li> </ul>
<b>Data Collection Tools</b>	<p><b>CARE and the World Agroforestry Center:</b> <a href="#">Helpful Framework: Assessment and Reflection on Gender and Inclusion</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Manual (Pile Sorting)</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Training Manual (Gender Box)</a></p> <p><b>International Center for Research on Women and Instituto Promundo:</b> <a href="#">International Men and Gender Equality Survey Questionnaires</a></p> <p><b>Instituto Papai:</b> <a href="#">Project H Working with Young Men Series</a></p> <p><b>Vera Van Ek and Sander Scot:</b> <a href="#">Multilayered Participatory Mapping Tool</a></p> <p><b>Vera Van Ek and Sander Scot:</b> <a href="#">The Wall: Barrier Assessment</a></p>

## Practices, Roles, and Participation

### Level

### Health System and Other Institutions

### Power Questions

Who owns what?

Who decides what?

### Illustrative Questions

- Which types of services are available at times that can accommodate work schedules and other labor commitments of different groups, regardless of the constraints they face because of age and gender-roles (e.g., care work, employment, and school), transportation schedules, or safety considerations?
- What is the age, ethnicity, gender, and race of people who serve as community health workers and volunteers? Are there groups that are barred from or favored for serving as community health workers and volunteers?
- Are there gender-based or other identity-based risks linked to different types of jobs that health workers may engage in that increase their exposure to infection, injury, or stress?
- What types of exposures or situations put women or men of different ages, (dis)abilities, ethnicities, or races at greater risk of being unsafe in the health facility?
- How do men's and women's roles and responsibilities affect use of products (e.g., bed nets and vaccinations)?
- What are the challenges different groups of women and men face in adhering to long-term treatment (e.g., for HIV or tuberculosis)? Are they appropriately supported within health systems and community-based structures?
- Who bears the burden of routine data collection in health systems and do these frontline workers have the capacity, time, and support to do so effectively? To what extent are there gender differences among this cadre?
- Who supervises data collection and are they given gender and social diversity training?
- To what extent are services provided by female versus male health workers more likely to be included in performance-based incentive programs?
- To what extent is insurance coverage available to people who work in the informal sector, in paid domestic service, in seasonal or part-time work, or in unpaid home-based care work? Are women from marginalized groups more likely to be found in these types of roles?
- What is the gender, ethnic, and (dis)ability make-up of health leadership?
- How does age, ethnic or racial, and gender segregation of the health workforce affect work assignments to more challenging or less challenging postings?
- Are people of different (dis)abilities, ethnicities and races, and gender identities represented among managerial staff proportionally to their make-up of the health workforce?

### Data Collection Tools

**Access Alliance:** Baseline Assessment for Organizational Health Equity Capacity–Survey Tool

**Access Alliance:** [R2P Mapping Tool](#)

**Access Alliance:** [Risk Assessment Framework](#)

**Access Alliance:** [Stakeholder Analysis Tool](#)

**Engender Health:** Gender and Youth Marker Guidance Note and Youth Marker Vetting Form

**Instituto Papai:** [Project H Working with Young Men Series](#)

**Vera Van Ek and Sander Scot:** [Gender Inequality and Equity Tree](#)

**WHO:** [Health Workers for Change](#)

**WHO:** [Incorporating Intersectional Gender Analysis Into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers](#)

## Practices, Roles, and Participation

### Level

### Policies, Laws, and Processes

### Power Questions

Who owns what?

Who decides what?

### Illustrative Questions

- What is the representation of women and men in boards, panels, working groups, and other decision-making bodies or in supervisory and management positions? To what extent are there differences by sex and other social markers in planning, participation, and decision-making of interventions?
- Who is more likely to vote and how does this influence political priorities for health? Who engages with policy makers at the local and national levels?
- Are there policies and laws which support women, girls, and nonbinary people to participate in health, education, GBV, and economic activities? Are there policies and laws which protect women, girls, and nonbinary people who raise concerns around SRH, health, education, GBV, economic participation? Are these laws and policies equally applicable across all ages, marital status, disability/ ability, income groups etc.?
- Is political leadership committed to gender equality in the health system?
- Do national health leaders support their legal, political, and social obligations for responding to women's, adolescents', and ethnic minorities' health issues? What about men's health issues and/or GBV?
- What kind of social norms permeate medical text books and are they discriminatory?

### Data Collection Tools

**Access Alliance:** [Risk Assessment Framework](#)

**Access Alliance:** [Stakeholder Analysis Tool](#)

**EngenderHealth:** [GYSI Staff Training Manual \(Social Norms Prioritization\)](#)

**Hankivsky:** [Intersectionality Based Policy Analysis Framework](#)

**WHO:** [Incorporating Intersectional Gender Analysis Into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers](#)

**Table 5. GYSI Analysis Framework Matrices with Questions and Data Collection Tools by Dimension and Socioecological Model Level (Cont.)**

Knowledge, Beliefs, and Perceptions	
Level	Individual / Relational
<b>Power Questions</b>	<p>Who is valued for what?</p> <p>Who is supposed to do what (social and gender norms)?</p>
<b>Illustrative Questions</b>	<p><b>Women</b></p> <ul style="list-style-type: none"> <li>• What is appropriate behavior for a woman? What is an ideal woman? How do these beliefs influence health behaviors?</li> <li>• What are appropriate behaviors for adolescent girls and young women? How do those differ from older women and from men?</li> <li>• What are the social beliefs and perceptions that condition women’s expectations and aspirations for education, employment, and marriage and family?</li> <li>• Who should make decisions? What decisions do women make in the household? How does this change according to age? Which kinds of decisions are made jointly?</li> </ul> <p><b>Men</b></p> <ul style="list-style-type: none"> <li>• What is appropriate behavior for a man? What is an ideal man? How do these beliefs influence health behaviors?</li> <li>• What are appropriate behaviors for adolescent boys and young men? How do those differ from older men and from women?</li> <li>• What are the social beliefs and perceptions that condition men’s expectations and aspirations for education, employment, and marriage and family?</li> <li>• Who should make decisions? What decisions do men make in the household? Which kinds of decisions are made jointly?</li> </ul>
<b>Data Collection Tools</b>	<p><b>EngenderHealth:</b> <a href="#">GYSI Staff Manual (Problem Tree Analysis)</a></p> <p><b>International Center for Research on Women and Instituto Promundo:</b> <a href="#">International Men and Gender Equality Survey Questionnaires</a></p> <p><b>Instituto Papai:</b> <a href="#">Project H Working with Young Men Series</a></p> <p><b>Partners for Prevention:</b> <a href="#">The Core Men’s Questionnaire</a></p>

Knowledge, Beliefs, and Perceptions	
Level	Community
<b>Power Questions</b>	<p>Who is valued for what?</p> <p>Who is supposed to do what (social and gender norms)?</p>
<b>Illustrative Questions</b>	<ul style="list-style-type: none"> <li>• To what extent are marginalized groups less likely to follow up on financial claims because of less assertive social norms or a history of government discrimination?</li> <li>• To what extent are people from stigmatized groups less likely to respond to data collection efforts?</li> <li>• Does age, ethnic, gender, and racial or bias make reporting on rape, violence against women, or maternal deaths less likely? If yes, in what way?</li> </ul>

<b>Data Collection Tools</b>	<p><b>CARE:</b> <a href="#">Gender and Protection Audit</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Training Manual (Who is Affected and How?)</a></p> <p><b>International Center for Research on Women and Instituto Promundo:</b> <a href="#">International Men and Gender Equality Survey Questionnaires</a></p> <p><b>Partners for Prevention:</b> <a href="#">The Core Men's Questionnaire</a></p>
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## Knowledge, Beliefs, and Perceptions

Level	Health System and Other Institutions
<b>Power Questions</b>	<p><b>Who is valued for what?</b></p> <p><b>Who is supposed to do what (social and gender norms)?</b></p>
<b>Illustrative Questions</b>	<ul style="list-style-type: none"> <li>• Whose opinions are valued within an organization?</li> <li>• Are health services and educational activities on all topics equitably open and welcoming to all groups, regardless of age, caste, (dis)ability, educational level, ethnicity, gender, marital status, or race?</li> <li>• Do health workers discriminate against particular identity groups? How?</li> <li>• Are there patterns to disrespect and abuse commonly experienced by certain identity groups (e.g., nonbinary people, women and girls from ethnic or racial minority groups, or unmarried girls and women)?</li> <li>• Are there differences in quality of care, perceptions of or responses to symptoms or conditions, and waiting times for care by healthcare workers to members of particular identity groups?</li> <li>• Are different groups' cultural and religious beliefs and practices respected and considered when delivering care? Are there intercultural models of service delivery?</li> <li>• How do women and men within households and communities prioritize individuals' access to medical technologies? For example, are boys or girls more likely be prioritized for oral rehydration therapy?</li> <li>• Do organizational cultures and the health managers who embody them equitably value women, men, and nonbinary peoples' agency, promotion, and work?</li> <li>• To what extent do information systems have mechanisms for detecting and treating intimate partner and sexual violence against women, boys, girls, nonbinary people, sex workers, and men and women with disabilities?</li> <li>• Are the criteria for employment and advancement biased against different identity groups?</li> <li>• Do women and nonbinary people, people with disabilities, and from ethnic and racial minorities experience sexual harassment by other health workers, clients, and healthcare managers?</li> <li>• Are health workers in public facilities more likely to respond to certain groups of clients based on perceived ability to pay, gender, etc.?</li> <li>• To what extent are female providers less or more likely to be risk averse and therefore more likely to use protective equipment than male providers? Does this differ across and within cadres?</li> </ul>

<b>Data Collection Tools</b>	<p><b>Access Alliance:</b> <a href="#">Baseline Assessment for Organizational Health Equity Capacity–Survey Tool</a></p> <p><b>CARE:</b> <a href="#">Attitudes Toward Gender</a></p> <p><b>CARE and the World Agroforestry Center:</b> <a href="#">Helpful Framework: Assessment and Reflection on Gender and Inclusion</a></p>
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**Engender Health:** Gender and Youth Marker Guidance Note and Youth Marker Vetting Form

**EngenderHealth:** [GYSI Staff Manual \(Problem Tree Analysis\)](#)

**EngenderHealth:** [GYSI Staff Training Manual \(Social Norms Prioritization\)](#)

**EngenderHealth:** [GYSI Staff Training Manual \(Who is Affected and How?\)](#)

**Instituto Papai: Project H Working with Young Men Series**

**Partners for Prevention:** [The Core Men's Questionnaire International Men and Gender Equality Survey Questionnaires](#)

**TAAP:** [Mapping Data with TAAP Domains and TAAP Components](#)

**TAAP:** [Stakeholder Engagement Worksheet](#)

**WHO:** [Health Workers for Change](#)

**WHO:** [Incorporating Intersectional Gender Analysis Into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers](#)

## Knowledge, Beliefs, and Perceptions

**Level** Policies, Laws, and Processes

**Power Questions** Who is valued for what?

Who is supposed to do what (social and gender norms)?

**Illustrative Questions**

- Is political leadership committed to gender equality in the health system?
- Do national health leaders support their legal, political, and social obligations for responding to women's, adolescents', and ethnic minorities' health issues? What about men's health issues and GBV?
- What kind of social norms permeate medical text books and are they discriminatory?

