

Inner Spaces Outer Faces Initiative



ISOFI



toolkit

Tools for learning and action
on gender and sexuality



ICRW
International Center for
Research on Women



CARE



"If you are something from inside and you portray something else on the outside, you cannot do anything."



How to contact us:

The exercises in this toolkit are a small sample of the various reflection and learning tools, games and exercises that were developed and tested under ISOFI. This toolkit was developed to share some of the methods that we used, so that others can also modify them and try it in their own settings.

We welcome feedback! We consider this version of ISOFI to be a draft version for field testing. If you would like to send us feedback, or recommendations for other exercises and tools, please write to us at the addresses below.

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Table of Contents

Acknowledgments	3
Project Background	4
What Do We Know About Gender and Sexuality?	
Introductory Exercises	7
Exploring Gender and Culture . . . . .	.10
What is Sexuality? . . . . .	.16
Rebuilding the World . . . . .	.24
Talking about Sex and Sexual Pleasure . . . . .	.28
Values Clarification . . . . .	.35
Where Are We Now? Situation Analysis:	
Portfolio Review and Needs Assessment (PRNA)	43
General Discussion Guide . . . . .	.44
Progress Along the Gender Continuum . . . . .	.47
Program Principles Analysis . . . . .	.51
Stakeholder Analysis . . . . .	.61
Force Field Analysis . . . . .	.63
Participatory Learning and Action (PLA)	65
Seasonal Diagram . . . . .	.80
Daily Activity Schedule . . . . .	.83
Gender-Focused Ice Breaker . . . . .	.85
Cartooning . . . . .	.87
Social Mapping . . . . .	.90
Women’s Mobility Mapping . . . . .	.93
Debate a Gender Position . . . . .	.96
Timeline98
Cob-Web Matrix102
How Are We Doing? Reflective Dialogues	105

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Project Background

“I think we can only work with target groups [on gender and sexuality] if we can break the iceberg inside ourselves.”

Director, Youth Union,
Vietnam

In the last decade, there has been increased international commitment to improving reproductive health and ensuring reproductive rights in developing countries. However, field-based organizations continue to struggle with the design and implementation of effective reproductive health programs that can make a meaningful difference in the lives of individuals, particularly women.

Reproductive health issues such as HIV and AIDS prevention, maternal health, and family planning are closely connected to gender and sexuality. There is emerging evidence to show that, in order for reproductive and sexual health programs to really work, they have to include gender equity and sexuality diversity as components of sexual and reproductive health rights.

Starting in 2004, CARE and ICRW (International Center for Research on Women) jointly designed and implemented the innovative Inner Spaces Outer Faces Initiative (ISOFI) to find more effective ways of addressing these inequities in CARE’s reproductive health programs, beginning with a pilot phase in India and Vietnam.

Many programs have addressed gender dynamics, but addressing issues of sexuality was new to CARE. ISOFI was based on the understanding that both gender and sexuality are defined and constructed in a particular place and time (socially constructed), and can therefore change. We felt that we needed to better understand certain customs and beliefs about male and female sexuality that define gender based power relations in order to decrease vulnerability and increase agency and choice in sexual and reproductive health.

In order to achieve this, project staff worked at several levels. First, staff examined their own personal beliefs and attitudes about gender and sexuality. Many times, program staff’s personal beliefs (Inner Spaces) are not in line with their professional duties (Outer Faces). For example, many people who may have feelings of shame in being seen with sex workers are hired to work to create safer working conditions for sex workers. ISOFI was designed to facilitate a safe and non-judgmental space for staff to explore sensitive issues around gender and sexuality.

Second, program staff explored CARE’s organizational values and approaches to addressing inequities in gender and sexuality in its health programs. This is the Outer Face of CARE’s work, and is represented by the behaviors, policies and procedures of its professional staff. The program approach was designed so that personal change in staff members would lead to change at the organizational level, and ultimately improve the quality of the interventions addressing gender and sexuality inequities in reproductive health programs.

Thus, ISOFI was designed so that:

- CARE staff explored and articulated their own values, attitudes, beliefs, and experiences of gender and sexuality, and understood how these values and beliefs were expressed by community members.
- The personal learning and change in relation to gender and sexuality by staff was encouraged to affect how CARE as an organization addressed gender and sexuality (in other words, from the bottom up).
- Improved processes and practices in the organization and its programs would enable staff to maximize their own lived experience of gender and sexuality.

This toolkit results from the program's first phase and is a compilation of training, reflection and monitoring activities. These activities helped to identify, explore, and challenge the social constructions of gender and sexuality in the lives of project staff, the lives of project beneficiaries, program interventions, and CARE as an institution.

The final results of the first phase of ISOFI are documented in a report called "Walking the Talk," which is available electronically on CARE's website: www.care.org/reprohealth

Phase two of ISOFI will focus on testing the hypothesis that the systematic integration of gender and sexuality into programs leads to measurable improvements in the sexual and reproductive health status of populations.

We hope that this toolkit will be used by staff of development and health organizations to increase the understanding of gender and sexuality issues by both staff and community members, including how gender and sexuality relate to reproductive health.

"Initially we thought ISOFI was going to be burdensome, but later on we were flying."

CARE staff member, India

"I think ISOFI has created a big army of passion-driven people who dream and sleep gender and sexuality."

CARE staff member, India



CARE



Jesse Rattan/CARE

CARE/ICRW Partnership

ISOFI represents a joint effort by CARE and ICRW (International Center for Research on Women) to promote the integration of sexuality and gender into CARE's reproductive health programming. With financial support from the Ford Foundation, CARE and ICRW combined their relative expertise to develop a two-year initiative focused on increasing staff understanding of the relationship between gender and sexuality issues and reproductive health outcomes. The ultimate aim of the initiative was to both increase the capacity of CARE staff to efficiently carry out reproductive health programming, as well as mainstream gender and sexuality into CARE's global reproductive health programming.

The partnership between CARE and ICRW was designed to maximize results through a combination of research and practice. Each organization brought a unique strength to the partnership: CARE's contribution included its experience working in close partnership with marginalized communities, and its technical expertise in the area of reproductive health and HIV/AIDS programming; ICRW's contribution included its years of experience in the areas of gender research and research-based advocacy on women's rights.

Together, the ISOFI Core Team (consisting of seven representatives from CARE and three from ICRW) outlined a broad learning strategy around sexuality and gender, and developed a case study methodology for documenting the process of learning; a monitoring and evaluation plan; and a detailed dissemination strategy.

The partnership also represented a unique opportunity for both organizations to strengthen their capacity to achieve their respective missions. CARE was able to strengthen its reproductive health programming and gain experience in integrating sexuality and gender throughout its structure, while ICRW strengthened its ability to work with large international NGOs in order to translate its research findings into programs. It was also hoped that the lessons from ISOFI would not only benefit the partnering organizations, but would be of use to other development agencies in addressing the issues of sexuality and gender in their programmatic efforts.



Evelyn Hockstein/CARE



Sarah Kambou/ICRW

Introductory Exercises

What Do We Know About Gender and Sexuality?

These introductory exercises are designed to help staff and community members examine, understand and articulate their personal feelings about gender and sexuality. We developed these exercises based on lessons learned from previous CARE workshops on gender and sexuality.

ISOFI is based on the belief that in order for staff to interact with communities around issues of gender and sexuality, staff first need to examine their own feelings around gender and sexuality. In these introductory exercises, participants are asked to challenge their preconceived notions of gender and sexual norms, and to analyze the effect of social exclusion on certain members of society, such as female sex workers. In addition to increasing staff understanding of gender and sexuality, staff will also increase their capacity to integrate gender and sexuality into programs.

Objectives

- Staff will explore, understand and articulate their feelings, values and attitudes on gender and sexuality, and how personal perspectives of gender and sexuality affect their work with communities.
- Staff will develop an awareness of how best to integrate gender and sexuality into their organization's programming.

The five introductory gender and sexuality exercises are:

1. Exploring Gender and Culture

This exercise explores what it means to be male or female in the participants' culture, and challenges participants to think of gender as something that is capable of evolution and change.

We have used this particular exercise in many countries in Africa, Asia, the Middle East, and Eastern Europe. It can be used as orientation exercises for staff and/or project participants, including men, women, youth and adults.

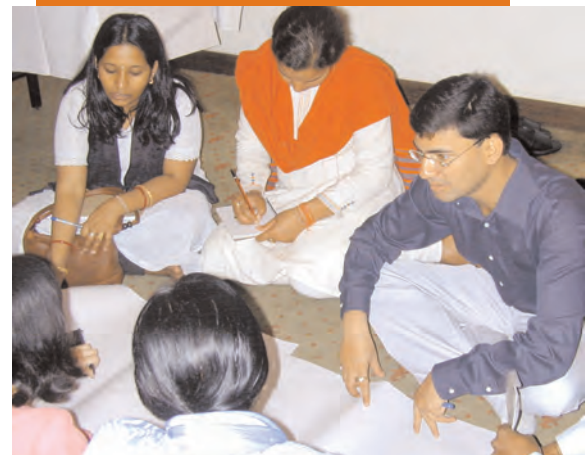
2. What is Sexuality?

This exercise increases participants' understanding of sexuality, sexual rights, and the connection between sexuality and gender.

This exercise was field-tested with women and men in India and Vietnam. People who participated in this exercise said that it helped them understand their own values, attitudes and biases, and also expectations by society, about sexuality. This helped them analyze their own programs and the programs' biases about sexuality. All of this is important if the project is aiming to help people live full, safe and positive sexual lives.

"We've realized that we needed to change 'us' before we [could] advocate for change in communities."

CARE staff member, India



Sarah Kambou/ICRW

“I have realized that my thinking about sexuality was very restricted. I knew very little about sexual health and I believed that I know a lot.”

CARE staff member



Sarah Kambou/ICRW

3. Rebuilding the World

This exercise explores notions of power and social status. By giving participants the ‘power’ to assign value to different members of society, this exercise is meant to cause some discomfort among participants.

4. Talking About Sex and Sexual Pleasure

This exercise gives participants an opportunity to become more comfortable speaking openly about sex and sexual pleasure.

Staff who participated in this training experienced an increased awareness of their own sexual needs and rights, and, seeing pleasure as fundamental, allowed them to reinterpret their roles as sexual partners.

5. Values Clarification

This exercise challenges participants to examine and articulate their values and attitudes toward certain issues related to gender and sexuality.

A central assumption of ISOFI is that self-reflection and personal change is necessary for our programs and our organization to improve. Almost all staff who participated in ISOFI activities reported that personal transformation helped them let go of old ideas, thereby influencing their behavior and having lasting effects. This exercise is useful to help people understand that there are a variety of opinions, and that it is possible to change one’s own ideas and attitudes about controversial topics.



CARE

Some Core Concepts Explored in the Introductory Exercises

Sex

Sex refers to the biological characteristics which define humans as female or male. These sets of biological characteristics are not mutually exclusive as there are individuals who possess both, but these characteristics tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean “sexual activity,” but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.

Source: WHO draft working definition, October 2002

Gender

Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female in a particular point in time.

Source: Transforming health systems: gender and rights in reproductive health. WHO, 2001.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

Source: WHO draft working definition, October 2002

Sexual Rights

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others.

Source: WHO draft working definition, http://www.who.int/reproductive-health/gender/sexual_health.html

Introductory Exercise 1

“I never understood all this gender stuff. Now I really see it. A village woman in Jarkhand is not allowed to touch the plow. That means that she can never earn the same livelihood like her husband.”

male staff member,
CARE India

“So now I tell myself, ‘No, I am not going to get swayed by what my father says. I’m not going to get swayed by what my husband says. I have to find my own perspective.’ ”

woman, India

Exploring Gender and Culture

Introduction

CARE is committed to overcoming gender discrimination. We often start training our staff with some basic gender awareness exercises. Understanding that society’s expectations for us as men and women are not necessarily related to our biological differences is a good first step to understanding how gender discrimination affects our lives, our programs, and our project goals.

Objectives

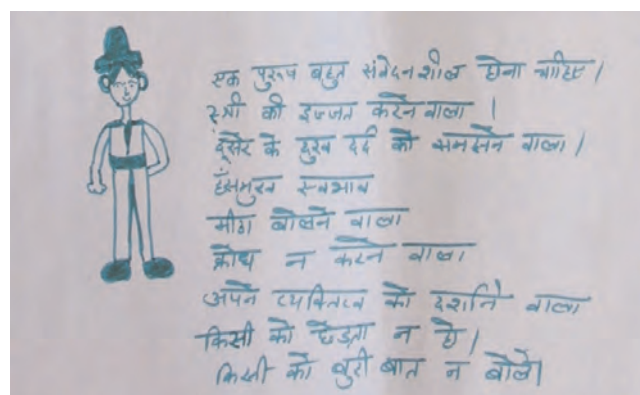
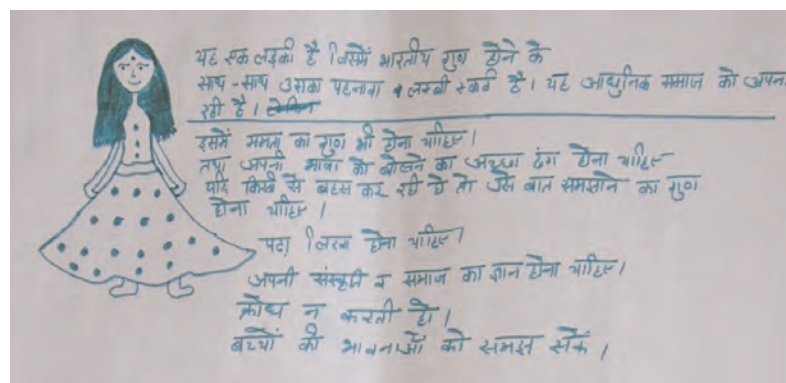
- To distinguish between ‘gender’ and ‘sex’
- To explore the idea of socially-defined gender roles
- To recognize gender stereotypes

Timeframe: 2 – 2 ½ hours

Materials needed: flipchart paper, colored pens or markers

Ideal workspace: All participants must be able to see the flip chart. For Part B, enough table or floor space is needed for groups of 4-5 people to draw large pictures.

Number of participants: 10-25; preferably similar numbers of men and women



Sarah Kambou/ICRW

STEP 1

Part A:

Ask participants to think about the first words that come to mind when they hear the words 'man' and 'woman.' Write down responses from the group in two columns on flipchart paper: 'MAN' and 'WOMAN.'

This is an example of the kind of list that participants might come up with:

MAN		WOMAN	
Police	Beer, wine	Cooking	Gentle
Father	Bread-winner	Talkative	Passive
Power	Decision-maker	Shopping	Kind-hearted
Strength	Violence	Mother	Menstruation
Freedom	Unfaithful	Wife	Pregnancy
Businessman	Husband	Breasts	Childbirth
Penis	Moustache	Gossip	Housekeeper
Testicles	Beard	Sexy	Passive
Generous	Lazy	Beautiful	Obedient
Selfish	Brave	Tidy	Vagina
Dominant	Adam's apple	Jealous	Tolerant
Loud	Humorous	Uterus	Doesn't drink heavily or smoke
Noble			



Sarah Kambou/ICRW

“I work with local women. They have more difficult living conditions than me. so if I can't convince my own family [about gender equity], how can they convince their families?”

staff member,
CARE Vietnam

“I have changed in a positive way. I used to be very bossy. I used to look down on women, even my mother, but now I have more appreciation towards [women].”

male staff member,
CARE Vietnam

Make sure that, at a minimum, some words describing biological traits (such as 'penis' for man and 'breast' or 'menstruation' for woman) come up on the list. Biological components are bolded in the list above.

When the lists are complete, ask participants if any of the roles can be reversed. Can any of the 'man' words also describe women? Can any of the 'woman' words also describe men? What are the things that women or men can do exclusively?

Can woman be a police officer? A husband? A parent? Powerful? Free? Strong? Humorous? Generous? Bread-winner? Noble? Unfaithful? Can women drink? Can a woman have a penis? If women are capable of being a police officer (for example), why aren't there more women who are police officers?

Can a man cook? Do shopping? Be gentle? Submissive? Beautiful? Have breasts? Gossip? Be warm, kind-hearted? Menstruate? Be sexy? Be a wife? Can a man be fair? Be passive? Tolerant? Obedient? If men are capable of cooking and shopping, why don't more men do the cooking and shopping for their households? Why do some men who have jobs as cooks not do the cooking for their families?

Explain that these lists illustrate the difference between sex and gender. Refer to the World Health Organization's (WHO) working definitions for sex and gender: Sex refers to the biological characteristics that define humans as female or male. Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female at a particular point in time.

“Actually, my wife is always confined to the four walls of the house. I used to feel that every woman does this for the family. But I took a decision... I would look after the house the whole day today. After doing that, I realized that I did not get even five minutes of break.”

man, India

“It is not that men are horrible, but that they are in the same gender role trap.”

woman



M.Prvulović/CARE

Part B:

Divide participants into single-sex groups of 4-5 people.

Ask the groups to work together to illustrate what they understand to be an ideal man and an ideal woman, using large sheets of paper and markers.

Alternatively, if supplies are available, participants can use modeling clay, or cloth, or balloons, wires, pencils, and other materials to build a sculpture.

Depending on time available and the number of participants, you can ask each group to draw two pictures (one man and one woman), or only one picture.

When they have finished, ask each group to present and explain their drawing(s) to the group.

These are some reactions of participants after completing this activity.

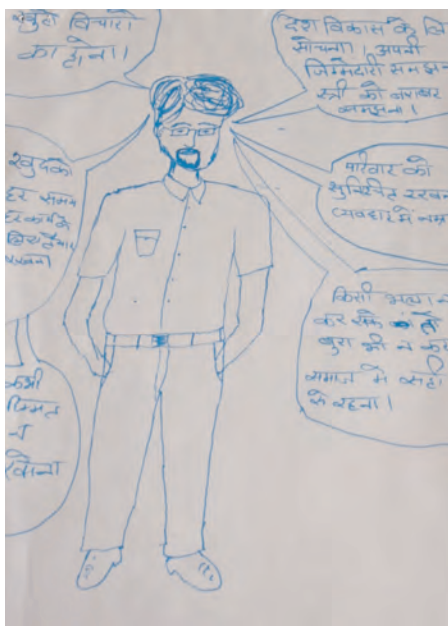
“By drawing an image of the ideal man, we realized that men also endure pressure and bear a different kind of discrimination by reinforcing gender inequalities.”
(women)

“We men feel a burden to impress girls, earn an adequate salary and develop a muscular body.” (men)

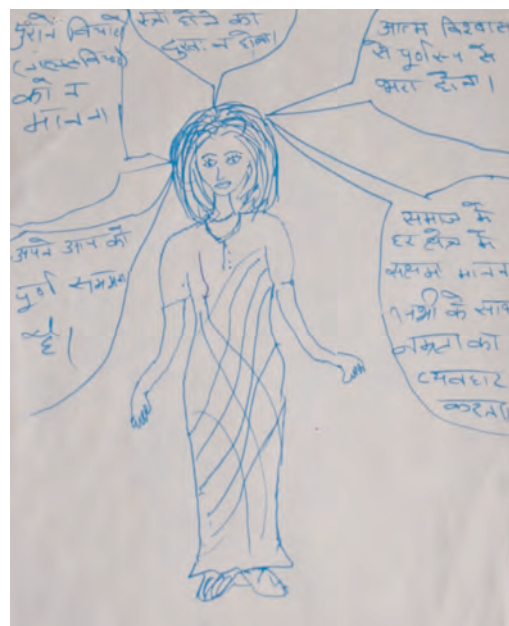
“I can’t grow a mustache, and my father and uncle always pester me about it. I’m not considered [much of a man] without one.” (man, India)

“It is so difficult to live up to the expectations of the ideal woman.” (woman, Balkans)

“I feel enormous pressure to support my family financially. My dream was to return to school to get an advanced degree, but I had to give it up in order to fulfill my obligations.” (man, Balkan)



Sarah Kambou/ICRW



Sarah Kambou/ICRW

STEP 2: Discussion

Initiate a discussion with the group using some or all of these questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

Some sample answers are included beneath some of the questions, to give you an idea of where the questions are headed. These are participant responses from a similar exercise that was done in the Republic of Georgia in 2006.

