



**Africa
Transformation:
Examining Gender
Norms and
Transforming Lives**

DFID Department for
International
Development

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Africa Transformation: Examining Gender Norms and Transforming Lives

Summary

Africa Transformation (AT) seeks to address persistent cultural and traditional practices that facilitate and entrench gender inequality in communities in Nigeria and thus limit the possibility of the country achieving the Millennium Development Goals (MDGs). AT takes the approach that gender barriers and norms can and have negatively impacted on the health and development of men, women, children and communities. A process of critical examination through the use of video profiles enables both women and men to determine which gender norms are no longer relevant to their well-being and which ones are appropriate and should be positively promoted.

The real life stories portrayed in the AT profiles show how gender roles are constructed and can be modified; how gender barriers can be broken down; and how harmful gender norms and practices that negatively impact on communities can be challenged and replaced with those that are more positive.

The AT initiative was piloted in seven communities (three in Kaduna state and four in Kano state) over the period 2007-2008. Implementing partners were local Community Based Organisations (CBOs). Fourteen facilitators were trained to lead community sessions attended by 532 women and men. In all communities where AT sessions took place, male participants came to realise that women had been overburdened over the years, while the female participants believed that the AT initiative presented a new way of thinking and acting. Early results from the pilot suggested that these shifts in attitudes were likely to impact positively on health-seeking behaviour and health outcomes.

Although AT was implemented with only seven communities, the approach shows great potential. It will be challenging to maintain the momentum in those communities, and to expand the initiative beyond.

The Challenge

In Nigeria (as in many other African countries), cultural, religious and traditional practices influence gender relations and equality, creating gender gaps in all spheres of life. These gaps reduce access to health care by women, which, in turn, reduces Nigeria's potential to meet the MDG targets set for 2015, especially those which directly relate to the health of women and their children.

Relevant Millennium Development Goals and Targets

Promote gender equality and empower women

- Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015.

Reduce child mortality

- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Improve maternal health

- Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
- Achieve, by 2015, universal access to reproductive health.

The state of women's and children's health is a gauge for assessing a society's level of development and the quality and performance of the health care system. Poor indicators for maternal and child health also reflect how gender norms can threaten the health of women and children and of society as a whole. A key indicator for assessing women's health status is the Maternal Mortality Ratio. Recent estimates from the World Health Organisation (WHO) gave a MMR of 1,100 maternal deaths per 100,000 live births for Nigeria (one of the highest in the world).¹ In addition to the high maternal mortality ratio, only one-third of deliveries in Nigeria took

¹ Hill K, Thomas K, AbouZahr C, Walker N, Say L. Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data. *Lancet* 2007; 370: 1311-1319.



Gender norms mean these young women become mothers too early

place in a health facility while two-thirds occurred at home (National Demographic and Health Survey, 2003).

The 2003 NDHS also showed poor indicators for ante-natal care (ANC), where only 53 percent of women received any form of ANC during their last pregnancy. Of the mothers who delivered at home, 64 percent did not receive post-natal care. Only one percent of pregnant women received the recommended preventive anti-malaria treatment, leaving an alarming 99 percent of women vulnerable to malaria infection during pregnancy.

These poor indicators are partly an outcome of gender norms that give low priority to women's health, restrict their ability to make autonomous decisions about their health, and reduce their access to independent sources of income, thereby affecting their capacity to pay for health care. These factors not only undermine women's ability to look after their own health, but also that of their children. In addition, female enrolment, retention and completion at all levels of education have lagged behind that of males, resulting in sometimes striking differentials in literacy rates between men and women, and affecting women's capacity to make informed decisions on health issues. Gender

Glossary of Terms

Equitable decision making – refers to a way of making decisions in which men and women participate – both discuss their ideas about and interests in the topic being discussed and both negotiate as equal partners and are able to agree on a decision that will be fair for both.

Gender – This word refers to the characteristics that differentiate men and women which have nothing to do with biology but are taught by society. Many societies define different roles, rights, psychological characteristics, behaviours and responsibilities for women and men. **“Gender”** is the term used to refer to these **socially defined differences** between men and women. They are based on widely shared beliefs and norms within a society or culture about male and female characteristics and capacities. For example: the fact that in most societies women are in charge of cooking and taking care of the children and men are usually in control of the household’s money.

Gender Norms – The term refers to what is considered as appropriate attitudes, beliefs, and behaviours for females and males as determined by society. For example: in most societies men are supposed to be sexually aggressive, while women

are not expected to take the lead in sexually activity.)

Gender Barriers – This refer to socially constructed obstructions based on gender norms. For example women not able to access health care without their husband’s permission.

Gender-based violence - Any form of violence that results from and contributes to gender inequality. *Sexual violence* can be defined as the deliberate use of sex as a weapon to demonstrate power over, and to inflict pain and humiliation upon, another human being. An example of gender-based violence is men’s violence against women. Examples of sexual violence include child sexual abuse and rape.

Gender gap – This refers to a disproportionate difference- as in attitudes or voting preferences - between the sexes. For example, often the number of young women dropping out of school is much higher than that of young men.

Sex – Set of biological differences between female and male bodies, linked to their different roles in reproduction. The most obvious: Women have vaginas; men have penises. People are born with these kinds of differences and they cannot be changed.

differentials in employment opportunities also constrain women’s life choices.

Many women in Nigeria cannot decide on their own when to go to hospital or what kind of treatment to access when ill. They often lack easy physical access to public health centres or hospitals and the funds to get them there in emergencies. Women do not register for antenatal care when they are pregnant and usually rely on TBAs or give birth alone. High poverty levels and cultural practices exacerbate high maternal mortality rates especially in the North.

