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TRANSFORMING GENDER NORMS, ROLES, AND POWER DYNAMICS FOR BETTER HEALTH



Gender-integrated Programs Reference Document











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Transforming Gender Norms, Roles, and Power Dynamics for Better Health

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PREFACE

The Gender, Policy and Measurement (GPM) Program—funded by the Asia bureau of USAID—undertook a comprehensive systematic review to examine the impact of gender-integrated programs on health outcomes. The findings are primarily intended to inform government officials, donors, nongovernmental organizations, and other key stakeholders involved in health programming in India, as well as other low- and middle-income countries (LMICs) worldwide. The *Transforming Gender Norms*, *Roles, and Dynamics for Better Health* review was guided by the perspective that all health programs must employ evidence-based strategies that promote gender equity and empower women and men to achieve better health.

The systematic review aimed to present evidence of how gender-integrated programming influences reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A) outcomes, as well as HIV and AIDS, gender-based violence (GBV), tuberculosis (TB), and universal health coverage (UHC) outcomes in LMICs, with a focus on India. The objectives were to

- Assess the extent to which gender-integrated health programs accommodate or transform gender norms, roles, and relationships
- Identify gender-accommodating and -transformative strategies in health programs
- Understand how gender-integrated programs impact RMNCH+A, HIV and AIDS, GBV, TB, and UHC outcomes
- Identify quantitative and qualitative methodologies used to evaluate gender-integrated health programs

As part of a larger suite of materials, this document provides an overview of each of the 146 gender-integrated interventions included in the review. It is divided by effectiveness rating (effective, promising, or unclear) and level of gender integration (accommodating or transformative). For further details on the rating scale, consult the full summary report, *Transforming Gender Norms*, *Roles, and Dynamics*. Full citation details are also available in the summary report annex.

ABBREVIATIONS

AIDS acquired immune deficiency syndrome

ANC antenatal care

AYH adolescent youth health CBO community-based organization

CEDPA Centre for Development and Population Activities
GPM Gender, Policy and Measurement (Program)

GBV gender-based violence FGD focus group discussion

FGM/C female genital mutilation/cutting

FP family planning FSW female sex worker

HIV human immunodeficiency virus

HTSP healthy timing and spacing of pregnancy

IDI in-depth interview KII key informant interview

LMICs low- and middle-income countries MSM men who have sex with men

NCHN neonatal and child health and nutrition PMTCT prevention of mother-to-child transmission

PNC prenatal care

RCT randomized control trial

RMNCH+A reproductive, maternal, neonatal, child, and adolescent health

SBCC social and behavior change communication

SM safe motherhood

STI sexually transmitted infection

TB tuberculosis

UHC universal healthcare

VCT voluntary counseling and testing

ACCOMODATING EFFECTIVE

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
South Asia - India	Men in Maternity India (Varkey et al., 2004)	Pregnant women seeking ANC at health facilities Husbands	HTSP SM NCHN HIV/STI	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Greater intention to use contraceptives Increased use of contraceptives Increased screening during pregnancy for syphilis Increased initiation of breastfeeding within an hour Increased percentage of mothers supplementing their babies' diet at six to nine months Increased provider clinical skills and knowledge	Increased partner communication Increased partner and/or community support Women's increased decision-making power Joint decision making	Quasi-experimental: pre- and post- test Qualitative: IDIs & FGDs

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	VISTAAR India (Uttar Pradesh and Jharkhand) (IntraHealth, 2012)	Pregnant women and recently delivered women Community health workers	• SM • NCHN	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Increased usage of full ANC Increased proportion of women receiving all tests and check-ups Increased proportion of women receiving all three advices from healthcare workers Increased institutional delivery Increased consumption of food during pregnancy Increased breastfeeding of newborns immediately after birth Increased colostrum feeding of newborns Delayed bathing of newborns Delayed bathing of newborns Increased exclusive breastfeeding until six months Increased number of infants 6–11 months breastfed and receiving supplementary foods from three or more major food groups	No gender outcomes noted/achieved	Quasi-experimental: pre- and post-test
South Asia - Other	Matlab FPMCH • Bangladesh • (Schultz, 2009)	Matlab community members (mostly married women of reproductive age)	HTSP	Strengthening and increasing linkages between health services and communities	Increased contraceptive use Decreased unmet need for contraception	Women's increased participation in the workforce Increased access to social entitlements (e.g., financial credit, education)	Nonexperimental: Longitudinal

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Community-based intervention for Maternal and Newborn Health Pakistan (Midhet and Becker, 2010)	Married womenHusbandsCommunity	• SM • NCHN	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Decreased workload for women during pregnancy Increased male accompaniment to ANC Reduced perinatal and early neonatal mortality Increased usage of skilled pregnancy care	No gender outcomes noted/achieved	RCT: cluster randomized, pre- and post-test
	Lady Health Worker Pakistan (Bhutta et al., 2011)	Pregnant women,New mothers	NCHN	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Increased breastfeeding of newborns immediately after birth Colostrum feeding of newborns Delayed bathing of newborns Reduced incidence of stillbirths, perinatal and neonatal mortality	No gender outcomes noted/achieved	RCT: Cluster randomized, pre- and post-test; Qualitative

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Sub- Saharan Africa	Filles Eveillees Burkino Faso (Engebretsen, 2012; 2013)	Girls, ages 6-17 years	• HTSP • SM • AYH • HIV/STI	Strengthening household and community lev el support for women's and men's health and access to health services Address gender inequalities in access to health information	Increase report of performing self-examination of breasts	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Increase in women's social networks Higher scores on an empowerment scale for women Women's increased decision-making power Has own savings Increase in those reporting having a place to meet friends Increase in those reporting having someone to turn to advice Increase in those reporting not feeling weak or vulnerable Increase in those reporting not feeling timid Increased spending on education and training	Quasi-experimental: pre- and post-test
	VCT Intervention • Democratic Republic of Congo • (Ditekemena et al., 2011)	Pregnant women Male partners	HIV/STI	Strengthening and increasing linkages between health services and communities	Increased PMTCT Increased uptake of VCT services Male participation in PMTCT activities Couples VCT	Improv ed attitudes towards male participation/support	RCT: indiv iduals randomized, pre- and post-test

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	• Ghana • (Homiah et al., 2012)	Caregivers of 2-5 year olds	NCHN	Addressing gender inequalities in access to health information	Greater expenditure on medicines and healthcare for children Greater household consumption of animal source foods	No gender outcomes noted/achieved	Quasi-experimental: post-test only
	Cash or Condition Program Malawi (Baird et al., 2011; Baird et al., 2012)	Nev er-married girls in schools in low-income settings, ages 6–24 years Mothers and Fathers Community Leaders	AYH HIV/STI	Addressing gender inequalities in access to health information	Increased age at marriage Decrease in adolescent pregnancy Decrease in herpes Decreased STI prevalence	Higher formal educational participation for women or girls	RCT Community/cluster randomized: pre and post test Individuals randomized: pre- and post-test Qualitative: IDIs
	Couples' VCT and Nevirapine Use in Antenatal Clinics • Rwanda & Zambia • (Conkling et al., 2010)	Women	• SM • HIV/STI	Addressing gender inequalities in access to health information	Increased use of skilled pregnancy care, delivery Increase in PMTCT Increased HIV testing	No gender outcomes noted/achieved	Quasi-experimental: post-test only
	SISTA Intervention South Africa (Wingwood et al., 2013)	Women, ages 18- 35 years	HIV/STI	Addressing gender inequalities in access to health information	Safer sex practices	No gender outcomes noted/achieved	RCT: Individuals randomized, pre- and post-test
	Community-based Safe Motherhood Promoters Tanzania (Mushi et al., 2010)	Women and Men, ages 18 years and older	SM	Addressing gender inequalities in access to health information Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services	Increased use of skilled pregnancy care, Antenatal care Increased use of skilled pregnancy care, delivery Client satisfaction with providers and care	No gender outcomes noted/achieved	Non-experimental: Longitudinal Qualitative: IDIs

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Household Bargaining and Excess Fertility • Zambia • (Ashraf et al., 2012)	Women, ages 18- 49	HTSP	Strengthening and increasing linkages between health services and communities	Contraceptive use Decreased subjective wellbeing	No gender outcomes noted/achieved	Quasi-experimental: pre- and post-test Qualitative: IDIs & FGDs
East Asia and the Pacific region	The Transex Project Papua New Guinea (Jenkins, UNAIDS, 2000)	Sex workers, clients, police, truck driv ers	HIV/STI	Addressing gender inequalities in access to health information Strengthening and increasing linkages between health services and communities	Reduced number of sexual partners Increased condom use with regular partner Increased condom use with non-regular partner Consistent condom use	No gender outcomes noted/achieved	Non-experimental, cross-sectional (more than one time point) Qualitative: FGDs
Latin America and the Caribbean	The Impact of Fathers' Clubs on Child Health in Rural Haiti Haiti (Sloand et al., 2010)	Children(boys and girls), ages 0-5 years	NCHN	Addressing gender inequalities in access to health information	Child immunization; Child supplementation with Vitamin A	No gender outcomes noted/achieved	Quasi-experimental design: post-test only
Middle East and Northern African Region	Education for Expectant Fathers in Workplaces • Turkey • (Sahip, Yusuf et al., 2007)	Married men	NCHN	Addressing gender inequalities in access to health information	Increased exclusive breastfeeding in first 6 months	Increased support (emotional, instrumental, family planning, or general support) from partners or community	 Quasi-experimental, post-test Qualitative: FGDs
	Impact of family planning health education among Yasoujian women Islamic Republic of Iran (Mahamed, F. et al., 2012)	Married women	HTSP	Addressing gender inequalities in access to health information	Increase in contraceptive knowledge	No gender outcomes noted/achieved	Quasi-experimental, pre and post-test