- What did you learn about being a boy or girl when you were growing up? How did you learn? From whom?

A newborn baby's sex is acknowledged when it is born when its genitals are recognized. Penis and testicles means it is a boy; vagina means it is a girl.

On identifying the biological sex of the child, the family knows how to bring her/him up. There are differences in the colors used for boys and girls (blue/pink), types of clothes (trousers/dresses), types of toys etc. Social norms are set by each culture.

A person's biological sex dictates the way they will be brought up.

Boys are brought up to be independent, aggressive, tough, courageous, physically strong; girls are brought up to be dependent, emotional, sensitive, delicate.

- How are images of the ideal man and woman created? Where do they come from? Who affirms them? Would you like to change the images you describe?

The attitudes, values and behavior that as men we consider appropriate for us (our gender identity or masculinity) are learned in society.

Men can also be dependent and sensitive; women can be strong and independent. Society puts different values on these attributes for men and women.

More social value is placed on a newly born boy child than a girl child.

In the Republic of Georgia, the facilitator asked why none of the groups had included a penis and testicles in their models of an ideal man (see models shown on next page). Participants replied that it wasn't necessary since they were underneath the clothing. This pointed to some nervousness and timidity with regards to exposing genital organs. The facilitator explained that in other countries when this exercise was carried out it was quite common for the groups to include penises and testicles and there would be discussion around the size of them; some arguing that the bigger they are the more of a man you are. This was acknowledged by some of the participants as being an issue for Georgian men too.

- What are the things that women or men can do exclusively? (This question is deliberately open ended. Participants may come up with answers that reflect biological or cultural differences.)

- What is a gender stereotype? Are gender stereotypes positive, negative, or neutral? Why do gender stereotypes persist? What is the purpose of challenging gender stereotypes? Why do some people resist challenging the status quo?

- How easy or difficult is it to consider gender roles that are different from the ones we are accustomed to? What does this mean in the context of our development work? What happens if we challenge these roles? What happens if we do not challenge these roles?

“We used to believe that a good girl was someone who stayed home and was sweet. Now we believe that standing on your feet is a good thing.”

young woman, India

“I have learned so much... I have been thinking and thinking of what was discussed and am able to see how discrimination happens between men and women.”

Balkans

“There is no difference between men and women except for reproductive functions, but there is social pressure to conform to particular roles. Both men and women are losing.”

man



J. Rosenzweig/CARE

STEP 3: Closing

Congratulate participants on their contributions, and encourage them to become more aware of gender roles and expectations in their daily lives.

Ask participants: How do the concepts in this exercise relate to your work? How will your work change as a result of your new knowledge?

Provide pieces of paper to each participant and invite them to write how their understanding of gender has changed after this exercise. Also ask them to write one action or change in their life they will take this week as a result of participating in this exercise. No one is asked to write their name on the paper, so it is anonymous. Anyone can volunteer their thoughts on what they wrote out loud with the group, after everyone is finished.

Notes to the Facilitator

This exercise explores what it means to be male or female in the participants' culture. It also challenges participants to think of gender as something that is constantly changing and that can improve over time.

Often, 'gender' and 'sex' are understood to be the one and the same. In reality, they are quite different. There is a difference between what our bodies are physically able to do, such as producing sperm or giving birth, and what our society expects us to do.

Sex is determined by our bodies: a person is either male or female from before the moment he or she is born. Gender, on the other hand, is socially defined. Gender depends on historic, economic and cultural forces, and by definition is constantly changing. This means that people have different understandings of what gender is, depending on their context. People learn about what it means to be male or female from many places, including from their families, communities, social institutions, schools, religion and media.

The result of **traditional gender roles** is often that people are not able to reach their full potential. Both men and women would benefit from a perspective that does not limit what people can and cannot do. To **stereotype** is to categorize individuals or groups according to an oversimplified standardized image or idea.

For example, in many cultures, education for girls and women is given a lower priority than for boys and men. However, according to UNICEF, girls denied an education are more vulnerable to poverty, violence, abuse, dying in childbirth and at risk of diseases including HIV/AIDS (State of the World's Children 2004, press release).

As another example, in many cultures, men are expected to display traditional traits of masculinity. This can often result in sexual promiscuity, heavy alcohol consumption, or violence, all of which are unhealthy behaviors, both for men and their families.

All people can be 'feminine' in some ways, and 'masculine' in other ways. There is a diversity of masculinities and femininities that exist beyond the narrow gender models they are familiar with. **There is no one way to be a man or be a woman.** Our goal is to promote a flexible and tolerant attitude toward gender, rather than reinforcing rigid roles and expectations.

Gender is hierarchical; in most societies, it gives more power to men than to women. Also, it preserves the existing power structure. Work that women do revolves around the physical, emotional and social wellbeing of other people, especially their husbands/partners and children. Work that men do is related to their role as bread winners/providers for their families, which leads them to seek out paid work. For example, many women love to cook, and many women cook better than men. Then why is it that mostly men are cooks at hotels and restaurants while women cook at home, unpaid?

We have found that it works well to **emphasize improving women's agency and autonomy, but not to the exclusion of men.** Working with men has shown us that if we work together to promote a wider definition of gender for both men and women – thus reducing discrimination and stereotypes for men and women who don't exactly fit the "norm" – everyone can be empowered. We need to keep working hard to find ways to reduce discrimination and allow more people equal choices and chances.

Often, society defines what is right for men and women. It is not our fault that the system is that way. However, **when we recognize that there is injustice, we can do something to change it.** Society is made up of people, and people are capable of change. This is a very personal process. First we have to recognize what is happening in our own lives, and then we can begin to make changes.

Most of us feel that culture, religion, tradition, and social norms dictate gender roles. But where does change happen if not in our individual circumstances? How does a fashion trend start if not by one or two people one day starting to wear or do a certain thing? Ideas about gender affect us both privately and publicly; that means we have the opportunity to make changes at both the personal level, as well as in society.

"I am different now, more confident. I don't accept roles just because I'm a woman. I know this is difficult in my society, since Vietnamese men are not interested in such independent women. But now I can't go back to the old way."

woman, Vietnam

"HIV-infected men seem to have as much difficulty with social contact and relationships as women. Women do not dare to expose themselves to other people and the community. So I have come up with different approaches to work with these different groups."

Vietnam

Introductory Exercise 2

"Earlier I used to joke about sex and sexuality. Now I realize that we need to talk about it openly."

CARE staff member

"Everyone wanted to explore sexuality but we never got the environment. This learning phase lets us absorb as much as we can."

CARE staff member

"People should have the opportunity to feel and understand their sexuality any way they choose to. They are also entitled to be respected for their choices."

youth

What is Sexuality?

Introduction

In CARE, we have used an adaptation of Advocates for Youth's Circles of Sexuality exercise (see www.advocatesforyouth.org) to explain the idea of 'sexuality' to staff and project participants. We have used it in workshops to update and orient program staff in youth programming in Africa and Asia, and to orient new program staff in sexual and reproductive health, starting in 2002.

Objectives

- To better understand sexuality as an integrated concept
- To explore how gender and sexuality intersect
- To imagine why and how we can integrate concepts of sexuality into our work

Timeframe: 2 – 2 ½ hours

Materials needed: flipchart paper, pens or markers, prepared flipchart pages with circles of sexuality (as shown on page 12), prepared flipchart pages with WHO's working definition of sexual rights, prepared flipchart pages with WHO's working definition of sexuality, handout with definitions for circles of sexuality (one for each participant)

Ideal workspace: All participants must be able to see the flip chart. For Part A, enough table or floor space is needed so that small groups can write on flip chart paper.

Number of participants: 10-25; preferably similar numbers of men and women

STEP 1

Part A:

Ask the group to brainstorm all the words that they can think of associated with sexuality. Have 2 people write down the words on large sheets of paper as the facilitator probes for more words. This should be done quickly.

Probe for missing words: Any positive associations? What part of sexuality does society not like to talk about openly? Try to pull out the hidden aspects of sexuality. What are some negative consequences or actions related to sexuality?

Here are some examples from previous workshops (in no particular order)

Kissing	Hugging	Contraception	Body image
Massage	Sexual harassment	Need to be touched	Petting
Caring	Loving/liking	Pornography	Impotence
Infertility	Abortion	Sperm	Bisexual
HIV	Date aggression	Self-esteem	Anal sex
Touching	Masturbation	Orgasm	Communication
Fantasy	Passion	Sexual attraction	Emotional vulnerability
Sharing	STIs	Withdrawal method	Flirtation
Child spacing	Ovaries	Getting pregnant	Incest
Rape	FGM	Lesbian, gay	Unwanted pregnancy

When the group has run out of ideas, show them the Circles of Sexuality diagram (see page 12), which represents one definition of sexuality. Everything related to human sexuality can fit in one or more of these circles. Explain the definition of each circle, and ask for examples of sexuality concepts, thoughts or behaviors that would fit in each circle.

Divide the group into smaller groups of 4-5 people each. Distribute flip chart pages prepared ahead of time with the five circles of sexuality including the definition of each. Each group will need pens or markers and one of these flip chart pages.

How do the words that the large group brainstormed to describe sexuality fit in the circles? Are there any that don't seem to fit? Ask the small groups to put each of the words in an appropriate circle. Tell them that a word may fit in more than one circle; the circles are not mutually exclusive.

When the groups are finished, facilitate a discussion with the larger group, asking

- Did any other associated words need to be added? Did more occur to you?
- Which circles had the most words associated with them? Why?
- Do we tend to focus our work around some circles but ignore others? Why?
- Which of the five sexuality circles feels most familiar? Least familiar? Why do you think that is so?
- Is there any part of these five circles that you never before thought of as sexual? Please explain.
- Are there certain circles that make you feel more or less comfortable talking about? Which ones do you think carry the heaviest silence and are hardest to talk about? Why is that? Can you imagine talking about these with your children? With your parents? With your peers?

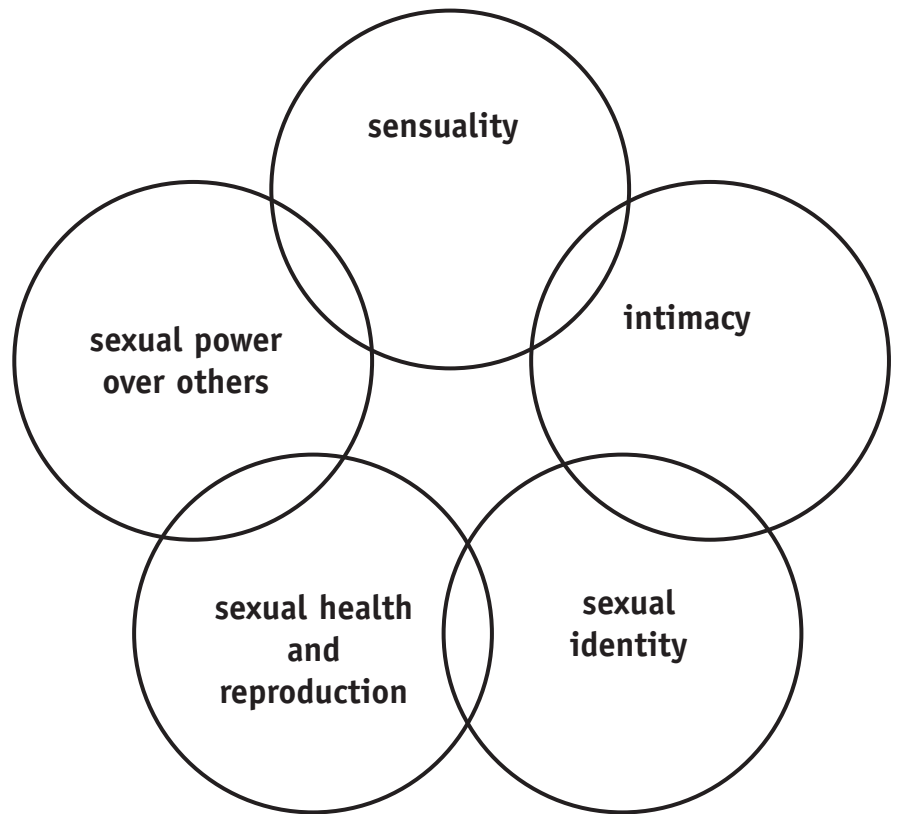


Sarah Kambou/ICRW



Evelyn Hockstein/CARE

Circles of Sexuality



Definitions for Circles of Sexuality

Sensuality

Awareness and feeling with one's own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give us and others.

Intimacy

The ability and need to be emotionally close to another human being and accept closeness in return. While sensuality is the need to be physically close to another human, intimacy is the need to be emotionally close.

Sexual identity

A person's understanding of who he or she is sexually, including the sense of being male or female, culturally-defined gender roles, and sexual orientation. Sexual orientation refers to whether a person's primary attraction is to people of the opposite sex (heterosexuality), the same sex (homosexuality), or to both sexes (bisexuality).

Sexual health and reproduction

One's capacity to reproduce, and the behaviors and attitudes that make sexual relationships healthy and enjoyable. This includes factual information about reproduction, sexual intercourse and different sex acts, contraception, sexual expression, and reproductive sexual anatomy, among others.

Sexual power over others

Using sex or sexuality to influence, manipulate or control other people, such as seduction, flirtation, harassment, sexual abuse or rape.

Part B:

Share with participants the World Health Organization's working definition for what constitutes sexual rights:

Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others.

Source: WHO draft working definition, http://www.who.int/reproductive-health/gender/sexual_health.html



Sarah Kambou/ICRW

“We feel that these issues of sexuality should not be kept under the carpet. Opening up makes us tolerant and mature.”

CARE staff member

“On being told that she eats three times a day, I advised the pregnant woman to eat more often at shorter intervals, to maximize nutritional intake. She told me that if she ate so frequently, her husband would think that her constant hunger was caused by her having sex with other men!”

female CARE staff member working on nutrition for pregnant women

“We were excited about working on gender and sexuality but we also had fears and apprehensions. We asked ourselves, what should we do, what will this mean to us? What will happen to our privacy?”

CARE staff member, India

“I am more comfortable to discuss sexuality... I do not feel shy or embarrassed any longer.”

CARE staff member, Vietnam

“When I shared my experiences about my sexuality, especially the negatives ones, I felt very light as I had never discussed or shared them earlier.”

CARE staff member

STEP 2: Discussion

Initiate a discussion with the group using some or all of these questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

- What do you think of the WHO definition of sexuality, now that you have just worked through the exercise to define sexuality for yourselves?
- When did you (or when do young people generally) first become aware of your own sexuality? How did you (or young people generally) express your sexuality when you were younger? How does it change as people mature? How has it changed as you've matured?

Note to Facilitator: Many participants in this exercise have said they recall the first time they understood themselves to be a sexual person – for example, when they caught sight of a “sexy” picture. Others said they thought that even babies clearly experience erections, so it's hard to say when a person “becomes” a sexual person – perhaps it's from birth! There does not seem to be an upper age limit to sexuality – people of all ages consider themselves to be sexual beings.

- How is sexuality associated with power?

Note to Facilitator: Many participants say that both men and women have a lot of power in relation to sexuality. In fact, this question generated a lot of debate on who has more “sexuality” power! Using your sexuality as power can include flirting, dressing in a certain way, offering sex in exchange for money or gifts, sexual harassment, sexual coercion, and even rape. “Power” is not necessarily a positive or negative thing – it is just power – but it can be used to influence, coerce, or force others into doing something. In our programs, we want to be aware of the power that sexuality can have, and provide opportunities for more choices, respect and dignity for everyone.

- In what ways are gender and sexuality similar? In what ways are they different?
- Whose responsibility is it to define and uphold sexual rights?
- If people are not aware of their rights, do the rights still apply? How?
- Why is there a gap between stated rights and real life? What can we do as individuals to close this gap? What can we do as professionals?
- Who defines responsible sexual behavior?
- What do sexual rights mean in the context of our work?
- A common argument is that our culture, religion, or society won't tolerate open talk about sexuality. This is a powerful argument. Is it valid? What can we do to change it?

STEP 3: Closing

Congratulate participants on their contributions. Encourage them to become more aware of how they and others express their sexuality, and how it may change in different situations.

Provide pieces of paper to each participant and invite them to write how their understanding of sexuality has changed after this exercise. Also ask them to write one action or change in their life they will take this week as a result of participating in this exercise. No one is asked to write their name on the paper, so it is anonymous. Anyone can volunteer their thoughts on what they wrote out loud with the group, after everyone is finished.

“This is the first time that I have linked gender and sexuality. We have discussed many new ideas and it has been very interesting.”

CARE staff member, Vietnam



CARE

“We now have access to information. Before only boys had access to information on sexuality through magazines and blue films [pornography]... The boys used to trick us, since we didn't have the right information.”

young woman, India

“After these discussions and exercises I wonder how can we be so short-sighted so as to design reproductive health programs excluding gender and sexuality.”

CARE staff member

Notes to the Facilitator

Sexuality is often misunderstood, and can be a difficult concept to fully articulate. We understand it to some degree on an intuitive level, but we do not often discuss it.

There are many different ideas about what sexuality is and what it means. The **World Health Organization (WHO) defines sexuality** (2002) as follows:

- Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.
- Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.
- While sexuality can include all of these dimensions, not all of them are always experienced or expressed.
- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.

The nature of one’s sexuality is created by a unique combination of biological and social factors and is constantly changing. Because it’s socially constructed and not entirely innate in us, there are huge variations across generations, cultures, ethnic groups, etc. Sexuality can have a different meaning for people in various stages of life, and there are differences with regard to age, gender, culture and sexual orientation.

Often when people see the words ‘sex’ or ‘sexuality,’ they think of sexual intercourse or other sexual activity. **Sexuality is much more than sexual feelings or sexual intercourse.** It is an important part of who every person is. It includes all the feelings, thoughts, and behaviors of being female or male, being attracted and attractive to others, and being in love, as well as being in relationships that include sexual intimacy. It also includes enjoyment of the world as we know it through the five senses: taste, touch, smell, hearing, and sight.

Gender and sexuality are both closely linked to identity and self-expression. The way we express our sexuality is often determined by our gender; often men are expected to be sexually promiscuous, while women are expected to protect their virginity and reputation for chastity, and deny that they feel sexual pleasure. In many places, there is an assumption that a woman’s or a man’s sexuality is uncontrollable. For example, if a man rapes a woman, it is assumed he could not control his sexual urges.

Sexuality is part of life. Whether for physical, emotional and psychological well-being, livelihoods or reproduction, **sexuality is central to human existence.** Choices available to men and women with regard to sexuality are often related to giving and taking power.

Sexuality is a human right. Everyone has the right and the responsibility to allow others to meet their sexual desires in the way they want. Sexual rights include your right to express and satisfy yourself, while not discriminating against others or having fear of discrimination against you. Sexual rights guarantee that people can express their sexuality free of coercion, discrimination and violence, and encompass mutual

consent and respect.

Many people participating in or working on development or humanitarian aid projects understand that **sexuality is very important to achieving personal, community or even national economic development goals**. Our cultural understanding and norms related to sexuality influence age of marriage, whether people are allowed to leave their homes freely, a nation's policies on access to information about contraception and family size, and whether certain kinds of people experience work-related discrimination, such as people who work in sex work, or who are living with HIV.

The Institute for Development Studies (IDS Policy Briefing No. 29, 2006) provides context to the concept of **sexuality in development**. "Development policy and practice has tended to ignore sexuality, or deal with it only as a problem in relation to population, family planning, disease and violence. However, sexuality has far broader impacts on people's well-being and ill-being. The need to respond to HIV/AIDS and the adoption of human rights approaches have created openings for a franker debate on sexuality and more resources in this area. Social and legal norms and economic structures based on sexuality have a huge impact on people's physical security, bodily integrity, health education, mobility and economic status. In turn, these factors impact on their opportunities to live out happier, healthier sexualities."

As with gender, staff need to explore and comprehend their values, attitudes and beliefs relating to sexuality as well as their understanding of its placement within conceptual frameworks and models of behavior change.