**Data Collection Tools**

**Access Alliance:** [Stakeholder Analysis Tool](#)

**EngenderHealth:** [GYSI Staff Training Manual \(Social Norms Prioritization\)](#)

**Hankivsky:** [Intersectionality Based Policy Analysis Framework](#)

**WHO:** [Incorporating Intersectional Gender Analysis Into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers](#)

**Table 5. GYSI Analysis Framework Matrices with Questions and Data Collection Tools by Dimension and Socioecological Model Level (Cont.)**

Legal Rights and Status	
Level	Individual / Relational
<b>Power Questions</b>	<p>Who sets the agenda?</p> <p>Who decides what?</p>
<b>Illustrative Questions</b>	<p><b>Women</b></p> <ul style="list-style-type: none"> <li>• How do inheritance laws treat women? What about adolescent girls and younger women?</li> <li>• How does the legal system treat women? (e.g., due process and recognition of rights)?</li> <li>• How does women’s access to resources from the state or private companies (e.g., health, education, infrastructure, and public goods) compare to men’s and nonbinary individuals’?</li> </ul> <p><b>Men</b></p> <ul style="list-style-type: none"> <li>• How do inheritance laws treat men? What about adolescent boys and young men?</li> <li>• How does the legal system treat men? (e.g., due process and recognition of rights)?</li> <li>• How does men’s access to resources from the state or private companies (e.g., health, education, infrastructure, and public goods) compare to women’s and nonbinary individuals’?</li> </ul>
<b>Data Collection Tools</b>	<p><b>CARE:</b> <a href="#">Focus Group Discussion Tool</a></p> <p><b>CARE:</b> <a href="#">Gender Assessment Household Questionnaire Tool</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Training Manual (Who is Affected and How?)</a></p> <p><b>Hankivsky:</b> <a href="#">Intersectionality Based Policy Analysis Framework</a></p>

Legal Rights and Status	
Level	Community
<b>Power Questions</b>	<p>Who sets the agenda?</p> <p>Who decides what?</p>
<b>Illustrative Questions</b>	<ul style="list-style-type: none"> <li>• What decision-making authority and leadership roles do women play in community organizations? Can they be legal representatives of organizations? What about adolescent girls and young women?</li> <li>• What decision-making authority and leadership roles do men play in community organizations? What about adolescent boys and young men?</li> <li>• Are LGBTQ+ people active as participants and leaders in community organizations? Can they be legal representatives of organizations?</li> <li>• Are youth (boys and girls) able to participate in community organizations? Can they occupy leadership positions?</li> <li>• Are men, women, LGBTQ+, young men and women, boys and girls, and people of all genders and ages of different classes, ethnicities, races, etc. treated equally under the law?</li> <li>• Are the most vulnerable groups and individuals legally protected from exploitation and discrimination?</li> <li>• What procedures, institutions, and protections exist for survivors of GBV?</li> </ul>

<b>Data Collection Tools</b>	<p>CARE: <a href="#">Focus Group Discussion Tool</a></p> <p>CARE: <a href="#">Gender and Protection Audit</a></p> <p>CARE: <a href="#">Sex and Age Disaggregated Data</a></p> <p>Vera Van Ek and Sander Scot: <a href="#">Gender Inequality and Equity Tree</a></p>
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## Legal Rights and Status

<b>Level</b>	<b>Health System and Other Institutions</b>
<b>Power Questions</b>	<p>Who sets the agenda?</p> <p>Who decides what?</p>
<b>Illustrative Questions</b>	<ul style="list-style-type: none"> <li>• Who decides who receives different types of health and well-being information and when?</li> <li>• Who decides who has access to different types of health commodities, such as contraceptives?</li> <li>• Who decides who is referred to higher levels of care?</li> <li>• Is health information at the facility level disaggregated by age, sex, and other relevant social characteristics and comparatively analyzed for decision-making?</li> <li>• Does the health facility have a code of conduct and reporting mechanisms for sexual harassment, assault, and other disrespectful treatment?</li> <li>• Who determines staffing levels at health facilities of different levels and who is posted where?</li> <li>• To what extent do structures at the community level (including community health workers) have the opportunity to feed into decisions and priority setting in the health sector?</li> <li>• Who designs exemptions or waivers from payment? Is it mostly male managers? Are men and women from marginalized groups consulted?</li> <li>• To what extent are health budgets publicly debated by political parties and socioeconomically diverse civil society groups and citizens?</li> <li>• To what extent is health spending made public at different health system levels and who has the right to access such data?</li> <li>• Which cadres are authorized to prescribe and distribute certain drugs or commodities and is there a gender difference? If yes, in what way?</li> </ul>
<b>Data Collection Tools</b>	<p><b>Access Alliance:</b> <a href="#">Baseline Assessment for Organizational Health Equity Capacity – Survey Tool</a></p> <p><b>CARE:</b> <a href="#">Gender and Protection Audit</a></p> <p><b>EngenderHealth:</b> <a href="#">GYSI Staff Training Manual (Social Norms Prioritization)</a></p> <p><b>Hankivsky:</b> <a href="#">Intersectionality Based Policy Analysis Framework</a></p>

## Legal Rights and Status

<b>Level</b>	<b>Policies, Laws, and Processes</b>
<b>Power Questions</b>	<p>Who sets the agenda?</p> <p>Who decides what?</p>

## Illustrative Questions

- Who decides who is eligible for which services and how does that affect access of different groups?
- Do health policies guiding service provision support equitable access and use of services?
- Are there policies to compensate women and other marginalized groups for their lack of control over resources needed to reach or use health services?
- Are there human resource policies that support equitable hiring, promotion, and training opportunities?
- Are audit committees representative of gender, ethnic, and racial diversity? Do these committees examine issues of gender and other socioeconomic diversity as part of the audit process and how it may have contributed to events leading to death or injury?
- Are women, young people, nonbinary people, people with disabilities, and people from ethnic and racial minorities represented on committees that adjudicate sexual harassment in the health workforce?
- Who decides how resources are allocated in benefit of different identity groups?
- To what extent do leaders allocate resources to address socioeconomic inequalities in equipping, staffing, and training health workers at health facilities serving marginalized identity groups?
- To what extent do policies exist to ensure that adult women, young women and men, nonbinary people, adult and young men and women from ethnic and racial minorities, and men and women with disabilities are represented on decision-making boards and other leadership bodies?
- Who designs insurance policies? Are men and women from marginalized groups involved?
- Do insurance policies require levels of paperwork and verification that are not possible for marginalized groups, youth, and older adults?
- Does the country have policies on gender equality?
- Is health information disaggregated by sex?
- Are statistics on the health workforce required by policy to be disaggregated by age, (dis)ability, ethnicity, race, sex, and type of professional (e.g., nurse, doctor, etc.)?
- Are there required national gender equality health indicators, such as age of marriage, GBV, and son preference?
- Who decides what data is collected and how health system performance is measured? Do indicators include issues that may differ by sex?
- How accessible is routine health information and are there policy measures that ensure their transparency?
- To what extent are there confidentiality measures in place to protect the rights of marginalized or stigmatized groups?
- To what extent does regulation stand in the way of making certain commodities (e.g., contraceptives) more widely accessible for women or marginalized groups?
- What is the effectiveness of regulatory mechanisms to ensure that medical products for women or other marginalized groups are not misused (e.g., oxytocin to augment labor)?

## Data Collection Tools

**Access Alliance:** [HEIA Online Course](#)

**Access Alliance:** [Risk Assessment Framework](#)

**Hankivsky:** [Intersectionality Based Policy Analysis Framework](#)

**WHO:** [Incorporating Intersectional Gender Analysis Into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers](#)

## How to Do a Power Analysis

As power is crosscutting, here are some power tools that can be used across different dimensions of the GYSI Analysis Framework and at different levels of the Socioecological Model. For instance, at the individual level, men and women have different access to resources, meaning that they may generate or even use resources and assets differently and in different quantities. Power relationships are defined by power in this dimension by who has control over resources. Control signifies the power to own, exchange, sell, or invest assets and resources. For instance, a young woman may have access to income through her work, but not have control over her income, which she turns over to her parents or her partner, who decide how the income is used. In turn, her partner may provide some resources to her for the purchase of food or to pay school fees, but he decides how much and for what purpose. Similarly, at the community level, an older woman may attend a community meeting, but not have the power to either share her views or hold a leadership position; although she participates in the meeting, she has no influence or decision-making power. At the institutional level, a parents or a partner may support a girl continuing in school when pregnant, but the school master may bar her from attending, especially if such actions are backed by local, regional, or national policies, school rules, and/or community norms.

The intersection of power with access to assets and resources; participation and practices; knowledge beliefs, and perceptions; and policies and laws, creates age-, gender-, and other socially-based constraints that discriminate against some individuals and groups and privilege others. A power analysis will inform the root causes behind these constraints and how to overcome them in your program.

### Power Tools

- CARE: [All about Power: Understanding Social Power and Power Structures](#)
- CARE: [Exploitation Analysis](#)
- CARE: [Decision Making Exercises](#)
- CARE: [Intra-Household Decision Making](#)
- CARE: [Aspirations and Strategic Interests](#)
- CARE: [Forms of Violence](#)
  
- Christian AID: [Power Analysis—Programme Practice \(Power Matrix\)](#)
  
- WHO: [Diseases of Poverty: A Toolkit for Health Researchers—Gender Framework](#)
  
- WaterAid: [Power Analysis Tools for Water, Sanitation, and Hygiene \(WASH\) Governance](#)

The three most commonly used tools for power analysis are: (1) WaterAid's Power Mapping in [Power Analysis Tools for Water, Sanitation, and Hygiene \(WASH\) Governance](#), which is a tool for mapping the power and influence of different stakeholders to understand who is empowered and who has influence over whom; (2) EngenderHealth's [Body Mapping](#), which looks at different individual's sense of the relative power and disempowerment and is particularly useful for examining power dynamic that underlie GBV; and (3) Christian Aid's [Power Matrix](#), which facilitates an analysis of who holds power and how to change power relationships. Power Walk, another exercise included in EngenderHealth's GYSI Staff Training Manual, is useful for sensitizing staff to power differentials and how lack of power disadvantages individuals and groups in multiple facets of their lives.

## How to Use the GYSI Analysis Framework to Analyze the Information Collected

### Comparative Analysis of Differences, Inequalities, Gaps, and Disparities

The first part of the analysis at the individual/relational and community levels generates information on social inequalities and how they affect different groups' health-seeking behaviors, based on differences in power between social groups. The second part of the analysis of health facilities and the wider health system produces information on how unequal relations of power based on normative rules inequitably allocate healthcare to different social groups. The interaction of social inequalities with systemic inequities produces unequal health outcomes and impacts.

The information is analyzed for gaps and disparities across and within gender and other social categories. To further understand gaps and disparities across a wider set of social categories, it is necessary to disaggregate data collection by age, class, ethnicity, etc. Prior stakeholder and context analyses should assist with identifying the most important groups, based on an understanding of their relationships to different institutions, influence and interest as stakeholders, as well as who is most at-risk of poor health outcomes and possible violence or other consequences as a result of the change process.

Table 6 below is an example of how to capture information on the intersectional categories of gender, age, and ethnicity. In each context the variables will be different. You can do this analysis for any question, but your selection of the questions will be guided by the objectives of your program. Similarly, the intersectional identity groups which you choose to focus on will depend on the context in which you are working and the groups that are likely to participate or have influence over your program. Depending on the context and type of intervention, you may want to describe groups more specifically. For instance you may want to specify different age groupings for young women and men (e.g., 10–14; 15–18; 19–29), or by other relevant categories, such as caste, gender identity, race, religion, sexual orientation, or wealth.