ACCOMODATING PROMISING

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
South Asia - Other	Improving maternal, neonatal and child survival (IMNCS) project Bangladesh (Nasreen, 2012)	Husbands Community-members	• SM • NCHN	Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services Addressing gender inequalities in access to health information	Increased knowledge of savings for birth preparedness and determining birth attendant & buying deliv ery kit Increased knowledge among men of breastfeeding within an hour of birth Increased knowledge among men of colostrum feeding Increased knowledge of continuing breastfeeding when the child has diarrhoea Increased knowledge of saving money for birth preparedness Increased knowledge of determining attendant at deliv ery and buying a deliv ery kit	No gender outcomes noted/achieved	Quasi-experimental: post-test only
	Male Involvement in ANC Nepal (Mullany et al., 2009)	Pregnant women seeking ANC at health facilities Husbands	• HTSP • SM	Addressing gender inequalities in access to health information	Increased knowledge of contraceptives Increased knowledge of warning signs in pregnancy	No gender outcomes noted/achieved	RCT: Individuals randomized, pre and post-test

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Lady Health Worker Program Pakistan (Oxford Policy Management 2009; Chandio et al., 2011; Hafeez 2011)	Women of reproductive age, Healthcare providers Community health workers	• HTSP • SM	Addressing gender inequalities in access to health information Strengthening and increasing linkages between health services and communities	Increased contraceptive use Client satisfaction with provider and care Increased usage of skilled pregnancy (ANC, delivery, PNC) Decreased workload for women during pregnancy Increased tetanus toxoid during pregnancy Women's emergency obstetric care needs being met Increased use of a client focused approach to family planning and maternal health (by health care provider) Increased provider skills and knowledge of FP methods Increased contact with healthcare provider Home visits by healthcare provider Increased home deliveries using clean kits	 Increased gender-equitable attitudes and beliefs Women's increased mobility; Improved gender relations within the community 	RCT; Quasi- experimental: pre- and post-test, post- test only Qualitative: IDIs
	Client centered reproductive health services Pakistan (Satharet al., 2005)	Women of reproductive age, Healthcare providers Community health workers	HTSP SM NCHN	Addressing gender inequalities in access to health information Strengthening and increasing linkages between health services and communities	Provider use of a client focused approach to safe motherhood, HTSP, and neonatal and child health	Increased gender- equitable attitudes and beliefs	Quasi-experimental: pre and post-test

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Sub- Saharan Africa	Safe and Smart Savings Products for Vulnerable Adolescent Girls program • Kenya & Uganda • (Austrian et al., 2013)	Girls and Women, ages 6- 24	• HTSP • AYH • HIV/STI • GBV	Addressing gender inequalities in access to health information	Increased reproductive and sexual health knowledge Increased contraceptive knowledge	Women's increased self-confidence, self-esteem, or self-determination Increase in women or girls' control over wages/income Women's increased mobility Increase in women's control over own money Increase in women having own savings	 Quasi-experimental: pre- and post-test Qualitative: IDIs & FGDs
	Reproductive Health Vouchers Program • Kenya • (Obare et al., 2011)	• Girls, ages 15– 17 • Women, ages 18 and up	• HTSP • GBV	Strengthening and increasing linkages between health services and communities	Increased contraceptive use	No gender outcomes noted/achieved	 Quasi-experimental: post-test only Qualitative: Clinic exit interviews
	ANC Home-Visit & Male Involvement Intervention Kenya (Osoti et al., 2014)	• Women, ages 18-24 • Men	HIV/STIS	Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services	Increase in male partner HIV testing Increase in the number of male partners reached for HIV testing Decrease in undetermined HIV status among couples	Improv ed quality of relationship with intimate partner	RCT: Individuals randomized, pre- and post-test
	Integrative Men's Programon HIV Prevention Education, Gender, Health and Livelihoods • South Africa • (Jobson 2009)	Men and Wives	HIV/STI	Addressing gender inequalities in access to health information	Knowledge of HIV/AIDS transmission and prev ention	Increased partner communication Increased gender equitable attitudes	Qualitative: IDIs; FGDs; Participatory research methods

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Psychosocial Support Group Intervention for Newly HIV- Diagnosed Pregnant Women • South Africa • (Mundell et al., 2011)	Women	• SM • HIV/STI	Addressing gender inequalities in access to health information Strengthening and increasing linkages between health services and communities	Increased levels of disclosure of HIV status to friends and family Decrease in negative support (e.g., people offering unwanted advice, being dominated, etc.) Increased ability to cope during pregnancy, birth and early motherhood while being HIV positive	Women's increased self-confidence, self- esteem, or self- determination	Quasi-experimental: pre- and post-test
	MEMA kwa Vijana (MkV) Intervention • Tanzania • (Doyle et al., 2010; Doyle et al., 2011)	 Girls and Boys, ages 15–17 Women and Men, ages 18–49 	• HTSP • AYH • HIV/STI	Addressing gender inequalities in access to health information Strengthening and increasing linkages between health services and communities Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services	Increased condom use with non-regular partner	Express fav orable/positive attitudes towards healthy sexuality	RCT: Community/cluster randomized, post-test only
	Partner Involvement in PMTCT Tanzania (Falnes et al., 2011)	Couples	HIV/STI	Strengthening and increasing linkages between healthservices and communities Addressing gender inequalities in access to health information	Increased PMTCT Increased HIV testing Reduced HIV stigma and discrimination	No gender outcomes noted/achieved	Non-experimental: cross-sectional Qualitative: IDIs & FGDs
	Antenatal & HIV Facility-based Intervention • Uganda • (Byamugisha et al., 2011)	 Girls, ages 15-17 Women, ages 18-49 	• SM • HIV/STI	Addressing gender inequalities in access to health information	Increased HIV testing	No gender outcomes noted/achieved	RCT: Individuals randomized, posttest only Qualitative: Clinic exit interviews

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	SUBBlintervention Uganda (Ssewamala et al., 2010)	Poor AIDS- Orphaned Adolescents	AYH HIV/STIs	Addressing gender inequalities in access to health information	Improv ed attitudes towards youth sexual behavior	No gender outcomes noted/achieved	RCT: Community/cluster randomized, pre- and post-test
	Regai Dzive Shiri Project • Zimbabwe • (Cowan et al., 2010)	Young Women and Men, ages 18-24 Parents Community stakeholders Health providers	• HTSP • AYH • HIV/STIS	Addressing gender inequalities in access to health information Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services Strengthening and increasing linkages between health services and communities	Increase in decision- making a bility related to sex and condom use among youth	Improv ed attitudes towards partner control Improv ed attitudes towards gender empowerment	RCT: Community/cluster randomized, pre- and post-test Qualitative: IDIs
	The Sahwira HIV Prevention Program • Zimbabwe • (Fritz et al., 2011)	Men, ages 18 and up	HIV/STI	Strengthening and increasing linkages between health services and communities Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services	Safer sex practices Increased HIV testing Decreased alcohol use	No gender outcomes noted/achieved	RCT: Community/cluster randomized, pre and post test

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
East Asia and the Pacific Region	Playing Safe	Men ages 15-25 years	• AYH • HIV/STI	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Increase in decision-making ability related to sex and condom use among youth, Increased self-efficacy for safe sex; Improved attitudes towards sexual risk taking behavior (among boys) Increased personal risk perception of HIV acquisition	Express fav orable/positive attitudes towards healthy sexuality	Qualitative: IDIs
	Improving reproductive health knowledge • China • (Tanget al., 2009)	General population	AYH HIV/STI HTSP NCHN SM	Addressing gender inequalities in access to health information	Increased provider clinical skills & knowledge related to ANC Increased colostrum feeding Increased breastfeeding	No gender outcomes noted/achieved	RCT, community/cluster randomized, pre and post-test
	Experimental Education Interventions for AIDS Prevention • Thailand • (Cash et al.,1993)	• Girls ages 15– 17; Women ages 18–24	HIV/STI	Addressing gender inequalities in access to health information	Safer sex practices Increased skills for sexual negotiation; Increased communication about safe sex Increased HIV related partner negotiation Decreased stigma towards condom use	No gender outcomes noted/achieved	Quasi-experimental, pre and post-test, IDIs
	Improving the Health Care Response to Gender-based Violence • Vietnam • (Budiharsanaet al., 2009)	Health care providers Civil society organization staff	GBV	Strengthening and increasing linkages between health services and communities	Increased detection of GBV	No gender outcomes noted/achieved	Non experimental, cross sectional Qualitative: IDIs, FGDs