More reasons to use a sexuality lens in our work include:

- Lack of information leads to risky and even violent, coercive behavior
- Fear about sexuality can negate the possibly pleasurable aspects of sex
- To recognize sexual minorities that are otherwise hidden (such as homosexuals, sex workers, etc)
- Expand programming focus beyond individual behavioral change to influence social and cultural meanings of sex



Nathan Bolster/CARE

"I believe that most of CARE's projects in HIV and reproductive health focus only on medical services, or on knowledge of reproduction or infections. This is not wrong, but it is not the complete picture. By not addressing the other components of sexuality in our programs, we are denying [our project participants] information of what their sexual needs are and the different options they have to address them."

female CARE staff member

Introductory Exercise 3

“The barriers between castes have broken. Now we are friends. Earlier we used to discriminate a lot. As we started coming together, all hesitations have washed out. To hell with the caste system. All humans are alike, their blood is the same. So why should we discriminate against others?”

young woman, India

“We have established new friendships with girls from different [caste] groups. It doesn't matter. We encourage each other to pursue our dreams.”

young woman, India

Rebuilding the World

Introduction

This exercise explores notions of power and social status. By giving participants the ‘power’ to assign value to different members of society, this exercise is meant to cause some discomfort among participants; it should not be an easy task to decide who gets to live and who must die!

Objectives

- To challenge participants’ thinking around power, social status, and discrimination
- To expose ways in which social status and power play into our attitudes and expectations about certain people or groups of people

Timeframe: 1 – 1 ½ hours

Materials needed: paper and pens, prepared flipchart page with list of 10 people

Ideal workspace: enough space for people to have small group discussions

Number of participants: 10-25; preferably similar numbers of men and women, and preferably people of diverse social status



Sarah Kambou/ICRW

STEP 1

Divide participants into groups of 4-5 people, and explain the following scenario.

Within a few moments a powerful bomb will explode. There is room for only six people to be saved in an atomic shelter before the bomb goes off, but there are ten people who want to come inside. Your task is to choose the six who – in your opinion – should be allowed in. These six people will be responsible for rebuilding the world after the bomb.

Groups should carefully study the characteristics of the ten candidates, then choose the six that they think should be allowed into the shelter and explain why.

1. Police officer with a gun
2. 16-year-old mentally disabled girl
3. Olympic athlete, 19 years old, homosexual
4. Female pop singer, 21 years old, very beautiful
5. 50-year-old black woman, religious leader
6. Peasant woman, pregnant for the first time
7. Philosopher, 70-year-old grandfather
8. Biochemist (male) 35 years old, in a wheelchair
9. Communist (male), specialist in medical sciences
10. 'Retired' prostitute, 40 years old

After each group has chosen six people, bring everyone back to the large group and discuss the different lists. Did the small groups choose the same people or different people? Were their reasons for choosing a particular person similar or different?



Doris Bartel/CARE

“When talking about exclusion – gender and caste – we now know it’s an active exclusion. We used to assume that it was passive exclusion, blaming the beneficiaries because they are ‘lazy.’ ”

CARE staff member

“The discussions about sexual marginalization have really forced us to think. These interactions have been very relevant to our work with high risk behavior groups. I really liked challenging our thoughts, and it helped me a lot.”

CARE staff member

“Before the training, I was ashamed of my work with sex workers. Now I realize how important this work is.”

NGO partner, India

“In the beginning, I felt so uncomfortable talking to the sex workers during participatory exercises. I couldn’t bear to hear their language. I made it through each day, but I couldn’t sleep at night. I had nightmares until I realized that they were like me: they were mothers with children to feed. They had the same concerns that I had about earning enough. We were not very different from each other. After that I felt much better, and my nightmares went away.”

CARE staff member, India

STEP 2: Discussion

Initiate a discussion with the group using some or all of these questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

- What does this exercise reveal about status? Discrimination? Stereotypes? The relative value to society of certain people? Power? Privilege?
- How did considerations about reproduction (fertility, suitability for reproduction, etc.) affect choices?
- Do we have enough information to make assumptions and judgments about the ten candidates?
- What are some qualities of women that give some women more status or power over other women? What are some qualities of men that give some men more status or power over other men?
- If the retired sex worker could choose the six people, who do you think she would choose?
- Which forms of power do we manipulate in our own lives?
- How did it feel to have the power to decide who was important enough to survive and who should die?
- How are social status and power connected? Is low status a result of little power, or is little power a result of low status? Where does social power come from?
- Why do groups of lower social status often remain ‘invisible’?
- How does power affect your relationships? Do men and women share equal power in sexual relationships? How does power affect the way men and women search for a life partner? The way men and women communicate?
- How do you negotiate power in your relationships? Is it something you are conscious of?
- In general, men have greater decision-making power and control in sexual interactions. How does this translate in terms of attitudes and behavior? What does this mean for safer sex? Sexual violence? Sexual pleasure?

STEP 3: Closing

Congratulate participants on their honesty and hard work. Encourage them to be more aware of the dynamics of social status and power in their daily lives.

Ask participants: How can we incorporate notions of social status and power in our work? To what extent can we question and challenge stereotypes that undermine certain groups of people, and ultimately change mindsets?

Notes to the Facilitator

In our communities, people are in different positions of power. Often, society dictates how we behave in certain circumstances. For example, individually we may decide not to discriminate against a certain group of people, but we discriminate anyway because of the culture we live in.

Patriarchy, for instance, plays out in all our lives. The position of a daughter, wife, or mother is determined in relation to the man in the family. Unequal power balance in gender relations that favors men translates into unequal power balance in interactions between men and women. Power is fundamental to both sexuality and gender.

We assume that power is something outside of us, that someone else controls us. But the fact is that we all have power at different moments in our lives. Thus, power is shifting, and is relative to those around us. We may have more power in our families, but less power in our workplaces, or less political power.

We need to ask ourselves when and how power balances change, and who changes them. Some forms of power will be used in very empowering ways, some in disempowering ways.

Some sources of personal power:

- formal positioning (caste, culture, religion, family)
- charisma (personal charm and personality)
- influence (who you know and how you can use your relationships)
- knowledge or intellectual credentials
- skills, experience or applied knowledge
- persuasion or leadership qualities
- victim status ('poor me')
- gender (male vs female)

Groups that are marginalized in some way (such as the disabled, the elderly, homosexuals, etc.) tend to be feared and de-valued; they are not taken seriously. Often they feel powerless. When this happens, they lose some of their humanity; they are denied their individuality and their sexuality.

When inequities are identified, it is common to try to assign blame. However, more is gained by working together than by taking sides. When we recognize injustice, we have a responsibility to do something to change it.

“Sub-groups such as HIV-positive people have different challenges than other groups. Understanding access to resources and power among the beneficiary groups... helps me to design better interventions.”

Vietnam



Nicky Lewin/CARE

Introductory Exercise 4

“Once [the monks] realized that desire and pleasure are linked to life and death, they began to discuss sexuality with greater ease and to value its importance when engaging with their communities.”

CARE staff member, Vietnam

“I want to be a man who respects women and their sexual desires.”

CARE staff member

Talking About Sex and Sexual Pleasure

Introduction

Through our work in ISOFI, we found that incorporating a sex-positive approach, including discussions of sexual pleasure, into our programs was very useful. Negotiating pleasure is relevant in the context of decision-making and consensus between adults; when adults are given permission to negotiate pleasure, it also implies permission to negotiate other fundamental rights and choices related to their own bodies (like when and if to have children, to use condoms, to refuse sex, etc.). Negotiating pleasure can have very empowering effects.

Many HIV and reproductive health programs aim to change people’s behavior to “safer sex,” meaning to reduce risks of unwanted infections or pregnancies. But in many societies, it is difficult to discuss sex frankly, due to long-standing taboos. Our own staff are often unprepared to discuss the differences between various sex acts, including which ones might provide fewer risks, or in fact more pleasure, which is what many people really want to know! Furthermore, in many societies, women are supposed to know less than men sexually, and women are supposed to play passive decision-making roles in all aspects of life, which make them particularly vulnerable to sexual coercion.

In ISOFI, we found it necessary to train ourselves first, and then work with our project participants, to improve our skills and ability to discuss and negotiate sex openly, respecting the other’s right to choose, to say no, and to sexual pleasure. These exercises are a good way to open the discussion.

Objectives

- To become more comfortable speaking openly about sex and sexual pleasure
- To establish a rationale for why sexual pleasure is relevant to participants’ work
- To explore linkages between gender and sexuality

Timeframe: 3 – 3 ½ hours

Materials needed: flipchart paper, markers

Ideal workspace: All participants must be able to see the flip chart. For Part B, enough space is needed for participants to work in groups of 4-5.

Number of participants: 10-25; preferably similar numbers of men and women

STEP 1

Part A:

Divide participants into groups of three. Give each group 15 minutes to prepare an answer on flipchart paper to the question: Why is it important for us to be able to talk about sex and sexual pleasure in both our personal and professional lives?

Ask each group to hang its answer on the wall and read their answer aloud to the entire group. Clarify any points of confusion or misunderstanding as you go.

Some possible responses:

- *Pleasure is recognized internationally as a sexual right of all human beings.*
- *Sex can be a source of great pleasure.*
- *Sex is the source of human reproduction.*
- *Pleasure is one of the primary motivations for having sex.*
- *Although pleasure is a good thing, sex can have a variety of negative consequences (unintended pregnancy, STI, HIV, violence, control, etc); however these risks can be controlled without sacrificing pleasure.*
- *Discussing pleasure can help us develop new ways to make sex safer.*
- *Open talk about sex can help people to be better informed and make better decisions about sex.*
- *Recognizing that the search for sexual pleasure as a basic human instinct makes it seem less 'dirty' or 'abnormal.'*
- *By speaking openly about sexual pleasure, we model positive behavior for other people to become more open on the subject as well.*
- *As reproductive health professionals, we can't deny that sexual pleasure is an important factor in human reproduction.*



Sarah Kambou/ICRW

“I am 40 years old. I have been married for many years. This is what I have learned from ISOFI: I have the right to refuse sex, and I have the right to ask for sex.”

female CARE staff member,
Vietnam

“I no longer judge out-of-wedlock sex. Our goal is safe sex.”

Youth Union leader, Vietnam

“Earlier I never had a book related to sex, now I have four. ISOFI made us feel that it is normal.”

CARE staff member

“This is the first time sex is being dealt with as sex, and not as a cause of infections and diseases.”

CARE staff member

“The vagina is the center of the city and the rest of the body is the suburbs. It is the site of intense pleasure but also the pain of childbirth.”

sex worker, Vietnam

Part B:

Divide participants into four groups, giving each group marker pens and large sheets of paper. Try to make the groups different from the groups in Part A.

Give the groups 15-20 minutes to brainstorm all the reasons they can think to answer their group’s question:

Group 1: Why do people use condoms?

Group 2: Why don’t people use condoms?

Group 3: Why do men have sex?

Group 4: Why do women have sex?

Possible responses:

WHY DO PEOPLE USE CONDOMS?

Birth spacing, avoid unintended pregnancy
Avoid STIs, including HIV
Avoid spreading STI including HIV to a sexual partner
Peace of mind, not worried about pregnancy or STI
Fear
Protection
Respect for own and partner’s body
They are knowledgeable about safer sex practices
To have an affair
Partner insists on it

WHY DON'T PEOPLE USE CONDOMS?

Too expensive
Not available
Not on hand when they are needed
Don’t know how to use them
Afraid of how partner will react
Too shy to bring it up
Sex is unplanned/unexpected
Not aware of condoms
Believe condoms are not effective
Believe condoms are sinful
Do not have proper information
Too awkward/disrupts sex
Belief that condoms reduce sensation during sex
Not worried about STI or pregnancy
Condom is damaged or expired
To become pregnant

WHY DO MEN HAVE SEX?

Love	Revenge	Fun
Desire	Excitement	Satisfaction
Control	Validation	Duty
Habit	Status	Intimacy
Boredom	Procreation	Curiosity

WHY DO WOMEN HAVE SEX?

Love	Revenge	Fun
Desire	Excitement	Satisfaction
Control	Validation	Duty
Habit	Status	Intimacy
Boredom	Procreation	Curiosity

Hang all the sheets on the wall and ask participants to walk around and look at the different lists.

Facilitate a group discussion, asking

- What can we learn from these lists?
- Look at the reasons why men have sex and the reasons why women have sex. Are they the same or different? If there are differences, what is the reason? What does this tell us about gender and power in our society?
- What happens when two people have different motivations for having sex?
- Was it easier to think of reasons why people use condoms or why people don't use condoms? Are some of the reasons answers that men might give or that women might give, or answers that both men and women might give? Why are some answers associated with one sex but not the other?



M.Prvulovic/CARE

“Doesn't the woman get to have an orgasm? Women want satisfactory sex, whether in or outside marriage.”

Youth Union Leader, Vietnam

“I never used to think that sexuality can also be enjoyed. These can be very pleasurable activities not only for you, but for your partner as well.”

India

We do not talk about sexual pleasure with women but we do talk about it with men, which we did not do before. This has led us to adopt safe sex.”

man, India

“The biggest change is that now we use condoms every time and practice safe sex. We had never heard of HIV before. We learned about HIV through ISOFI.”

male trucker, India

“Now all of us use condoms with sex workers. And now we talk about family planning with our wives and female relatives.”

migrant, India

Part C:

Divide participants into pairs of one man and one woman. Explain that each pair is to conduct a role play in which a couple is negotiating condom use. However, the man should play the role of the woman in the scenario, and the woman should play the role of the man.

First pair: Woman (man playing the woman) does not want to use condoms because she feels it reduces sexual pleasure. The man (woman playing the man) must argue why and how condoms can be pleasurable.

Second pair: Man (woman playing the man) is upset because his partner (man playing the woman) was supposed to buy condoms but did not do so.

Third pair: Woman (man playing the woman) insists partner (woman playing the man) should wear a condom because she suspects he has other girlfriends.

Fourth pair: Man (woman playing the man) does not want to admit to his partner (man playing the woman) that he does not know how to use a condom.

Fifth pair: A man (woman playing the man) is startled when his partner (man playing the woman) wants to start using condoms, because the pair has had sex without condoms on several previous occasions.

If you have more participants, you can think of more scenarios, or you can assign the same scenarios to more than one pair.

Give the pairs 10-15 minutes to practice their role plays, then invite some of them to perform in front of the entire group.

Facilitate a group discussion, asking

- Was it difficult to take on the role of the opposite sex? What did you learn by trying to speak from a different perspective?
- Did you agree with the men’s portrayal of women, and the women’s portrayal of men? What do you think was accurate or inaccurate?
- Did anyone in the group challenge traditional gender roles, or speak in a way that is not usual for a particular sex?
- How was pleasure used as a justification for condom use?

STEP 2: Discussion

Initiate a discussion with the group using some or all of these questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

- What prevents people from talking about sex and sexual pleasure?
- Under what circumstances is it acceptable to talk about sex and sexual pleasure?
- Even if it's not usual (difficult, taboo, awkward, etc) to talk about sex and sexual pleasure, why is it important?
- What do we mean when we say 'have sex'? Are there other ways to define having sex? Is it possible to have sex with out intercourse? What words do we use to talk about this?

STEP 3: Closing

Thank participants for their efforts, and congratulate them on keeping an open mind. Encourage them to continue to push the boundaries of their personal comfort zones.

Provide pieces of paper to each participant and invite them to write how their understanding of sex and sexual pleasure has changed after this exercise. Also ask them to write one action or change in their life they will take this week as a result of participating in this exercise. No one is asked to write their name on the paper, so it is anonymous. Anyone can volunteer their thoughts on what they wrote out loud with the group, after everyone is finished.



Maggie Steber/CARE

“A lot of things changed in me personally. Communication with my husband is better. At first he thought it was odd to discuss things... the first time he laughed. CARE encouraged me; so I said to him, ‘You won’t get angry. If we don’t talk about likes and dislikes, things will go unresolved.’ So he likes talking now. [Smiles].”

local health volunteer, India

“In the earlier days, my husband wanted sex every night and would beat me if I didn’t agree, even though I had swelling in my groin. Now he has reduced to having sex with me every three to four days. Now if I have pain, he stops, and doesn’t beat me any more. I can even enjoy sex now. And I, myself, have initiated sex. This makes him happy. [Laughs].”

local health volunteer, India

Notes to the Facilitator

It is important to acknowledge that participants may have fears and anxieties in relation to discussing sexual matters. One purpose of this exercise is to expand participants’ comfort zones, and give them a safe space to practice speaking openly. Things that seem impossible become less scary once we practice doing them ourselves, and once we observe others modeling the desired behavior.

Pleasure, in general, is not inherently a bad thing. We get pleasure from our families, from doing our work well, from expressing ourselves artistically, and so on. There is nothing shameful about taking pleasure in these things; likewise, sexual pleasure should not be seen as embarrassing or shameful.

Tradition, culture and education often tell us it is taboo or shameful to talk about sex. Because it is taboo, we receive inadequate information, and we grow up with this sense of shame. We are forced to get pieces of information from our friends, books or any source that we may find, which may or may not be accurate.

The way we express our sexuality is often determined by our gender. Often men are expected to be sexually promiscuous, while women are expected to protect their virginity and reputation for chastity, and deny that they feel sexual pleasure. In many places, there is an assumption that a woman’s or a man’s sexuality is uncontrollable. For example, if a man rapes a woman, it is assumed he could not control his sexual urges.

Sex is an everyday part of our lives yet we never talk about it publicly. This lack of conversation drives it underground, and makes it feel shameful, naughty. Even in situations where it should be perfectly normal to talk about sex (for example, a patient speaking to his or her doctor, or a parent speaking to his or her child), we still feel uncomfortable.

On the other hand, certain actions that SHOULD be condemned at a societal level (for example, child sexual abuse, domestic violence, rape, incest, human trafficking, etc) are allowed to persist because we do not discuss them openly; we pretend they do not exist, and the problems continue. **Sometimes it is crucial to bring private issues into the public space.** By talking about them, we can achieve change.

Sex is natural and normal, it is nothing to be ashamed of. When we as a society learn to speak openly and explicitly about sex, people will be better informed about safer sex practices.

Values Clarification

Introduction

This exercise challenges people to articulate and examine their values and attitudes toward certain issues related to gender and sexuality. Often we are unaware of our own biases. Sometimes our beliefs have a rationale; other times, they are a product of our surroundings and may persist until we question them and begin to imagine an alternate reality. For example, if one grows up in a culture where violence against women is considered normal, one may never think to even question this practice.

Furthermore, this exercise exposes participants to people with differing opinions. This is helpful for our work because it demonstrates that people have a broad range of opinions and experiences that we may not always agree with.

Indeed, a central assumption of ISOFI is that self-reflection and personal change is a necessary component of organizational transformation. One cannot challenge harmful social norms such as gender and sexuality inequities, either in communities or within CARE, without also examining one's own beliefs. Almost all staff who participated in ISOFI activities reported that personal transformation helped them let go of old ideas, thereby influencing their behavior and having lasting effects. Consequently, personal transformation led to organizational changes, reflected in policies such as appointing gender and sexuality point persons.

Objective

- To enable participants to reflect on their personal attitudes and values around gender and sexuality.

Timeframe: 2-4 hours, depending on the number of statements you choose to discuss

Materials needed: signs that say 'agree,' 'disagree,' and 'don't know'

Ideal workspace: enough space for people to move about freely. If necessary, move tables and chairs out of the way.

Number of participants: 10-25; preferably similar numbers of men and women

Introductory Exercise 5

“It raised sensitive issues and opened up a space to think about new issues. I will continue to learn about these issues beyond the course.”

CARE staff member, Vietnam

“I think the best thing that happened is [ISOFI] helped in improving team work because the barriers diminished... it helped in building understanding, I would say, a team able to relate to each other.”

CARE staff member, India

“Having a group of mixed sexes is a factor, it helped us to know the opposite sex better. Our misconceptions about the other sex were cleared. The open interaction with other sex increased our confidence and self esteem.”

CARE staff member

“Our team relationship improved and became friendlier and more open. We gained confidence and built camaraderie around ourselves.”