**Table 6. Sample Matrix for Step 1 Data Analysis**

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women	Men	Other Gender	Young Women	Young Men	Young Other Gender
<b>Ethnic Group A</b>						
<b>Ethnic Group B</b>						

If it is necessary to capture more than three intersecting variables, any single group can be put into the matrix in the following manner:

**Table 7. Sample Extended-Matrix for Step 1 Data Analysis**

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group A	Men from Ethnic Group A	Other Gender from Ethnic Group A	Young Women from Ethnic Group A	Young Men from Ethnic Group A	Young Other Gender from Ethnic Group A
<b>Ability</b>						
<b>Disability</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group B	Men from Ethnic Group B	Other Gender from Ethnic Group B	Young Women from Ethnic Group B	Young Men from Ethnic Group B	Young Other Gender from Ethnic Group B
<b>Ability</b>						
<b>Disability</b>						

If you have access to qualitative software, such as ATLAS.ti, Dedoose, Ethnograph, or NVivo, you can code the responses and have the software group people who are coded with intersecting categories by question. If the answers are in a quantitative form from a survey, you may be able to do the same through regression analysis (see the note on intersectional qualitative and quantitative analysis in Annex 4).

### Constraint Analysis Process for the Steps in Data Analysis

**Age-, gender- other socially-based constraints** are restrictions on men’s or women’s, boys’, and girls’ and other social identity groups’ access to resources or opportunities that are based on their gender and other social constructed roles or responsibilities. The term encompasses both the measurable inequalities that are revealed by sex-disaggregated data collection and gender analysis as well as the processes that contribute to a specific condition of gender or other intersectional social inequality.<sup>8</sup>

The section part of the intersectional analysis is to *determine and prioritize identity-based constraints and opportunities* that are relevant to your program and may either impede or facilitate achieving your objectives. The first part of the GYSI analysis helps you to identify differences or disparities between and among individuals and groups with different social identities based on age, gender, and other social categories. The constraints part of the GYSI analysis entails linking these disparities to differences in power. This is the point in the analysis where you dive deeper into power relationships that are most likely to affect the achievement of your program objectives and to impact positively or negatively on different participant groups, depending on their status within their communities and nations.

The first step in the constraints analysis is to identify the conditions of inequality. There are several ways to do this. For instance, it can be accomplished by using a [problem tree analysis](#). Another approach is to answer the

8. Adapted from Manfre, Rubin, and Nordehn 2017.

power questions in the GYSI Analysis Framework, which are also listed at the beginning of each dimension in Table 5: *Who owns what? Who does what? Who decides what? Who is valued for what? Who sets the agenda?* The power tools listed above can also help you to identify which individuals and groups have power and to decide if differences among individuals and groups identified in your GYSI analysis are indicative of inequalities and disparities, or merely differences related to individual and group expression or culture that do not mark unequal terms of engagement or benefit.

After identifying the inequality, the second step is to identify the age-, gender-, or other intersectional socially-based factors that contribute to the disparities and then you can pinpoint the conditions that contribute to inequality. The next step is to relate the condition of inequality to a problem related to either access, acceptability, or benefit from your program.

For instance, in the first example in Table 8, the disparity is that young adolescent girls compared to adult women do not have access to contraceptive care. One factor that contributes to this disparity is a norm about when it is socially appropriate for adolescent girls to have sex. The norm creates an inequality in terms of access to family planning. The sentence linking the inequality to the condition of inequality is called a constraint statement. A constraint statement often links an inequality in one dimension of the GYSI analysis to a condition of inequality in another. In the first example, the inequality is from the resources and assets dimension, and the condition of inequality is from the knowledge, beliefs, and perceptions dimension.

**Table 8. Identification of the Condition of Inequality and Contributing Factors**

Dimension	Observed and Measurable Unequal Condition (condition of inequality)	Factors Leading to the Observed Age, Gender, and Marginalization Inequalities	Statement of Age-, Gender-, and/or Marginalization-Based Constraint
<b>Assets and Resources</b>	Adolescent girls do not have access to SRH information and contraception.	Beliefs and norms that regard sex during adolescence and particularly before marriage as socially taboo and potentially causing shame to the family.	Norms about young adolescent girls not being able to have sex before marriage prevents them from accessing SRH information and contraception.
<b>Practices, Roles, and Participation</b>			
<b>Knowledge, Beliefs, and Perceptions</b>			
<b>Legal Rights and Status</b>			

Once you identify the basis for the inequality, you can start to think about how your program can address that inequality in order to remove the constraint and thus increase the probability that the disadvantaged individual or group will be able to access a service and benefit from your program. An example is provided in Table 9.

**Table 9. Identification of Social Constraints that Affect Programs and Health Outcomes**

<b>Dimension</b>	<b>Most Important Age-, Gender-, and/or Marginalization-Based Constraints for the Program (statement of inequality)</b>	<b>Actions that Might Address the Constraints to Achieve More Equitable Outcomes</b>	<b>Age-, Gender-, and/or Marginalization-Sensitive Indicator to Measure Success</b>
<b>Knowledge Beliefs, and Perceptions</b>	Norms about young adolescent girls not being able to have sex before marriage prevents them from accessing SRH information and contraception.	Family planning education and adolescent sexuality sessions to parents of adolescents and community members by community leaders.	% of individuals who believe young girls should have access to contraceptive care.
<b>Legal Rights and Status</b>	A national health system policy requires adolescents to have parental permission to have implants or intrauterine devices inserted.	Removal of the restriction from the policy.	Change in policy.

It is also important to identify opportunities, which are usually conditions of inequality that are undergoing change, or disadvantaged individuals or groups who have managed to challenge constraints or redefined roles. For example, when men migrate, women may assume roles that men performed previously, as well as have greater control over resources and decision-making in the household. Conversely, opportunities may arise when power-holders recognize that they also can benefit from being more equitable and sharing power. For example, a father may recognize that allowing his daughter to continue with school instead of marrying will benefit the family as a whole. Opportunities identified in one dimension of the GYSI analysis may also open up options for change in other dimensions of peoples' lives as well.



# Writing a GYSI Analysis Report

The GYSI analysis report should be a concise narrative that illustrates the main points of your GYSI analysis. The report should be approximately 35 pages and scheduled to include sufficient time to allow for several rounds of revision. Ensure that the report is short and concise and translatable to various audiences and stakeholders with a variety of experiences and backgrounds. The following is a short outline to use as guidance in writing a GYSI analysis report.

## Sample Outline:

- Executive Summary: Outline key processes, findings, and recommendations
- Background: Summarize the background of the project/program and the rationale for the GYSI analysis. This may include criteria for selecting questions, teams, objectives, tools, and issues.
- Methodology: Describe the methodology and tools used.
- Findings: Identify key qualitative and quantitative findings.
- Implications: Discuss the implications of findings for participants and communities.
- Recommendations: Discuss recommendations for follow up.
- Bibliography: Provide a comprehensive list of resources referenced throughout the report.
- Tools: Include any tools used in the analysis.
- Annex: This may vary but should include a list of all participants and interviewees.



# References

- Batliwala, Srilatha (2019). All about Power: Understanding Social Power and Power Structures. New Delhi: CREA. [reconference.creaworld.org/wp-content/uploads/2019/05/All-About-Power-Srilatha-Batliwala.pdf](https://reconference.creaworld.org/wp-content/uploads/2019/05/All-About-Power-Srilatha-Batliwala.pdf)
- Bonis Charanle, Jean Martia and Elana Lucci (2018). Incorporating the Principle of “Do No Harm”: How to Take Action without Causing Harm: Reflections on a Review of Humanity and Inclusion’s Practices. London: Overseas Development Institute. [www.alnap.org/help-library/incorporating-the-principle-of-%E2%80%9Cdo-no-harm%E2%80%9D-how-to-take-action-without-causing-harm](http://www.alnap.org/help-library/incorporating-the-principle-of-%E2%80%9Cdo-no-harm%E2%80%9D-how-to-take-action-without-causing-harm)
- CARE (2018). Social Action Analysis Implementation Manual. Atlanta: CARE. [care.org/wp-content/uploads/2020/08/sa toolkit final rights reserved.pdf](https://care.org/wp-content/uploads/2020/08/sa toolkit final rights reserved.pdf)
- Caro, Deborah (2009). A Manual for Integrating Gender in Reproductive Health and HIV Programs: From Commitment to Action. Washington DC: Population Reference Bureau. [culturalpractice.com/wp-content/uploads/4-2009-2.pdf](https://culturalpractice.com/wp-content/uploads/4-2009-2.pdf)
- Christian Aid (2016). Power Analysis-Programme Practice. London: Christian Aid. [www.christianaid.org.uk/sites/default/files/2016-03/power-analysis-programme-practice-paper-jan-2016.pdf](http://www.christianaid.org.uk/sites/default/files/2016-03/power-analysis-programme-practice-paper-jan-2016.pdf)
- Christofferson, Ashlee (2017). Intersectional Approaches to Equality Research and Data. Equality Challenge Unit. [s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/ecu/Research\\_and\\_data\\_briefing\\_2\\_Intersectional\\_approaches\\_to\\_equality\\_research\\_and\\_data\\_1579105654.pdf](https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/ecu/Research_and_data_briefing_2_Intersectional_approaches_to_equality_research_and_data_1579105654.pdf)
- Cislighi, Ben and Lori Heise (2020). Gender Norms and Social Norms: Differences, Similarities, and Why They Matter in Prevention Science. *Sociology of Health and Illness* Vol 42(2): 407–422. [researchonline.lshtm.ac.uk/id/eprint/4654246/11/Cislighi\\_et\\_al-2019-Sociology\\_of\\_Health\\_&\\_Illness.pdf](https://researchonline.lshtm.ac.uk/id/eprint/4654246/11/Cislighi_et_al-2019-Sociology_of_Health_&_Illness.pdf)
- Canadian Research Institute for the Advancement of Women (CRIAW-ICREF) (2006). Intersectional Feminist Frameworks: A Primer. Ottawa, Ontario: Canadian Research Institute for the Advancement of Women. [www.criaw-icref.ca/images/userfiles/files/Intersectional%20Feminist%20Frameworks%20Primer.pdf](http://www.criaw-icref.ca/images/userfiles/files/Intersectional%20Feminist%20Frameworks%20Primer.pdf)
- Davis, K. (2008). Intersectionality as a Buzz Word: A Sociology of Science Perspective on What Makes a Feminist Theory Useful. *Feminist Theory* 9(1): 67–85. [sites.middlebury.edu/feministblogging2017/files/2017/01/IntersectionalityasBuzzword.pdf](https://sites.middlebury.edu/feministblogging2017/files/2017/01/IntersectionalityasBuzzword.pdf)
- EngenderHealth (2020). Gender, Youth, and Social Inclusion Staff Training Manual. Washington DC: [www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf](http://www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf)
- EngenderHealth (nd). EngenderHealth’s Do No Harm Framework. Washington DC: EngenderHealth.
- EngenderHealth (nd). EngenderHealth’s Global Commitment to, and Strategy for, Youth-Centered Programs. Washington DC: EngenderHealth. [www.engenderhealth.org/wp-content/uploads/2019/12/AYSRHR-Strategy.pdf](http://www.engenderhealth.org/wp-content/uploads/2019/12/AYSRHR-Strategy.pdf)
- Fehrenbacher, Anne and Dhara Patel (2019). Translating the Theory of Intersectionality into Quantitative and Mixed Methods for Empirical Gender Transformative Research on Health. *Culture, Health, and Sexuality* Vol 22, supplement 1: 145-160. [doi.org/10.1080/13691058.2019.1671494](https://doi.org/10.1080/13691058.2019.1671494)
- George, Asha (2020). Structural Determinants of Gender Inequality: Why They Matter for Adolescent Girls’ Sexual and Reproductive Health. *British Medical Journal* 368. doi: [doi.org/10.1136/bmj.l6985](https://doi.org/10.1136/bmj.l6985)
- Hankivsky, Olena (2014). Intersectionality 101. Vancouver: Institute for Intersectionality Research and Policy, Simon Fraser University. [www.researchgate.net/profile/Olena-Hankivsky/publication/279293665\\_Intersectionality\\_101/links/56c35bda08ae602342508c7f/Intersectionality-101.pdf](http://www.researchgate.net/profile/Olena-Hankivsky/publication/279293665_Intersectionality_101/links/56c35bda08ae602342508c7f/Intersectionality-101.pdf)
- Hankivsky, Olena (ed.) (2012a) An Intersectionality-Based Policy Analysis Framework. Vancouver: Simon Fraser University. [www.sfu.ca/iirp/ibpa.html](http://www.sfu.ca/iirp/ibpa.html)