Region	Program Name	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Middle East and North Africa	Towards FGM-Free Villages in Egypt • Egypt • (Barsoum et al., 2009)	 Girls aged 6-17 years Women aged 18-24 years Boys aged 15-17 years Men aged 18-24 years 	АҮН	Addressing health inequities by strengthening household and community level support for women's and men's health and access to health services	Improved attitudes toward FGM/C	Women's increased self-confidence, self-esteem, or self-determination; Joint decision-making	 Quasi-experimental, post-test only Qualitative: IDIs, FGDs
Latin America and the Caribbean	Online Sex Education Colombia (Chong, Alberto et al., 2012)	Male and female students	• AYH • HTSP • HIV/STI • GBV	Addressing gender inequalities in access to health information	Decreased STI prev alence Increased demand for condoms	Express fav orable/positive attitudes towards healthy sexuality	RCT, community/cluster randomized, pre and post-test

ACCOMODATING UNCLEAR

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
South Asia - India	CINI's Approach to Malnutrition India (Chaudhuri, 2002)	WomenHusbandsMothers-in-law	SM	Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased usage of skilled pregnancy care Increased food intake by women during last pregnancy Increased daytime rest for pregnant women	 Increased partner and/or community support Men assist with household chores 	Nonexperimental: cross-sectional
	BBC Condom Normalization Campaign • India • (Franket al., 2012)	Men	HIV/STI	Addressing gender inequalities in access to health information	Increased report of intention to use condoms Reduced stigma towards condom use	No gender outcomes noted/achieved	Nonexperimental: cross-sectional
	Community-based Workers Improve Health Outcomes India (IFPS Technical Assistance Project [ITAP], 2012)	Women Community healthcare providers	• SM • UHC	Strengthening and increasing linkages between health services and communities	Increased usage of skilled pregnancy care Increased number of women having 3+ ANC visits Greater birth preparedness Increased institutional deliveries Universal health coverage	No gender outcomes noted/achieved	Nonexperimental: cross-sectional
	Male Health Activists India (Innovations for Maternal, Newborn, and Child Health, 2013)	Married and unmarried men and women from the community Community leaders Healthcare providers	• HTSP • SM • NCHN • UHC	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Increased contraceptive use by men Increased uptake of scalpel v asectomy Improved newborn bathing practices Male encouragement of facility-based care Male community health workers support to families and accredited social health activists as escorts for facility deliveries	Increased partner and/or community support	Qualitative: IDIs, participatory research methods

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	RSH Education, Care, Counselling • India • (Pande et al., 2006)	Married adolescent girls Husbands	• SM • AYH • HIV/STI	Strengthening and increasing linkages between health services and communities Addressing gender inequalities in access to health information	Young married women's increased use of services for reproductive and sexual health concerns	Increased partner communication	Nonexperimental: cross-sectional, longitudinal Qualitative: IDIs and FGDs
	Social Mobilization- Government Services India (Pande et al., 2006)	Young married women ages 16-22 Husbands Mothers-in-law Healthcare providers	• HTSP • SM • AYH	Strengthening and increasing linkages between health services and communities Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased contraceptive use Young married women's increased use of services for reproductive and sexual health concerns Increased usage of skilled pregnancy care	Increased partner and/or community support	Quasi- experimental: pre- and post- test Qualitative: IDIs
	Men as Supportive Partners • India • (Raju and Leonard, 2000)	Husbands of pregnant women not attending ANC clinics	• HTSP • SM	Addressing gender inequalities in access to health information Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased usage of skilled pregnancy care	No gender outcomes noted/achieved	Nonexperimental: cross-sectional Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
South Asia - Other	REWARD • Nepal • (CEDPA, 2002)	Married women Community	• HTSP • SM • NCHN • HIV/STI	Strengthening and increasing linkages between health services and communities Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased contraceptive use Increased couple years of protection Increased use of skilled pregnancy care Increased number of women taking iron folic acid, having 3+ ANC visits, having tetanus toxoid during pregnancy More number of children immunized Increased HIV/STI treatment	No gender outcomes noted/achieved	Nonexperimental: cross-sectional

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Sub- Saharan Africa	Grandmother Strategy • Senegal • (Aubel et al., 2004)	Women Community leaders Grandmothers	• SM • NCHN	Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Encouragement by community leaders of husbands to follow maternal, neonatal, and child health advice Increased openness to new ideas about maternal/child nutrition and interest in integrating them with traditional practices Increased sense of empowerment in grandmothers' role as health/nutrition advisors Improved health and nutrition advice from grandmothers Increased involvement of grandmothers in community maternal and child health activities Increased support from grandmothers to pregnant and breastfeeding women of reproductive age regarding their diet and workload Increased appreciation of the role played by grandmothers in maternal and child health Increased commitment by community health volunteers to collaborate with grandmothers Improved health and nutrition practices of women of reproductive age Increased support from husbands to women for health and nutrition needs	Increased gender-equitable attitudes and beliefs Increased support (emotional, instrumental, family planning, or general support) from partners or community Improved relationships between mothers-inlaw and daughters-inlaw	Quasi- experimental: pre- and post-test Qualitative: FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Male Motivation Campaign, PRISM project • Guinea • (Blake and Babalola, 2002)	WomenMenCommunity leaders	HTSP	Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased intention to use FP Increased perceived social support for FP Improved perceptions/attitudes toward FP in the context of religion Increased intention to use FP Increased int	No gender outcomes noted/achieved	Nonexperimental: cross-sectional, longitudinal
	Awash FGC Elimination Project Ethiopia (Abebaw, 2005) • Childre • Youth • Adults		• HTSP • AYH • HIV/STI	Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased spousal communication about FP Decreased incidence of FGM/C	No gender outcomes noted/achieved	Nonexperimental: cross-sectional
	Siyakha Nentsha South Africa (Hallman and Roca, 2011)	Schoolchildren	• AYH • HIV/STI	Addressing gender inequalities in access to health information	No health outcomes achiev ed	Women's increased self-confidence, self-esteem, or self-determination Access to social entitlements (e.g., financial credit, education)	Quasi- experimental: pre- and post-test Qualitative: FGDs
Latin America and the Caribbean	Reproductive Health Education in Indigenous Areas • Guatemala • (Cospin and Vernon, 1997)	Teachers	• HTSP • SM	Addressing gender inequalities in access to health information	No health outcomes achiev ed	No gender outcomes noted/achieved	Nonexperimental: cross-sectional (one time point) Qualitative: IDIs, participatory research methods
	Condemning Violence without Rejecting Sexism? • Ecuador • (Goicolea et al., 2012)	Men ages 15-24	GBV	Addressing gender inequalities in access to health information	No health outcomes achiev ed	No gender outcomes noted/achieved	Qualitative: IDIs, FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Middle East and North Africa	Redefining Fatherhood in Turkey • Turkey • (Barker et al., 2009)	Unmarried menMarried menFathers	HIV/STI HTSP NCHN	Addressing gender inequalities in access to health information	Increased sexual and reproductive health knowledge among men Father's greater involvement in child's development	No gender outcomes noted/achieved	Nonexperimental: cross-sectional (more than one time point) Qualitative: IDIs, participatory research methods
	Behavior Change Communication Model for Male Decision Influencers • Egypt • (Hussein et al., 2011)	Women	HTSP	Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	No health outcomes achiev ed	No gender outcomes noted/achieved	Nonexperimental: longitudinal
	Together for a Happy Family Jordan (Johns Hopkins Bloomberg School of Public Health, 2003)	Men and women	HTSP	Addressing health inequities by strengthening household and community-level support for women's and men's health and access to health services	Increased contraceptive use Increased contraceptive use by men Men's intention to use FP	Attitudes toward male participation/support	Nonexperimental: cross-sectional

TRANSFORMATIVE EFFECTIVE

Region	Program Name,	Program	Health Areas	Gender-aware	Health Outcomes	Gender Outcomes	Evaluation
	Location, Citation	Beneficiaries	Addressed	Strategies Used	Achieved	Achieved	Methodology
South Asia - India	Inner Spaces Outer Faces Initiative (ISOFI) India (Bartel et al., 2010)	Married women and men Community healthcare providers Community health workers	• HTSP • SM • NCHN	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC Increasing spousal support for healthy sexual and reproductive health behaviors.	 Increased contraceptive use Increased male accompaniment to ANC and men providing nutritious food Increased number of women having 3+ ANC visits Increased usage of skilled pregnancy care Increased breastfeeding of newborn within the first hour of birth 	 Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Women's increased decision-making power Women's increased mobility Belief that women justified in refusing sex Men assist/help with household chores Attitudes toward male participation/support Improved emotional and sexual intimacy 	Quasi- experimental: pre- and post- test Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Better Life Options India (CEDPA,2001)	Unmarried adolescent girls Young married women/married adolescents Community	• HTSP • SM • NCHN • AYH	Structural interventions: Promoting women's liv elihoods Promoting women's and girls' educational opportunities Empowering disadvantaged groups Addressing gender inequities through SBCC	Increased age at marriage Increased contraceptive use Greater intention to use contraception Increased health facility delivery Increase in women receiving tetanus toxoid and iron/folic acid during pregnancy Increased number of women having 3+ ANC visits Increased usage of skilled pregnancy care (ANC, delivery, PNC) More children received all vaccinations/immunizations More mothers gave their children oral rehydration solution for diarrhea	Increased gender-equitable attitudes and beliefs Increased partner communication Women's increased self-confidence, self-esteem, or self-determination Women's increased decision-making power Joint decision making Higher formal educational participation for women or girls Women's increased participation in the workforce Women's increased mobility Attitudes toward male participation/support Women's/girls' leadership	Quasi-experimental: post-test only
	Parivartan-Coaching Boys into Men • India • (Das et al., 2012)	Young men Coaches and mentors	• AYH • GBV	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Decreased self-report of GBV perpetration Decreased male aggression Decreased justification of GBV Increased intention to intervene against violence	 Increased gender-equitable attitudes and beliefs Increased partner communication Belief that women justified in refusing sex Men assist/help with household chores Improv ed emotional and sexual intimacy 	 Quasi- experimental: pre- and post- test Qualitative: IDIs