PATHS recognised the importance of addressing these challenges and introduced the Africa Transformation initiative in Nigeria to work with communities on gender issues in a practical, innovative, locally relevant and highly participatory manner. The initiative was developed by one of PATHS consortium partners, the

Health Communication Partnership,² through a participatory approach involving women and men from nine countries representing East, West and Southern Africa and was adapted by PATHS and its stakeholders for use in Nigeria. The approach has also been implemented in Uganda, Zambia and Malawi.

The vision for AT is a **tolerant and peaceful** society in which men and women mutually respect each other, critically examine and change gender based inequalities, and participate in equitable decision making and resource allocation for better health and wellbeing of women, men and children.

² A consortium of four US based organizations led by the John Hopkins Bloomberg School of Public Health Center for Communication Programs.

The **objectives** of AT are that men and women who are exposed to the initiative will:

- Agree that it is important to critically examine social norms that govern men's and women's roles, responsibilities, and expectations
- Recognize that some gender-related social norms are harmful
- Appreciate and value sex- and gender-based differences
- Equitably share decision-making and household resources
- Believe that they can make individual, familial, and/or community changes
- Take action to eliminate harmful social norms and/or to support positive social norms.



Participants in an AT workshop in Kano view one of the testimonial profiles



The Response

At the outset, stakeholder groups in the PATHS-supported states of Jigawa, Kano, and Kaduna identified the need to mainstream gender issues as an integral part of the overall solution to overcoming barriers that were preventing everyone in the community from achieving better health. The support that PATHS was giving stakeholders in Kano and Jigawa to increasing women's access to safe motherhood services was designed specifically to take into account gender issues such as women's limited decision-making on health issues, the cultural restrictions that affected their physical mobility, the gender norms that devalued their health, and women's lack of access to cash. Other community

mobilization efforts supported by PATHS, such as CORPs (Community Resource Persons) in Ekiti, and CACs (Community Action Committees) in Jigawa and Kano all incorporated some discussion around gender, but did not focus exclusively on the issue. The idea was that AT would deepen and reinforce the gender work that was already underway.

The AT toolkit which had proved to be very successful in eastern and southern African countries was based on an earlier version called *Arab Women Speak Out* which was used in northern African countries with large Muslim populations. Based on the successes of AT and *Arab Women Speak Out*, it was suggested that the AT toolkit be used as another potential entry point for mainstreaming gender issues in Nigeria. While Jigawa was part of the original research, the implementation pilots were



TOOLS

The Africa Transformation package

The AT toolkit contains a number of inter-related tools: a package of six video profiles; a facilitator's guide; and a parallel set of written and audio profiles that match the video profiles. The main tool is a set of six video documentary profiles of people who have become, through their personal struggle and story, a positive gender role model. Each person's situation addresses a particular area of gender inequity, which then becomes the focus of one of AT's participatory sessions. The six sessions cover:



Session One: Introduction to Concepts of Gender, Equity and Critical Reflection

Session Two: Social Roles

Session Three: Cultural and Traditional Norms

Session Four: Safe Motherhood

Session Five: Conflict Resolution

Session Six: Benefits of Networking

Accompanying the video profiles is a facilitator's guide which helps facilitators generate discussion

about each of the issues, maintaining focus on key points, and soliciting a group consensus about possible actions to address each gender issue.

The whole package can be addressed through a cycle of six sessions in the community. Each session should involve both men and women, but this approach is flexible if cultural norms prevent women and men from sitting together. In cases where it is not acceptable to have both men and women meeting together, separate sessions for each can be held.

limited to Kaduna and Kano because of time and budgetary constraints.

Methodology/Process



KEY STEPS: ***Design and Implementation Process***

Key steps in the design and implementation of AT were:

1. Needs assessment visit
2. Selection of implementing NGO and Technical Advisory Group (TAG)
3. Technical design meetings
4. Revisions to profiles and facilitators guide
5. Pre-test of the revised facilitators guide and video profiles
6. Training of Master Trainers
7. Selection of communities
8. On-site assessment of potential community based implementing partners
9. Selection of facilitators
10. Training of facilitators
11. Advocacy visits
12. Selection of participants
13. Community sessions

1. Needs Assessment visit

Stakeholders agreed to carry out an assessment to examine the potential applicability, adaptability, and implementation of AT in the three PATHS-supported states. Key stakeholders in health, gender, and human rights were consulted to determine the level of interest and willingness to introduce the AT initiative; its applicability to on-going programmes; and appropriateness of content. The response was positive, with the caveat that AT needed to be modified to respond directly to the cultural and social norms of each state. Identification of the lead NGO implementation was one of critical outcomes of the assessment.

2. Selection of the implementing NGO and the Technical Advisory Group (TAG)

The PATHS technical team was able to identify a local NGO, ABANTU for Development, as the lead implementing partner for the project. Stakeholders also selected a six member TAG to provide technical support for the implementation of AT in Nigeria.

3. Technical design meetings

Following the initial consultations and selection of the lead NGO and TAG, technical design meetings were held with local stakeholders. The purpose of these meetings was to assess the appropriateness of the content of the existing AT facilitator's guide and video profiles to achieve the desired outcomes. The TAG, a gender consultant, and the implementing NGO reviewed and revised existing modules and profiles and developed new ones, based on the earlier discussions with stakeholders. The process was led by ABANTU for Development.