- Hankivsky, Olena. (Ed.). (2012). An Intersectionality-Based Policy Analysis Framework. Vancouver: Institute for Intersectionality Research and Policy, Simon Fraser University. [www.researchgate.net/profile/Olena-Hankivsky/publication/261772913\\_An\\_Intersectionality-Based\\_Policy\\_Analysis\\_Framework/links/559199f008ae47a34910b062/An-Intersectionality-Based-Policy-Analysis-Framework.pdf](http://www.researchgate.net/profile/Olena-Hankivsky/publication/261772913_An_Intersectionality-Based_Policy_Analysis_Framework/links/559199f008ae47a34910b062/An-Intersectionality-Based-Policy-Analysis-Framework.pdf)
- Hankivsky, Olena, Colleen Reid, Renee Cormier, Colleen Varcoe, Natalie Clark, Cecilia Benoit, and Shari Brotman (2010). Exploring the Promises of Intersectionality for Advancing Women’s Health Research. *International Journal of Equity Health* 9 (5) [doi.org/10.1186/1475-9276-9-5](https://doi.org/10.1186/1475-9276-9-5)
- InterAmerican Development Bank (2020). Gender Risk Assessment Toolkit (GRAT). Washington DC: IDB. [www.idbinvest.org/en/publications/gender-risk-assessment-tool](http://www.idbinvest.org/en/publications/gender-risk-assessment-tool)
- Jhpiego (nd). Gender Analysis Toolkit for Health Systems. [gender.jhpiego.org/analysistoolkit/gender-integration](http://gender.jhpiego.org/analysistoolkit/gender-integration)
- Just Associates (2002). Tools for Analyzing Power, Inclusion, and Exclusion. [www.justassociates.org/sites/justassociates.org/files/toolsforanalyzingpower.pdf](http://www.justassociates.org/sites/justassociates.org/files/toolsforanalyzingpower.pdf)
- Kang, Miliann, Donovan Lessard, Laura Heston (November 2018). Introduction to Women, Gender, and Sexuality Studies. Amherst, MA: University of Massachusetts. [openbooks.library.umass.edu/introwgss](http://openbooks.library.umass.edu/introwgss)
- Manfre, Cristina, Deborah Rubin, and Caitlin Nordehn (2017). Assessing How Agricultural Technologies can Change Gender Dynamics and Food Security Outcomes. Washington DC: Cultural Practice, LLC. [culturalpractice.com/resources/technology-assessment-toolkit](http://culturalpractice.com/resources/technology-assessment-toolkit)
- Morgan, Rosemary, Asha George, Sarah Ssali, Kate Hawkins, Sassy Molyneux, and Sally Theobald (2016). How To Do (Or Not To Do) ...Gender Analysis in Health Systems Research. *Health Policy and Planning* Volume 31 (8), Pages 1069–1078, [doi.org/10.1093/heapol/czw037](https://doi.org/10.1093/heapol/czw037)
- RinGs Research in Gender and Ethics (2016). How to Do Gender Analysis in Health Systems Research: A Guide. London: London School of Hygiene and Tropical Medicine. [www.ringsgenderresearch.org/resources/how-to-do-gender-analysis-in-health-systems-research-a-guide](http://www.ringsgenderresearch.org/resources/how-to-do-gender-analysis-in-health-systems-research-a-guide)
- RinGs Research in Gender and Ethics (2020). Adopting a Gender Lens in Health Systems Policy: A Guide for Policy Makers. London: London School of Hygiene and Tropical Medicine. [www.ringsgenderresearch.org/wp-content/uploads/2020/01/Adopting-a-gender-lens-in-health-systems-policy.pdf](http://www.ringsgenderresearch.org/wp-content/uploads/2020/01/Adopting-a-gender-lens-in-health-systems-policy.pdf)
- Rouhani, Setarah (2014). Intersectionality-Informed Quantitative Research: A Primer. Ottawa: Institute of Intersectionality Research and Policy and the Public Health Agency of Canada. [www.ifsee.ulaval.ca/sites/ifsee.ulaval.ca/files/9eba2da23ab70bfadd9ca2e076af4a3a62cc.pdf](http://www.ifsee.ulaval.ca/sites/ifsee.ulaval.ca/files/9eba2da23ab70bfadd9ca2e076af4a3a62cc.pdf)
- Rubin, Deborah, Cristina Manfre, and Kara Nichols-Barrett (2009). Promoting Gender-Equitable Opportunities in Agricultural Value Chains: A Handbook. Washington DC: dTS. [culturalpractice.com/wp-content/uploads/4-2009-16.pdf](http://culturalpractice.com/wp-content/uploads/4-2009-16.pdf)
- Tomlinson, Yolandet and Margo Baruch (2013). Framing Questions on Intersectionality. Rutgers Center for Women’s Global Leadership. [ushrnetwork.org/uploads/Resources/framing\\_questions\\_on\\_intersectionality\\_1.pdf](http://ushrnetwork.org/uploads/Resources/framing_questions_on_intersectionality_1.pdf)
- Van Ek, Vera and Sander Schot (2018). Towards Inclusion: A Guide for Organizations and Practitioners. Vienna: Light for the World. [www.light-for-the-world.org/sites/lfdw.org/files/download\\_files/towards\\_inclusion\\_a4\\_web.pdf](http://www.light-for-the-world.org/sites/lfdw.org/files/download_files/towards_inclusion_a4_web.pdf)
- World Health Organization (WHO) (2020). Incorporating Intersectional Gender Analysis into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers. Geneva: WHO. [www.who.int/tdr/publications/year/2020/tdr-intersectional-gender-toolkit/en](http://www.who.int/tdr/publications/year/2020/tdr-intersectional-gender-toolkit/en)
- WHO (2019). Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce. Geneva: WHO. [apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf?ua=1](http://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf?ua=1)
- World Learning (n.d.) Transforming Agency, Access, and Power (TAAP): A Toolkit for Inclusive Development. Washington DC: World Learning. [www.taapinclusion.org](http://www.taapinclusion.org)



# Annex 1: Guiding Principles of Intersectionality

**Figure 1. Characteristics of an Intersectional Approach to Gender, Youth, and Social Inclusion (GYSI)**



- **Intersecting Categories:** Multiple categories of identity (such as age, class, gender, and race) interact and co-constitute identities of individuals and social groups and situate or position them in specific contexts (both temporal and spatial).
- **Multi-Level Analysis:** Intersectionality focuses on understanding the effects on processes of difference and inequity across different levels on national, regional, and local institutions and policies on people with diverse intersecting identities.
- **Power:** Power operates within groups and institutions to exclude the experiences and knowledge of some people, while privileging others. How these processes interact with diverse groups of people shapes their experiences of privilege and discrimination relative to each other. Intersectionality focuses on both the effects of domination and marginalization on people, but also on how power and inequality are produced, reproduced, and resisted.<sup>9</sup>
- **Context (Time and Space):** When and where people live plays a major role in the formation of their identities and experiences with how the world works, how to relate to other people, and processes that determine their value relative to others, their privileges, and disadvantages.<sup>10</sup>

9. As peoples' identities are constructed around different social categories, any one person may experience both power and oppression simultaneously or sequentially, depending on the time and location.

10. As contexts can change over time and people can move across spaces, their situated experiences and positions relative to other individuals and groups also are subject to change.

- **Diverse Knowledge:** As people have diverse knowledge based on their life experiences and the contexts and times in which they live, they offer different perspectives on and knowledge about the world. Power and knowledge are also interrelated as power is often exerted by one group to privilege some types of knowledge over others, and to exclude some groups from access to privileged knowledge.<sup>11</sup>
- **Reflexivity:** As we are all bound by our different situated experiences and perspectives, it is essential that we start a process that leads to an understanding of people who are differently situated than ourselves to engage in critical self-reflection on power, relevant social categories, and our own beliefs about people whose identities are formed by different and similar social categories than our own identities (CARE 2018).<sup>12</sup>
- **Social Justice:** If inequitable health determinants are the product of social injustice—e.g., unfair and discriminatory economic, political, and social institutions and processes—then the transformation of those discriminatory structures are the logical pathway to eliminating the causes of inequitable health outcomes and achieving social and gender equality. In the last 10 years a growing number of organizations working globally have called for a focus on social justice as an important step towards full social equality and equity.
- **Equity:** Is the condition and process of being fair and just. While equality is the goal, equity is the means to achieve equality. Intersectional analysis and application of its findings provide the knowledge to reallocate resources in health and related sectors to remove discriminatory practices and treatments that disadvantage some groups of people while privileging others. An intersectional lens allows health policy makers, program implementers, and service providers and managers to go beyond a focus on single axes of inequality to address multiple forms or inequity in health systems.

Further improvements in legislation and policy are necessary but not sufficient. We believe that transforming gender and power relations, and the structures, norms and values that underpin them, is critical to ending poverty and challenging inequality.

[www.oxfam.org/en/what-we-do/issues/gender-justice-and-womens-rights](http://www.oxfam.org/en/what-we-do/issues/gender-justice-and-womens-rights)



11. Engagement and consultation of different groups to understand their unique perspectives and knowledge base is another central tenet of intersectional analysis. It is not sufficient to collect knowledge about people without actively engaging them in research and dialogue about what they know and think about topics that are the focus of health education programs and services.

12. As a fundamental part of intersectional analysis, researchers, program staff, policy formulators, regulators, and other stakeholders should commit to ongoing reflexive “dialogue and deconstruction of tacit, personal, professional, or organizational knowledges and their influence on policy” (Parken 2010, cited in Hankivsky 2012). The objective is to develop critical awareness and questioning of power and privilege, and to challenge unconscious and conscious assumptions we hold and that are embedded in policies, development objectives, and program designs.