Region	Program Name,	Program	Health Areas	Gender-aware	Health Outcomes	Gender Outcomes	Evaluation
	Location, Citation	Beneficiaries	Addressed	Strategies Used	Achieved	Achieved	Methodology
	Sonagachi Project India (Ghose et al., 2011; Swendeman et al., 2009)	Female sex workers	• GBV • HIV/STI	Promoting women's empowerment	Safer sex practices Skills for sexual negotiation	Increased gender-equitable attitudes and beliefs Increased partner communication Women's increased self-confidence, self-esteem, or self-determination Women's increased participation in the community and dev elopment of social networks Increased partner and/or community support Increased life and social skills Women's increased decision-making power Women's increased participation in the workforce Women's increased mobility Belief that women justified in refusing sex Express fav orable/positive attitudes toward healthy sexuality	Quasi- experimental: pre- and post- test Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	VISTAAR • India • (Intra Health, 2012)	Nev er-married and ev er-married adolescent girls Parents Larger community	AYH	Addressing gender inequities through SBCC Promoting critical reflection on gender norms and equity Strengthening communication and negotiation skills for women, men, couples	Greater intention to receive girl's consent for marriage Greater involvement of adolescents in decision making regarding marriage	No gender outcomes noted/achieved	Quasi-experimental: pre- and post-test
	Yaari Dosti India (Khandekar et al., 2008; Verma et al., 2008)	Young men	• AYH • GBV • HIV/STI	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Safer sex practices Increase in decision-making ability related to sex and condom use Decreased self-report of intimate partner violence perpetration	Increased gender-equitable norms and beliefs Increased partner communication Increased support from partner or community Increased life and social skills Joint decision making Gender relations within the community Improved emotional and sexual intimacy	Quasi- experimental: pre- and post- test Qualitative: IDIs, FGDs, observations
	DL-ML • India • (Krishnan et al., 2012)	Daughters-in-law Mothers-in-law	GBV	Promoting critical reflection on gender norms and equity Strengthening communication and negotiation skills for women, men, couples	Increase in mothers-in-law intervening in domestic conflicts Increased report of managing conflicts through negotiation rather than anger	Increased partner and/or community support Increased life and social skills Women's/girls' leadership	Qualitative: IDIs and FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	PRACHAR • India • (Wilder et al., 2005; Daniel et al., 2008; Nanda et al., 2011; Pathfinder International, 2011)	Newly married women and men with no children Young married women and men with one child Mothers-in-law Larger community	• HTSP • SM • AYH	Addressing gender inequities through SBCC Empowering disadvantaged groups Strengthening communication and negotiation skills for women, men, couples	Increase in age at sexual debut Older age at marriage Decrease in rates of adolescent pregnancy Increased contraceptive use Increased provider clinical skills and knowledge of antenatal, delivery, and postnatal care Increased interval between marriage and first birth Increased communication between parents and children on early marriage Increased age at marriage	Women's increased decision-making power Joint decision making Attitudes toward girls' education Attitudes toward gender discrimination Attitudes toward son preference Increased genderequitable attitudes and beliefs Increased partner communication Increase in decision-making ability related to sex and condom use Fav orable/positive attitudes toward healthy sexuality	Quasi- experimental: pre- and post- test, post-test only Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	Delaying Age at Marriage • India • (Pande et al., 2006)	 Girls ages 6–17 Mothers	АҮН	Addressing gender inequities through SBCC Empowering disadvantaged groups Strengthening communication and negotiation skills for women, men, couples	Older age at marriage	Increased community action and protest against early marriage Increased life and social skills	Quasi- experimental: pre- and post- test Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Swaasthya • India • (Pande et al., 2006)	Unmarried and married adolescent girls	АУН	Empowering disadvantaged groups Strengthening communication and negotiation skills for women, men, couples	Improv ed menstrual hygiene practices	Women's increased self-confidence, self-esteem, or self-determination Increased partner and/or community support	 Nonexperimental: cross-sectional Qualitative: IDIs
	Campaign to Increase Spousal Communication India (Roy et al., 2011)	Currently married women ages 15-29	HTSP	Addressing gender inequities through SBCC Strengthening communication and negotiation skills for women, men, couples	Increased contraceptive use	Increased partner and/or community support	Nonexperimental: cross-sectional
	RISHTA: Community- led HIV/STI Interventions • India • (Schensul et al., 2010)	Men in urban low- income communities	HIV/STI	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Safer sex practices Decreased alcohol use	Increased gender- equitable attitudes and beliefs	Nonexperimental: cross-sectional, longitudinal

Region	Program Name,	Program	Health Areas	Gender-aware	Health Outcomes	Gender Outcomes	Evaluation
	Location, Citation	Beneficiaries	Addressed	Strategies Used	Achieved	Achieved	Methodology
	Making Pregnancy Safer India (Sinha, 2008)	Pregnant women Husbands Community members	SM	Addressing gender inequities through SBCC Empowering disadvantaged groups Increasing spousal support for healthy sexual and reproductive health behaviors	Increased use of skilled pregnancy care, antenatal care Increased proportion having at least 3 ANC visits during last pregnancy Increased proportion taking more food than usual during last pregnancy Increased proportion taking iron/folic acid during last pregnancy Increased proportion receiv ing tetanus toxoid during pregnancy Increased birth preparedness (if not cov ered by other birth preparedness outcomes) Increased male accompaniment to ANC Increased health facility delivery	Increased partner and/or community support	Nonexperimental: cross-sectional Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Microenterprise Intervention among Female Sex Workers in Chennai India (Sherman et al.,2010)	Female sex workers	• HIV • GBV	Structural interventions: promoting women's livelihoods	Reduced numbers of sexual partners	Increase in women's control over own money Improved attitudes toward partner control Improved attitudes toward gender empowerment	RCT, individuals randomized, pre and post-test
	Avahan • Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu • (Biradavolu et al., 2009; Punyam et al., 2012; Bhattacharjee et al., 2013; FHI 360; Mohan et al., 2012; Beattie et al., 2010)	Female sex workers, clients MSM Intravenous drug users Long-distance truck driv ers	• HIV/STI • GBV	Collective action	Multiple: See Av ahan section for more information		Multiple: see Av ahan section for more information

Region	Program Name,	Program	Health Areas	Gender-aware	Health Outcomes	Gender Outcomes	Evaluation
	Location, Citation	Beneficiaries	Addressed	Strategies Used	Achieved	Achieved	Methodology
South Asia - Other	SHOUHARDO • Bangladesh • (Tango International, 2009; Smith et al., 2011)	Mothers of children ages 0-5 Children ages 0-5 Fathers	• NCHN • SM • GBV	Structural interventions: promoting women's livelihoods Promoting women's and girls' educational opportunities Empowering disadvantaged groups	Decreased stunting prev alence among children Increased usage of skilled pregnancy care (ANC, deliv ery, PNC) Increased intake of Vitamin A supplementation, iron folic acid, and daytime rest and food by pregnant women Increased number of women having 3+ ANC visits Improved dietary div ersity Higher percentage of children fully immunized Higher percentage children breastfed Higher percentage children breastfed Higher percentage of children giv en oral rehydration solution for diarrhea Higher percentage of mothers washing hands prior to food preparation Increased action against violence	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Women's increased participation in the community and dev elopment of social networks Women's increased decision-making power Women's increased mobility Attitudes toward girls' education	Nonexperimental: cross-sectional Qualitative: FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Family Future Project Nepal (CEDPA, 2009)	Married and unmarried adolescent boys and girls ages 15–17 Married women Men	HTSP	Empowering disadvantaged groups Addressing gender inequities through SBCC	Increased couple years of protection Reduced unmet need FP Increased contraceptive use Increased discussions on FP with healthcare providers Improved FP infrastructure and availability of FP methods	Increased partner communication Women's increased decision-making power Joint decision making	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	Choices • Nepal • (Lundgren et al., 2013)	Young adolescents ages 10-14 years	• AYH • GBV	Promoting critical reflection on gender norms and equity	Improved attitudes toward GBV	Increased gender- equitable attitudes and beliefs Men assist with household chores	 Quasi- experimental: pre- and post- test Qualitative: IDIs, participatory research methods
Sub- Saharan Africa	Berhane Hewan Ethiopia (Erulkar and Muthengi, 2009)	Adolescent girls	• AYH • HTSP	Addressing gender inequities through SBCC Empowering disadvantaged groups Promoting women's and girls' educational opportunities Promoting women's and girls' liv elihoods	Increased age at marriage Increased contraceptive use	Increase in women's social networks Higher formal educational participation for women or girls Increase in women's social networks Higher formal educational participation for women or girls	Quasi-experimental, pre and post-test