4. Revisions made to profiles and facilitator's guide

After several meetings, the group decided that the profiles should reflect issues which were priority gender-related issues for northern Nigeria. The six profiles included: Safe Motherhood; Gender and Conflict Resolution/Peace Building; Gender and Education; Social Roles; Cultural and Social Norms; and Benefits of Networking.

5. Initial pre-test of the facilitator's guide and video profiles

To ensure that the adapted facilitator's guide was acceptable, a pre-test was conducted by the TAG group. The process identified what could be improved in each of the sessions. The pre-test also assessed the suitability of the translated versions.

6. Training of master trainers

Master trainers were identified and trained by TAG members. They were selected from gender-focused organisations and according to their existing training skills and knowledge of gender issues in their specific states. Two Master Trainers, one male and one female, were selected from each state.

Roles and responsibilities

Role of key implementing partner

As the lead NGO, ABANTU for Development was responsible for overseeing the entire modification and design process for AT in Nigeria, training the master trainers, ensuring the master trainers conducted the facilitator's training, assisting with advocacy visits in the community, selecting the implementing NGOs/CBOs, and monitoring implementation in the communities. ABANTU for Development was selected for its gender expertise, programme management skills, adequate human resources and the willingness to receive input from TAG members, the International Gender Consultant, and PATHS.

Role of the Technical Advisory Group (TAG)

The TAG members played an important role in providing advice on how best to adapt AT for use in Northern Nigeria. Their input included selecting and adapting session modules, developing new modules and profiles, translating materials into Hausa, selecting and training Master Trainers, and developing appropriate tools for project monitoring. TAG members were selected based on their skills in health programming and gender issues.

7. Selection of communities

ABANTU for Development, working in conjunction with local stakeholders and the PATHS State Team Leaders, selected communities for AT implementation. For example, in Kaduna, AT was implemented in communities with access to Basic Emergency Obstetric Care services. In Kano, linkages to other PATHS programmes were made through the participation of CBOs that were already supporting the implementation of the safe motherhood increasing access work, or participating in other community engagement approaches, or both. This strategy enabled implementing CBOs in Kano to build AT into their existing work and activities, thus enhancing community dialogue around gender issues. Three communities were selected in Kaduna and four in Kano as the pilot sites.

8. Onsite assessment of CBOs

ABANTU for Development assessed the capacity of the selected CBOs to implement the AT project using seven key criteria: whether potential CBOs had existing work in target communities; had the capacity to train at local levels; had the ability to engage with traditional and religious leaders, able to network with other groups in the community, and to reach a minimum of 100 people in each community; had a willingness to contribute to the project; and how existing relationships could be built upon to help achieve the objectives of AT.

Seven organizations were selected, one for each pilot community: **Kaduna** - Local Women and Youths Skills Acquisition Programme (LOWYSAP); Fantsuam Foundation (FF), Jema'a; Waje District Development Association; **Kano** - Sustainable Development Initiative Centre; Youth Empowerment and Human Development Initiative; Grassroots Organization of Nigeria; and Community Health and Research Institute. ABANTU for development backstopped one of the communities in Kaduna.

9. Selection of facilitators

During the assessment visits, facilitators were selected from implementing CBOs. The selection criteria were: a) their ability to transfer knowledge to others, b) having at least primary basic education, c) having demonstrated commitment to empowerment and development activities, d) holding the respect of their community members, e) being approachable and available, and f) being



Trainee Facilitators at an AT workshop

willing and able to keep records of the training and learning processes. Two facilitators, one female and one male, were selected from each implementing CBO - six in Kaduna and eight in Kano.

10. Training of facilitators

Training of facilitators addressed two key skills: facilitating discussions and exploring gender norms. These skills were important to the success of community sessions especially in challenging participants' viewpoints and fostering further analysis and alternative solutions.

11. Advocacy to gatekeepers and traditional rulers

Prior to starting the community sessions, implementing CBOs, with support from ABANTU for Development, visited traditional rulers, religious leaders, and other important gatekeepers in selected communities to explain the purpose of the AT project and discuss its potential benefits for the whole community.

12. Selection of participants

Participants for community sessions comprised women and men living in selected communities,

most of whom were couples. Participants were selected in consultation with traditional rulers in the communities. In selecting participants for AT community sessions, efforts were made to ensure the inclusion of the existing Community Volunteers (CVs) who were involved in safe motherhood increasing access activities in Kano and Community Health Volunteers (CHVs) in Kaduna. The inclusion of these individuals in AT community sessions was strategic since they already had skills in discussing health issues.

13. Community sessions

Community sessions were conducted in all seven communities in Kano and Kaduna. In each community there is a series of six sessions, looking at each of the six gender issues identified at the outset. Africa Transformation uses a flexible approach to bring women and men together. For example, it acknowledges that traditional barriers determine how women and men interact, so it was decided that in cases where, because of cultural, religious or social norms, women and men cannot sit together, separate sessions should be held for men and women.

In Kano, where sessions took place in predominantly Muslim communities, men sat together in the same venue but women usually sat on one side of the room or behind the men. In Southern Kaduna, where communities were mostly Christians, women and men sat together. In all cases the seating arrangements enabled women and men to hear from each other and proffer solutions on overcoming traditional and gender norms that impacted negatively on their health. Participants were able to negotiate the time when sessions would take place. In most cases, sessions took place in the evening, as most men worked during the day while in some communities sessions took place on the weekend.

A total of 532 women and men participated in the community sessions. The implementing CBOs were responsible for follow up activities after the community sessions, both to support the gender issues discussed in the community sessions but also as part of their regular visits in the communities. Through this process, the main elements of AT were incorporated into the CBOs' on-going activities so that the gender perspective was reinforced whenever any health or development issues were discussed.