CARE staff member, India

STEP 1

Designate two corners of the room as ‘Agree’ and ‘Disagree’ respectively, and a place in between as ‘Don’t know.’ Read out one of the following statements and ask participants to respond by moving closest to the sign that corresponds with their opinion. (The statements below are examples. You can choose a few or add more depending on how much time is available, or insert others that are more appropriate to your context.)

1. A man needs other women, even if things with his wife are fine.
2. I would never have a gay friend.
3. It is OK for a man to hit his wife if she won't have sex with him.
4. I would be outraged if my wife/husband wanted to use a condom.
5. Pregnant girls should be expelled from school.
6. There are times when a woman deserves to be beaten.
7. Women who carry condoms on them are “easy.”
8. Changing diapers, giving the kids a bath, and feeding the kids are the mothers' responsibility.
9. It is a woman's responsibility to avoid getting pregnant.
10. A man should have the final word about decisions in his home.

Move through the questions slowly, and facilitate a discussion about why people chose the response that they did after each question. Use questioning to dig deeper into the underlying issues. Allow some time for debate between people of differing viewpoints. After a short debate, ask people if they would like to change their position, or if anyone in one group wants to convince people in another group to change positions or move closer to their position.



M. Prvulović/CARE

1. A man needs other women, even if things with his wife are fine.

Very often we hear that men have a need to need to fulfill their sexual desire. Do you think that men need sex more than women? Women are often taught how to discipline their own and men's desire. How about men? Can men discipline their own desires?

Is it possible for men to control their sexual desire? What is the effect on a man's wife if he visits a sex worker? Is it ever culturally acceptable for a woman to go to a sex worker?

Is it culturally acceptable for a woman to accept money in exchange for sex? Is it culturally acceptable for a man to accept money in exchange for sex?

Participants who agreed with this statement mentioned:

It is his right to learn about sex and discharge his sperm, even if he is married or on business trips.

It is a personal choice.

Note for the facilitator: *You might want to ask, "What is the right of his wife in this case? Does she have any right to negotiate the risks that come along with her husband's choice?"*

Participants who disagreed with this statement mentioned:

*He does not need to go to a sex worker – he can have girlfriends. **Note to the facilitator:** You might want to ask, "What is the difference between a girlfriend and a sex worker? Why is one more acceptable than the other?"*

If you love someone you know the person, and therefore can prevent the spread of sexual diseases.

Morally it is not acceptable.

If there is demand, there will be supply – therefore there should not be demand.

Note to facilitator: *You might want to ask, "How can our programs deal with demand then?"*

This creates sexual abuse, and women suffer.

The commoditization of women as sex workers is patriarchal.

If he is married, he is violating his wife's rights.

"I am thinking now about how to formalize this into my work."

CARE staff member, Vietnam

"ISOFI doesn't tell you what to do. It just lets you grow and helps you to learn with your mistakes. It has helped us to actually take ownership. I think that this is what it has done for the entire ISOFI team."

CARE staff member, India

“I really appreciate the ability to discuss freely what we feel and raise questions that we have. I liked the fact people had the space to speak about how they feel without fear of judgment.”

CARE staff member, Vietnam

“When I participated in ISOFI activities, we normally talked and shared personal opinions. So I used this same process to discuss with the project partners and communities.”

CARE staff member, Vietnam

2. I would never have a gay friend.

Homosexuality is not an illness. Simply put, homosexuality is primary sexual attraction to or sexual activity among persons of the same sex. Homosexuality may make us feel uncomfortable because it's not something we see all the time. But the fact that it is uncommon does not mean that it is wrong. Homosexuals can have healthy, loving relationships just like anyone else. In fact, it is possible that you already have a friend who is gay, but you don't know it.

Why would someone not want to have a gay friend? What if you didn't know that the person was gay? Why are gay people feared?

If someone has a sexual fantasy about someone who is the same sex, does it make that person a homosexual? If someone shares a romantic kiss with someone of the same sex, does it make those people homosexual? If someone experiments with homosexuality when they are young, but ends up married to someone of the opposite sex, is that person a homosexual?

A note on religion and homosexuality:

“Liberal individuals and groups within Christianity, Islam and other religions have been quick to incorporate scientific findings within their ethical and religious beliefs. They generally regard homosexuality as a sexual orientation which is ethically neutral, fixed, unchosen, and is normal and natural for a minority of adults.

More conservative movements tend to stress revelation and tradition. Their beliefs are anchored to the past. Their beliefs are much less liable to change rapidly. They generally regard homosexuality as a deviate and disordered behavior, which is immoral, changeable, chosen, abnormal and unnatural. A person's beliefs about homosexuality tend to be determined less by their religion, than where their beliefs lie on the liberal-conservative divide.”

(source: http://www.religioustolerance.org/hom_isla.htm)

“In the mid-1970s, the Catholic Church recognized the difference between being homosexual and engaging in homogenital (same-sex) acts. The Catholic Church holds that, as a state beyond a person's choice, being homosexual is not wrong or sinful in itself.

The Church also teaches understanding and compassion toward gay and lesbian people. In their 1976 statement, To Live in Christ Jesus, the American bishops wrote, ‘Some persons find themselves through no fault of their own to have a homosexual orientation. Homosexuals, like everyone else, should not suffer from prejudice against their basic human rights. They have a right to respect, friendship, and justice. They should have an active role in the Christian community.’ ”

(source: <http://www.dignityusa.org/faq.html#2>)

Some participants who agreed with this statement mentioned:

Sex should only be between men and women, therefore homosexuality is not a normal thing.

It is a kind of disease where a person has something wrong with their body.

Some participants who disagreed with this statement mentioned:

We know of perfectly normal, loving relationships that are homosexual.

In the Vietnamese context it is considered abnormal, but it is a person's right to make the choice.

Some people get sexual pleasure from same sex relationships.

It is normal to want to satisfy ourselves in different ways.

Some participants weren't sure:

Feels wrong... but is it?

I think people are homosexual because of a genetic abnormality, but I also believe it is socially normal.

3. It is OK for a man to hit his wife if she won't have sex with him.

Under what circumstances is it OK for a wife to refuse to have sex with her husband? Can she refuse sex if she knows he has an STI? Can she refuse sex if she is too tired? If he is drunk? If she fears she will become pregnant?

Having sex whenever her husband demands it is often considered a wife's 'duty.' Is it also a husband's duty to fulfill his wife's sexual desires? Is it culturally OK for a woman to express her sexual desire?

4. I would be outraged if my wife/husband wanted to use a condom.

Is it ever appropriate for a married couple to use condoms? How would your spouse react if you suggested using condoms? If he or she were unsure, how would you convince him or her to use condoms?

Often in the context of marriage, using condoms is associated with lack of trust. However, condoms are an effective form of family planning and they can add excitement to sexual activity.

“We are so involved in proving our competencies that we do not even want to honestly reflect. ...[B]ut after ISOFI, there has been a revelation – a personal journey within me.”

CARE staff member, India

“Empowerment within is important as we work towards empowerment of communities.”

CARE staff member, India

“It helps us to share experiences among ourselves; that way we can see gender, diversity and sexuality in our own organization.”

CARE staff member, Vietnam

“The socialization of ISOFI has been such that always we have been heard.

Expressing, sharing and opening up helped us to develop listening skills and helped us in understanding people.”

CARE staff member

5. Pregnant girls should be expelled from school

What might be the consequences on the girl's future if she is expelled from school? What might be the consequences for the girl's child?

Why do many schools decide to expel pregnant students? Does this punishment really deter other girls from becoming pregnant?

Why are the boys who impregnate girls not expelled from school or punished in any way? What if the girl is pregnant as a result of rape or incest, or sexual harassment by a teacher? Does she deserve to be punished?

6. There are times when a woman deserves to be beaten.

What would be a justifiable reason for a husband to beat his wife? What are the psychological effects on a woman who is beaten? What are the psychological effects on children who witness their mother being beaten?

Why do many women who are beaten remain in abusive relationships?

Sometimes, women themselves feel that a beating may be 'deserved.' However, household violence de-values and humiliates women, and can be very dangerous to their physical health. Women remain in such relationships because they feel they are not capable of surviving without a man in their life, or because they have been conditioned to believe that they are not worthy of a life that is free from verbal and physical abuse.

Children who witness such behavior often grow up to repeat the same cycle; boys learn that a husband is supposed to treat his wife with domination and abuse, and girls learn to be submissive and obedient.

7. Women who carry condoms on them are 'easy.'

What is the label given to men who carry condoms? Are men ever considered 'easy'? What would an equivalent label be for boys? Why are different words to describe men and women?

At what age should youth learn about condoms? Boys? Girls?

There is nothing inherently immoral about condoms. Condoms are simply a tool to help us take care of our bodies. If you listen closely to many people who say they oppose condoms, in fact they actually are opposed to premarital or promiscuous sex.

Often, men are expected to be sexual initiators, while women are expected to either accept or refuse their advances. Women are expected to be in control, while it is accepted that men have desires that they need to fulfill. Men are expected to be interested in sex and sexually active; however, if women show an interest in sex, they are thought to be promiscuous. Why does society expect such different things from men and women? Is it fair?

8. Changing diapers, giving the kids a bath, and feeding the kids are the mother's responsibility.

Are men physically able to bathe and feed children? If they are able, why don't they do it?

Work that women do revolves around the physical, emotional and social wellbeing of other people, especially their husbands/partners and children. Work that men do is related to their role as bread winners/providers for their families, which leads them to seek out paid work. Why does society expect such different things from men and women? Is it fair?

9. It is a woman's responsibility to avoid getting pregnant.

Why should a man be concerned about avoiding an unintended pregnancy? In your community, are there any social consequences for men who father children but don't take responsibility? If it takes two people to cause a pregnancy, why aren't both people responsible for preventing a pregnancy? Why do some men deny their role in reproduction?

What are different ways to avoid an unintended pregnancy? Which ways are controlled by women? Which are controlled by men?

Often it is expected that, for women, sexual activity is primarily for reproductive purposes. Women are not seen as sexual beings, they are 'baby factories.' Men, however, have sex in order to satisfy their sexual desire. Why does society expect such different things from men and women? Is it fair?

10. A man should have the final word about decisions in his home.

Why? Should a woman have any input about decisions in the home? What would happen if man and women were equal partners in marriage? Is marriage meant to be an equal partnership?

"Now we understand each other. ISOFI gave us an opportunity to open our hearts and share our feelings. We talked about things that we never mentioned in the past."

CARE staff member, Vietnam

"It has been great because we have been given the space to think about these ideas within ourselves as individuals, and not just as a part of the program."

CARE staff member, Vietnam

“We have learned that no one is wrong and we can talk about our feelings. But we don’t change overnight.”

man, India

“We have realized that on these issues unless we ignite people’s views, they will not get newer understanding. We realize that it is very important to know the views of others.”

CARE staff member

STEP 2: Discussion

Initiate a discussion with the group using some or all of these questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

- How did it feel to confront values that you do not share?
- What did you learn from this experience?
- Did you change your opinion about any of the issues?

STEP 3: Closing

Thank participants for their honesty, and their willingness to open their minds to different ways of thinking. Emphasize that values clarification is an ongoing process. It is normal to re-evaluate our attitudes as we grow and mature, and as we gather new knowledge and experiences.

Ask participants how this values clarification exercise will contribute to their work. How will it contribute to their own personal growth?

Notes to the Facilitator

It is important to maintain a non-judgmental atmosphere during this exercise. These are complicated, emotional issues, and some participants may react strongly. It is important to challenge our own understandings of sexuality, but we also need to remember that everyone brings his or her own personal perspective to the table.

Changing mindsets takes time. But it is important to point out to people that changing their opinion is possible; it is healthy to examine one’s attitudes and adjust them if necessary.

Where Are We Now?

Situation Analysis

Portfolio Review and Needs Assessment (PRNA)

Introduction

At the beginning of ISOFI, we wanted to know how much progress CARE had already made in integrating sexuality and gender into its existing reproductive health programs. We also hoped to find useful methods for monitoring organizational progress and personal change, throughout the process of ISOFI.

CARE and ICRW designed a method of reviewing the portfolio of reproductive health programs to identify opportunities for improvement and learning. In ISOFI, this was called “Portfolio Review and Needs Assessment” (PRNA). This method of reviewing current and past program approaches brought together many key stakeholders (including managers, advisors, field staff and partner agencies), and looked in detail at project content, strategies, staffing, partnerships and monitoring and evaluation. Some of the tools used in the PRNA at the beginning of ISOFI were also used midway through the project and again at the end, in order to gauge organizational change.

How we implemented PRNA

At the beginning of the ISOFI pilot phase, CARE and ICRW led a half-day discussion in both India and Vietnam with CARE project staff to identify current program strengths and gaps related to gender and sexuality. These discussions were designed to identify opportunities for integration of and entry points for gender and sexuality in projects.

Next, CARE and ICRW led a learning and reflection workshop with CARE project staff to explore the gaps and learning opportunities that they had identified during the half-day discussion. The workshop was designed to review the following:

Topic to review

Tools Used

■ Current level of integration of gender and sexuality in the existing portfolio

- General Discussion Guide
- Progress Along the Gender Continuum
- Program Principles Analysis

■ Conditions necessary for integration of gender and sexuality, including ways to build ownership

- Stakeholder Analysis
- Force Field Analysis
- General Discussion Guide

■ Existing learning mechanisms to foster understanding of gender and sexuality

- General Discussion Guide

Each of these tools is described below.

PRNA Tool #1 General Discussion Guide

Introduction

One purpose of PRNA is to give participants a sense of ownership of the process, so that sexuality and gender integration is not something that is imposed upon them, but rather something that they are committed to and believe is important.

This exercise is not meant to answer everyone's questions, but rather to get people thinking about what they're currently doing, what they could or should be doing, and how they will go about doing it. It is expected that people will still have a lot of questions once the exercise is finished!

Objectives

- To begin thinking creatively about how to integrate gender and sexuality into current programs.

Timeframe: 4-6 hours

Materials needed: flipchart paper, markers, tape

Ideal workspace: a quiet area, seats arranged in a circle

Number of participants: 5-10

Notes to the Facilitator:

This is an exercise in self-reflection; participants should do most of the talking, but with guidance from you (the facilitator).

Remember that the emphasis is not so much on the tools themselves, but rather on the information and understanding the tool can help staff develop. Do not hesitate to adapt the questions to better fit your situation and objectives.

Critical questioning, reflection and analysis are needed to use tools effectively. Using qualitative research tools without knowing how to listen, question and reflect is like learning how to utter the words of a different language without knowing what those words mean.

STEP 1

Introduce the exercise by explaining the objectives, and how much time you expect it will take.

Assign one or two people to be in charge of taking notes on flipchart paper.

Lead staff through these general discussion guide questions. Follow up with probing questions.

- **In what ways are gender and sexuality being currently implemented in your programs and within the organization?**
- **Who are the key stakeholders who play an important role in integrating gender and sexuality, and what are their expectations and/or concerns?**
- **What are the current mechanisms within the organization that have an explicit learning purpose? What kinds of new knowledge are generated? Who contributes to generating and who benefits from new knowledge? How is learning being documented, shared, and applied?**
- **What are the enabling factors (helping forces) or barriers (restraining forces) related to the program integration of gender and sexuality?**
- **If you could redesign or adapt your project to more effectively integrate gender and sexuality issues, what would you do and why?**

STEP 2

After going through the exercise, talk to participants about what will happen next in the process.



Sarah Kambou/ICRW

Some sample responses to the general discussion guide from CARE India and CARE Vietnam:

1) In what ways are gender and sexuality currently implemented in programs and within the organization?

"The articulation of gender exists, but its exact operational elements are unclear."

"Some programs did not consider gender and sexuality in the design."

"There is a need to review policies using a gender lens.."

"In rural Chayan, one of the best practices is that of the Reproductive Health Change Agents, where both men and women are trained as change agents. Hence the focus is also on sensitizing men and making them part of improving women's health status.."

2) Who do you see as the key stakeholders who would play an important role in integrating gender and sexuality? What are their expectations and/or concerns?

"The entire management chain is critical to gender and sexuality integration. For example, the district team (DT) can gauge what interventions can work, and the regional managers and program management team (PMT) play a guiding role and have the power to push these issues within the PMT and the DT.."

"Capacity building of staff within CARE and partners is a prerequisite."

"The program needs to focus on the family as a unit at the community level."

3) What are the current mechanisms within the organization that have an explicit learning purpose? What kinds of new knowledge are generated? Who contributes to generating and who benefits from new knowledge? Is learning being documented and shared? If so, how? How is learning being applied?

"Formal structures, such as Quarterly Review Meetings, Technical Updates, and district team meetings are forums for discussion."

"We are encouraged to share information informally, through e-mails and news clippings."

"A specific position was created to facilitate the learning process across teams."

"Cross site visits between CARE staff allow staff to preview each other's projects."

"Transference of training inputs to the field and retention of knowledge are challenges."

"There is a need for defined formats for documenting processes beyond meeting minutes and monitoring and evaluation."

4) What are the helping factors or barriers related to gender and sexuality integration?

Helping factors

Presence of community partners (NGOs)

Team approach

Good documentation and reading skills

People with different skills, experience and orientation

Barriers

Patriarchal values of communities

No female doctors

Bureaucratic setup of organization, limited interaction with senior management

High staff turnover, no timely replacement

5) If you could redesign your project to more effectively integrate gender and sexuality issues, what would you do and why?

"Broaden the focus to include issues besides health that empower women."

"Establish links with community organizations for broader community ownership."

"Pursue alliances with other agencies specifically focused on advocacy."

"Develop an enhanced focus on male involvement."

"Train a core group of men and women who act as a resource on gender and sexuality."

"Continue capacity building on gender and sexuality on a regular basis."

Progress Along the Gender Continuum

PRNA Tool #2

Introduction

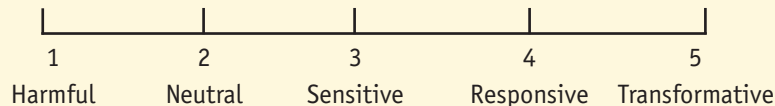
As we begin to see how inequalities of gender and sexuality in society influence people's behavior, we need to honestly ask ourselves whether our programs are currently doing enough to address these inequalities. Some reproductive health or HIV programs actually reinforce gender and sexual stereotypes that are disempowering, while others work hard to empower individuals and ensure that everyone has equal opportunities and rights. This exercise helps define a "continuum" of program approaches regarding gender that go from "harmful" to "transformative." This exercise was designed from an adaptation of Geeta Rao Gupta's "Gender Program Continuum."

Objectives

- To foster critical thinking on gender empowerment approaches.
- To help staff critically analyze their own reproductive health and HIV approaches.

Timeframe: 2 – 2 ½ hours

Materials Needed: flipchart paper, pens or markers. Photocopy enough copies of the Five Stages of the Gender Equity Continuum handout so that each participant gets a copy. In addition, prepare ahead of time about 3 flipchart papers taped up on the wall, end-to-end, and draw the gender continuum on them, as follows:



Ideal Workspace: All participants must be able to see the flip charts, and be able to move about the room freely.

Number of participants: 4-25; The exercise is carried out in smaller groups of up to 5 people each, and each small group is asked to analyze where their own programs fall on the Gender Equity Continuum.

STEP 1

Introduce the exercise by explaining the objectives, and how much time you expect it will take.

Explain the five stages of the Gender Equity Continuum, asking for volunteers to read the definitions of the stages; after each definition, illustrate the concept with examples, as follows:



Sarah Kambou/ICRW

Five Stages of the Gender Equity Continuum

Stage 1: Harmful

Definition: Program approaches reinforce inequitable gender stereotypes, or dis-empower certain people in the process of achieving program goals.

Examples: A poster that shows a person who is HIV-positive as a skeleton, bringing the risk of death to others, will reinforce negative stereotypes and will not empower those who are living with HIV. Showing only virile, strong men in condom advertisements reinforces a common stereotype of masculinity. Another example is a program that reinforces women's role as children's caretakers by making children's health services unfriendly toward fathers, rather than encouraging equality in parenting responsibilities.

Stage 2: Neutral

Definition: Program approaches or activities do not actively address gender stereotypes and discrimination. Gender-neutral programming is a step ahead on the continuum because such approaches at least do no harm. However, they often are less than effective because they fail to respond to gender-specific needs.