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	 "Biruh Tesfa" Program Ethiopia (Erulkar et al., 2013) 	Girls and women ages 6-24	• HIV/STI • GBV	Promoting critical reflection on gender norms and equity	Increased HIV testing	Increase in women's social networks Increased support (emotional, instrumental, family planning, or general support) from partners or community	Quasi-experimental: pre- and post-test
	Addis Birhan Ethiopia (Erulkar et al., 2011)	Men ages 25-49	HIV/STI	Promoting critical reflection on gender norms and equity Empowering disadvantaged groups	Decreased alcohol use	Increased partner communication Joint decision making Increase in perceived contribution to household Men assist/help with household chores	 Quasi- experimental: pre- and post-test Qualitative: IDIs
	Male Norms Initiative • Ethiopia • (Pulerwitz et al., 2010)	Young men ages 15- 24	• HIV/STI • GBV	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Safer sex practices Decreased report of GBV perpetration Reduced stigma toward condom use	Increased gender-equitable attitudes and beliefs Increased partner communication Men assist/help with household chores Attitudes toward male participation/support	Quasi- experimental: pre- and post-test Qualitative: IDIs
	Tap and Reposition Youth (TRY) Project Kenya (Erulkar and Chong, 2005)	Girls and women ages 15-24	АҮН	Promoting women's livelihoods Empowering disadvantaged groups Strengthening communication and negotiation skills for women, men, couples	Increase in decision- making a bility related to sex and condom use among youth	Women's increased decision-making power Increase in women or girls' wages/income Increase in women or girls' control ov er wages/income Belief that women justified in refusing sex	 Quasi- experimental: pre and post-test Qualitative: IDIs, participatory research methods

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Changing Gender Norms of Scout Leaders • Kenya • (PATH, 2012)	School children ages 14 and older	• GBV • HIV/STI	Promoting critical reflection on gender norms and equity	Safer sex practices Decreased report of GBV perpetration Decreased justification of GBV	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Women's increased decision-making power Belief that women justified in refusing sex Men assist/help with household chores Attitudes toward male participation/support	Nonexperimental: longitudinal
	Malawi Male Motivators • Malawi • (Hartmann et al., 2012)	Men and women	HTSP	Strengthening communication and negotiation skills for women, men, couples Increasing spousal support for healthy sexual and reproductive health behaviors	Increased spousal communication about FP Increased intention to use FP by men Improv ed attitudes toward women's role in FP decisions	Improved partner communication Increased joint decision making Shifts in gendered communication norms	Qualitative: IDIs
	Mzake ndi Mzake Peer Group Intervention for HIV Prevention • Malawi • (Kaponda et al., 2011)	Men and women	HIV/STI	Promoting critical reflection on gender norms and equity Empowering disadvantaged groups	Safer sex practices Increased HIV testing Increased male partner HIV testing Increased communication about safe sex Increased report of using condoms at last sex Reduced HIV stigma and discrimination	Increased gender- equitable attitudes and beliefs	Quasi-experimental: pre- and post-test

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
					Reduced stigma toward condom use		
	Intervention to Decrease Men's Risk for HIV/STIs and Unintended Pregnancy • Nigeria (Exner et al., 2009)	Men ages 18 and older	• HTSP • HIV/STI	Empowering disadvantaged groups	Increased male contraceptive use Safer sex practices	No gender outcomes noted/achieved	Quasi-experimental: pre- and post-test
	Family Planning Health Education Program • Nigeria • (Odeyemi and Ibude, 2011)	Men ages 25 and older	HTSP	Promoting critical reflection on gender norms and equity	Increased intention to use FP by men	Increased gender-equitable attitudes and beliefs Increased support (emotional, instrumental, family planning, or general support) from partners or community Attitudes toward male participation/support Gender considered in research	Quasi-experimental: pre- and post-test
	Men as Partners • South Africa • (Ditlopo et al., 2007)	Women and men	• GBV • HIV/STIS • SM	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Increase in men's support for partners during pregnancy	No gender outcomes noted/achieved	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	HIV/AIDS Prevention Intervention with Female and Male STD Patients • South Africa • (Hadden, 1997)	Women and men ages 18 and older	HIV/STI	Promoting critical reflection on gender norms and equity	Safer sex practices Skills for sexual negotiation	No gender outcomes noted/achieved	RCT: Individuals randomized, pre- and post-test Qualitative: IDIs and FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Stepping Stones South Africa (Jewkes et al., 2008; Jewkes et al., 2007; Jewkes et al., 2010)	Girls and boys ages 15-17 Women and men ages 18-49	• GBV • HIV/STI	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC Strengthening communication and negotiation skills for women, men, couples	Safer sex practices Decreased alcohol use Decrease in herpes Increased report of correct use of condoms Reduced numbers of sexual partners Decreased report of transactional sex Increased report of intention to use condoms Decreased report of GBV perpetration Managing conflicts through negotiation rather than anger	Increased gender-equitable attitudes and beliefs Increased partner communication Women's increased self-confidence, self-esteem, or self-determination Increased partner communication Increased pa	RCT: community/cluster randomized, pre- and post-test Qualitative: IDIs and FGDs
	HIV/AIDS Risk Reduction and Domestic Violence Prevention Intervention for Men South Africa (Kalichman et al., 2009; Kalichman et al., 2008)	Men	• GBV • HIV/STI	Empowering disadvantaged groups Strengthening communication and negotiation skills for women, men, couples Addressing gender inequities through SBCC	Decrease in reported use of violence Reduced numbers of sexual partners Increased report of intention to use condoms Decreased report of GBV perpetration	No gender outcomes noted/achieved	Quasi- experimental: post-test only Nonexperimental, longitudinal

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	IMAGE • South Africa • (Pronyk et al., 2006, 2008; Kim et al., 2009; Phetla et al., 2008)	Women ages 18–49 Girls and boys ages 6–17 Community members	• AYH • GBV • HIV/STI	Promoting critical reflection on gender norms and equity Promoting women's liv elihoods Promoting women's liv elihoods	Safer sex practices Increased condom use with non-regular partner Increased HIV testing Increased uptake of VCT services Increased communication about safe sex Increased participation in HIV marches/rallies Decreased report of GBV perpetration Increased communication between parents and children about sex, sexuality, and/or high-risk sexual behaviors Reduced HIV stigma and discrimination reduced stigma toward condom use	Increased partner communication Increase in VCT utilization Women's increased self-confidence, self-esteem, or self-determination Increase in women's social networks Women's increased decision-making power Increase in perceived contribution to household Qualitative data pointed to increased empowerment in women to negotiate condom use, communicate, and talk about HIV	RCT: community/cluster randomized, pre- and post-test Qualitative: IDIs and FGDs, observ ations
	Integrating HIV Prevention into Services for Abused Women • South Africa • (Sikkema et al., 2010)	Women ages 18-49	HIV/STI	Empowering disadvantaged groups	Safer sex practices Reduced numbers of sexual partners	No gender outcomes noted/achieved	 Nonexperimental: longitudinal Qualitative: not specified

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Domestic Violence Intervention South Africa (Usdin et al., 2005)	Women Community leaders Local organization leaders General population	GBV	Addressing gender inequities through SBCC	Increased care seeking for GBV Increased action against violence Increased intention to intervene against violence Decreased justification of GBV	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Increased support (emotional, instrumental, family planning, or general support) from partners or community Women's increased decision-making power	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	African Transformation Tanzania, Uganda, Zambia (Johns Hopkins Bloomberg School of Public Health, 2007)	Women and men	• AYH • GBV	Promoting critical reflection on gender norms and equity	Increase in men and women reporting participation in an activity to reduce or eliminate harmful traditional practices Increased intention to intervene against violence	Increased gender-equitable attitudes and beliefs Increased self-efficacy Women's increased participation in the community and dev elopment of social networks Men's increased participation in the community and dev elopment of social networks Men assist/help with household chores Women talked with other women about ways to negotiate with their partners/families Started a new business (women)	Quasi- experimental: post-test only Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Stepping Stones The Gambia (Paine et al., 2002)	Community leaders Teachers Men and women	• AYH • GBV • HIV/STI	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC Strengthening communication and negotiation skills for women, men, couples	Increased communication between parents and children about sex, sexuality, and/or high-risk sexual behaviors Improved skills for sexual negotiation Increased condom use with non-regular partner Decreased report of GBV perpetration Reduced stigma toward condom use	Increased partner communication	RCT: community/cluster randomized, pre- and post-test Qualitative: IDIs and FGDs, participatory research methods
	Empowerment and Livelihood for Adolescents (ELA) Programme • Uganda • (Bandiera et al., 2012)	 Girls ages 15–17 Women ages 18–24 	• AYH • HIV/STI	Empowering disadvantaged groups Promoting women's liv elihoods	Decrease in adolescent pregnancy Safer sex practices Increased condom use with regular partner Increased condom use with non-regular partner Consistent condom use	Increased gender-equitable attitudes and beliefs Increased self-efficacy Higher scores on an empowerment scale for women Increase in women or girls' wages/income Increase in women's control ov er own money	RCT, community/cluster randomized, pre and post-test
East Asia and the Pacific Region	Changing Gender Norms among Young Men, and Reducing Violence • China • (Pulerwitz et al., 2012)	Students Factory managers Teachers Family Planning Association staff	GBV	Empowering disadvantaged groups	Decreased report of GBV perpetration Increase in controlling behavior by intimate partner	Increased gender- equitable attitudes and beliefs Improved attitudes toward gender discrimination	Nonexperimental, longitudinal Qualitative: FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Enhancing NGO Collaboration in Family Planning • Philippines • (Palabrica-Costello et al., 2001)	Couples	HTSP	Empowering disadvantaged groups	Increased spousal communication about family planning	 Increased gender-equitable attitudes and beliefs Increased partner communication Joint decision making Attitudes toward male participation/support 	 Quasi- experimental, pre- and post-test Qualitative: FGDs, IDIs
	Evaluation of Three Adolescent Sexual Health Programs • Vietnam • (Pham et al., 2012)	Girls and boys avg. ages 15-17	• AYH • HIV/STI	Empowering disadvantaged group Addressing gender inequities through SBCC	Safer sex practices Increase in decision-making ability related to sex and condom use among youth	No gender outcomes noted/achieved	RCT, community/cluster randomized, pre- and post-test Qualitative: IDIs, observ ations