# Annex 2: Gender, Youth, and Social Inclusion (GYSI) Analysis Framework Toolkit

## Individual Tools by Type and Source

### Data Collection and Analysis Tools

#### Access Alliance

- Health Equity Toolkit: A Resource Inventory for Health Care Organizations  
[www.allianceon.org/sites/default/files/documents/Baseline%20Assessment%20for%20Organizational%20Health%20Equity%20Capacity\\_Survey%20Tool.pdf](http://www.allianceon.org/sites/default/files/documents/Baseline%20Assessment%20for%20Organizational%20Health%20Equity%20Capacity_Survey%20Tool.pdf)

#### Alliance for Healthier Communities

- Client Experience – Focus Group Questions (pg. 38)  
[www.aohc.org/sites/default/files/documents/Focus%20Group%20Questions.docx](http://www.aohc.org/sites/default/files/documents/Focus%20Group%20Questions.docx)
- Risk Assessment Tool  
[www.aohc.org/sites/default/files/documents/Risk%20Assessment%20Framework.docx](http://www.aohc.org/sites/default/files/documents/Risk%20Assessment%20Framework.docx)

#### CARE

- Gender and Protection Audit  
[insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/6.\\_gender\\_and\\_protection\\_audit.doc](http://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/6._gender_and_protection_audit.doc)
- Key Informant Interview Tool  
[insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/4.\\_key\\_informant\\_interview\\_tool.doc](http://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/4._key_informant_interview_tool.doc)
- Mapping Tool  
[insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/5.\\_mapping\\_tool.doc](http://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/5._mapping_tool.doc)
- Rapid Gender Analysis Tools  
[careevaluations.org/homepage/care-evaluations-rapid-gender-analysis](http://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis)
- Rapid Gender Analysis, Focus Group Discussion Tool  
[insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/3.\\_focus\\_group\\_discussion\\_tool.doc](http://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/3._focus_group_discussion_tool.doc)
- Rapid Gender Analysis, Gender Assessment Household Questionnaire Tool  
[insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/GiE\\_Tools\\_RGA\\_survey-questionnaire-tool\\_24April2020.docx](http://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/GiE_Tools_RGA_survey-questionnaire-tool_24April2020.docx)
- Sex and Age Disaggregated Data  
[insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/2.\\_sex\\_and\\_age\\_disaggregated\\_data.doc](http://insights.careinternational.org.uk/images/in-practice/RGA-and-measurement/2._sex_and_age_disaggregated_data.doc)

- Social Analysis and Action Global Implementation Manual  
[www.care.org/wp-content/uploads/2020/08/sa toolkit\\_final\\_rights\\_reserved.pdf](http://www.care.org/wp-content/uploads/2020/08/sa toolkit_final_rights_reserved.pdf)  
Body Mapping, (pg. 31)  
Gender Box, (pg. 17)  
Problem Tree Analysis, (pg. 35)  
Social Norm Prioritization, (pg. 57)  
Who is Affected and How (pg. 50)

### **CGIAR-CCAF**

- Gender and Inclusion Toolkit  
[ccafs.cgiar.org/resources/tools/gender-and-inclusion-toolbox](http://ccafs.cgiar.org/resources/tools/gender-and-inclusion-toolbox)  
Participation: Reflection Exercises (pg. 41)  
Helpful Framework: Assessment and Reflection on Gender and Inclusion (pg. 41)  
Village Resource and Use Map, Mobility Map, Resources Maps of Past and Present (pg. 84)  
Gender: Exploring Gender and Culture (pg.41)

### **EngenderHealth**

- Gender, Youth, and Social Inclusion Staff Training Manual.  
[www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf](http://www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf)  
Gender Box, (pg. 21)  
Pile Sorting (pg. 26)  
Problem Tree Analysis (pg. 58)  
Safety, Security, and Mobility Mapping (pg. 67)  
Social Norms Prioritization (pg. 70)  
Who is Affected and How (pg. 73)

### **International Center for Research on Women and Instituto Promundo**

- International Men and Gender Equality Survey Questionnaires  
[promundoglobal.org/programs/international-men-and-gender-equality-survey-images](http://promundoglobal.org/programs/international-men-and-gender-equality-survey-images)

### **Instituto Papai**

- Project H Working with Young Men Series  
[promundoglobal.org/wp-content/uploads/2014/12/Program-H-Working-With-Young-Men.pdf](http://promundoglobal.org/wp-content/uploads/2014/12/Program-H-Working-With-Young-Men.pdf)

### **Overseas Development Council**

- Planning Tools Stakeholder Analysis  
[www.odi.org/publications/5257-planning-tools-stakeholder-analysis](http://www.odi.org/publications/5257-planning-tools-stakeholder-analysis)

### **Partners for Prevention**

- The Core Men's Questionnaire  
[www.partners4prevention.org/sites/default/files/core\\_mens\\_questionnaire\\_final.pdf](http://www.partners4prevention.org/sites/default/files/core_mens_questionnaire_final.pdf)

### **Vera Van Ek and Sander Schot**

- Towards Inclusion: A Guide for Organizations and Practitioners  
[www.icco-cooperation.org/en/wp-content/uploads/sites/2/2019/07/Towards-Inclusion-icco.pdf](http://www.icco-cooperation.org/en/wp-content/uploads/sites/2/2019/07/Towards-Inclusion-icco.pdf)

Accessibility Checklist (pg. 52)  
The Wall: Barrier Assessment (pg. 49)  
Gender Analysis (pg. 60)  
Gender Inequality and Equity Tree (pg. 64)  
Multilayered Participatory Mapping Tool (pg. 68)

### World Health Organization (WHO)

- Health Workers for Change  
[apps.who.int/iris/bitstream/handle/10665/63192/TDR\\_GEN\\_95.2.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/63192/TDR_GEN_95.2.pdf?sequence=1&isAllowed=y)

### World Learning - TAAP

- Create a Local Snapshot (pg. 146)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_3-STEP\\_A-A2-Create\\_a\\_Local\\_Snapshot.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_3-STEP_A-A2-Create_a_Local_Snapshot.pdf)
- Guiding Questions for Building Organizational Social Identity Awareness (pg. 65)  
[taapinclusion.org/wp-content/uploads/worksheets/HANDOUT-STEP\\_B-A2-Guiding\\_Questions\\_for\\_Building\\_Organizational\\_Social\\_Identity\\_Awareness.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/HANDOUT-STEP_B-A2-Guiding_Questions_for_Building_Organizational_Social_Identity_Awareness.pdf)
- Mapping Data with TAAP Domains and TAAP Components (pg. 121)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_2-SC-A1-Mapping\\_Data\\_and\\_Findings\\_with\\_TAAP\\_Domains\\_and\\_TAAP\\_Components.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_2-SC-A1-Mapping_Data_and_Findings_with_TAAP_Domains_and_TAAP_Components.pdf)
- Mapping Your Organization's Identity – TAAP Guiding Questions (pg. 64)  
[taapinclusion.org/wp-content/uploads/worksheets/HANDOUT-STEP\\_B-A1-Guiding\\_Questions\\_for\\_Initial\\_Organizational\\_Reflection.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/HANDOUT-STEP_B-A1-Guiding_Questions_for_Initial_Organizational_Reflection.pdf)
- Organizational Identity Wheel (pg. 66)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_1-STEP\\_B-A1-ORGANIZATIONAL\\_IDENTITY-MAIN.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_1-STEP_B-A1-ORGANIZATIONAL_IDENTITY-MAIN.pdf)
- Organizational Questionnaire Template (pg. 68)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_1-STEP\\_B-A2-QUESTIONNAIRE.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_1-STEP_B-A2-QUESTIONNAIRE.pdf)
- Questions to Validate Prioritization with Key Stakeholders (pg. 163)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_3-STEP\\_B-A2-Questions\\_to\\_Validate\\_Your\\_Prioritization.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_3-STEP_B-A2-Questions_to_Validate_Your_Prioritization.pdf)
- Stakeholder Analysis Mapping (pg. 93)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_2-SA-A2-Stakeholder\\_Analysis\\_Matrix.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_2-SA-A2-Stakeholder_Analysis_Matrix.pdf)
- Stakeholder Engagement Worksheet (pg. 98)  
[taapinclusion.org/wp-content/uploads/worksheets/PHASE\\_2-SA-A2-Stakeholder\\_Engagement\\_Worksheet.pdf](https://taapinclusion.org/wp-content/uploads/worksheets/PHASE_2-SA-A2-Stakeholder_Engagement_Worksheet.pdf)

### Power Analysis Tools

#### CARE

- Aspirations and Strategic Interests  
[genderinpractice.care.org/tools-aspirations-and-strategic-interests](https://genderinpractice.care.org/tools-aspirations-and-strategic-interests)
- Decision Making Exercises  
[gendertoolkit.care.org/decision-making-exercises](https://gendertoolkit.care.org/decision-making-exercises)

- Exploitation Analysis  
[gendertoolkit.care.org/program-cycle/gender-power-analysis/exploitation-analysis](http://gendertoolkit.care.org/program-cycle/gender-power-analysis/exploitation-analysis)
- Forms of Violence  
[genderinpractice.care.org/forms-of-violence](http://genderinpractice.care.org/forms-of-violence)
- Intra-Household Decision Making  
[gendertoolkit.care.org/intra-household-decision-making](http://gendertoolkit.care.org/intra-household-decision-making)

## CREA

- All About Power: Understanding Social Power and Power Structures  
[reconference.creaworld.org/wp-content/uploads/2019/05/All-About-Power-Srilatha-Batliwala.pdf](http://reconference.creaworld.org/wp-content/uploads/2019/05/All-About-Power-Srilatha-Batliwala.pdf)

## EngenderHealth

- GYSI Staff Training Manual  
[www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf](http://www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf)  
Power Walk (pg. 14)  
Problem Tree Analysis (pg. 58)

## Christian AID

- Power Analysis-Programme Practice  
[www.christianaid.org.uk/sites/default/files/2016-03/power-analysis-programme-practice-paper-jan-2016.pdf](http://www.christianaid.org.uk/sites/default/files/2016-03/power-analysis-programme-practice-paper-jan-2016.pdf)

## Just Associates

- Tools for Analyzing Power, Inclusion, and Exclusion  
[www.justassociates.org/sites/justassociates.org/files/toolsforanalyzingpower.pdf](http://www.justassociates.org/sites/justassociates.org/files/toolsforanalyzingpower.pdf)

## WaterAid

- Power Mapping in Power Analysis Tools for Water, Sanitation, and Hygiene (WASH) Governance  
[washmatters.wateraid.org/publications/power-analysis-tools-for-wash-governance](http://washmatters.wateraid.org/publications/power-analysis-tools-for-wash-governance)

## WHO

- Diseases of Poverty: A Toolkit for Health Researchers  
Gender Framework – Gender as a Power Relation and Driver of Inequality  
[tdr-intersectional-gender-toolkit.org/pdfs/figure-06.pdf?target=\\_blank&lightbox=0](http://tdr-intersectional-gender-toolkit.org/pdfs/figure-06.pdf?target=_blank&lightbox=0)

## Intersectional Analysis Frameworks

### Access Alliance

- Health Equity Toolkit: A Resource Inventory for Health Care Organizations  
[www.allianceon.org/sites/default/files/documents/Health%20Equity%20Toolkit\\_Final.pdf](http://www.allianceon.org/sites/default/files/documents/Health%20Equity%20Toolkit_Final.pdf)  
Health: Guidance on data collection and analysis.

## CARE

- Social Analysis and Action Global Implementation Manual  
[www.care.org/wp-content/uploads/2020/08/sa toolkit\\_final\\_rights\\_reserved.pdf](http://www.care.org/wp-content/uploads/2020/08/sa toolkit_final_rights_reserved.pdf)  
*Multisectoral*: Participatory community-based data collection tools

## CGIAR-CCAF

- Gender and Inclusion Toolkit  
[ccaafs.cgiar.org/resources/tools/gender-and-inclusion-toolbox](http://ccaafs.cgiar.org/resources/tools/gender-and-inclusion-toolbox)  
*Climate Change, Forestry, Agriculture*: Research focused; includes participatory tools, blogs, and case studies

## CGIAR-CIFOR

- Making Sense of Intersectionality: A Manual for Lovers of People and Forests  
[www.cifor.org/publications/pdf\\_files/OccPapers/OP-184.pdf](http://www.cifor.org/publications/pdf_files/OccPapers/OP-184.pdf)  
*Forestry Research*: Guidance on how to apply an intersectional approach in research

## EngenderHealth

- Gender, Youth, and Social Inclusion Staff Training Manual  
[www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf](http://www.engenderhealth.org/wp-content/uploads/2020/08/GYSI-StaffTrainingManual-FULL.pdf)  
*Health*: Training manual with gender and youth awareness-building and participatory data collection tools

## Institute for Intersectionality Research and Policy, Simon Fraser University

- An Intersectionality-Based Policy Analysis Framework  
[equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-014-0119-x.pdf](http://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-014-0119-x.pdf)  
*Health Policy*: Description and in-depth explanation of intersectionality with questions for intersectional analysis of health policies

## Vera Van Ek and Sander Schot

- Towards Inclusion: A Guide for Organizations and Practitioners  
[www.icco-cooperation.org/en/wp-content/uploads/sites/2/2019/07/Towards-Inclusion-icco.pdf](http://www.icco-cooperation.org/en/wp-content/uploads/sites/2/2019/07/Towards-Inclusion-icco.pdf)  
*Health and Disability*: Intersectional approach to inclusion (gender and disability) with community and health facility tools and checklists