Organizations that implemented AT by State

S/No.	Organization	LGA	Community	Number of people trained
Kano				
1	Community Health and Research Initiatives	Danbatta	Yammawan Fulani	80
2	Grassroots Health Organisation of Nigeria	Minjibir	Sanbauna	80
3	Sustainable Development Initiatives	Gwarzo	Mainuka	80
4	Youth Empowerment and Human Development Initiatives	Rogo	Rogo Ruma	80
Total number of participants for Kano				320
Kaduna				
5	Waje District Development Association	Zaria	Rafinyashi	60
6	Fantsuam Foundation	Jema'a	Fadan Kagoma	56
7	Local Women and Youths	Chukun	Trikania	56
8	ABANTU for Development*	Kaduna South	Makera	40
Total number of participants for Kaduna				212

* In Kaduna South, ABANTU worked independently on one of its own existing community projects

Participants in an AT workshop in Kano discuss gender issues



AT Profiles

The real life stories from Nigeria and other African countries portrayed in the AT video profiles show how gender roles are constructed and can be overcome; how gender barriers can be broken down; and how harmful gender norms and practices that negatively affect communities can be challenged and replaced with those that are more positive. The profiles correspond with each module topic and tell true stories about issues pertaining to each session.



Introduction to Concepts of Gender, Equity and Critical Reflection – Ssalongo Abubarka Kyendo

Ssalongo lives in a semi-urban district located outside of Kampala, the capital city of Uganda. He is a father of five girls whose wife died due to ill health. Despite pressure from his family and friends to remarry in order to have someone to take care of his children, Ssalongo decided to remain a single father. He successfully took on non-traditional gender roles to sustain his family.

In order to survive, Ssalongo began a career in farming as a means of generating money to maintain his home and pay his children's school fees. Today, Ssalongo believes that it is important that he makes sure that his children are taken care of by him, their father.

Ssalongo says,

“These are my children and it is my responsibility to carry food from the garden and cook for them. Being a single parent has changed my attitude. A husband and wife should have equal responsibility. It is the responsibility of both of us to educate the children,

to run the home, feed and dress the children and ensure they are healthy”

Social Roles – Hafsat Tashuka Kuriga

Hafsat was betrothed to her first husband at the age of five. Her husband divorced her and she remarried. She and her husband lived in Kaduna, Nigeria. She started selling food to earn money, but the money she made was not enough to cater for her and her family. One of her customers invited her to work with him in the quarry. Hafsat resisted this initially, but later stopped selling food and moved to the quarry.

Hafsat worked in the quarry for about 40 years, and she is now 75 years old. She got pregnant three times while she was working in the quarry and worked throughout the pregnancies. Her husband never had a problem with her working in the quarry as he also worked there. Hafsat was able to buy two houses from her earnings in the quarry. She also bought the quarry land and became the owner and manager.

“When I first started this work people would pass by and say, look at that poor woman she has no children and no one to take care of her. Some would say that I am mad. But when they got to understand the nature of the work, they no longer made negative comments about me and my work. They just stare and say, look at a woman doing a man's job. Some of my children now tell me to stop working. They say I am suffering. But I will not stop for as long as I have the strength to leave my house. When I started work at the quarry my children were small and they all wanted to come with me to work”.



Safe Motherhood – Sa'adatu and Kabir Tanko

Sa'adatu got married at the age of fifteen and got pregnant five months after. She and her husband lived in Kano. Despite efforts by her husband to get her to register for antenatal care, Sa'adatu refused to go to hospital. She lost two pregnancies because of lack of medical care.

When she became pregnant for the third time, she says she remembered all that she had suffered and she started to attend the antenatal clinic, where she received free drugs and care. Her two daughters were born without complications.

“When I started attending the antenatal clinic, I did not take the drugs as I was supposed to and sometimes not at all. When I later realised the importance of the drugs, I started taking them as prescribed by the doctor. My husband also purchased the drugs when needed and gave me money to go to the hospital. I made sure that I never missed any appointment. My husband would take me to the hospital and wait for me.”

Cultural and Social Norms – Lucratia Stephen Kimaro

Lucratia is a primary school teacher. She married Donatian and they had 5 children, all girls, and lived in a rural village in Tanzania. Her in-laws were not happy with the fact that she had all girls and also had a career as a teacher. They encouraged her to leave because she failed to bear male children.

Her only ally was her father-in-law who was against Donatian taking a second wife. Her husband died of diabetes in 2003 and the family insisted that since Lucratia did not have a son, she did not have a right to organize her husband's funeral. One of her younger brothers and a friend convinced her to fight to bury her husband in a court of law.

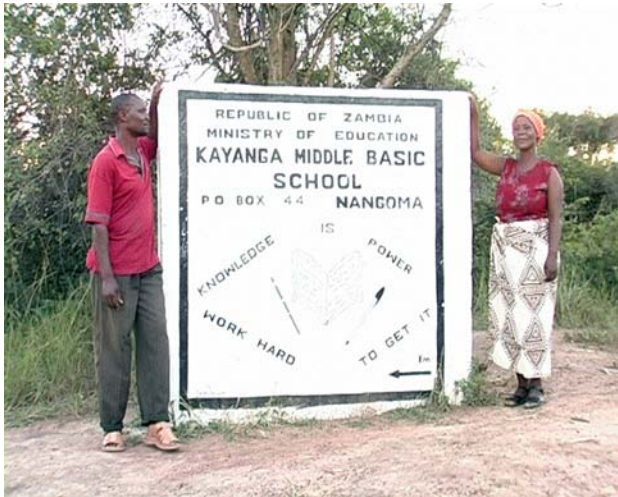
Once she went to court she encountered several challenges, ranging from public harassment and intimidation from her in-laws, but after 87 days the court granted her the right to bury her husband. Lucratia believes that while her ordeal was hard on her children, it has made them stronger women.