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Europe and Central Asia	Guria Adolescent Health Project Georgia (Tav adze et al., 2008)	Adolescents Healthcare providers	• AYH • GBV • HIV/STI	Addressing gender inequities through SBCC	Reduction in reported kidnapping Increase in decision-making ability related to sex and condom use among youth Increased use of services for reproductive and sexual health concerns by young women Safer sex practices Increased HIV/SII treatment Increased HIV testing Reduced HIV stigma and discrimination Reduced stigma toward condom use	No gender outcomes noted/achieved	Quasi- experimental, pre- and post-test Qualitative: FGDs, IDIs
Latin America and the Caribbean	Promoting More Gender-equitable Norms as a HIV Prevention Strategy Brazil (Pulerwitz et al., 2006)	 Boys ages 15-17 Men ages 18-24 	HIV/STI	Promoting critical reflection on gender norms and equity	Increase in reported STI symptoms Increased use of condoms for dual protection Increased communication about safe sex Increased ability to prevent HIV and other STIs Improvement in sexual and reproductive health behavior within relationships	Increased gender- equitable attitudes and beliefs Increased partner communication	Quasi-experimental, pre- and post-test

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Inclusion of Fathers in an Intervention to Promote Breastfeeding • Brazil • (Susin and Giugliani, 2008)	Couples	NCHN	Empowering disadvantaged groups	Increased breastfeeding Increased duration of exclusiv e breastfeeding	No gender outcomes noted/achieved	Quasi- experimental, pre- and post-test Qualitative: other
	HIV-related Negotiation among Partnered Dominican Women Dominican Republic (Ashburn et al., 2008)	Women	HIV/STI	Promoting women's liv elihoods	Increased HIV- related partner negotiation	Increase in women's control over own money Increase in taking/receiving a loan, and participation in microcredit program for women	Nonexperimental, cross-sectional
	Cultivating Men's Interest in Family Planning • El Salvador • (Lundgren et al., 2005)	Men and women	• HIV/STI • HTSP	Empowering disadvantaged groups	Contraceptive use Increased spousal communication about family planning Increased risk reduction communication with partners	No gender outcomes noted/achieved	Nonexperimental, cross-sectional
	UALE Project Guatemala (Sabido et al., 2009)	Sex workers	HIV/STI	Empowering disadvantaged groups Collective action	Reduced incidence of STIs Reduced incidence of HIV	No gender outcomes noted/achieved	Nonexperimental, cross- sectional and longitudinal
	SIAT Project for TB • Peru • (Rocha et al., 2011)	General population	ТВ	Addressing gender inequities through SBCC Promoting women's liv elihoods	Increase in health insurance registration Increase in TB treatment completion Increased uptake of rapid MDR-TB testing	No gender outcomes noted/achieved	Non-experimental, longitudinal

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Health Education and Agency: A Comprehensive Programfor Young Women • Mexico • (Venguer et al., 2007)	 Girls ages 15–17 Women ages 18–24 Married women ages 18–24 	• AYH • HIV/STI • HTSP	Addressing gender inequities through SBCC Empowering disadvantaged groups	Increased self-report of receiving pap smear Increased contraceptive use	Women reporting increased defense of their own opinions	Quasi- experimental, pre- and post-test Qualitative: observ ations
	Puntosde Encuentro's Communication Strategy • Nicaragua • (Solorzano et al., 2008)	Girls and boys ages 15-17 Men and women ages 18-24	• AYH • GBV • HIV/STI	Addressing gender inequities through SBCC	Increase in decision-making ability related to sex and condom use among youth Reduced HIV stigma and discrimination Increased consistent condom use Increased report of using condoms at last sex Increased risk reduction communication with partners Increased personal risk perception of HIV acquisition	Increased gender-equitable attitudes and beliefs Increased partner communication Joint decision making Decreased stigma/discrimination toward homosexuality Decreased stigma/discrimination toward people living with HIV	Nonexperimental: longitudinal Qualitative: IDIs and FGDs
Middle East and North Africa	Fostering Linkages between Family Planning and Maternal/Child Health Services • Egypt • (Abdel-Tawabet al., 2008)	Women, age unknown	HTSP	Empowering disadvantaged groups	Increased contraceptive use Intention to space births Increased spousal communication about FP	No gender outcomes noted/achieved	RCT, community/cluster randomized, post-test only Qualitative: IDIs, FGDs, clinic exit interviews

TRANSFORMATIVE PROMISING

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
South Asia - India	GEMS • India • (Achyut et al., 2009; 2011)	 Male and female students in grades 6 and 7 Teachers 	• AYH • GBV	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Increased self-repot of IPV perpetration Increased action against violence Improved attitudes toward GBV Attitudes toward early marriage Improved attitudes toward women's role in FP decisions	 Increased gender-equitable attitudes and beliefs Higher formal educational participation for women or girls Men assist/help with household chores Understanding of opposite sex Attitudes toward gender discrimination Women's increased decision- making power and mobility Positiv e attitudes toward healthy sexuality 	Quasi-experimental: pre- and post- test Nonexperimental: cross-sectional Qualitative: IDIs
	Stepping Stones India (Bradley et al., 2011)	Men and women (previous Stepping Stones trainees) Community	• GBV • HIV/STI	Promoting critical reflection on gender norms and equity Addressing gender inequities through SBCC	Decreased alcohol use Decreased report of GBV perpetration	 Increased gender-equitable attitudes and beliefs Increased partner communication Women's increased decision-making power Express fav orable/positive attitudes toward healthy sexuality 	Quasi-experimental: post-test only Qualitative: IDIs
	MASVAW • India • (Daset al., 2012)	Men Community	GBV	Addressing gender inequities through SBCC	Improved attitudes toward GBV	Increased gender- equitable attitudes and beliefs	Quasi-experimental: post-test only

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Male Involvement in Family Planning • India • (FHI360, 2013)	Married men ages 18- 35	HTSP	Promoting critical reflection on gender norms and equity Strengthening communication and negotiation skills for women, men, couples	Greater intention to space births and use contraceptives (by men) Increased contraceptive use by men	 Increased gender- equitable attitudes and beliefs Joint decision making 	Nonexperimental: cross-sectional Qualitative: IDIs
	First Time Parents India (Santhya et al., 2008)	Married women Healthcare providers	• AYH • HTSP • SM	Empowering disadvantaged groups Addressing gender inequities through SBCC	Increased use of skilled pregnancy care Increased use of antenatal care Increased contraceptive use	Increased gender-equitable attitudes and beliefs Increased partner communication Women's increased self-confidence, self-esteem, or self-determination Women's increased participation in the community and dev elopment of social networks Increased partner and/or community support Women's increased decision-making power Joint decision making Women's increased mobility	Quasi-experimental: pre- and post-test

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Integrating Adolescent Livelihood into RH India (Sebastian et al., 2005)	Married and unmarried adolescents and parents	• AYH • HTSP	Empowering disadvantaged groups Promoting women's liv elihoods	Improv ed menstrual hygiene	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Women's increased participation in the community and dev elopment of social networks Women's increased decision-making power Increase in women or girls' control ov er wages/income Women's increased mobility	Quasi-experimental: pre- and post-test
	Engaging Men to End Gender-based Violence • India • (Singh et al., 2011)	Men and women	GBV	Addressing gender inequities through SBCC Empowering disadvantaged groups	Decreased self-report of GBV perpetration by men Decreased female self-report of experiencing GBV Increase in teachers encouraging girls to stay in school Decrease in teachers asking for sex Increase in girls feeling safe in school	Increased gender-equitable attitudes and beliefs Increased partner communication	Quasi-experimental: pre- and post- test Qualitative: IDIs and FGDs
South Asia - Other	BRAC Initiative • Bangladesh • (Khatun et al., 2004)	 Children ages 6-72 months Mothers of children in 6-72 months age range 	NCHN	Promoting women's liv elihoods	Decreased stunting prev alence among girl children	No gender outcomes noted/achieved	Nonexperimental: cross-sectional