## WHO

- Incorporating Intersectional Gender Analysis into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers  
[tdr-intersectional-gender-toolkit.org/cover/0001.html](http://tdr-intersectional-gender-toolkit.org/cover/0001.html)  
*Health (Infectious Diseases)*: Background on intersectionality and gender analysis and guidance on planning, conducting, analyzing, and applying research findings to program design

## World Learning

- TAAP: Transforming Agency, Access, and Power  
[www.taapinclusion.org/](http://www.taapinclusion.org/)  
*Multisectoral*: Framework to support social inclusion throughout the program cycle with guidance on reflecting on social identities, context analysis, and social inclusion in project design, implementation, and monitoring and evaluation

## Gender Analysis Frameworks and Toolkits

### CARE

- Rapid Gender Analysis  
[careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/](http://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/)  
*Multisectoral/Humanitarian Contexts:* Guidelines, tools, and templates for data collection

### Cultural Practice, LLC

- Promoting Gender Equitable Opportunities in Agricultural Value Chains  
[culturalpractice.com/resources/promoting-gender-equitable-opportunities-in-agricultural-value-chains-a-handbook](http://culturalpractice.com/resources/promoting-gender-equitable-opportunities-in-agricultural-value-chains-a-handbook)  
*Agriculture:* One of the first applications of the gender dimension framework

### EngenderHealth

- Engaging Men and Boys Toolkit  
[www.engenderhealth.org/pubs/gender/gender-toolkit/toolkit.html](http://www.engenderhealth.org/pubs/gender/gender-toolkit/toolkit.html)  
*Health:* Tools and guidance for program design, implementation, and monitoring and evaluation for working with men and boys

### FHI360

- Gender Integration Framework  
[www.fhi360.org/sites/default/files/media/documents/FHI%20360\\_Gender%20Integration%20Framework\\_3.8%20%2528no%20photos%2529.pdf](http://www.fhi360.org/sites/default/files/media/documents/FHI%20360_Gender%20Integration%20Framework_3.8%20%2528no%20photos%2529.pdf)  
*Multisectoral:* Gender analysis and integration guidelines

### Finland Ministry for Foreign Affairs

- Rapid Gender Analysis Framework  
[www.gdrc.org/gender/framework/gender\\_01.pdf](http://www.gdrc.org/gender/framework/gender_01.pdf)  
*Multisectoral:* Review of different gender equality frameworks and policies

### Harvard

- Gender Analysis Framework  
[www.agrilinks.org/sites/default/files/resource/files/ING%20Info%20Sheet%20%282016\\_09%29%202%20Harvard%20Analytical%20Framework%20%28Ludgate%29.pdf](http://www.agrilinks.org/sites/default/files/resource/files/ING%20Info%20Sheet%20%282016_09%29%202%20Harvard%20Analytical%20Framework%20%28Ludgate%29.pdf)  
*Agriculture and Nutrition:* Gender analysis framework for agriculture and nutrition

### Jhpiego

- Gender Analysis  
[gender.jhpiego.org/analysistoolkit](http://gender.jhpiego.org/analysistoolkit)  
*Health:* Focused on the gender analysis and integration in the health system

## Kabeer, Naila

- Social Relations Approach  
[books.google.com/books?hl=en&lr=&id=dLPWBScdOygC&oi=fnd&pg=PA1&dq=Kabeer+N.+1994.+Reversed+Realities:+Gender+Hierarchies+in+Development+Thought.+London:+Verso.&ots=a7Vh4jg9iV&sig=TNDsKi-Y58W5er28yPPX1qeg50U#v=onepage&q=Kabeer%20N.%201994.%20Reversed%20Realities%3A%20Gender%20Hierarchies%20in%20Development%20Thought.%20London%3A%20Verso.&f=false](https://books.google.com/books?hl=en&lr=&id=dLPWBScdOygC&oi=fnd&pg=PA1&dq=Kabeer+N.+1994.+Reversed+Realities:+Gender+Hierarchies+in+Development+Thought.+London:+Verso.&ots=a7Vh4jg9iV&sig=TNDsKi-Y58W5er28yPPX1qeg50U#v=onepage&q=Kabeer%20N.%201994.%20Reversed%20Realities%3A%20Gender%20Hierarchies%20in%20Development%20Thought.%20London%3A%20Verso.&f=false)

*Multisectoral*: A pioneering gender analysis approaches. It is notable for examining that examines gender inequalities across all levels of the socioecological model.

## Liverpool School of Tropic Medicine

- Guidelines for the Analysis of Gender and Health  
[www.lstmed.ac.uk/sites/default/files/pictures/Guidelines%20for%20the%20Analysis%20of%20Gender%20and%20Health.pdf](http://www.lstmed.ac.uk/sites/default/files/pictures/Guidelines%20for%20the%20Analysis%20of%20Gender%20and%20Health.pdf)

*Health*: Gender analysis framework focusing on health (one of the first), which includes: gendered patterns of ill health, gendered factors that affect who gets ill, and gendered factors that account for different responses to ill-health.

## mHealth Alliance and United Nations Foundation

- Addressing Gender and Women's Empowerment in mHealth for Maternal, Newborn, and Child Health: An Analytical Framework  
[www.villagereach.org/wp-content/uploads/2013/07/gender\\_analytical\\_framework\\_report.pdf](http://www.villagereach.org/wp-content/uploads/2013/07/gender_analytical_framework_report.pdf)

*Health and technology*: Guide and analytical framework for integrating gender and women's empowerment into mHealth for maternal, newborn, and child health

## Moser, Caroline

- Moser Framework  
[www.ucl.ac.uk/bartlett/development/sites/bartlett/files/wp165.pdf](http://www.ucl.ac.uk/bartlett/development/sites/bartlett/files/wp165.pdf)

*Economic Development Planning*: An early gender analysis framework known for its distinction between practical and strategic interests

## Oxfam

- A Guide to Gender Analysis Frameworks  
[www.ndi.org/sites/default/files/Guide%20to%20Gender%20Analysis%20Frameworks.pdf](http://www.ndi.org/sites/default/files/Guide%20to%20Gender%20Analysis%20Frameworks.pdf)

*Multisectoral*: Comprehensive gender analysis framework

## Pan American Health Organization

- Guide for Analysis and Monitoring of Gender Equity in Health Policies  
[www.paho.org/hq/dmdocuments/2009/Guide\\_Gender\\_equity\\_.pdf](http://www.paho.org/hq/dmdocuments/2009/Guide_Gender_equity_.pdf)

*Health*: Guidelines for examining the gender equity of health policies

## Population Reference Bureau

- A Manual for Integrating Gender into Reproductive Health and HIV Programs  
[www.prb.org/wp-content/uploads/2003/11/ManualIntegrGendr\\_Eng.pdf](http://www.prb.org/wp-content/uploads/2003/11/ManualIntegrGendr_Eng.pdf)

*Health*: Gender analysis guide

## RinGs Research in Gender and Ethics

- How To Do Gender Analysis in Health Systems Research: A Guide  
[www.ringsgenderresearch.org/wp-content/uploads/2018/07/How-to-do-gender-analysis-in-health-systems-research-A-guide.pdf](http://www.ringsgenderresearch.org/wp-content/uploads/2018/07/How-to-do-gender-analysis-in-health-systems-research-A-guide.pdf)

*Health:* Guide to health system researchers based on a framework that focuses on gender as a power relation and driver of inequality



# Annex 3: Worksheets for GYSI Analysis

## A. Worksheets for Three Intersecting Identities (Age, Ethnicity, and Gender)

Table 1. Sample Matrices for Step 1 Data Analysis

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women	Men	Other Gender	Young Women	Young Men	Young Other Gender
<b>Ethnic Group A</b>						
<b>Ethnic Group B</b>						

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women	Men	Other Gender	Young Women	Young Men	Young Other Gender
<b>Ethnic Group A</b>						
<b>Ethnic Group B</b>						

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women	Men	Other Gender	Young Women	Young Men	Young Other Gender
<b>Ethnic Group A</b>						
<b>Ethnic Group B</b>						

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women	Men	Other Gender	Young Women	Young Men	Young Other Gender
<b>Ethnic Group A</b>						
<b>Ethnic Group B</b>						

## B. Worksheets for More than Three Intersecting Identities Step 1

Table 2. Sample Extended-Matrices for Step 1 Data Analysis

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group A	Men from Ethnic Group A	Other Gender from Ethnic Group A	Young Women from Ethnic Group A	Young Men from Ethnic Group A	Young Other Gender from Ethnic Group A
<b>Ability</b>						
<b>Disability</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group B	Men from Ethnic Group B	Other Gender from Ethnic Group B	Young Women from Ethnic Group B	Young Men from Ethnic Group B	Young Other Gender from Ethnic Group B
<b>Ability</b>						
<b>Disability</b>						

Dimension	Assets and Resources					
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group A	Men from Ethnic Group A	Other Gender from Ethnic Group A	Young Women from Ethnic Group A	Young Men from Ethnic Group A	Young Other Gender from Ethnic Group A
<b>Ability</b>						
<b>Disability</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group B	Men from Ethnic Group B	Other Gender from Ethnic Group B	Young Women from Ethnic Group B	Young Men from Ethnic Group B	Young Other Gender from Ethnic Group B
<b>Ability</b>						
<b>Disability</b>						

Dimension		Assets and Resources				
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group A	Men from Ethnic Group A	Other Gender from Ethnic Group A	Young Women from Ethnic Group A	Young Men from Ethnic Group A	Young Other Gender from Ethnic Group A
<b>Ability</b>						
<b>Disability</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group B	Men from Ethnic Group B	Other Gender from Ethnic Group B	Young Women from Ethnic Group B	Young Men from Ethnic Group B	Young Other Gender from Ethnic Group B
<b>Ability</b>						
<b>Disability</b>						

Dimension		Assets and Resources				
<b>Analytical Question</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group A	Men from Ethnic Group A	Other Gender from Ethnic Group A	Young Women from Ethnic Group A	Young Men from Ethnic Group A	Young Other Gender from Ethnic Group A
<b>Ability</b>						
<b>Disability</b>						
<b>Intersectional Categories</b>	Women from Ethnic Group B	Men from Ethnic Group B	Other Gender from Ethnic Group B	Young Women from Ethnic Group B	Young Men from Ethnic Group B	Young Other Gender from Ethnic Group B
<b>Ability</b>						
<b>Disability</b>						

## C. Worksheets for Constraint Analysis Step 2

(Transfer information from previous worksheets)

**Table 3.** Identification of the Condition of Inequality and Contributing Factors

Dimension	Observed and Measurable Unequal Condition (condition of inequality)	Factors Leading to the Observed Age, Gender, and Marginalization Inequalities	Statement of Age-, Gender-, and/or Marginalization-Based Constraint
Assets and Resources			
Practices, Roles, and Participation			
Knowledge, Beliefs, and Perceptions			
Legal Rights and Status			