“They have to be strong, as strong women they have come up to have their own families and have to take an example from me. They must become a good example of women in the society to fight for their rights. They were born by a woman who is fighting for women's rights.”

Gender and Conflict Resolution/Peace Building – Alheri Women's Organization

Alheri Women's Organization is a women's group in Ungwar Karatudu, a growing suburb in Kaduna with little or no government presence. The group started in 2005 with twenty members. The group received interest-free loans and leadership and organisational development training from ABANTU for Development. The group was working well, but then there was a sudden drop in attendance at meetings. Further investigation revealed that there was conflict within the group which resulted from a lack of communication between leaders and other members. This was resolved as mediators helped the leader understand that she should be open to members of the group. According to one of the members:

“It was tough resolving the problem. We spent hours at the chief's palace. All members had to speak their mind. People's mistakes were pointed out to them. All members got satisfactory responses to their concerns. The issue was finally resolved peacefully and we all left the meeting happy.”



Benefits of Networking – Annie and Bwalwa Katongo

Annie Katongo is 45 years, married with one child and lives in Malaya village in Zambia's Central Province. In response to the problems with poverty among women in their village, Annie along with three of her peers, decided to set up the Atusole Women's Club in 1989. The founders hoped that the club would help women to address health and education issues in their community.

Men were reluctant to allow their wives to join the group which began with only 13 members. Annie asked her husband for assistance in getting the men to buy into her vision for the women. Once the men and other community members were educated about the club's purpose, membership began to grow. Thereafter the group recruited men to join the club.










Today, Atusole Women's Club teaches members about nutrition, health, farming and income generation ventures. The club has been involved in improvements in education, water and sanitation, and health services in the area. The group built a school with the help of other organisations and has facilitated to the establishment of five other clubs in the area.
































































Results

In the pilot phase, community session participants were given monitoring forms to complete. These results, combined with discussions with and testimonials from community leaders and session participants comprised the AT monitoring system.

Responses by community members to the AT approach are summarised below.

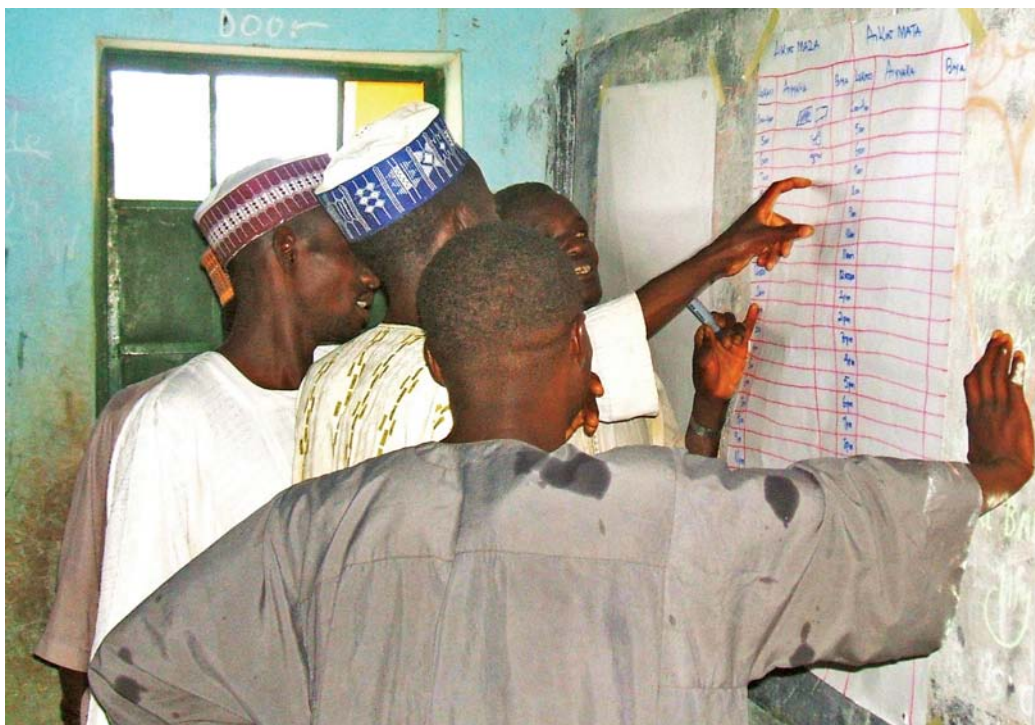
Different lives: A Day-in-the-life diary for Men and Women Chart filled in by participants at the Makera community session

- : Sleep
- : Eat
- : Leisure time
- : Marital duties (have sex)
- : Work out of the house
- : Care for children
- : Clean house/sew/wash/other
- : Cook
- : Fetch Water

A TYPICAL MAN'S ACTIVITIES	Paid Yes/ No	A TYPICAL WOMAN'S ACTIVITIES	Paid Yes/ No
1am 	No	1am 	No
2am 	No	2am 	No
3am 	No	3am 	No
4am 	No	4am 	No
5am 	No	5am  	No
6am 	No	6am  	No
7am 	No	7am   	No
8am 	Yes	8am  	No
9am 	Yes	9am 	No
10am 	Yes	10am 	No
11am 	Yes	11am  	No
12 noon 	Yes	12 noon  	No
1pm 	Yes	1pm 	No
2pm 	Yes	2pm  	No
3pm 	Yes	3pm  	No
4pm 	Yes	4pm  	No
5pm 	Yes	5pm   	No
6pm 	No	6pm   	No
7pm 	No	7pm  	No
8pm 	No	8pm 	No
9pm 	No	9pm 	No
10pm 	No	10pm 	No
11pm 	No	11pm 	No
12 midnight 	No	12 midnight 	No

Changing male attitudes

In all communities where AT sessions took place, male participants came to the realisation that women had been overburdened. This was demonstrated during a same-sex group work session on men and women's daily activities. By completing the diary, participants could see that men had, for example, more leisure time than women, and that women did more heavy household work.