Examples: Prevention messages that are not targeted to any one sex, such as "be faithful," make no distinction between the needs of women and men. Also, gender-neutral care and treatment services may fail to recognize that women might prefer female counselors and health care providers to male providers.

Stage 3: Sensitive

Definition: Program approaches or activities recognize and respond to the different needs and constraints of individuals based on their gender and sexuality. These activities significantly improve women's (or men's) access to protection, treatment, or care. But by themselves they do little to change the larger contextual issues that lie at the root of gender inequities; they are not sufficient to fundamentally alter the balance of power in gender relations.

Examples: Providing women with female condoms recognizes that the male condom is male-controlled, and takes into account the imbalance in power that makes it difficult for women to negotiate condom use. Efforts to integrate STI treatment services with family planning services helps women access such services without fear of stigmatization.

Stage 4: Responsive

Definition: Program approaches or activities help men and women examine societal gender expectations, stereotypes, and discrimination, and their impact on male and female sexual health and relationships.

Examples: Stepping Stones, a well-known life skills training program, addresses HIV/AIDS as well as broader community issues through social change activities that encourage participants to question the reasons why people behave the way that they do. Participants are encouraged to take responsibility for themselves and others to promote safer, more productive, behavior in the future. Such projects work with both men and women to redefine gender norms and encourage healthy sexuality for both.

Stage 5: Transformative

Definition: Program approaches or activities actively seek to build equitable social norms and structures in addition to individual gender-equitable behavior.

Examples: Instituto Promundo's Program H and EngenderHealth's Men as Partners Program both encourage groups of people to work together at the grass roots level to foster change. The curricula for these programs use a wide range of activities – games, role plays, and group discussions – to examine gender and sexuality and their impact on male and female sexual health and relationships, as well as to reduce violence against women.

Another example is a project carried out by CARE in Sonagachi, a red-light district in Calcutta, India. Initially designed to reduce the level of STIs and increase condom use among sex workers, the program expanded to empower sex workers by enabling them to control their own lives and solve their own problems, as both a goal in itself and as a way to prevent the spread of HIV. This program became transformative when it began organizing a network of people and agencies in India to proactively engage in political debate about the rights of sex workers.

STEP 2

Ask participants whether they have any questions or need clarification on the differences in the stages.

Ask participants to share verbally where they would place their own project(s) on the continuum and explain why. Encourage debate and dialogue among participants.

When participants are ready, ask them to mark their project's current placement along the continuum, along with examples of why they are placed there.

Use probing questions to ask

- whether the projects are reinforcing gender or sexuality stereotypes
- whether they are addressing gender-based violence (or actively screening for, preventing, or measuring violence)
- whether projects can go backwards along the continuum
- what can be done to take projects to the next level on the continuum.

Notes to the Facilitator:

If the group is bigger than 5 people, form smaller groups of about 4-5 people each. If possible, form the groups so that everyone in a group has a similar level of familiarity with a particular project. It is preferable to form small groups to discuss one project in depth rather than try to analyze several different projects.

This exercise introduces an examination of power differences between men and women in society. In general in most societies, there is an unequal power balance that favors men over women, heterosexual interactions over same-sex interactions, and that values male pleasure over female pleasure. In general, men have greater control than women over when, where, and how sex takes place.

Our programs may unconsciously reinforce such gender stereotypes and thus contribute to the societal norms that make some people more vulnerable than others to poor reproductive health or HIV outcomes. In order to break down stereotypes, however, we must first be able to identify what they are and why they can be harmful.

Also, we may not be consciously thinking about how our programs reinforce the most disturbing form of power abuse – gender-based violence – which contributes both directly and indirectly to vulnerability to poor reproductive health and HIV.

The Introductory Exercises included in this toolkit will help participants to dig deeper and gain a better understanding of issues around gender, sexuality, stereotypes and discrimination.

Responses from CARE Vietnam to the question:

Was the Gender Equity Continuum useful for your work or personal understanding (or both)? If so, how?

“It’s useful to know and understand the continuum as it helps me to think where the project is and where it should be along the continuum. Of course, in accordance with project objectives.”

“Yes, it’s helpful to have better understanding of the gender and sexuality continuum because it helps us to visualize the different stages.”

“It helps me to look at myself and know where I am, so that I can recognize whether I have changed.”

“I can know where my project is, then I can plan suitable activities.”

“The continuum is useful because it helps me to know how much my project deals with gender and sexuality and how it can go further with gender and sexuality.”

Program Principles Analysis PRNA Tool #3

Introduction

This is another way to look at how our programs are addressing gender and sexuality inequities. Some reproductive health or HIV programs actually reinforce gender and sexual stereotypes that are disempowering, while others empower individuals and systems to ensure that everyone has equal opportunities and rights. Like the gender continuum exercise, this exercise helps define a continuum of program approaches, using CARE International's Programming Principles to measure progress. This exercise puts CARE's principles into concrete terms, and helps staff visualize how project interventions would change if gender or sexuality inequities were addressed. One of the assumptions of this exercise is that we have the capacity to be self-critical, to acknowledge limitations of past strategies, and to see opportunities to move forward in the future.

Objectives

- To help staff understand the relevance of CARE International's Programming Principles to gender and sexuality.
- To help staff critically analyze their own reproductive health and HIV program approaches.

Timeframe: 3-4 hours

Materials needed: Photocopies of the Programming Principles handouts (all seven pages) and worksheet for each participant; flipchart paper, pens and markers.

Ideal workspace: All participants must be able to see the flip charts, and be able to move about the room freely.

Number of participants: 4-25. The exercise is carried out in smaller groups of up to 5 people each, and each small group is asked to analyze where their own programs fall on the CI Programming Principles scale.



Sarah Kambou/ICRW

STEP 1

Introduce the exercise by explaining the objectives, and how much time you expect it will take.

Distribute copies of the CARE International Programming Principles document (all seven pages).

Read through the six CARE International Programming Principles. Ask questions to make sure that everyone understands them.

Distribute copies of the CI Programming Principles worksheet. Do one example as a large group to show people how to use the worksheet.

Instruct participants to discuss the extent to which their project or sector follows the CARE International Programming Principles. Give the groups 1-2 hours to discuss, and tell them that they will present their findings back to the larger group.

When they have finished, ask each small group to present their findings to the larger group, including why they chose to position their project on the levels that they did. the level on each scale.

Facilitate a group discussion about the exercise, asking:

- What do you think about the other groups' results?
- Do you have any comments on the process of the exercise? Did anything surprise you?
- How was this exercise useful in exploring possible range of programming approaches to social justice related to gender and sexuality?
- What could we do to improve our programming approaches? What would help us make these changes? What might stop us from making these changes?
- What are your concerns or thoughts about these potential changes?

Notes to the Facilitator

If the group is bigger than 5 people, form smaller groups of about 4-5 people each. If possible, form the groups so that everyone in a group has a similar level of familiarity with a particular project. It is preferable to form small groups to discuss one project in depth rather than try to analyze several different projects.

Gender & Sexuality scales have been developed for three of the six principles and are included in this toolkit. The remaining three principles are presented in their original form.

CARE International Programming Principles – overview

Principle 1: Promote Empowerment

We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.

Principle 2: Work with Partners

We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement.

Principle 3: Ensure Accountability and Promote Responsibility

We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions that have an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.

Principle 4: Address Discrimination

In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

Principle 5: Promote the Non-Violent Resolution of Conflicts

We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.

Principle 6: Seek Sustainable Results

As we address underlying causes of poverty and discrimination, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

CI Programming Principles Scales: How are we doing?

Principle 1: Promote Empowerment: We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.

Promoting Gender & Sexuality Empowerment Programming Scale:

Worry	Symbolic	Basic	Considerable	Strong
<p>We work for the poor and marginalized. We deliver professional help because they lack the skills and expertise.</p> <p>By helping them with our technical know how, their conditions will improve. Hopefully, this will help them to take control over their own lives later on. We are not yet thinking about how power imbalances related to gender and sexuality are affecting our program participants.</p> <p>We know that many of the people that CARE's programs serve are poor and marginalized but we have done no analysis of vulnerability specific to either gender or sexuality. But by delivering technically sound programs to them, we believe that our programs help them.</p> <p>We let project participants know about our activities if they need to know.</p>	<p>We work for the poor and marginalized, but try to involve them in our development programs by giving them tasks and responsibilities. When we make a diagnostic study, we listen to vulnerable women or people experiencing sexual vulnerability to know what they think the problem is. We work for them as professionally as we can, knowing that even an expert sometimes should listen to the one she helps, like a doctor to her patient.</p> <p>Besides delivering the quality services they need, we often speak in general terms on their behalf to other stakeholders.</p> <p>We inform our project participants – both men and women – in general terms about the program goals and objectives. On some operational issues, we occasionally ask their advice.</p>	<p>Empowerment is important, because if we don't involve people, the project won't be sustainable. We ask for their opinion about our project and take that into account, as long as no serious change is required.</p> <p>We consult them throughout the process, from the diagnosis, during the implementation, to the evaluation. To the extent possible they can share responsibilities with us, so that they can learn for when we won't be around anymore.</p> <p>As professionals, we help advocate on behalf of women and for sexual rights, when taking a position does not seem to have negative consequences for us.</p>	<p>Empowering the people with whom we work is a key objective. We equip them with competencies and the conviction that they can influence certain factors that affect their lives.</p> <p>The poor and marginalized are our partners. Their concerns are ours. The way they perceive their own situation in terms of condition, position, causes and solutions is key for us. We discuss these and our own views and try to develop a shared strategy to improve their conditions and position. The focus on delivery of services by CARE is only one element of our strategy. We defend their rights. In case their rights are threatened by supporters of ours, we try to find a compromise.</p> <p>Women, especially marginalized women and sexual minorities, are part of the decision-making from start to finish. To the extent their opinion sounds technically correct and stays in line with donor requirements, we go along with it. However, we are also accountable to donor requirements.</p>	<p>CARE's health programs actively promote sexual rights of all, but especially those who are marginalized in society, including the right of all persons to the highest attainable standard of sexual and reproductive health, including access to sexual and reproductive health care services, information and education.</p> <p>We build partnerships with organizations that are working to promote the rights of vulnerable groups, including women, sex workers, PLWHA, addicts, youth, sexual minorities, etc. to improve health service delivery for these groups. We build bridges and facilitate dialogue between health and social service sector groups and advocacy groups so that vulnerable groups are advocating for their own rights and health needs.</p> <p>CARE's programs actively address cultural and societal norms related to choice of sexual partner, consensual marriage, whether or not all members of society have the right to decide whether or not to have children and pursue a satisfying, safe and pleasureable sex life, (taking into account that the responsible exercise of these human rights requires that all people respect the rights of others).</p> <p>CARE's health programs work in partnership with advocacy groups to promote inclusive sexual and reproductive laws and policies, making sure that the voices of poor and marginalized are key stakeholders in shaping how laws and policies are written and enacted.</p>

CI Programming Principles Scales: How are we doing?

Principle 2: Work with partners: We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement.

Worry	Symbolic	Basic	Considerable	Strong
<p>The others are our colleagues but are also competitors. Obviously we won't do anything to make their work more difficult, but working together makes sense in special occasions.</p> <p>If everybody does a good job, all are served.</p>	<p>Partnership is a principle for us. It is referred to in our mission.</p> <p>We need to know what others do to be complementary; duplicating work makes no sense.</p>	<p>We want to work with others to achieve things we cannot achieve on our own.</p> <p>Partnerships may not mean that others determine what we do. We need to decide fully about our parts and get credit for what we do. Others can win as well, but it can't be that another partner gets the prestige or funding instead of us. At least we need to see a break even: the other may score now if we can score tomorrow.</p>	<p>We believe in long lasting relationships with other organizations with whom we share information and plans. Besides that, we develop a common agenda with our partners that relates to issues of interest to all. We dedicate significant resources to these partnerships.</p> <p>We are a loyal partner and aren't really concerned about the relative benefit different partners get from the partnerships we are involved in. What counts is to move forward the common agenda we adhere to.</p>	<p>We share and plan major issues with others, even if they won't be involved in the implementation. We also contribute to other's processes if we are invited. We are convinced we have to elaborate with partners on our common strategic goals that would contribute to the social change we envision.</p> <p>We want to be considered a partner of choice as we actively search to let the sun shine on all. The achievement of the strategic goal is most important. In the long term, the others know that they can count on us.</p> <p>We oblige ourselves to be creative in our search for shared strategies to achieve the important results we cannot reach alone. For example, we can plan an advocacy strategy with another organization in which one of the two takes a hard stance and the other a softer one; both parties may consider the softer stance achievable and relevant, but it never could be considered as an acceptable compromise if the radical position did not exist.</p>

CI Programming Principles Scales: How are we doing?

Principle 3: Ensure Accountability and Promote Responsibility: We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions that have an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.

Worry	Symbolic	Basic	Considerable	Strong
<p>We do what we can to alleviate the suffering of the poor and marginalized with the resources we can get. What others do is their business.</p> <p>Who are we or who are the poor to hold others accountable?</p>	<p>We are convinced development would go much faster if other stakeholders would contribute more.</p> <p>We speak in general terms about the need for more generosity from the North and more goodwill from the South.</p> <p>We formulate a general demand, but don't talk in terms of responsibilities, because we aren't a political organization.</p>	<p>Sometimes, situations can be so hard and responsibilities so clear that we speak out and claim certain actors to take up responsibilities and improve the condition of the poor in certain aspects or by taking certain decisions.</p> <p>We make a stand, when the time is ripe for it and nobody will deny we're right. In the meantime we join coalitions that strive for a smooth change in benefit of the poor.</p>	<p>We try to be as principled as we can, by defining actors and responsibilities. To the extent we have reason to believe we can influence them somehow and the risks involved for us aren't too big, we make claims.</p> <p>We are principled diplomats for pro-rights policies. We try to get our message across even to actors who prefer not to hear the message. However we do so smoothly in order not to burn any bridges.</p>	<p>We have principles and we abide by them, even if others might not be convinced of what we say or oppose it because what we claim is against their interest. We develop a broader vision than just an issue-by-issue one.</p> <p>It's a role for NGOs like CARE to make things possible that don't seem possible yet. We make the time ripe if needed. We are not afraid of losing a mayor donor's support because of that. Our principles don't allow us to shut up and nod to someone just because we want his money to do something that does not affect the root of the problem.</p>

CI Programming Principles Scales: How are we doing?

Principle 4: Address Discrimination: In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

Addressing Gender & Sexuality Discrimination Programming Scale:

Worry	Symbolic	Basic	Considerable	Strong
<p>CARE's health programs provide support for high quality technical health interventions for the target population. The interventions are designed for a target population that is assumed to have the same experience of good or bad health as the average adult heterosexual male of the dominant ethnic or caste group. The health programs are expected to improve the knowledge, attitudes and behaviors of the target population.</p> <p>We know that CARE has an interest in gender issues, and that gender issues can be related to poverty or discrimination. Sexuality is considered to be an issue that is unrelated to development.</p> <p>We fulfill legal obligations as health programmers, making sure that CARE's programs don't violate national policy related to sexuality or gender.</p>	<p>We try to keep the needs of special target populations in mind as we develop our health service delivery models, including youth, disabled people, and some ethnic or caste minorities. We do literature reviews on these subjects so that we are better informed of their needs.</p> <p>We try to keep gender or sexual minority discrimination in mind as we enact our program's activities because it's our program principle. We develop a poster that states that CARE does not discriminate against women or sexual minorities. We appoint a gender "point person" but give them so many other responsibilities that they don't have time to work on gender discrimination issues in the workplace or in the programs.</p> <p>On an ad-hoc basis, we discover various laws and policies that restrict health service providers' capacity to provide high quality services and programs to minority groups (for example, to provide contraception to unmarried youth).</p>	<p>We train service providers in how to provide appropriate sexual and reproductive health services for people outside the "mainstream" of society, including unmarried youth, sex workers, PLWHA, drug users, sexual minorities, and the elderly.</p> <p>In order to develop high-quality curricula for training the health care providers, we work with a social scientist researcher to investigate the needs of these groups.</p> <p>By hiring and consulting special consultants who are experts, we explore the experience of women and sexual minorities in CARE's work and workplace, and develop general guidelines that help us question our own discriminatory practices.</p> <p>We build "policy analysis" activities into our health programs, so that we are aware of the limitations of our current laws and policies for minority groups as we enact our programs.</p>	<p>We work with local groups advocating for improved sexual and reproductive rights of unmarried youth, sex workers, PLWHA, drug users, sexual minorities, and the elderly, so that the dialogue informs our work to provide high quality services. We work to improve the number of unmarried youth, sex workers, PLWHA, drug users, sexual minorities, or the elderly who provide health services to their peers.</p> <p>Both our programs and workplace policies pay special attention to achieving equity for women and sexual minorities.</p> <p>When we design and evaluate programs and workplace policies, we make specific and precise analysis in terms of discrimination, through social science research or with advice from local members of groups advocating for the rights of women or sexual minorities.</p> <p>Our programs address empowerment for women and sexual minorities as far as our programs have the flexibility to do so.</p> <p>We train law-makers on the needs of minority populations with regard to sexual and reproductive health.</p>	<p>CARE facilitates health service delivery for "minority groups" by members of their own group, in a way that the group decides is most appropriate.</p> <p>Those facing gender or sexual discrimination are hired as CARE staff, and are not just represented throughout CARE's programs, but are leading CARE's efforts to mobilize societal change.</p> <p>Because their struggle is our struggle, our programs work to ensure equal access, support and equal rights for both women and men, and for all minority groups experiencing discrimination. CARE's programs actively challenge societal stereotypes and discrimination through non-violent methods of collective action.</p> <p>We are full partners with local groups that represent women's or sexual minorities' concerns, and advocate for equal rights in local, district or national laws and policies.</p>

CI Programming Principles Scales: How are we doing?

Principle 5: Promote the non-violent resolution of conflicts: We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.

Promoting Gender and Sexuality Nonviolence Programming Scale:

Worry	Symbolic	Basic	Considerable	Strong
<p>We apply technical solutions to sexual and reproductive health programs. We assume that most people in society do not experience sexual or gender-based violence, so we focus on health problems unrelated to violence.</p> <p>We don't have adequate support systems in place to prevent violence or manage support to those who are experiencing violence, so our programs don't directly address these problems.</p> <p>We operate in the dark when it comes to policies related to rights of body integrity and its violation by violence.</p> <p>For programs operating in the context of civil war, our sexual and reproductive health programs remain "neutral" and we don't get involved in the political discourse of the war or the reasons for it.</p>	<p>We conduct literature reviews on prevalence and nature of sexual and gender-based violence in our program area, and use this information to inform our program designs for service interventions. We deal with cases of survivors of domestic or other gender-based violence on an ad-hoc basis, scrambling to find adequate places to refer for social, legal, judicial or protective services as the individual appears to need it.</p> <p>Key program staff are trained in the basics of preventing and managing issues related to domestic or other forms of gender and sexual violence.</p> <p>Staff are aware of policy issues related to domestic or other forms of gender and sexual-based violence, such as who has rights to services and protection, and who does not, under the current laws, as they relate to service provision.</p> <p>In situations where civil conflict may erupt, we train key staff in the principles of "Do No Harm" to make sure that our programs are not contributing to the anger over exclusion issues related to services, programs or benefits and thus contributing to the escalation of violence between armed groups.</p>	<p>We provide or facilitate basic health and social services for survivors of violence.</p> <p>We facilitate research on the nature or levels of domestic, structural, or systemic violence based on gender or sexuality. We share the results with stakeholders. We do a scan of available capacity for services and supports for survivors of violence by talking with any NGO or government service or local governance structures that help to manage the results of violence, and to prevent it, if at all possible.</p> <p>We undertake a "policy scan" with regard to legal supports in place (or not) for survivors of violence. We share this with partners and other stakeholders.</p> <p>In situations where civil conflict may erupt, all staff are trained and skilled in "Do No Harm" principles."</p>	<p>We explore how our program participants are experiencing sexual violence or gender-based violence as an unintended outcome of our interventions, through focused qualitative interviews and other routine monitoring.</p> <p>We facilitate training to health staff to recognize signs of inter-personal violence, how to ask respectful questions, and how to intervene appropriately.</p> <p>We have developed close professional relationships with local people or groups who are interested in diminishing the levels of domestic and gender-based violence and the social norms that perpetuate it.</p> <p>We develop coalitions of groups and agencies that aim to address societal change with regard to acceptance of violence as a norm.</p> <p>Our local partner agencies work with us to strengthen or change national laws related to domestic, systemic or structural gender-based violence.</p> <p>In situations where civil conflict may erupt, our programs actively analyze the political situation in relation to representation of and access to health programs for armed groups claiming to represent minorities.</p>	<p>Our health program staff and partners feel confident in their skills to address and prevent inter-personal violence that is sexual or based on gender. Our health programs address and refer survivors of violence to appropriate medical, legal, social service and judicial services and support.</p> <p>Our programs routinely address, prevent and monitor for levels of personal or structural violence based on gender or sexuality.</p> <p>In partnership with local non-violent activists, we seek creative, non-violent methods of achieving social justice solutions.</p> <p>We partner with local advocacy groups that also work to prevent and address sexual and gender-based violence in the home, community and society, working for long-term societal change.</p> <p>We advocate for inclusion, representation and voice in policy documents and actions.</p>

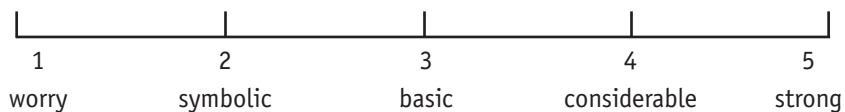
CI Programming Principles Scales: How are we doing?