**Table 4.** Identification of Social Constraints that Affect Programs and Health Outcomes

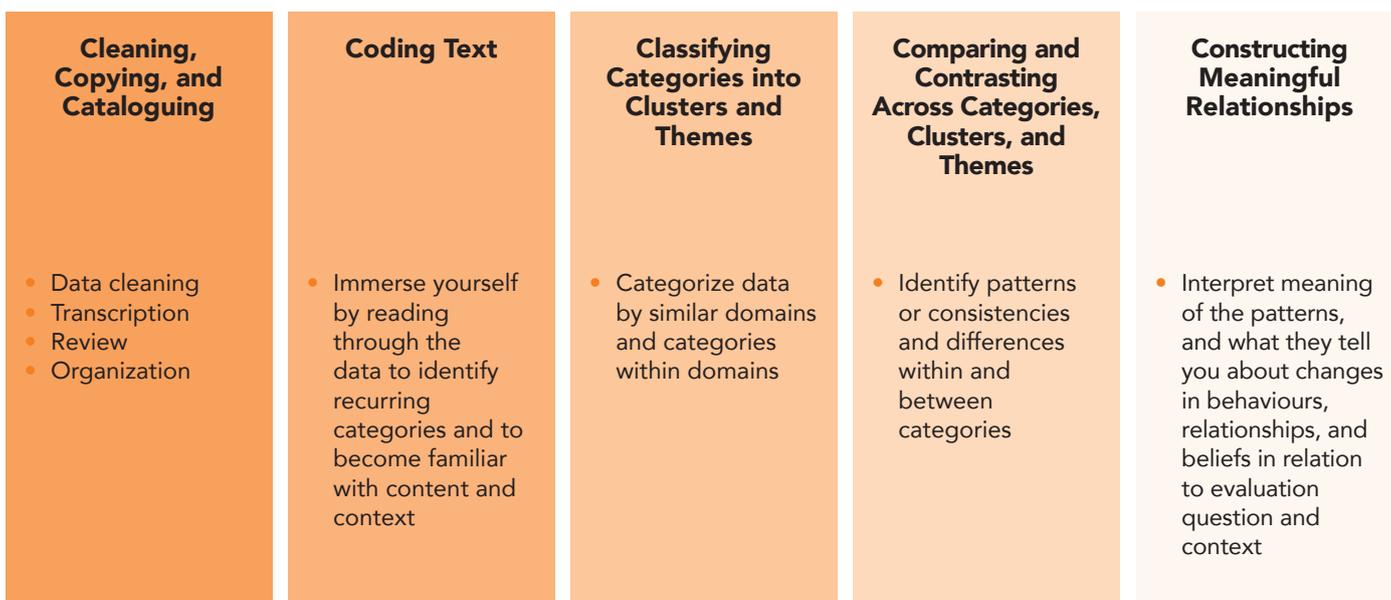
Dimension	Most Important Age-, Gender-, and/or Marginalization-Based Constraints for the Program (statement of inequality)	Actions that Might Address the Constraints to Achieve More Equitable Outcomes	Age-, Gender-, and/or Marginalization-Sensitive Indicator to Measure Success
Assets and Resources			
Practices, Roles, and Participation			
Knowledge, Beliefs, and Perceptions			
Legal Rights and Status			



# Annex 4: Guidance on Intersectional Qualitative and Quantitative Data Analysis<sup>13</sup>

## Analysis of Qualitative Intersectional Information

A Short Primer on the Most Significant Change Technique to Qualitative Data Analysis<sup>14,15</sup>



### ← The Five Cs of Qualitative Analysis →

This primer was designed as a companion to a workshop on the most significant change technique but can be used to inform any qualitative data analysis process. The most significant change technique generates text of stories and a record of observations of the discussions that take place during the story selection process. Analysis of both types of information requires qualitative content analysis.

13. See Chapter 7 of the World Health Organization’s Incorporating Intersectional Gender Analysis into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers for more information.

14. This primer was developed by Deborah Caro for a workshop on Most Significant Change under Management Systems International’s USAID-funded Mission Performance Monitoring, Evaluation and Planning project.

15. The titles for the steps in the process and the alliteration of words that start with the letter “c” was inspired by a table constructed by Deborah Rubin, for an IFPRI research team in Bangladesh to facilitate their processing and analysis of large amounts of interview data. This Primer was prepared by Deborah Caro of Cultural Practice, LLC for Management System International’s USAID-funded Jordan Monitoring and Evaluation Support Project.

In qualitative analysis, we are interested in meaning and intention, or what the data signify to us about what is happening, why it is important, and to whom. Qualitative data has the potential to demonstrate why a change has occurred and to demonstrate the sequence of events that brought about the change. Additionally, qualitative data analysis reveals relationships between people in the context in which they live. Qualitative analysis responds to evaluation or research questions.

Data quality depends on:

- Systematic analysis with clear definitions of analytical categories and consistent application in the analysis
- Iterative comparisons of cases and observations, within the data collected for the evaluation and with data from other similar evaluations
- Conscientious documentation of the process used to categorize and interpret the data—how and why you made the choices you made
- Exploration of alternative ways of categorizing the data and alternative interpretations
- Careful attention to context (“thick description”)
- Credibility of the evaluators and researchers, including what training or other relevant qualifications they bring

### **Cleaning, Copying, and Cataloguing**

Data cleaning is a process of examining how consistently and systematically methods have been applied for data collection. Qualitative data is text-based rather than numeric, and it is a challenge to deal with large amounts of text. A first step in the analytical process is to put like information into a standardized format. All data should be transcribed in a standard format and identified by the source of information, their relationship to the project, and their age, sex, and location. Pseudonyms or numbers should be assigned to each interviewee or participant to protect their privacy and confidentiality.

### **Coding Text**

Coding is the process for assigning key words to concepts and phrases in the narratives. Unlike in quantitative analysis, where the codes are preset before data collection, in qualitative analysis, the codes emerge from a close and repeated reading of the text. Codes are key words or short phrases that represent the essence or important issues in the most significant change stories. By reading the stories multiple times, it is possible gradually to identify recurring themes and develop incipient impressions of similarities and differences in these themes related to the context and voice of the storyteller. Attention to the texts allows the reader to detect inconsistencies in some stories that may indicate they are made up or not related to the project. These should be checked for veracity and relevance. It is helpful to take notes throughout this process.

After reading all the stories several times and making notes of ideas that come to mind as one reads, the next step is to note words or phrases (codes) in the margin next to where they occur in the text. After completing a first round of assigning codes, it is useful to make a list of all the words and phrases used to group synonyms or similar concepts together and then decide which among the similar words best characterizes the concepts labeled. These can be coded in short abbreviations as long as each one is carefully defined and explained. Once the codes or key words are set, it is possible to use qualitative research software to identify related text. This can also be done manually.

## Classifying Categories into Clusters and Themes

The next step is to relate the key words or codes to the dimensions of the Gender, Youth, and Social Inclusion (GYSI) Analysis Framework by sorting the key words by dimension. It is possible that not all key words fit under just one dimension. In that case, place them everywhere they fit. This is an iterative process and may require going back to the larger text of an interview or focus group discussion transcript or notes. If the information comes from different focus group discussions with different identity groups, make sure the codes you use also identify the identity groups by the different intersectional categories. This is the most difficult part of the analysis because there are no easy answers.

## Comparing and Contrasting across Categories, Clusters, and Themes

During this step of the analysis the objective is to compare and contrast text categorized within and between social categories and domains in relation to the original analytical question in the GYSI Analysis Framework. You can develop more specific questions to guide your analysis related to the dimensions. You also may decide to regroup some of the coded text by dimension or to conflate or expand how many dimensions and social categories the information pertains to. Look for patterns and relationships between and among different categories. Once you complete this step, you are ready to do the constraints analysis.

## Constructing Meaningful Relationships

This last step is about interpretation: “What does it all mean?” The constraints analysis relates to issues that are likely to affect your program outcomes. What can you learn about your project and its activities from the patterns and relationships identified in the last step? What do you know now that you did not know before about how to adjust your objectives and activities to meet the differential needs of diverse social groups? During implementation, what might the intersectional information tell you about factors behind trends in your monitoring data or outcomes measured through other evaluation methodologies? Do you know more about why certain outcomes occurred and others did not? Do you understand the process of change and can you identify the economic and social factors that contribute to or impede change? Finally, what are the surprises and unexpected outcomes? Why did they occur?

### Resources for Quantitative and Mixed Method Intersectional Data Analysis

- Christoffersen, Ashlee (2017). Intersectional Approaches to Equality Research and Data. Equality Challenge Unit
- Fehrenbacher, Anne E. and Dhara Patel (2020). Translating the Theory of Intersectionality into Quantitative and Mixed Methods for Empirical Gender Transformative Research on Health. *Culture, Health, and Sexuality*, Vol 22 (1):145-160
- Rouhani, Setarah (2014). Intersectionality-Informed Quantitative Research: A Primer. Ottawa: Institute of Intersectionality Research and Policy and the Public Health Agency of Canada
- World Health Organization (WHO) (2020). Incorporating Intersectional Gender Analysis into Research on Infectious Diseases of Poverty: A Toolkit for Health Researchers. Geneva: WHO



# Annex 5: EngenderHealth Do No Harm Framework (DNHF)

## Purpose of the DNHF<sup>16</sup>

Development or humanitarian responses and interventions initiated by nongovernmental organizations and governments do not operate in a neutral environment. These interventions (including the baseline and end line evaluations) are impacted by the existing cultural, gender, and social norms and political environment of the intervention geography or group. If the program design does not take into account these critical factors, it is more likely to lead to some degree of unintended harm, depending on the nature of sociocultural and gender norms, political environment, target group, and intervention. For example, a gender-based violence (GBV) prevention intervention during which the newly trained community-based GBV counselor makes a home visit to see a survivor and to talk to her husband and counsel him may cause harm if the survivor has spoken to the counselor without the knowledge of the husband. Projects can cause unintended harm during any stage of the project cycle, thus it is important for all teams to have a gender lens while designing, implementing, monitoring, and evaluating, to be mindful of the potential risks and unintended harm and have mitigation strategies ready in advance.

EngenderHealth is accountable for the protection of all individuals, groups, and communities with which the organizations works, as well as within EngenderHealth's own teams.

### Who should use the DNHF?

- Proposal design teams
- Project teams
- Evaluation and research agencies
- Communications teams
- Partner organizations

### When should the DNHF be used?

- During project design
- During project inception
- During staff training
- During project rollout
- As part of ongoing monitoring tools
- During midline evaluations
- During end line evaluations
- During post evaluations
- During design of all social and behavior change communication and information, education, and communication interventions
- During all project-related documentation and dissemination

16. Adapted by permission from CARE's Social Analysis and Action Approach, as documented in CARE (2018). Social Analysis and Action Global Implementation Manual.

To help us plan for preventing, mitigating, and addressing any unintended harm, we have developed a minimum standards for all projects to use as a mandatory framework to prevent backlash and other forms of harm. This DNHF is derived from the Social Analysis and Action approach developed by CARE.