Men at an AT workshop discuss their normal daily routine

All participants felt that AT presented a new way of thinking and acting. For instance, the District Head of Fadan Kagoma in Jema'a LGA, Kaduna, testified that the AT project had helped him understand family roles even better than his religious institution had.

"AT project has done for us what religious leaders could not do all this while. I have been married for 35 years and never appreciated my wife. Before now, when my wife annoys me I will beat her just like any of the children. Now I understand that there is need to create avenues to discuss issues with her and find out if she has problems meeting her domestic responsibilities."

Shehu Ganga, District Head of Fadan Kagoma, November 2007

"AT has helped to improve family relationships in our community, our women are happier now; you can even see it on their faces."

A male participant in Fadan Kagoma, Kaduna, November 2007

Equitable decision making

One of the objectives of the AT is equitable decision making, this is reflected in the statement made by a male participant in Kaduna State.

Alhaji Ahmadu Gaudu from Babandodo in Zaria LGA confessed that AT has taught him to seek opinion from his wives in his words:

I never thought a woman can think positively and give good advise until I attended AT workshop, where we were encouraged to take decisions with our wives, now I am a changed man.

Women's economic empowerment

A widow in Makera was motivated by Hafsat's profile to start her own business with as little as N1, 000 (equivalent of \$8.50). She said that after the death of her husband she thought her life had come to an end, but after being exposed to AT sessions she decided to borrow N1, 000 from her friend. Now she can feed her children and buy books for them. She said:

When my husband was alive he was taking care of me and the children, after he died I could not do anything to help my self, but after watching Hafsat's profile I was challenged to help myself, am happy I can feed my children and buy them books.

Improved family relationships

Female participants' perception of the AT project was that the relationships between them and their husbands had improved tremendously, as men were beginning to participate in household work. According to a female participant in Kaduna South LGA, this made her happy and would guarantee better health, as the burden of daily house work was reduced. Many female participants revealed that their husbands allowed them to go to hospital more than before, and in some cases accompanied them.

"My husband helps me to fetch water and do some other household work; this has reduced my burden and will lead to improved health, as I have enough time to rest."

A female participant, Yammawan Fulani, Kano

Women challenged to earn income

Female participants in several communities were inspired by Hafsats' profile; most felt that it led them to explore possible avenues of raising income to support their families. Women who participated in the AT sessions in Sanbuana community in Kano state started buying cotton to make ropes. Many disclosed that they felt happy to contribute to family income.

"Hafsats' profile challenged me to start doing something to earn money for myself and my family. Now I have a sewing machine and charge 100 to 250 naira per item. I am happy to contribute money for feeding and for the children's school fees".

A female participant in Rogo Ruwa, Kano

When asked how they spend their incomes, female participants stated that most times they spent their money on themselves, the family or relations. Responses indicated that most women did not spend their earnings on health related expenses. In future community sessions, it will be important to encourage women to spend their income on health expenses. As a result of the Safe

Motherhood Initiative (SMI), many communities, including women-only savings groups, saved money in preparation for safe delivery. The AT pilot has reinforced the validity and acceptance of that approach.

"I like Hafsats. Her profile taught me that what a man can do a woman can also do. I am encouraged to do what I thought was only a man's job. Before now I thought that feeding the family is the job of the man, even when I have money I will not use it for the family. Since the training I have started using my income to feed the family. My husband is very happy with me."

A female participant, Fadan Kagoma

Strengthening other PATHS programmes

The AT approach was introduced in communities already involved in other PATHS programmes, and helped reinforce changes taking place. In sharing the benefits of AT, one of the Community Volunteers in Yammawan Fulani Community in Kano State said that AT taught families how to be more responsible and share duties so that women were not overburdened. In terms of safe motherhood, he stated that:

"When we go for community outreach, we teach people the importance of going to hospital when they are sick; but what AT has taught us is to help our wives at home and ensure they are healthy at all times not only when they are pregnant. It also taught us that we don't only ask our wives to go to hospital; we need to go with them and plan for each pregnancy. In Yammawan Fulani community, we have started contributing money towards safe delivery. When my wife was pregnant for our first child, she never went to hospital and she lost the baby. This time around she went for antenatal and delivered safely. I have also started to help her with household chores like fetching water."

Yusuf Inusa, Community Volunteer, Yammawan Fulani Community, Kano

Linking AT to existing PATHS supported programmes like the safe motherhood increasing access work was strategic as cultural and traditional practices influenced the health and well-being of women, men and children in communities. Detailed analysis of the role that gender issues played in preventing timely use of safe motherhood services that took place in the SMI-D work was further reinforced by AT.

Improved conflict resolution strategies

Interviews with participants in Kaduna and Kano revealed that the session on Conflict Resolution helped improve the negotiation skills for conflict resolution both in the family and in the community. Community members resolved conflict without involving law enforcement agencies.