Principle 6: Seek Sustainable Results: As we address underlying causes of poverty and discrimination, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

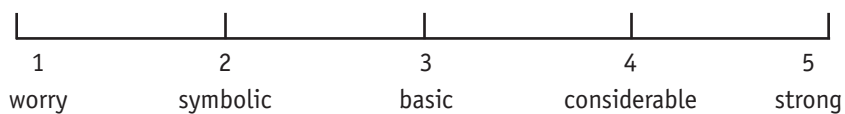
Worry	Symbolic	Basic	Considerable	Strong
<p>At most we can consider structural injustices as contextual factors. Being realistic, we assume they will continue to be part of the context in which we work. Therefore we can put them in the assumption column of our logical frameworks.</p> <p>We work for the poor and marginalized. They lack skills and expertise. By helping them with our technical knowledge, their conditions will improve and we will see immediate results.</p>	<p>We certainly need to know what's behind the problems we try to solve, but we focus on what we can do and what we are good at, and that's a technical issue. As far as the analysis helps us in directing our technical solution, we take that information into account. We are well-informed of deeper contextual issues at meetings, because we have read the textbooks and recent articles.</p> <p>We work for them as professionally as we can. But somehow we know that even an expert sometimes should listen to the one she helps, like a doctor to her patient.</p>	<p>In cases where the root of the problem is clear to almost everyone and there is support to go beyond the troubleshooting approach, we address the deeper causes particularly if these are located at micro level.</p> <p>We want to understand the world in which we work, we also want to change it as long as working on the causes does not imply a funding or security risk.</p> <p>We are working for the benefit of the poor, so we consult them throughout the process, from the diagnosis, to the implementation to the evaluation. To the extent possible, we share responsibilities with them, so that they can learn.</p>	<p>In some cases we dig deeper and make a strong technical case to address a root cause. We promote strategies that address root causes of interest to all stakeholders involved.</p> <p>The poor and marginalized we work with are part in the decision-making from start to finish. To the extent their opinion sounds technically correct and stays in line with donor-requirements we go along with it. We try to hand over different types of responsibilities gradually. We build capacity of marginalized groups with the conviction that they can influence factors that affect their lives.</p>	<p>It's our job to stand in solidarity with those who speak out about social, structural, and human condition injustice, even if some don't want to see or hear it. We make a technically strong case, but aren't afraid of making a principle stand.</p> <p>Along the principle that we don't back off just because of intimidation, we define strategies to resist intimidation and imminent danger by raising security or alternative strategies. If that is needed, CARE as a whole shares the cost.</p> <p>Leadership and decision-making is made at the local level by networks of marginalized groups working in solidarity. CARE is a partner.</p>

CI Programming Principles Worksheet

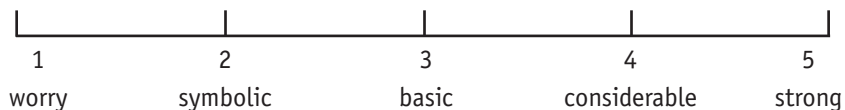
Principle 1: Promote Empowerment



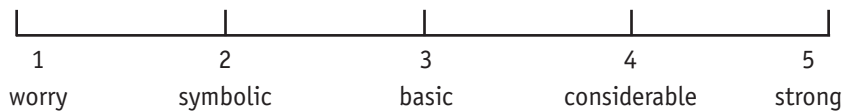
Principle 2: Work with Partners



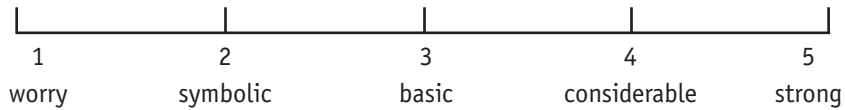
Principle 3: Ensure Accountability and Promote Responsibility



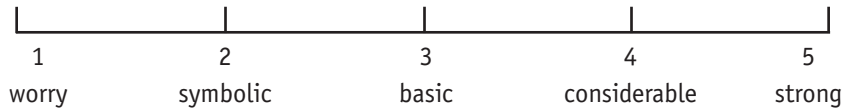
Principle 4: Address Discrimination



Principle 5: Promote the Non-Violent Resolution of Conflicts



Principle 6: Seek Sustainable Results



Stakeholder Analysis PRNA Tool #4

Introduction

Stakeholders are individuals or institutions who have interests in the process and outcomes of CARE-supported activities, and who have the ability to significantly affect a project, either positively or negatively. Stakeholders may be partners, project participants, or organizations that have an interest in the outcome of a project (such as donors, local government, etc.). Reflecting on organizational elements that promote or inhibit gender and sexuality integration helps us identify opportunities for improvement and learning.

Objectives:

- To identify who plays a key role in implementing and/or influencing the project.
- To gather more information about those roles.
- To understand sources and relationships of power and influence affecting program implementation and progress.

Timeframe: 2 – 2 ½ hours

Materials needed: markers, flipchart paper, tape

Ideal workspace: All participants must be able to see the flipcharts

Number of participants: 4-25

STEP 1

Introduce the exercise by explaining the objectives and how much time it will take.

Divide participants into small groups of 3-4 persons, depending the size of the group.

Distribute 3 pieces of flipchart paper and 1-2 markers to each group.

STEP 2

Explain the Venn diagram tool to the group.

- Size of circles represents importance of stakeholders; largest circle is the most important, smallest circle is the least important.
- Distance between circles represents the degree to which stakeholders are connected; if circles are far apart, there is little association.
- Overlapping circles represent collaboration among stakeholders; circles can overlap a little or a lot, depending on the nature of the relationship between the two.

Ask the group to discuss the following questions:

Who plays a key role in implementing and/or influencing the project? What are these roles? How have relationships among stakeholders evolved during the course of the project implementation. Why did they evolve as they did?

As participants discuss, make a note of who (organizations or individuals) is mentioned as key stakeholders.

Ask participants to show the nature of these relationships through a Venn diagram.

Allow 30 minutes for group work and 30 minutes for discussion.

Give each group 15 minutes to report back to the large group.

STEP 3

After each group presentation, tape the Venn diagrams onto the wall.

Facilitate a group discussion using the following guiding questions:

- Why and how do certain individuals or organizations play a critical role?
- Are all of the diagrams made by the small groups similar? If there are differences, why is it so?
- How does the diagram help us understand our stakeholders better? Based on the diagram, where do potential opportunities exist? Where do potential hazards exist? Where do strengths and weaknesses lie? Where do relationships need to be improved?
- If appropriate, compare these Venn diagrams to those that were made earlier in the project implementation. What are the differences? How did the changes happen (i.e. deliberately or by chance)? How do these changes make our project stronger or weaker? How do we feel about relationships or stakeholders who have drifted away? Does the relationship need to be repaired, or was it a natural progression?

Notes to the Facilitator

Your questions will vary depending on the stage of project implementation you are at. If you're just starting out, participants can identify current and potential stakeholders, and imagine how they would like these different stakeholders to be involved. It is a good idea to save the results of your Stakeholder Analysis (i.e. the flip chart paper with Venn diagrams), so that you can compare them to later versions at subsequent stages of project implementation.

Force Field Analysis PRNA Tool #5

Introduction

Force Field Analysis was devised by Kurt Lewin (1951) as a tool to manage change. This approach is based on the assumption that for any issue, there are two sets of forces: the ones that bring you up (helping forces or enablers), and the ones that pull you down (restraining forces or barriers). This exercise was very useful to CARE staff as it allowed them to analyze gender and sexuality integration into reproductive health programs, and identify both existing and potential barriers and enablers to gender and sexuality integration. Force Field Analysis allows participants not only to examine a problem, but also to brainstorm possible solutions, which should then be reflected in the organization's actions and activity plans.

Objectives

- To help staff understand the nature of an issue by identifying factors that contribute to the problem and the factors that can improve the situation.
- To help staff explore potential solutions to a problem.

Timeframe: 2 hours

Materials Needed: markers; flipchart paper; single, regular-sized sheets of paper; pens/pencils

Number of participants: 4-25

Ideal Workspace: All participants must be able to see the flip charts

STEP 1

Introduce the exercise by explaining the objectives, and how much time you expect it will take.

Distribute pens/pencils and individual sheets of paper to each participant.

STEP 2

Introduce the issue to be examined (i.e. integrating gender and sexuality into reproductive health programming). Post the flipchart paper on the wall and write the issue at the top. Next, divide the page into 2 columns: one column is titled 'restraining forces/barriers' and the second column is titled 'helping forces/enablers'.

Give the participants some time to think about the issue. Ask them to identify 5-7 restraining forces/barriers to the issue, and 5-7 helping forces/enablers to the issue. Participants should make lists on their individual sheets of paper.

Once everyone is done making their individual lists, go around the room and ask each participant to read one helping force and one restraining force. Repeat this process until each participant's list has been exhausted. As the participants call out their enablers and barriers, write them on the flipchart in their respective columns.

Once the lists have been finalized, ask participants to rank the barriers and enablers by level of significance. This is not necessarily a structured process; it is likely that the participants will engage in some debate and discussion before the group comes to a consensus about rank.

STEP 3

After the enablers and barriers have been ranked, initiate a group discussion around potential strategies to address the issue. List strategies on a separate piece of flipchart paper. Facilitate a group discussion using the following guiding questions:

- Based on the list we just made, what are some of the more significant barriers/enablers to the issue?
- Are any of the barriers/enablers listed different in nature and/or significance in the context of the work that is done in your respective organizations?
- How can some of the enablers listed be used to address the issue?
- How can these barriers and enablers be developed into action plans/strategies?

Notes to the Facilitator

It is a good idea to begin by talking through one example for each column as a group. This is one way to gauge how well participants understand what is meant by enablers and barriers.



Sarah Kambou/ICRW

Participatory Learning and Action (PLA)

Before Starting PLA Activities in the Field

Participatory Learning and Action (PLA) is part of a family of methods that enable local people to analyze, share and enhance their knowledge of life and situation, and to plan, prioritize, act, monitor and evaluate (Absalom et. al., 1995; Chambers, 1997). The methods and approaches evolved during the 1980s and 1990s in an effort to find ways to facilitate participation by communities in international development strategies, rather than rely on top-down projects designed and led by outsiders.

CARE has used PLA exercises in many countries and settings, from rural agricultural settings to urban settings with sex workers. The principles of PLA¹ remain the same throughout:

- **Learn directly from the local community** – Local community members are the experts.
- **Hand over the stick (or pen, or chalk)** – The facilitator may initiate the process, but the people participating lead the analysis of the information. The facilitator sits back and observes while the participants map, model, rank, score, diagram, analyze, prioritize and act. The outsiders' role is to facilitate open sharing, but not dominate.
- **Learn progressively** – Assume you will not learn everything immediately. Learn with conscious exploration, use methods flexibly, and be prepared to adapt to the situation. Have a plan, but allow for the unexpected.
- **Seek diversity and triangulate information** – Do not assume that everyone in the community shares the same opinions. Seek out diverse groups of people and opinions, including people who are not in the mainstream, those who are often silent or marginalized, as well as leaders and experts. Cross-check information from various sources to identify patterns and themes. Be aware not only of what is being said, but what is not being said; watch body language and observe power dynamics.
- **Practice self-critical awareness** – Try to be aware of your own biases. Be open to new ideas and ways of thinking. Embrace error; try to do better next time.
- **Share ideas and information** – Encourage openness of dialogue and exchange in a non-judgmental atmosphere. When PLA exercises are completed, share the overall results with the general community.
- **Ensure respect and safety for people at all stages of the process** – Take active steps to ensure (and don't assume) that people are participating voluntarily, and that they understand that they can stop at any time. Make sure that everyone has the opportunity to speak up if they choose to, despite risks to themselves, and that they have the right to remain silent if they choose to. Ensure safety of vulnerable people in vulnerable situations.

¹Adapted from Chambers (1997), pp. 156-157.



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Nine PLA exercises are described in this toolkit. These exercises range from fairly standard (timeline, community mapping) to those focused on more sensitive topics. All nine exercises can be done as a series, or you can choose certain activities based on available time, the type of information you are seeking, or the group of people that you're working with. It may be helpful to begin with more traditional exercises such as seasonal diagram and daily activity schedule in order to warm up the group and put people at ease. The exercises included in this toolkit are:

1. Seasonal Diagram

In this activity, participants explore the effects of the changing seasons on their lives with regard to health status, workload, food security, and other areas.

2. Daily Activity Schedule

The purpose of this activity is to generate awareness among participants of gender differences that exist between what is expected of women and what is expected of men.

3. Gender-Focused Ice breaker

The purpose of this activity is to create a friendly atmosphere by encouraging people to get to know each other through personal stories. This is a good warm up exercise.

4. Cartooning

Through this activity, participants will explore issues related to gender identity, gender expectation and roles, and examine the ways in which social norms affect women and men differently.

5. Social Mapping

This exercise asks participants to identify what they consider to be sources of social and institutional support within their community. Participants are then asked to identify things or persons in their community that make them feel powerless.

6. Women's Mobility Mapping

In this gender-specific mapping exercise, women identify those things or persons in and outside of their community they perceive as influencing their mobility. Participants will analyze the connection between gender, mobility, access to and use of services, and access to and control of resources.

7. Debate a Gender Position

The purpose of this activity is to explore how sexuality and gender norms impact us, and to understand how values and assumptions about what is considered 'normal/right' influence norms about sexuality and gender.

8. Timeline

The purpose of this activity is to engage participants in a process of reflection to discover the ways in which their gender has affected their lives and their sexual and reproductive experiences.

9. Cobweb Matrix

The purpose of this activity is to help individuals and communities identify key problems and opportunities related to an issue and explore the degree to which the issue affects them. This is a useful tool for helping participants to visualize an issue or issues and work on solutions together.

Planning for PLA

The more prepared the group, the better the results will be. In preparation for PLA, the team leader should ensure that the following things are in place:

1. A clear purpose and objectives for the PLA. The team leader and facilitator(s) should have background knowledge about the participants and the community. They should also know the objectives of the PLA exercises, how results will be applied, and how the results will be communicated to the community. The team leader and facilitator(s) should work together to draft a list of questions that the PLA exercises will try to answer or explore. For example, the following matrix may be useful to complete:

Specific objectives or questions to be explored	PLA exercises to be used	Probe questions to be asked
1.		
2.		
3.		
4.		

The team leader and facilitator(s) will also need a plan for how to recruit PLA participants in the community, and develop a timeline for the PLA exercises.

2. Experienced staff and trainers.

At least one person on the PLA planning and implementation team should be well-trained and experienced in PLA to train and guide the others.

3. At least 1-2 people with **skill and experience in facilitating group discussions, especially on sensitive topics of gender and sexuality.** This means that she or he should be able to talk openly and easily about topics related to gender expectations and discrimination, sex and sexuality, including sexual pleasure, sexual orientation and masturbation, in ways that are not judgmental. The facilitator(s) should have already gone through a process of personal exploration and values clarification around their personal attitudes and beliefs related to sexuality and gender issues. The facilitator(s) should have knowledge of how gender and sexuality relate to reproductive and sexual health issues, and an understanding of the local cultural context and its contributions to perceptions of gender and sexuality. A list of tips for effective group facilitation is included in this section.

4. A plan for **how to train the inexperienced people** in the group about how to do the PLA exercises in the field. This usually means 2-3 days of training before field experiences. A **sample training agenda** is included at the end of this section.

5. A plan for **ensuring respect and safety for all persons** at all stages of the PLA process, including guidelines for ethical considerations adapted to local settings, consent forms, confidentiality policies and procedures, and referrals to care and support for participants who request help. This includes locating a physical space for the PLA exercises where people feel safe to disclose sensitive information. Some guidelines on ensuring respect and safety for all persons are included below, but there are more complete guidelines listed in the **resource section** on page 76.



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6. **A plan for choosing participants** from the community. Keep your project objectives in mind when selecting people to participate in PLA activities. In some situations, it may be better to have a homogenous group, for example mothers of children under five years old. In other situations, it may be better to have a diverse cross-section of the community. In most situations, it is better to work with the same participants for a series of PLA activities, even if it takes several days in a row, rather than form a new group for each exercise.

7. A plan for **documentation, analysis and dissemination**. PLA exercises emphasize self-reflection and critical analysis. People who participate – including staff, partners, participants from the community – say they benefit from this learning. In order to bring the results of this learning to the broader community, and to ensure that the exercises are used for better intervention designs and monitoring, it is important to carefully document and disseminate the results of the analysis. Some guidelines for analysis and documentation are included in this section.



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Tips for effective group facilitation in PLA exercises

- Keep your eyes and ears open. Listen to what participants have to say, even when you're not formally conducting an exercise. Pay attention to body language.
- Keep in mind the objectives of the activity. Ask probing questions during and after you have completed the activity. Remember that doing an exercise, such as a map, is only the first step. The discussion that follows is the key opportunity for learning.
- If participants offer ideas that are connected with PLA exercise's objectives, even if they are not planned or expected, follow them.
- Be careful that your body language does not reveal that you either approve or disapprove of what the participants are saying. Don't be judgmental. Never respond to a participant with astonishment, impatience, or criticism. Remember that there are no right or wrong answers, and a facilitator's role is not to correct what is being said.
- Show interest by using expressions like "I see," or "That's interesting."
- Be aware of people who dominate the process, as well as people who are not participating. Try to bring those who are quiet or shy into the process.
- While some people may be quiet because they are shy, others may be quiet because they are remembering a painful experience (such as violence in their past) and do not want to talk about it. If at any time you sense that someone is uncomfortable with the subject matter, make sure that they are not pressured by your team or other participants to talk about something they don't want to. Remind them that they can choose not to answer any question or not to participate in a particular activity.
- Try to get the opinions of all participants. Do not accept one person's opinion as the opinion of the whole group.
- Encourage participants to speak in whichever language they are most comfortable with, even if it means you need to get a translator.
- Because many issues you are discussing are sensitive, the respondents may often be silent. You may have to try different ways of introducing the same topic. Don't keep repeating the same question; be creative and ask in another way.
- Don't be afraid of silences. The person who was speaking may continue, or another person may decide to talk.
- Diplomatically discourage more than one person from talking at the same time.
- Listen to the discussion and make notes of non-verbal communication such as hesitations, laughter, and silences.
- When using a specific tool, don't limit yourself to the procedures of the tool; the procedures have been provided as a guide to help you. Remember that spontaneous discussion among the participants is good and should be encouraged because it can provide useful insight.
- Always keep in mind the overall purpose of the project and the broad themes and topics that you want to explore so that you can facilitate an appropriate discussion with the participants when you are doing the exercises.
- Be aware of the personal biases that you might bring to the discussion, and try not to let them limit the conversation.
- Remember that emotion, tension, and conflict are likely to arise in a group setting. This is normal and to be expected, so be ready to handle it appropriately. It is your role to help people find common ground when conflicts arise, and recognize when to agree to disagree. Try to avoid taking criticism or resistance personally.