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Sub- Saharan Africa	Coverage and Effects of Child Marriage Prevention Activities • Ethiopia • (Gage, 2009)	Girls and boys Men and women	АУН	Addressing gender inequities through SBCC Promoting women's and girls' educational opportunities	Increased prevalence of stopped (early) marriages	No gender outcomes noted/achieved	Nonexperimental, cross-sectional
	Berhane Hewan • Ethiopia • (Mekbib and Molla, 2010)	Married girls	• AYH • HTSP	Addressing gender inequities through SBCC Promoting critical reflection on gender norms and equity Promoting women's and girls' educational opportunities	Improved attitudes against FGM/C Improved attitudes against early marriage Increased contraceptive knowledge Increased awareness of healthy timing and spacing	Higher formal educational participation for women or girls Improved attitudes toward girls' education	Nonexperimental: cross-sectional Qualitative: IDIs
	Micro-enterprise and Peer Education Behavioral Risk Reduction Intervention • Kenya • (Odek et al., 2009)	Women	HIV/STI	Promoting women's livelihoods Empowering disadvantaged groups	Safer sex practices Increased use of condoms for dual protection Reduced numbers of sexual partners Increased condom use with regular partner	Women's increased self-confidence, self-esteem, or self-determination Higher scores on an empowerment scale for women Increased life and social skills Increase in women or girls' control ov er wages/income and access to social entitlements (e.g., financial credit, education) Increase in taking/receiv ing a loan or participation in micro credit program for women	Nonexperimental: longitudinal Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Malawi Male Motivators • Malawi • (Shattuck et al., 2011)	Men and married men, ages 18-49	• HIV/STI • HTSP	Addressing gender inequities through SBCC Increasing spousal support for healthy sexual and reproductive health behaviors Strengthening communication and negotiation skills for women, men, couples	Contraceptive use Increased use of contraceptive at last sex Increased use of condoms for dual protection Increased report of correct use of condoms Increased male contraceptive use Safer sex practices Reduced unmet need for contraceptives Reduced stigma toward condom use Increased report of intention to use condoms Av ailability of FP materials, FP infrastructure	Increased partner communication Increased support (emotional, instrumental, family planning, or general support) from partners or community Joint decision making Understanding of opposite sex Attitudes toward male participation/support Gender considered in research	RCT: Individuals randomized, pre-and post-test Qualitative: IDIs
	Male Involvement Program • Namibia • (Mufune, 2009)	MenPoliceTrainersHealthcare providers	• GBV • HIV/STI • HTSP	Addressing gender inequities through SBCC	Attitudes toward GBV Contraceptive knowledge Awareness of fertility Increased knowledge of STI prevention	 Increased gender- equitable attitudes and beliefs More fav orable/positive attitudes expressed toward healthy sexuality 	Qualitative: IDIs and FGDs
	Développement Holistique des Filles (DHF) Community Project • Senegal • (Aubel, 2010)	 Grandmothers Adolescent girls Health workers Men and women	АҮН	Addressing gender inequities through SBCC Promoting critical reflection on gender norms and equity	Improv ed attitudes toward FGM/C Improv ed attitudes toward early marriage	Increased gender- equitable attitudes and beliefs	Qualitative: IDIs and FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	One Man Can Campaign South Africa (van der Berg et al., 2013; Colv in and Peacock, 2009)	Community leaders Local nongov ernmental organization activ ists	• GBV • HIV/STI • AYH	Addressing gender inequities through SBCC Promoting critical reflection on gender norms and equity	Increased uptake of VCT services Increased report of correct use of condoms Increased intention to intervene against violence Increased communication between parents and children about sex, sexuality, and/or high-risk sexual behaviors Decrease in use of violence as punishment for children	 Improved parenting More involved and responsible fathering Increased genderequitable attitudes and beliefs Men assist/help with household chores Healthier attitudes toward masculinity Healthier attitudes toward fatherhood Increased communication between fathers and children 	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	Women Focused Intervention for Sex Workers and Non Sex Workers South Africa (Wechsberg et al., 2011)	Women ages 18 and older	• GBV • HIV/STI	Empowering disadvantaged groups	Safer sex practices Improv ed skills for sexual negotiation Increased use of condoms for dual protection Reduced numbers of sexual partners Decreased alcohol use Decreased drug use Increased condom use with regular partner Increased condom use with non-regular partner Awareness of sexual abuse and potential for prevention	Women's increased self-confidence, self-esteem, or self-determination Higher scores on an empowerment scale for women	RCT: community/cluster randomized, pre- and post-test Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Interactive Workshops to Promote Gender Equity and Family Planning • Tanzania • (Schuler et al., 2012)	Women	HTSP	Promoting critical reflection on gender norms and equity	Contraceptive knowledge	Increased gender- equitable attitudes and beliefs	RCT: community/cluster randomized, pre- and post-test
	African Youth Alliance Program Uganda (Karim et al., 2009)	 Girls and boys ages 15-17 Young women and men ages 18-24 	• AYH • HIV/STI • HTSP	Addressing gender inequities through SBCC	Increased use of contraceptive at last sex Reduced numbers of sexual partners Consistent condom use	No gender outcomes noted/achieved	Quasi-experimental: post-test only
	SHAZ! • Zimbabwe • (Dunbaret al., 2010)	 Girls ages 15–17 Women ages 18–24	• GBV • HIV/STI	Empowering disadvantaged groups Promoting women's livelihoods	Knowledge of HIV/ AIDS transmission and prevention	Increase in women's or girls' wages/income	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
East Asia and the Pacific	Gender Roles, Physical and Sexual Violence Preventionin Primary Extend to Secondary School • Thailand • (Chamroonsawa sdi et al., 2010)	Girls and boys ages 6- 14 and 15-17	GBV	Empowering disadvantaged groups Strengthening communication and negotiation skills for women, men, couples	Increased awareness of GBV	Increased gender- equitable attitudes and beliefs Increased life and social skills	Quasi-experimental, pre- and post-test Qualitative: participatory research methods

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Risky Sexual Behaviour Prevention among Aadolescent Thai Boys Thailand (Tipwareerom et al., 2011)	Adolescent boys ages 10–13Parents	• AYH • HIV/STI	Promoting critical reflection on gender norms and equity Strengthening communication and negotiation skills for women, men, couples	Increase in age at sexual debut Safer sex practices Increase in decision-making a bility related to sex and condom use among youth Increased report of correct use of condoms	No gender outcomes noted/achieved	Nonexperimental, longitudinal (at least two time points) Qualitative: IDIs and FGDs
	Working with Men to Improve Reproductive Health Timor Leste (Jacobsen and Jose, 2012)	Men ages 18-35	• GBV • HIV/STI • HTSP • NCHN • SM	Empowering disadvantaged groups	Increased health facility delivery Reported ideal family size Decreased report of GBV perpetration Increased knowledge of HIV/AIDS transmission and prevention Improved attitudes toward persons living with HIV	No gender outcomes noted/achieved	Qualitative: IDIs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Engaging Men to Prevent GBV Brazil, India, Rwanda (Instituto Promundo, 2012)	 Women ages 18-24 and 25-49 Boys ages 15-17 Men ages 18-24, 25-49, and over 49 	GBV	Addressing gender inequities through SBCC Promoting critical reflection on gender norms and equity Community	Improv ed attitudes toward GBV	Increased gender-equitable attitudes and beliefs Increased partner communication Men assist/help with household chores Attitudes toward male participation/support Increased knowledge among men of laws related to gender and women's and girls' equality/empower ment	Quasi-experimental, pre- and post-test Qualitative: IDIs, KIIs, other
Latin America and the Caribbean	Strategies to Involve Men in Reproductive Health Care • Honduras • (Lundgren et al., 1998)	Men and women	• HIV/STI • HTSP • MH	Empowering disadvantaged groups Increasing spousal support for healthy sexual and reproductive health behaviors	Contraceptive use Increased spousal communication about FP Increased communication about safe sex Increased knowledge of warnings signs in pregnancy	No gender outcomes noted/achieved	 Quasi-experimental, pre- and post-test Qualitative: IDIs and FGDs
	Oportunidades Program • Mexico • (Feldman et al., 2009)	Partnered women ages 15-49	HTSP	Empowering disadvantaged groups	Increased contraceptive use	Women's increased decision-making power	RCT, community/cluster randomized, pre- and post-test

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
Middle East and North Africa	SHRAQ • Egypt • (Selim et al., 2013; Ringler, 2009; Brady et al., 2007)	 Adolescent girls, av erage ages 6-14 Women Stakeholders 	• AYH • GBV	 Promoting women's and girls' educational opportunities Addressing gender inequities through SBCC Empowering disadvantaged groups 	 Increase in decision-making a bility related to sex and condom use a mong youth Increased community action and protest against early marriage Increased report of GBV perpetration 	 Women's increased self-confidence, self-esteem, or self-determination Increased life and social skills Increased gender-equitable attitudes and beliefs Women's increased mobility Higher formal educational participation for women or girls 	 Quasi-experimental, post-test only Quasi-experimental, pre- and post-test Qualitative: IDIs, FGDs, and observ ations

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Integrated Action on Poverty and Early Marriage Programme • Yemen • (Pedersen et al., 2008)	Women Men Community leaders Local organization leaders Stakeholders	AYH	Addressing gender inequities through SBCC Empowering disadvantaged groups Promoting women's livelihoods	Increased community action and protest against early marriage Increased prev alence of stopped (early) marriages	 Increased life and social skills Increase in women or girls' wages/income Gender considered in research Access to social entitlements (e.g., financial credit, education) Media attention to issues related to gender inequality Men's increased knowledge of laws related to gender and women's and girls' equality/empower ment Increase in taking/receiv ing a loan and participation in micro credit program for women 	Qualitative: IDIs, FGDs, case studies