"I like the videos very well. Any time I have problems with my wife we refer to the videos we watched during the sessions, and resolve the problem immediately."

Danladi Reya, Fadan Kagoma, Kaduna

"People always quarrel about their neighbour's animals going into their farms, and this usually leads to inter-family disputes. When this happens we would invite the police to help us settle the quarrel. We have learnt to discuss instead of fighting and we no longer invite the police. This is good for us."

A male participant, Kano



AT participants at workshop in Dambatta LGA, Kano

Changes in gender roles

Participants reported to the monitoring team that the following changes were beginning to take place within the communities:

- women were beginning to open up to discussions
- men were beginning to engage with women when making decisions about the home, children and income
- people were more aware of women's work burden as a result of completing the gender time sheet during community sessions
- men were now helping women with roles predominantly believed to be women's roles, and
- women were engaging with small scale businesses to boost family income.

Experience from other countries

AT has been used for longer periods in other African countries, and the evidence from those countries has been very positive. A Uganda-based evaluation showed that participants that were engaged in AT sessions were associated with greater gender equity actions compared to non-participants and were more likely to believe they could make a difference in their personal lives and communities. AT experience also demonstrated that it is possible to design a

tool that has broader regional applicability once appropriate formative research has been conducted and adaptations made. Although the videos were filmed in four different African countries, participants were able to relate to and be inspired by the universality of their experiences.

In Uganda and Nigeria, most participants requested that AT should be extended to other members of the community as well as to neighboring communities, to ensure that others benefited from AT. There were also demands that more community members be trained as facilitators.

CASE STUDY:

Arab Women Speak Out

Arab Women Speak Out (AWSO) was the model for the development of *Africa Transformation*. It has been scaled up successfully across the region, using the same basic elements throughout. It was developed in seven Arab countries in Northern Africa and the Middle East. A central component of AWSO is a series of video profiles of Arab women who overcame gender barriers and reached self-determined goals. Grassroots organizations helped identify the women portrayed in the video to ensure that their profiles were diverse, real, and could translate across borders. The AWSO approach helped create a project with the power, relevance, and adaptability to work long-term and on a large scale.

The project developed the following set of complementary tools:

- Case study publication: Profiles of Self-Empowerment
- Ten 20-minute videos: Portraits of Self-Empowerment (in Arabic only)
- A training manual comprised of eight modules, *Training for Self-Empowerment*
- A 60-minute composite video that includes highlights from the ten video portraits (with English sub-titles)
- A tool for the critical analysis of images of women in the media
- A 15-minute advocacy video (in English)

From its inception, the AWSO team intended the program to be large-scale in several countries, achieving quantitative and functional scale-

up over a ten-year period (Jabre, 2005). The research, design and completion of all the components, including the training manuals was spread across seven Arab countries and took over two years. In 1999, NGOs and government ministries implemented the first AWSO field trainings in Yemen, Lebanon, Tunisia, Algeria, Egypt, Palestine, and Jordan. Off-shoot projects in Egypt and Jordan developed additional training series, such as “Women Empowerment for Reproductive Health.”

In 2000, CCP conducted AWSO’s first impact evaluation in three countries, using a control group comparison to explore the impact of the project on self and family (Underwood & Jabre, 2001). Women exposed to the project were more likely than those not exposed to:

- Know where to find information regarding loans, health, and community participation
- Believe they could make a difference in community affairs
- Report playing more active roles in decision-making about such issues as their children’s education (79% vs. 59% for sons; 71% vs. 49% for daughters)
- Start a new business venture (30% vs. 18%), participate in community efforts to improve health care (51% vs. 40%), talk with other women regarding negotiation skills (53% vs. 37%), and participate in-community meetings (58% vs. 40%) (Underwood & Jabre, 2001)

The evaluation also suggests that the project had a considerable positive impact on the organizational structure and stature of

CASE STUDY:

Arab Women Speak Out (continued)

local NGOs. “They observed improved institutional and personnel capacity, greater credibility for NGOs within communities, and among donor agencies, an enhanced advocacy role in the promotion of women’s rights, and an increased ability to secure funding for local activities” (Underwood & Jabre, 2001, p.2). AWSO’s reach over time provides a sense of the scale one might expect through a collaborative effort of this type:

- December 1998, **31** people, in ten countries, gained certification as national AWSO master trainers.
- By 2000, more than **60,000** community women had participated in the training sessions.
- By 2002, **25 national NGOs and government agencies** had used AWSO in seven Arab countries—Egypt, Jordan, Lebanon, Palestine, Tunisia, Algeria, and Yemen. AWSO had reached some **150,000** women.
- By 2004, AWSO had reached more than **500,000** women in 10 Arab countries.

Other Key Findings from Uganda

- AT had a significant and positive effect on men’s perceptions of men who assumed non-traditional roles
- More than half of the men came to recognize that women can play a greater role in decision-making in the home
- Nearly half of male and female participants came to believe that women can do almost anything if they are taught to do so

- Respondents reported many changes with respect to women’s abilities and came away with an enhanced appreciation of the benefits that accrue when men and women work together
- Men and women alike reported that participation in the workshops changed their attitudes about men’s roles and appropriate behaviors. Nearly seven of ten male respondents reported that they had come to recognise the importance of shared decision making as well as joint action.

Applications for AT Beyond Health

AT is a practical gender tool that is being used to address the implications of gender barriers specifically on health. However, the toolkit is ideally suited to addressing other important and related issues such as voice and accountability, rights and responsibilities as citizens, governance, community development and in the socio-political sphere; thus creating more space for women to participate in all aspects of development.