Ensuring Respect and Safety for All Persons²

PLA exercises are meant to encourage active participation by community members. Even when everyone participates fully, there may be risks involved. In planning PLA activities, team leaders and facilitators need to make sure that the ethical principles of ensuring respect and safety for participants are fully addressed and understood by the PLA team.

There are two ethical principles that need to be addressed in PLA exercises:

1. Respect and support the autonomy of all participants.

Many people who participate in PLA exercises feel energized by the experience. Some people share stories or personal experiences that they have never told before, and they find this a positive and satisfying experience. Some say it is transformative, since they are able to discuss topics that were considered “taboo.” The facilitators should find ways to ensure that everyone’s input is equally valued in a tolerant, non-judgmental atmosphere.

Equally importantly, some people may become uncomfortable and choose not to participate, or choose to remain silent. This should also be accepted in a non-judgmental way and supported by the facilitator. People need to be well-informed about the process, its risks, and their rights to participate fully or to withdraw from participation.

It’s important to remember to support autonomy of decision-making by participants: **avoid making assumptions about what is right for a participant in a particular situation.** The best thing is to support a participant in the decisions they make for themselves.

2. Protection of vulnerable people.

The safety of participants and project staff is essential, and should guide all planning decisions. Choosing to participate in certain PLA exercises may put a participant at risk, especially if he or she is saying something controversial in the community. Women may be at risk of violence at home. It is also possible that material discussed may cause participants to relive painful and frightening events. Therefore, facilitators should be aware of the effects of questions they pose and take steps to reduce any possible distress.

PLA planners should develop a protocol to address the needs of people who appear distressed or who report stories of abuse, violence or dangerous situations. Everyone involved in PLA needs to know how to recognize signs of distress and should know what to do if they see them. The protocol should include how to refer participants requesting assistance to available sources of support (see section on Referrals to Support and Services).

If there are stories of violence, abuse or other distressing situations, facilitators should be aware of their own reactions, and seek support for themselves when necessary, such as debriefing sessions in which facilitators discuss how the stories impact them.

² Much of this section is adapted from *Researching Violence Against Women, A Practical Guide for Researchers and Activists*, published in 2005 by WHO and PATH.

Team leaders and facilitators should find ways to make sure that these ethical principles are upheld throughout the exercises. This can be done through thorough training of the PLA field workers (including facilitators, note-takers, and observers); use of informed consent; ensuring privacy and confidentiality; providing referrals to care and support to those who request or need it; and setting ground rules. Each of these is described below.

Informed Consent

It is important that participants give their informed consent before starting the PLA exercises. This helps to make sure that participants understand the purpose of the PLA exercises, that participants understand that their participation is voluntary, and that participants clearly understand the risks of participating. Informed consent should be done verbally and in written format, if possible. A sample verbal informed consent is listed below.

Sample verbal informed consent for PLA exercises in the community:

“As part of CARE International, we are carrying out a project to [your project’s goals here, for example, to support young people to develop healthy lifestyles and to increase participation in community life]. We are carrying out a series of activities and group discussion in order to better understand the issues in your community. You’ve been chosen to participate because [list the way that they were chosen here].

As part of these activities, we will be asking you to reflect on positive and challenging aspects of your community today, including [describe overall goals of the PLA activity]. We hope that this will help you think through issues faced by people in your community, so that you can do something about these issues. We are here to help facilitate the discussion. All of the information you share in the exercises will be kept confidential. That means we will not repeat what you say to anyone else, or say that you said any particular thing to anyone.

There may be some issues that come up for discussion that will be interesting to talk about, and some that may be more difficult. You have the choice at all times of participating in the discussion or not, and to stop or leave at any time. Also, if at any time you feel uncomfortable with the subject matter, you can choose not to answer any question or not to participate in a particular activity. Your participation is completely voluntary.

We ask that everyone who participates in these activities respect each others’ opinions, and shares information about themselves, not about others.

Do you have any questions? Do you agree to continue right now?”

Privacy and Confidentiality

In the group activities, personal information and stories will be shared by people who may not know each other well. We ask participants to keep information and stories in confidence, or “in secret.” Technically speaking, confidentiality means we do not share any information or stories with others. That means asking each participant to not repeat any of the stories to anyone else. But we also learn from hearing stories, and it’s tempting to want to share important new things that we are learning with others.

PLA facilitators should find a way to do the exercises in the community so that participants feel comfortable to discuss sensitive topics. This means finding a confidential space where non-PLA participants cannot hear.

When establishing ground rules at the beginning of the PLA exercises, many groups decide that members may talk about what they heard or learned in the group, as long as no identifying information is shared; this means nothing about name, workplace, family members, address, etc. is shared. It is very important that each group member respects general agreements about confidentiality and anonymity. Protecting privacy and confidentiality is an important ethical principle. An environment of trust and safety allows group members to share more deeply with others. People must feel that information will be kept confidential before they can safely share their stories and ideas. By creating and maintaining trust with each other, group participants can share and support more deeply, and enhance the quality of the experience.

Two exceptions to be aware of:

The following two exceptions require that confidential information be reported:

1. If it is suspected that a child is or may be in need of protection.
2. If someone declares a plan to harm herself or himself or another adult.

The team leader should make sure that all team members understand these exceptions.

Referrals to Support and Services

It is also important to be aware that some participants – particularly women – may have been affected by sexual or domestic violence. It is possible that material discussed may cause a participant to relive painful and frightening events. Facilitators should be ready to refer participants requesting assistance to available sources of support, meaning to counselors or therapists, medical or legal help, or to shelters or protective services, where necessary. All PLA team members need to know what services exist locally, and how to tell people how to find and get that support. Where few resources exist, it may be necessary for the team to create short-term support mechanisms.

Ground Rules for PLA Exercises

Before the PLA exercise, facilitators should go over the ground rules for participation during PLA exercises. The nature of the discussions can be sensitive, and the group dynamics are important for a safe and confidential learning environment. PLA facilitators should think about what is needed in order for people to feel able to talk in this setting about sensitive topics like sex, pleasure and personal experiences of violence. For ethical reasons, PLA facilitators should avoid making assumptions about people, and ensure that no one feels pressured to disclose information if they do not wish to.

When introducing ground rules to PLA participants, the facilitator should plan to go over such issues as maintaining confidentiality, respecting and listening to others in the group, speaking in “I” statements, and allowing everyone to participate.

Sometimes it helps to list the principles or rules of the exercises, and these might include such things as:

- **Everyone’s input is equally valued.**
- **Lively participation by all participants is encouraged.**
- **Confidentiality is respected;** “who said what” will not go beyond the individuals present.
- **Listen** to people when they speak, without interrupting or telling jokes.
- **Everyone has a piece of the truth;** keep an open mind and heart, and be ready to learn from other participants.



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Documentation, Analysis and Dissemination

The PLA exercises emphasize self-reflection and critical analysis. People who participate – including staff, partners, participants from the community – say they benefit from this learning. In order to bring the results of this learning to the broader community, and to ensure that the exercises are used for better intervention designs and monitoring, it is important to carefully document and disseminate the results of the analysis.

The roles and responsibilities of the team members, and explanation of how to document and disseminate the findings, are discussed below.

Team Roles and Responsibilities

When conducting PLA in the field, it is best to have a team of at least four people: team leader/planner; facilitator; documenter; and observer. All team members are responsible for listening carefully, thinking about what is said, and bringing their own observations and reflections to analysis process.

Team Leader: responsible for planning and assigning activities to each team member; liaising with community leaders; ensuring that supplies are available and accessible; ensuring that the location of the activities are decided on in advance; translating and maintaining documentation for each day's activities; and reviewing the scheduling and reporting of all of the activities.

Facilitator: responsible for leading group discussions, suggesting methods for collecting community information, managing group dynamics, introducing the team to the community, and explaining the purpose of the activities.

Documenter: responsible for recording all of the discussions (verbatim, whenever possible), including the questions posed by the facilitator and taking note of group dynamics and participant to reactions the activities.

Observer: responsible for observing the process of the activities and reporting any important non-verbal communication from the participants. The observer can also assist the facilitator during the group discussions.

Recording, Documenting, and Debriefing

Before the PLA exercise, the observer should:

- Complete a list of the socio-demographic information of each participant (names are not necessary).

During the PLA exercises, the documenter(s) should:

- Take notes on responses by participants, including general description of emotions, verbal responses, body language, group dynamics and exact quotes when possible.
- Keep track of visual outputs, including notes on the meaning of symbols used in visual outputs. If possible, keep the visuals for your records. If the participants would like to keep the visuals, make a sketch of what they created, or else take a photograph.

After the PLA activities, all of the field team members should:

- Fill in socio-demographic information on the participant forms and make sure that the information is complete;
- Provide the documenter with any additional information about the exercises and/or the group participants;
- Note all of their ideas, and impressions of the exercises;
- Note any important details that they feel should be discussed during the debriefing session; and
- Participate in a group debriefing session, in which team members come together to review, analyze and document the day's work. The following guiding questions can be used to guide the discussion:
 - Have we completed all the activities planned for the day?
 - What were the major successes?
 - What were the major problems?
 - What key issues are coming out of the activities?
 - What patterns or connections do we see?
 - What differences do we see? (Arrange findings from each of the activities by category)
 - What was surprising or confusing?
 - What conclusions can we draw at this time?
 - What questions do we have now? What information do we need? What needs to be clarified?
 - What should we keep on doing? What should we stop doing? What should we start doing?
 - What activities are next on the agenda?
 - How can we use our methods to get answers and more details on what we've discussed? Do we have sufficient tools to get this information?
 - Who is responsible for each tool? Are they prepared? Do they need help?

After the debrief, the team members should write up the main points of the discussion around these questions in a report format, listing major themes and including exact quotes to show as examples.

After completing all the PLA activities, it is often useful and appropriate to inform community leaders of what took place and the major themes that emerged.



Sarah Kambou/ICRW

Resources

Absalom et. al. (1995). Sharing our concerns and looking to the future. *PLA Notes*, 22, pp. 5-10.

Chambers, R. (1997). *Whose Reality Counts? Putting the first last*. London: Intermediate Technology Publications.

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Ellsberg, M., Heise, L., Peña, R., Agurto, S., & Winkvist, A.. (2001) Researching domestic violence against women: Methodological and ethical considerations. *Studies in Family Planning*, 32(1): pp. 1-16.

Shah, M., Kambou, S.D., & Monahan, B. (1999). *Embracing Participation in Development: Wisdom from the Field*. Atlanta: CARE.

World Health Organization (1999). *Putting Women's Safety First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. Geneva: Global Programme on Evidence for Health Policy, World Health Organization. Report No.: WHO/EIP/GPE/99.2.

Sample 2-day PLA Training Agenda

DAY 1

Time	Activity	Outcome	Format	Materials
9:00 – 10:00	<p>Welcome</p> <p>Introductions of everyone: Participants introduce themselves (name, where they work, what they do, why they are working on this project, etc), and answer one of the following questions:</p> <ul style="list-style-type: none"> ■ What is one of your most memorable moments or experiences? ■ Whom do you admire most in your life? Why? 	Introductions	Large group	Flip chart paper with two introduction questions listed
10:00 – 10:15	<p>Establish Ground Rules for 2-day training</p> <p>Group discussion on ground rules</p>	Agreed behavior during the 2-day meeting	Large group	Flip chart, markers, tape
10:15 – 10:30	<p>Training Agenda and Meeting Objectives</p> <p>Review schedule for 2 days</p> <p>Review Training Objectives:</p> <ul style="list-style-type: none"> ■ To review the PLA methodology and understand how the PLA exercises fit into the overall project ■ To review roles and responsibilities of each participant ■ To understand research ethics and referral for services ■ To review and revise PLA field guide ■ To provide opportunities to practice PLA methodologies and enhance skills 	<p>Agenda reviewed and modified as relevant</p> <p>Clear understanding of the purpose/activities of 2-day meeting</p>	Large group	PowerPoint and/or flipchart
10:30 – 11:00	<p>Overview of Project Goals and Role of PLA in Project</p> <ul style="list-style-type: none"> ■ Overall Project Design ■ Role of PLA in Project ■ Ethical Considerations/Informed Consent/Referral List 	Clear understanding of purpose of PLA exercises, how data will be used, iterative cycles of PLA	Large group	PowerPoint and/or flipchart
11:00 – 11:15	Break and Energizer	People feel relaxed and connected	Large group	
11:15 – 12:30	<p>Gender and Sexuality, Reproductive and Sexual Health, HIV & Violence</p> <ul style="list-style-type: none"> ■ Participants' views on key concepts and theory ■ Participants' thoughts on potential applications ■ Participants' perspectives on 'gaps' in knowledge and learning 	People clarify own ideas about links and roles of gender and sexuality to project goals and outcomes.	Nominal group technique, small groups/ report back in plenary	Flip chart paper, pens, tape
12:30 – 1:30	Lunch			

Time	Activity	Outcome	Format	Materials
1:30 – 2:00	Principles of PLA (provide reading packet) <ul style="list-style-type: none"> ■ History ■ Principles and concepts ■ The PLA approach ■ Use of PLA in research and projects (examples) 	People understand principles, methods and ethics of PLA	Large group	PowerPoint
2:00 – 2:30	Review PLA timeline and activities <ul style="list-style-type: none"> ■ Phase I data collection, analysis, dissemination meeting #1, ■ Phase II data collection, analysis, dissemination meeting #2 	People understand how this particular use of PLA will be used in the project and when PLA will be used again.	Large group	PowerPoint
2:30 – 3:00	Roles and Responsibilities <ul style="list-style-type: none"> ■ Primary facilitator ■ Secondary facilitator ■ Note-taker ■ Observer ■ Translator 	People understand their own roles and responsibilities in the PLA process.	Large group	Matrix of roles and responsibilities PowerPoint
3:00 – 4:00	Overview of Tools: Purpose, Application, Tips <ul style="list-style-type: none"> ■ [List of all PLA exercises to be utilized in this series] 	Relevant PLA tools briefly described, with their research purpose highlighted Challenges of each tool presented so that participants can avoid pitfalls	Large group	Flip Chart and <i>Embracing Participation in Development</i>
4:00 – 4:15	Break and Energizer	People feel relaxed and connected	Large group	
4:15 – 6:00	Continued Overview of Tools <ul style="list-style-type: none"> ■ [other PLA exercises, as needed] 		Large group	Flip Chart and <i>Embracing Participation in Development</i>
6:00 – 7:00	Debrief and Regroup <ul style="list-style-type: none"> ■ Review the day's events ■ Review participants' suggestions/comments/concerns ■ Modify Day 2 Agenda 	So everyone is on board!	Plus Delta Exercise	Flip chart paper, pens

DAY 2

Time	Activity	Outcome	Format	Materials
9:00 – 10:30	<p>Review Day 1 Activities and Outputs Introduce Schedule for Day 2</p> <p>Skills and Practice for Introducing and Facilitating PLA</p> <ul style="list-style-type: none"> ■ Tips for effective group facilitation ■ Practice introducing the PLA exercises to the participants, including purpose of the exercise, what will happen with the information that is shared, and how confidentiality will be ensured ■ Practice giving referrals to services such as counseling or medical or legal services that may be needed 	Participants feel confident and ready to undertake PLA with community members, including how to introduce the PLA, explain its purpose, gain informed consent, ensure confidentiality and ethical considerations.	Plenary, small group simulation of introducing the PLA and getting informed consent	<i>Embracing Participation in Development</i> , PLA Field Guide for each participant. Consider having extra copies of <i>Researching Violence Against Women</i> as a resource for ethical consideration guidelines.
10:30 – 12:30	Practice PLA exercises in real time, with facilitation, observation, note taking, debriefing	Participants feel confident and ready to undertake PLA with community members.	Small group simulation of each exercise	As needed for PLA exercises
12:30 – 1:30	Lunch			
1:30 – 5:00	Continue to practice PLA exercises in real time, with facilitation, observation, note taking, debriefing	Participants feel confident and ready to undertake PLA with community members, ensuring confidentiality and ethical considerations.	Small group simulation of each exercise	As needed for PLA exercises
5:00 – 6:00	<p>Review Field Logistics</p> <ul style="list-style-type: none"> ■ Housekeeping ■ Supplies ■ Data Management 			

PLA

Exercise 1

Seasonal Diagram

Introduction

In this activity, participants explore the effects of the changing seasons on their lives with regard to health status, workload, food security, and other issues. This tool allows community workers to identify serious problems that can be addressed through appropriate interventions, and collect field information on the best time of year to implement certain projects. This is a fairly non-threatening exercise and useful as a starting exercise to get to know the community.

If facilitated skillfully, this activity can also be useful for identifying patterns that relate to sexual and reproductive health. Participants may, for example, identify a specific season during which family members leave their homes for seasonal work in another location, and when they return (and therefore when patterns of sexual behavior may change). There may be a specific time where participants note an increase in number of births, STIs or abortions. For programs that are planning to implement interventions related to livelihood, nutrition, or maternal or child health, it's good to know about harvest cycles and times when people may be particularly hungry or busy, or when they have more disposable income.

Objective

■ Participants will be able to identify patterns in their daily lives that are a result of the changing seasons.

Timeframe: 1 – 1 ½ hours

Materials needed: flipchart paper, markers; alternatively, bare ground, a stick, and many small stones, dry beans or other small objects

Ideal workspace: large enough for participants to see and add to seasonal diagram

Number of participants: 10-15

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

Distribute markers and paper to each participant.

STEP 2

Gather the group together around a large piece of paper on the ground or around a clear space on the bare earth.

Ask the group to list all the types of health issues they see as important in their community. (See next page for an example of a seasonal calendar.)

Draw a grid on the ground. The grid will have 12 columns representing the 12 months of the year, and rows for each issue that will be examined; the number of rows you include on the grid, will depend on the number of issues you're examining. If the group is more familiar with seasons rather than months of the year, use local seasonal descriptions instead of months.

Ask the group which seasons or months correspond to which health issues.

Ask the participants to identify the months (or seasons) during the year when the health issue(s) is/are most prevalent. Depending on how prevalent the issue(s) is/are during a given month, participants will rate the issue on a scale of 1 to 10 (0 or blank indicating 'no prevalence' during a certain month, 1 indicating 'very low prevalence,' and 10 indicating 'very high prevalence'). One variation is to ask participants to place stones (or beans, or other small objects) in the cells instead of rankings; when the problem is prevalent, more stones should be added. You will be able to tell when problems are most prevalent by the amount of stones in a given cell.

Allow plenty of time for participants to discuss their answers among themselves. Listen for points of disagreement among participants, and note the themes that emerge.

STEP 3

Facilitate a discussion with the group. You can use the following questions to guide you.

Guiding Questions

- Were you, as a group, able to easily agree on the seasons of low and high prevalence? What was the source of disagreement?
- What patterns do you see in your seasonal calendar?
- What can you see as the possible reasons for the high prevalence of [health issue] during [month or season]? Now that we have identified season as a factor, what could we do to improve the situation?
- Do you see any differences in the way the problem(s) affects women and men differently during certain seasons? How can you explain this difference?
- What can you do as an individual to address these problems? What can other community members do to address these problems?

Example of a Seasonal Calendar

HEALTH PROBLEMS	MONTH											
	J	F	M	A	M	J	J	A	S	O	N	D
Malaria	4	2	1							8	7	6
Cough					6	3	4	9				
STI						9	9					
TB	1	1	1	1	1	1	1	1	1	1	1	1
High Blood Pressure										5	3	
Wounds	5											5
Burns						8	6					
AIDS	1	1	1	1	1	1	1	1	1	1	1	1
Headache	1	1	1	1	1	1	1	1	1	1	1	1
Mental Illness	8	3	4	4	3	3	1	1	1	1	1	8
Pregnancy	3	2	1	7	2	2	1	7	1	2	2	7
Hunger	1	1	1	1	1	1	1	1	1	1	1	1
Workload	3	3	1	2	2	1	1	3	2	1	1	1

In this example, the group found that AIDS, headache, TB, and hunger had no seasonal pattern and were prevalent throughout the year; that's why they gave a score of 1 for all the months. The group found a high incidence of STIs and burns during the months of June and July – the cold season. Even though people felt that pregnancy wasn't exactly a health problem, it was added to the list because it is related to health and had a seasonal pattern.