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Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
South Asia- India	"Are You Well" HIV-TB Program • India • (Balaji et al., no date; Nalamdala, 2011)	Women and men living with HIV and TB	TB	Addressing gender inequities through SBCC	None measured	Increased exposure to gender-sensitive messaging	Qualitative: IDIs, FGDs
	UNINOR • India • (GSMA, 2011)	Married women	SM	Addressing gender inequities through SBCC	Improved awareness of cervical cancer	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Women's increased participation in the community and dev elopment of social networks Increased support (emotional, instrumental, family planning, or general support) from partners or community Increased life and social skills Women's increased decision-making power Women's increased mobility	Qualitative: IDIs, FGDs, case studies
South Asia- Other	Women's Empowerment Model • Afghanistan • (Salke, 2007)	Female midwiv es Female doctors	HIV/STI HTSP SM	Promoting critical reflection on gender norms and equity	Increased provider knowledge and skills of FP methods Improved clinical skills in detection and/or treatment of STI	No gender outcomes noted/achieved	Nonexperimental: cross-sectional

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Engaging Men in Gender Equality: Safe Night for Street Boys • Bangladesh • (UNFPA, 2011)	Street boys ages 16 years and older	• AYH • GBV	Empowering disadvantaged groups	Increase in screening, counseling, and referrals for GBV	Increased partner and/or community support Increased life and social skills	Qualitative: IDIs, FGDs, case studies
Sub- Saharan Africa	Rural Program Integrating GBV, HIV Testing, PMTCT into Antenatal Clinics • Kenya • (Turan et al., 2013)	Women	GBV	 Addressing gender inequities through SBCC Empowering disadvantaged groups 	Screening, counseling, referrals for GBV Integration of GBV screening into health services	No gender outcomes noted/achieved	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	Tostan: Abandoning Female Genital Mutilation/Cutting • Senegal • (Feldman-Jacobs and Ryniak, 2006)	Women and men and general population	АҮН	Addressing gender inequities through SBCC Empowering disadvantaged groups Promoting women's and girls' educational opportunities	No youth reproductive health changes found	No gender outcomes noted/achieved	Nonexperimental: cross-sectional Qualitative: IDIs and FGDs
	Tchova Tchova Program • Mozambique • (Quincot and Figuero, 2010)	Men and women	• HTSP • HIV/STI	Addressing gender inequities through SBCC Promoting critical reflection on gender norms and equity Empowering disadvantaged groups	Safer sex practices Decreased alcohol use Increased communication about safe sex Increased knowledge on use of condoms for dual protection	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Joint decision making Men assist/help with household chores Attitudes toward male participation/support Increased communication between fathers and children	Qualitative: FGDs

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
East Asia and the Pacific	Positive Masculinity to Stop Gender-based Violence • Vietnam • (Hoang et al., 2013)	Married men ages 25-30 and older than 49	GBV	Promoting critical reflection on gender norms and equity	Decrease in incidence of violence Managing conflicts through negotiation rather than anger	Increased gender-equitable attitudes and beliefs	Nonexperimental, cross-sectionalQualitative: IDIs
Europe and Central Asia	The Young Men Initiative Bosnia and Herzegovina, Serbia, Montenegro (CARE International, 2012)	Young men	GBV	 Empowering disadvantaged groups Addressing gender inequities through SBCC 	Managing conflicts through negotiation rather than anger	No gender outcomes noted/achieved	 Nonexperimental, cross-sectional Qualitative: IDIs
Latin America and the Caribbean	Empowering and Educating Low- income Women on HIV Prevention • Brazil • (de Morais et al., 1997)	Women	• HIV/STI • HTSP	Empowering disadvantaged groups Addressing gender inequities through SBCC	HTSP measured but no changes found HIV/AIDS/STIs outcomes measured but no changes found	No gender outcomes noted/achieved	Nonexperimental, longitudinal
	Sexuality and AIDS Prevention among Adolescents • Brazil • (Vasconcelos et al., 1997)	Young women	HIV/STI	Empowering disadvantaged groups Promoting critical reflection on gender norms and equity	Safer sex practices	Increased gender-equitable attitudes and beliefs Women's increased self-confidence, self-esteem, or self-determination Increased life and social skills Women's increased decision-making power	Qualitative: FGDs, observ ations

Region	Program Name, Location, Citation	Program Beneficiaries	Health Areas Addressed	Gender-aware Strategies Used	Health Outcomes Achieved	Gender Outcomes Achieved	Evaluation Methodology
	Involving Men in Sexual and Reproductive Health Services • Ecuador • (Shepard, 2004)	Men and couples	• HIV/STI • HTSP	Addressing gender inequities through SBCC Empowering disadvantaged groups Increasing spousal support for healthy sexual and reproductive health behaviors	HTSP measured but no changes found HIV/AIDS/STIs outcomes measured but no changes found	No gender outcomes noted/achieved	Qualitative Quantitative-other
Middle East and North Africa	Takamol Project • Egypt • (Pathfinder International, 2011)	Women	• AYH • HTSP • NCHN • SM	Addressing gender inequities through SBCC Empowering disadvantaged groups	Measured but no changes found	No gender outcomes noted/achieved	Not specified Quantitative-other

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Effectiveness Rating	Intervention Partner (State- level), Location, Citation	Target Populations	Structural Strategies	Health Outcomes	Evaluation Method
Effective	Care-Saksham • Andhra Pradesh • (Biradavolu et al., 2009)	FSWs Community	 Community mobilization for collective action (CBOs) Sensitization activities with police and community leaders Promote control over access to services 	Safer sex practices Increased self-advocacy by FSWs towards police Enforcement of previously notimplemented laws by police	Qualitative: IDIs, KIIs
	India AIDS Alliance • Andhra Pradesh • (Punyamet al., 2012)	• FSWs • Community	 Community mobilization, collectiv ization of FSWs Community advocacy groups and legal literacy Sensitization activities with police and men in communities 	 Increased health/STI service utilization Increased access of FSWs to health insurance Improved relations between FSWs and police 	Cross-sectional survey (one time point)Qualitative: Klls
	APSACS • Andhra Pradesh	FSWs, clients MSM Transgender persons Injecting drug users Long-distance truck driv ers	 Interv entions to address structural and environment barriers Peer education 	 Decrease in prevalence of HIV Decrease in prevalence of syphilis Safer sex practices 	
	Karnataka Health Promotion Trust • Karnataka • (Bhattacharjee et al., 2013)	FSWsMSMCommunity	 Adv ocacy and sensitization with gov ernment and police Stakeholder awareness training Community mobilization Legal empowerment workshops 	Reduction in HIV and STI prev alence Safer sex practices Decreased physical and sexual violence against FSWs Improved relations with police	Cross-sectional surveys (multiple time points)
	Aastha/FHI360 • Maharashtra	FSWs Community	 Empowerment of peer educators and sex workers to initiate self-help groups Formation of CBOs for decision making, problem-solving, leadership, program and crisis management, organizing large-scale events in the districts 	Increased ability to negotiate condom use	

Effectiveness Rating	Intervention Partner (State- level), Location, Citation	Target Populations	Structural Strategies	Health Outcomes	Evaluation Method
	(Unnamed project) • Tamil Nadu	 FSWs MSM Transgender persons Men at solicitation points Long-distance truck driv ers 	Community mobilization Peer-based outreach education	Safer sex practices Decrease in prevalence of syphilis	
	 Karnataka Health Promotion Trust Karnataka (Mohan et al., 2012) 	FSWs	Promote collective identity among FSWs to create a positive identity and build capacity to manage crisis and violence Form FSW community-based organizations	Decreased physical and sexual violence Improved relations with police	Cross-sectional survey (one time point)
	Karnataka Health Promotion Trust Karnataka (Beattie et al., 2010)	FSWs	 Policy lev el advocacy with senior gov ernment officials Sensitization training with police, lawyers, and media Mobilization with sex workers; form CBOs Legal empowerment workshops with FSWs Implement crisis intervention hotline (phone) 	Decreased reported violence	Cross-sectional surv eys (multiple time points)
Promising	MSACS • Maharashtra	FSWsCommunity	Community mobilization and enabling environment Peer-based outreach education	Safer sex practices Declines in prevalence of syphilis, chlamydia, and gonorrhea HIV prevalence increased	
	Karnataka Health Promotion Trust • Karnataka • (Blanchard et al., 2013)	FSWs	Sex worker collectivization and mobilization Improve access to health services	Engagement with intervention was associated with FSW empowerment	Cross-sectional surv ey (one time point)
	Ashodaya Samithi Karnataka (Argento et al., 2011)	FSWs	Sex worker collectivization and mobilization, CBOs Improve access to health services	Decreased violence by police Increased violence by FSW boyfriends	Qualitative: IDIs, FGDs, observations

Effectiveness Rating	Intervention Partner (State- level), Location, Citation	Target Populations	Structural Strategies	Health Outcomes	Evaluation Method
Unclear	Ashodaya Samithi • Karnataka	FSWsCommunity	Community mobilization Collectiv ization of FSWs into CBOs Sensitization and advocacy with police	No HIV outcomes reported	
	Karnataka Health Promotion Trust • Karnataka • (Gurnani et al., 2011)	• FSWs • Police	 Policy lev el advocacywith senior gov ernment officials Sensitization training with police, lawyers and media Mobilization with sex workers; form CBOs Legal empowerment workshops with FSWs Implement crisis intervention hotline (phone) 	Increased redress of reported incidents of violence and harassment among FSWs	Quantitative (other: monitoring data) Qualitative (other: tracking of newspaper articles)

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