AT Expansion

Based on the outcomes so far, the participating stakeholders have suggested that more people should be trained in each community where AT has been implemented to ensure sustainability. There were efforts to engage with State Ministries of Health and Ministries of Women Affairs for possible partnership to expand AT to other communities in Kaduna and Kano. The potential also exists to add some AT modules to the SMI series of modules.

Building local capacities

The process of adapting AT in Nigeria involved working with a variety of people at the community level, the lead NGO and CBOs. Having gone through the AT processes, staff of organisations that were involved testified that their capacity to implement gender programmes had been enhanced. They had a better understanding of how to mainstream gender into programme planning and implementation. In addition, individuals involved at different levels had a new understanding of how to challenge negative

gender norms and to replace with those that are positive. Master Trainers and facilitators acquired facilitation skills that could be applied to other trainings. One of the facilitators confessed that since the facilitators' training, his facilitation skills had improved tremendously.

"I have attended many training of trainers' sessions, but what I learnt from the AT on facilitation has improved my facilitation skills and made me to understand the difference between training and facilitation. My experience from facilitating AT helped me facilitate for the TB Global Fund Project."

A male facilitator in Kano

Such skills will be useful for other programmes. The engagement with TAG and the lead NGO also helped build capacities on gender programming and would improve work they do in other sectors of development, especially in working at the community level and engaging with women and men.

Lessons Learned

- 1. AT is empowering:** The participation of both men and women in AT encouraged them to be more active in other community projects. Empowering women contributes to family and community development, as women engage in productive activities both in the private and public spheres. A good example was the initiation of a women's group in Rafin Yashin village in Zaria, Kaduna. The group hoped to initiate development projects like schools and health centres and empower women economically. AT also empowered men to question long-held assumptions on gender and gender roles and allowed them to question and challenge these traditional beliefs.
- 2. Universality of gender norms:** Participants and facilitators discovered that most issues outlined in the AT manual applied to the communities where AT sessions were conducted. This confirmed the universality of inequitable gender roles and norms. Also seeing people do things outside the norm can lead others to think of changing their own beliefs and practices.
- 3. Challenging gender norms can be difficult:** The start of the sessions was quite difficult as most of the facilitators reported that many participants were suspicious of the process and some viewed AT as a Western concept. The challenge for the facilitators was their ability to give an in-depth explanation of the benefits of AT, in the aspect of improved women's health and improved family relations and income. This challenge was dealt with as most participants were convinced of the benefit of AT. Investigations revealed that the introductory session and Ssalongo's profile were very useful in responding to the initial negative perception of participants.

"Showing Ssalongo's video profile was very useful, as participants' were convinced that situations could warrant changes in roles within the home. For instance the death of Ssalongo's wife meant that he had to perform roles traditionally allocated to women. Although it was his personal choice, it simply showed that it could happen."

A facilitator, Kaduna

"One thing that helped me convince participants of the benefits of AT was using myself as example. Before the facilitators' training, I had the assumption that some roles were specifically for women and some for men. After the training I changed my position and began to view things differently. I can say I am a convert."

A male facilitator, Kaduna

Before starting practical work, some of the newly trained facilitators expressed fears of discussing and challenging gender norms in local communities. This hesitation needs to be acknowledged and addressed in the training, and in feedback from actual sessions.

- 4. Involvement with Government Institutions:** Participants expressed the need for collaboration with government and other organisations for sustainability. It was expected that if community members were trained as facilitators there would be possibilities for AT sessions to continue in communities. The pilot AT work in Nigeria was primarily a donor and NGO/CBO-led initiative. In future, the challenge will be to find ways to involve state Ministries, such as Health or Women's Affairs early on in the process with a view to transferring, over time, oversight of the process and responsibility for funding.
- 5. Community ownership:** At the community level there was the need for community members to understand the benefits of AT and to contribute their resources towards its sustainability. This could be in the form of time, equipment, or snacks during sessions. In some communities, participants' expectations in terms of monetary

reward for attending sessions reduced the chances of AT surviving.

- 6. Scalability:** During to time constraints AT was implemented in only seven communities in Kaduna and Kano, and therefore reached only a small number of people. In order to achieve impact, there is a need to scale up to reach more communities within each state. PATHS has built a strong base from which expansion is possible in the next phase of DFID's supported projects. Considering that gender issues are cross cutting, expanding AT to more States and programmes is worth exploring.

Conclusions

- AT is a powerful tool that enables men and women to explore the ways in which gender influences their lives
- Transforming deep-seated gender norms is a process that takes time; those who participated in more sessions registered greater change
- Bringing women and men together to discuss gender issues is an important innovation and can lead to a deeper appreciation and understanding of each other's roles, burdens, needs and desires
- It is possible to design a tool that has regional applicability once appropriate formative research and pre-tests have been completed.
- It is essential to train facilitators in the interactive and dialogic approach that lies at the heart of AT as part of building the capacity of local organisations
- *African Transformation* should be expanded further in Nigeria as well as other countries in sub-Saharan Africa given the relative ease of adapting it to local contexts



Discussing gender norms can be fun, too!

- Opportunities to work with a broader range of CBOs, NGOs, the private sector and governmental agencies throughout the region should be sought.
- Further research is needed to study the effects of participation a year after the workshops were held to allow for a more comprehensive understanding of impact.

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An accompanying CD Rom contains tools and information on the AT initiative.



Partnership for Transforming Health Systems (PATHS)



PATHS is a programme of collaboration with Nigerian partners to develop partnerships for transforming health systems in Nigeria. It is funded by the UK Department for International Development (DFID).

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