## How to Use the DNHF Minimum Standards

Areas of Engagement	Staff capacity
<b>Points to Consider</b>	<ul style="list-style-type: none"> <li>• Program staff should have an understanding of the facts, perceptions, and attitudes about gender, social norms, and power dynamics in the local context.</li> <li>• Program staff should have an understanding of various forms of GBV prevalent in the community.</li> <li>• Program staff should have an understanding of gender, youth, and social marginalization-related issues in the community and/or facility.</li> </ul>
<b>How to Achieve Success</b>	<ul style="list-style-type: none"> <li>• Conduct a gender and power analysis in the community before the start of interventions (engaging with all stakeholders in the community).</li> <li>• Conduct a Social Analysis and Action-based transformation training for all project staff.</li> </ul>

Areas of Engagement	Understanding the community and service providers
<b>Points to Consider</b>	<ul style="list-style-type: none"> <li>• Before starting discussions with community or service providers on gender norms, conduct a gender and power analysis, and use findings to inform the tools and discussion guidelines for critical reflections.</li> <li>• Use locally appropriate and non-judgmental language.</li> <li>• During group discussions, often the sensitive information shared cannot be kept confidential. Therefore, the facilitator should inform the group in advance that nothing they share can be confidential and thus they should not share something they do not want others to know. Do not make sharing mandatory. If any participant shares GBV-related information, facilitator should be ready to listen and provide necessary referrals. (Facilitators must have a comprehensive list of functional local referral services available)</li> </ul>
<b>How to Achieve Success</b>	<ul style="list-style-type: none"> <li>• Follow the principles of effective communication and confidentiality.</li> <li>• Prepare a referral list.</li> <li>• Follow up.</li> </ul>

Areas of Engagement	Joint planning with the community and service providers
<b>Points to Consider</b>	<ul style="list-style-type: none"> <li>• Plan for potential risks with action(s) to be taken if either faced with strong opposition or children at risk of harm are identified</li> <li>• Be aware of the political situation.</li> <li>• Consider degree of press freedom.</li> <li>• Consider the government's approach to human rights and gender norms, such as sexuality-related norms and violence against women.</li> </ul>
<b>How to Achieve Success</b>	<ul style="list-style-type: none"> <li>• Discuss and prepare the following mitigation plans based on the local reality: <ul style="list-style-type: none"> <li>· Mitigation plan for staff</li> <li>· Mitigation plan for children</li> <li>· Mitigation plan for women</li> </ul> </li> <li>• Prepare a brief note on the political environment of the operating geography.</li> <li>• Identify a list of gender- and power-related issues in the community from least sensitive to most sensitive.</li> </ul>

Areas of Engagement	Working with the community and service providers
<b>Points to Consider</b>	<ul style="list-style-type: none"> <li>• Ensure that there is ownership by the community and service providers for the attempted change, especially if the change is related to harmful gender norms or gender-related personal beliefs and attitudes.</li> <li>• Attempted change must be based on local knowledge and visible local leadership.</li> <li>• Facilitators should encourage groups to identify their own leaders and allies within the community or their organization.</li> <li>• If community-based groups choose actions which might be harmful for any group or the process of change, the team needs to be alerted. For example, a community group working on ending child marriage decides to exclude married girls younger than 18 years from distributing materials to send a message to parents that early marriage will deprive girls of certain benefits. Or, if community-based counselors devise a strategy for conducting home visits and talking to spouses of clients who report intimate partner violence, as this may cause further retributions.</li> </ul>
<b>How to Achieve Success</b>	<ul style="list-style-type: none"> <li>• Help identify local individuals to lead the change, for example: <ul style="list-style-type: none"> <li>• Community leaders</li> <li>• Religious leaders</li> <li>• Women leaders</li> <li>• Men leaders</li> <li>• Service providers</li> </ul> </li> <li>• Help identify change agents and role models, such as: <ul style="list-style-type: none"> <li>• Women role models</li> <li>• Men role models</li> <li>• Religious leader role models</li> <li>• Service provider role models</li> </ul> </li> </ul> <p><i>This is culturally sensitive, and in some communities and organizations, the role models may be more vulnerable to harm. Evaluate local cultural context before opting for role models.</i></p>

Areas of Engagement	Evaluation
<b>Points to Consider</b>	<ul style="list-style-type: none"> <li>• Continuous monitoring of group process and meetings is important to observe any harmful outcomes and provide guidance on how to move forward.</li> <li>• Monitor for GBV-related changes (power dynamics, male engagement and response, enabling environment, etc.).</li> </ul>
<b>How to Achieve Success</b>	Have regular “Reflect Practice” sessions with various groups in the community and among service providers and EngenderHealth staff.

## DNHF Adapted for EngenderHealth’s Adolescent Health and Development Program in the Sitamarhi District of Bihar, India<sup>17</sup>

### GBV Care and Support Pathways

- The Social Welfare Department has one-stop centers in 27 districts of Bihar for women affected by violence. Sitamarhi is one of those districts, and the center provides the following services: medical assistance, transportation, facilitation in dealing with police, legal aid, psychosocial counseling, and temporary shelter, if needed.

17. This is an evolving document, meant to be regularly reviewed and revised according to the most accurate and up-to-date information regarding safety and security points and referral services available. This document will be reviewed and revised no less than once every quarter and more frequently as needed (especially during COVID and post-COVID for up to six months or as needed).

- For children involved in conflict, adolescent observation homes are available in Sitamarhi. Other organizations provide legal aid and support for minors.
- The Social Welfare Department has a designated shelter home in Sitamarhi for children and adolescents who need care and protection.
- The Women Help Line is available to provide support to adolescents and can be activated by calling 18003456247 / 0612-2320047 / 2214318.
- The Child Help Line (Childline) is also available to provide support to adolescents and can be activated by calling 1098.

### Community-Level Trusted Contacts for Safeguarding and Support

For each community, we will work with Agrabami to identify a specific list of trusted adults and community contacts that adolescents can go to if they experience violence or feel unsafe. These will include community members such as the sarpanch, the village education committee, the village health and sanitation committee, leaders of the self-help groups, peer educators, and others.

### Gaya and Jamui

During the first three months of the project, we will work with local civil society organizations to compile the information listed above for both districts, and regularly revisit the functionality of the pathways throughout the course of the project's implementation.

Target Audience	Health providers and medical officers
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Capacity building: Gender, youth, and social inclusion (GYSI) sensitization planned after COVID-19</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Distribute lists of gender-based violence (GBV) care and support referral pathways in each district.</li> <li>• Conduct routine monitoring and ensure providers are aware of and following the existing official protocol for raising any concerns regarding backlash due to providing adolescent and youth sexual and reproductive health rights (AYSRHR) services.</li> </ul>

Target Audience	Health providers and auxiliary nurse midwives (ANMs) trained on AYSRHR issues
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Capacity building: GYSI sensitization planned after COVID-19</li> <li>• Ongoing support from medical officer in charge</li> <li>• Ongoing support and feedback through counselors (deputed by the project)</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Distribute lists of GBV care and support referral pathways in each district.</li> <li>• Orient ANM on safety plans and to provide ongoing support to Accredited Social Health Activist (ASHAs).</li> <li>• Conduct routine monitoring and ensure ANMs are aware of and using resources provided to support survivors of violence.</li> <li>• Build rapport with community leaders (sarpanch) and self-help groups, to ensure they are aware of any potential risks for implementing AYSRHR interventions in their community, and support the ANMs, ASHAs, peer educators, and adolescents.</li> </ul>

Target Audience	Counselors (deputed by the project)
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Capacity building: GYSI sensitization completed</li> <li>Ongoing support from medical officer in charge</li> <li>Ongoing support from EngenderHealth and Agragami staff</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Create an easy-to-use job aid on GBV support and care referral pathways in each district.</li> <li>Integrate ongoing refresher exercises and training with GYSI sensitization.</li> </ul>

Target Audience	ASHAs
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Training on adolescent health issues and safeguarding procedures</li> <li>Ongoing support from project counselors</li> <li>Ongoing support from ANMs</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Conduct GYSI sensitization sessions.</li> <li>Orient ASHAs on available GBV referral services and referral pathways.</li> </ul>

Target Audience	District government officials
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Quarterly sensitization meetings</li> <li>Continued advocacy about the importance of AYSRHR services and support from all levels of the health system and local governance structures</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Distribute lists of GBV care and support referral pathways in each district.</li> <li>Continue advocacy with government to ensure that GBV care and support systems stay functional through COVID-19.</li> </ul>

Target Audience	Adolescent girls (10–14)
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Block-level meetings with parents and peer educators</li> <li>Peer education approach and group meetings</li> <li>Information dissemination on the Child hotline service (1098) and how to use the service</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Sensitize parents, teachers, ASHAs, and peer educators on GYSI and AYSRHR.</li> <li>Identify other community-level resources where girls can go if they experience any backlash or feel unsafe.</li> <li>Partner with other organizations working in schools to support teachers serving as a “go-to” contacts for help.</li> </ul>

Target Audience	Adolescent boys (10–14)
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Block-level meetings with parents and peer educators</li> <li>Peer education approach and group meetings</li> <li>Information dissemination on the Child hotline service (1098) and how to use the service</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>Sensitize parents, teachers, ASHAs, and peer educators on GYSI and AYSRHR.</li> <li>Identify other community-level resources where boys can go if they experience any backlash or feel unsafe.</li> <li>Partner with other organizations working in schools to support teachers serving as a “go-to” contacts for help.</li> </ul>

<b>Target Audience</b>	<b>Adolescent girls (15–16)</b>
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Block-level meetings with parents and peer educators</li> <li>• Peer education approach and group meetings</li> <li>• Information dissemination on the Child hotline service (1098) and how to use the service</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Sensitize parents, teachers, ASHAs, and peer educators on GYSI and AYSRHR.</li> <li>• Identify Kishori Samooch and other community-level resources where girls can go if they experience any backlash or feel unsafe.</li> <li>• Partner with other organizations working in schools to support teachers serving as a “go-to” contacts for help.</li> </ul>

<b>Target Audience</b>	<b>Adolescent boys (15–16)</b>
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Block-level meetings with parents and peer educators</li> <li>• Peer education approach and group meetings</li> <li>• Disseminate information on the Childline (1098) hotline service and how to use the service</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Sensitize parents, teachers, ASHAs, and peer educators on GYSI and AYSRHR.</li> <li>• Identify other community-level resources where boys can go if they experience any backlash or feel unsafe.</li> <li>• Partner with other organizations working in schools to support teachers serving as a “go-to” contacts for help.</li> </ul>

<b>Target Audience</b>	<b>Adolescent girls (17–19)</b>
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Block-level meetings with parents and peer educators</li> <li>• Peer education approach and group meetings</li> <li>• Information dissemination on the Child hotline service (1098) and how to use the service</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Sensitize parents, teachers, ASHAs, and peer educators on GYSI and AYSRHR.</li> <li>• Identify Kishori Samooch and other community-level resources where girls can go if they experience any backlash or feel unsafe.</li> <li>• Partner with other organizations working in schools to support teachers in serving as a “go-to” contact for help.</li> </ul>

<b>Target Audience</b>	<b>Adolescent boys (17–19)</b>
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Block-level meetings with parents and peer educators</li> <li>• Peer education approach and group meetings</li> <li>• Information dissemination on the Child hotline service (1098) and how to use the service</li> </ul>
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<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Sensitize parents, teachers, ASHAs, and peer educators on GYSI and AYSRHR.</li> <li>• Identify other community-level resources where boys can go if they experience any backlash or feel unsafe.</li> <li>• Partner with other organizations working in schools to support teachers in serving as a “go-to” contact for help.</li> </ul>

<b>Target Audience</b>	<b>Peer educators (17–21)</b>
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Training and capacity building on AYSRHR issues, including GBV (with support from EngenderHealth)</li> <li>• Training of ASHAs and ANMs in AYSRHR needs</li> <li>• Involvement of ASHAs, parents, Panchayati Raj Institutions, members, and other community members in selection of peer educators</li> <li>• Parental consent is required before designating peer educators</li> <li>• Project counselors talk with ASHAs and community members about the program and its objective</li> <li>• Project counselors mentor ASHAs and ensure their involvement in organizing AYSRHR activities</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Establish GBV care and support referral pathways.</li> <li>• Identify block-level contacts for peer educators to call/visit for support if they feel unsafe, experience violence, or know of a situation of violence/danger with a peer.</li> <li>• Sensitize ASHAs, ANMs, counselors, and community leaders/Sarpanch on GYSI and AYSRHR issues.</li> </ul>

<b>Target Audience</b>	<b>EngenderHealth and Agragami staff</b> (add local partner civil society organizations in the next phase)
<b>Existing Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• GYSI staff transformation training for new civil society organizations</li> <li>• After-action review of cases and/or incidents as they arise</li> <li>• Experience sharing and reflection opportunities</li> </ul>
<b>New Measures (safety/mitigation plan)</b>	<ul style="list-style-type: none"> <li>• Identify the project manager and/or EngenderHealth country office point of contact.</li> <li>• Conduct GYSI sensitization refresher trainings of EngenderHealth country office point of contact.</li> <li>• Conduct refresher exercises and trainings on the importance of the DNHF.</li> </ul>





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