Valenda Campbell/CARE

Daily Activity Schedule

Introduction

In this activity, participants are asked to describe all of their daily activities and those of members of the opposite sex. This activity is also useful for community workers to collect information on the community's social and gender norms, and gain some insight into the sexual division of labor.

In the context of this toolkit, this activity centers around ideas of gender and sexuality. However, you could also tailor it to other issues, depending on the composition of your group. For example, a group of farmers and a group of office workers could each list their daily activities for themselves and the others, or the same could be done with a group of adolescents and a group of adults. The point is for participants to try to imagine the lives of people who are quite different from themselves. This process tends to expose disparities between different groups, as well as stereotypes and misunderstandings that can be a source of conflict.

Objective

■ Participants will have an increased awareness of gender differences that exist between women's and men's daily activities.

Timeframe: 1 ½ – 2 hours

Materials needed: large sheets of paper, pens

Ideal workspace: enough space for small groups to write on large sheets of paper

Number of Participants: 15-25

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

Divide the group into two or more smaller, homogenous groups (i.e. all women, all men, all children, all office workers etc.).

	खसमा कामा	मर्यादा कर्म	पत्नी लमा	ब्रिचम लामा	गोबर डाल्ना	हाथको सफाई	जल-सिंचना केन्द्रमा काम गर्नु	नदीमा डुबाउनु
बच्चे 8-14	×	×	×	×	×	×	✓	×
युवा 14+	+	+	+	+	+	+	✓	+
व्यस्तक 30+	+	+	+	+	+	+	✓	+
बुढा 50+	+	+	+	+	+	+	✓	+

Deepmala Mahla/CARE

STEP 2

Ask the groups to write a list of all of the activities they complete in a normal 24 hour period, starting with when they wake up and ending with when they go to sleep. Ask the participants to include details on the amount of time they spend on each activity, where the activities take place, and who – if anyone – helps them with the activities.

After the first list is complete, ask the participants to create a second list that describes all of the activities they can think of that people of the opposite sex do on a daily basis (in other words, women list men's activities, and men list women's activities).

STEP 3

When the lists are finished, ask the small groups to share them with the larger group. Take notes on a piece of flipchart paper, and look for any themes that emerge.

Facilitate a discussion with the group. You can use the following questions to guide you.

Guiding Questions

- What surprised you about this exercise?
- Did the men accurately list women's activities? Did the women accurately list men's activities?
- Is there a difference in the kind of activities that men and women do? What is the difference?
- What is the reason for the difference? Does society expect very different things from men and women? Why does society expect men and women to spend time in different ways? Do you think this difference is justified? Why or why not?
- Which kind of work is a person paid for? Which kind of work is a person not paid for? Why?
- Which group has more leisure time to spend as they like? Which group has a larger workload? Is this justified? Why or why not?
- Was sex listed on the daily schedule? Why or why not? If it were added, would it be listed the same way in all the groups' daily activity schedules? Do men and women have the same expectations for sex? Why or why not?
- How much variation from this general daily activity schedule happens in your community? Do you see some particular men or women acting differently? Why is that? How does their reputation in the community change if they are not conforming to the norm?
- Are there certain ways that you would like to change community expectations of men's and women's daily activity schedules and work loads? What are they? Describe them. What can you do to make these changes happen? What can others do? How can this project contribute to those changes?



Sarah Kambou/ICRW

Gender-Focused Ice Breaker

Introduction

This activity will create a friendly and trusting atmosphere by encouraging people to get to know each other. Participants will also begin to explore the concept of gender by sharing their experiences as a woman or man. This activity is good to do before any intense gender activity because it puts participants at ease, helps to create a safe and trusting space for group discussion and sharing, and starts to get people thinking about gender.

Objective

■ Participants will get to know each other through personal stories.

Timeframe: 40 minutes

Materials needed: prepared flip chart paper with the two questions needed for step 2

Ideal workspace: any space that is private and allows the participants to pair off in separate areas

Number of participants: up to 20-25

STEP 1

Introduce the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

STEP 2

Ask participants to pair up with someone they don't know. Each person in the pair has two minutes to tell the other person about themselves (as the facilitator, time the exchange and tell people when they need to switch). Each person will start off by asking the other person basic 'get to know you' questions (i.e. name, where they are from, etc.). After this, each person will ask her or his partner to: "Name one thing you do not like about being a woman/man or that you do not like to do as a woman/man, and why"; or "Tell me about something you had to do when you were young because you were a girl/boy and that you didn't like doing."

To hone listening skills, encourage participants not to use a pen to note what they hear, but to listen and to remember what the other person says.

STEP 3

Gather everyone together in a group. Ask each person to introduce his or her partner and relate the stories or issues that he or she talked about. After each pair is done, the larger group can ask the pair questions. It is important to ask each participant for their permission to share their story with the group.

There are no guiding questions or discussion points for the group discussion; just follow the flow of the group conversation. As the facilitator, moderate the exchanges by making sure that everyone is respectful, feels welcome and that everyone has a chance to contribute.



CARE

PLA Exercise 4

Cartooning

Introduction

In this exercise, participants will explore their ideas about what society expects of us as men and women, by identifying the characteristics of the “ideal” man and woman. This exercise can help participants explore issues related to sexuality, gender identity, gender roles and expectations, and how social norms affect women and men differently.

Generally, it’s fairly easy for participants to identify societal norms related to gender. In order to help participants explore societal expectations for men and women related to sexuality, it may help to tell the participants that they can depict their models without clothes. Many models of “ideal” men and women constructed for this exercise have shown exaggerated body parts, especially sexual organs. It can be useful to draw attention to this in the discussions by asking about the sizes of body parts and asking why society values certain physical attributes and labels them “ideal.” For example, why are “ideal men” usually drawn as hyper-sexual? Why are “ideal women” not? In many societies, the ideal woman is one who is sexually ‘pure’. But in many contexts, characteristics of the ideal man include sexual experience because it is a demonstration of masculinity.

Objective

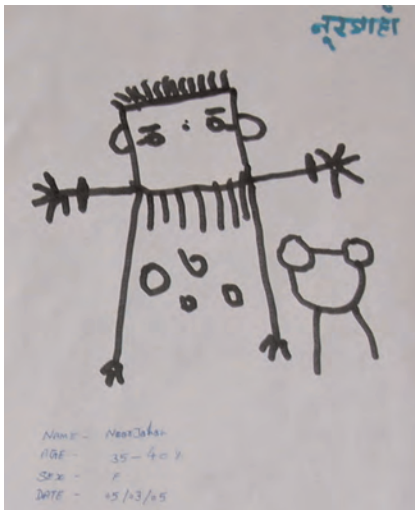
■ Participants will explore their ideas about the “ideal” man and woman, as influenced by society’s expectations.

Timeframe: at least 1 ½ hours

Materials needed: flipchart paper; colored markers

Ideal workspace: large space so people can move around

Number of participants: 10-25



Sarah Kambou/ICRW



CARE



Sarah Kambou/ICRW

During a cartooning exercise with sex workers in India, no sketch of an ideal woman was complete without a 'bindi' and 'sindoor' which are symbols of marriage for Indian women. When asked why, the women explained: "this [marriage] is what we long for, this is what gets you respect in society". The women stated that "no one lets a single woman be". One woman shared the story of how, after her husband deserted her, she was forced to do sex work in order to survive. She said that people would approach her for sex in exchange for food or drugs.

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

Distribute markers and two sheets of paper to each participant

STEP 2

Ask each participant (or group of 3-4 people) to make two drawings: one to illustrate what they understand by "ideal woman" and one to illustrate what they understand by "ideal man," incorporating appropriate characteristic traits, attitudes, values, and behaviors.

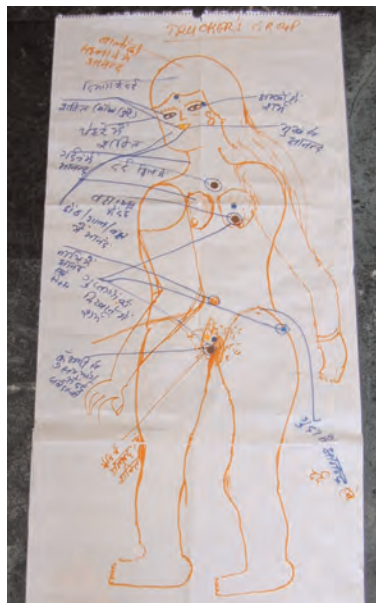
Alternately, provide a set of modeling clay with various colors to each group and ask them to construct a model of a man and a woman, incorporating characteristic traits, attitudes, values, and behaviors that are considered socially appropriate.

Tell everyone that they have 20 minutes to create their drawings or models.

STEP 3

When participants have finished, give each participant or small group five minutes to explain their drawing or model to the larger group.

As participants discuss their drawings or models, facilitate a group exchange. You can use the following questions to guide you.



Sarah Kambou/ICRW



Sarah Kambou/ICRW

Guiding Questions

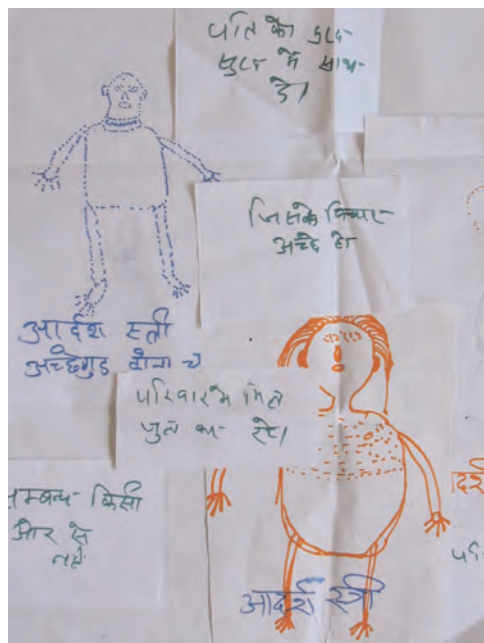
- How do we learn about what it means to be an “ideal” man or woman? How does your community communicate ideas about the “ideal” woman and man (for example, by family, friends, peers, etc)?
- Besides having physical characteristics, how are we expected to act as “ideal” men and women in our society?
- Are men and women ever expected to show they are powerful? How? Is it different for men and women? Why?
- In terms of sexual behavior, attitudes, or identity, what does society expect from men? From women? Who is expected to be sexually well-informed and experienced? Who is expected to be faithful and pure? Who should expect pleasure from sex? What happens to people who go against these ideals? Why?
- How are most regular, common, typical men and women different from these ideal models?
- How difficult or easy is it to live up to these ideals?
- What is the cost one pays by listening to and conforming to the ideal? In other words, what is lost by conforming to the ideal? What is gained?
- Would you like to change the situation you describe? What can you do as an individual? What can you and others do in your community to change the situation? How can the project assist you and community members in making this change?
- Have you ever wished that a man/woman could behave differently? When? Under what circumstances? Do you ever wish that you were the opposite sex? Why or why not?



Sarah Kambou/ICRW



M.Prvulovic/CARE



Sarah Kambou/ICRW

Young men in the Balkans who did this exercise reported: “Physical strength brings respect” and “Strength dominated in my model.”

They also noted that a large penis is an important characteristic of the ideal man. Some young men indicated that a large penis represents the ideal of “being ready” for sex:

“[He has a] big penis so that he can work hard [meaning sex] because he is a Balkan guy.”

“A strong man has to have strong hands, especially the right one [to be used for masturbation].”

“He is bare-naked, always prepared for action [sex].”

“If a boy is gay, he becomes a female. He cannot be masculine if he is gay.”

PLA

Exercise 5

Social Mapping

Introduction

In this exercise, participants are asked to identify what they consider to be sources of social and institutional support within their community. Participants are also encouraged to consider social and gender status in relationship to access to resources.

This activity is also a good way for development workers to obtain valuable information on resources that are already present in the community, as well as get a sense of what additional resources might be needed; this information will help them to design community interventions.

Objective

■ Participants will explore how social status may determine a person's mobility and access to community resources.

Timeframe: 1 ½ – 2 hours

Materials needed: flipchart paper or large pieces of paper you can post on a wall; colored markers; pencils/pens

Ideal workspace: large enough space for all participants to see and write on the paper

Number of participants: 10-15 (if more participants are present, break them into smaller groups and have them create multiple maps)

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

Distribute markers to all participants.

Although some staff members had spent years in the field, many said that social mapping helped them understand communities better than ever before. Many were also surprised at the gap between their perceptions of communities and what the exercise revealed. "We saw our communities in a different light and noticed hidden characteristics that led to exploitation and poverty."

STEP 2

Ask participants to work together to draw a map of their community. If they have never seen a map, explain that you are asking them to imagine how their community would look to someone flying over it, and draw that image on the paper or on the ground.

Some participants may not be accustomed to using a writing utensil, so encouragement and patience are needed. One alternative is to clear an area of dirt or sand and ask people to create a map using objects found in nature, such as rocks, sticks or grass.



Sarah Kambou/ICRW

Reassure the participants that things do not have to be drawn exactly – the map is only to get a general idea of what the community looks like.

Ask the participants to draw all of the resources in the community. Explain that “resources” are buildings, organizations, people, or services that are available to the community when they are needed. “Resources” can mean: roads, houses, health facilities (health posts, pharmacies, hospitals, clinics etc.), schools, religious buildings or leaders, water wells, public baths, markets, schools, factories, rivers, trees, midwives, social workers, teachers, doctors, etc. Ask them to identify the various community resources by name or with a symbol (or an object, like a twig, if maps are made on the ground).

Ask participants to mark where different groups in the community live (i.e. the wealthy, the laborers, different religious groups, different ethnic groups, original settlers, people who arrived later, etc.). If they are not mentioned in the groups of people identified by the community, ask about sex workers and where they live.

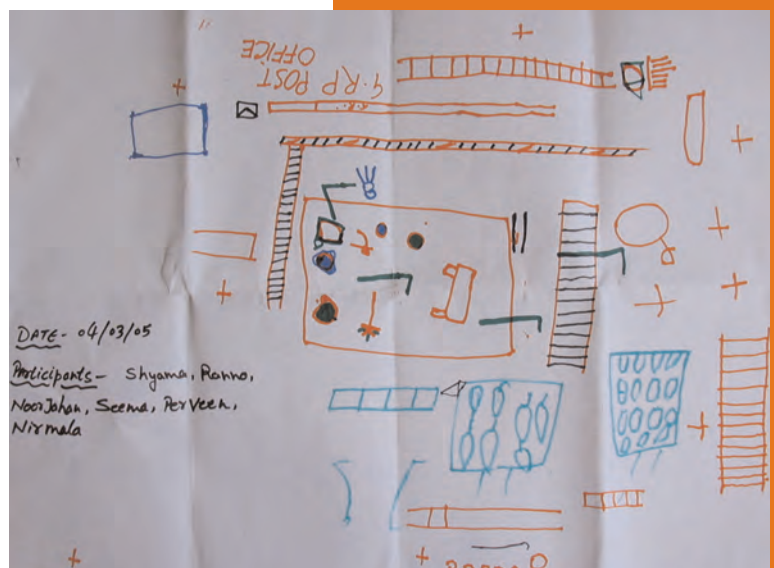
Be careful not to direct what is being presented and how it is being presented.

“When we talked about exclusion – gender and class – we now know it’s active exclusion. We used to assume it was passive exclusion, blaming it on the beneficiaries because they are lazy.”

CARE staff member, India



Deepmala Mahla/CARE



Sarah Kambou/ICRW

As staff in India dug deeper through social mapping exercises, issues of social exclusion arose. For instance, they found that members of “lower” castes (circled in red in map, right) were denied access to clean drinking water, which meant they had to get water from unhygienic sources such as stagnant ponds. The negative health implications were enormous. CARE staff members realized they had only been working in areas surrounding clean water sources (pale blue boxes in map, right), so they had really only been working with people in “higher” castes.

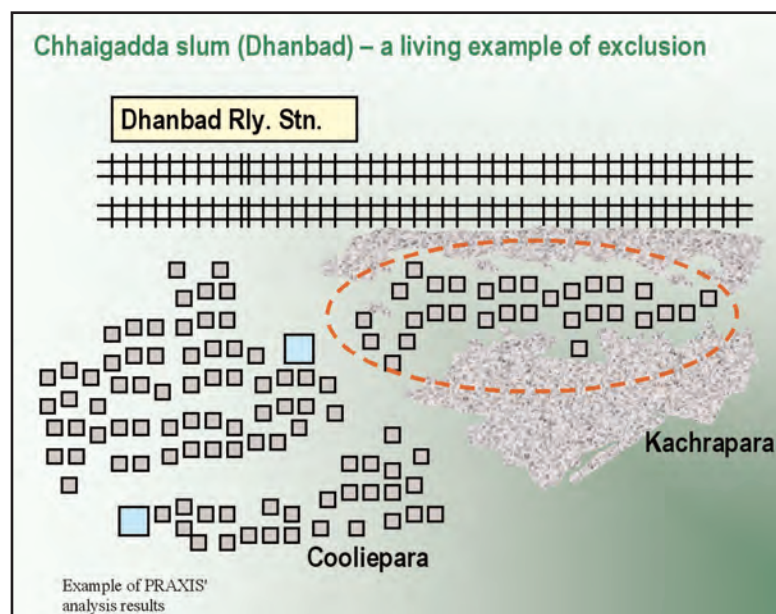
STEP 3

Lead a group discussion about the map that explores issues of mobility and access to resources.

Ask probing questions to draw out more information from the map(s). If more than one map was drawn, point out similarities and differences among them. Facilitate a discussion with the group. You can use the following questions to guide you.

Guiding Questions

- Are you surprised by the amount of resources in your community? Are there more or fewer than you had thought?
- Which places or resources can be visited by anyone in the community?
- Are there any places or community resources that certain people might feel uncomfortable or unsafe visiting or using? Can you identify these places and resources on the map?
- Do you think there is a difference between what men experience in some places and what women experience in the same places?
- Does a person's caste, gender, ethnicity, age, or educational level determine the places they can go in the community? Does a person's caste, gender, ethnicity, age, or educational level affect how they are received or treated in different places?
- How do class, caste, religion, gender, age and disability influence a person's mobility or access to resources within the community?
- Within the community, how does a person's sexual reputation affect their mobility and their access to resources? Why?
- Whose mobility is generally more restricted? Whose mobility is generally less restricted? Why is the mobility of some restricted while the mobility of others is not?
- How can the restriction of mobility be harmful?
- Would you like to change the situation you've described? What can you do as an individual? What can you and others do in your community to change the situation?



Women's Mobility Mapping

Introduction

In this exercise, participants explore the connection between social status, gender, sexuality and mobility. Participants are asked to identify the things, persons, or places in and outside of their community that influence their mobility, as well as their access to and use of services.

We have found it useful to complete this exercise following the 'Social Mapping' exercise. Doing so allows participants to use the community map drawn during the 'Social Mapping' exercise to clearly and easily identify places in their community that are either restricted or open to them, and that may make them feel powerful or vulnerable. Vulnerable means feeling powerless, small, insecure, at risk, or frightened. It will be useful to clarify who in the community may feel more restricted in movement than others.

As you will recall from various activities in the "What Do We Know About Gender and Sexuality? Introductory Exercises," a woman's social status can be closely linked to the community's perception of her sexuality. Often, a woman's reputation as "chaste" or "pure" represents not only her own honor but also that of her family. A woman leaving home unaccompanied by her male family members may risk her own life or safety, simply because her reputation as a sexually pure woman is questioned. These exercises are designed to challenge the common social stereotype that a woman's public reputation as sexually pure is more important than a man's sexual reputation; participants will also analyze how a woman's sexual reputation impacts on her ability to leave her home.

This exercise can be done with either men or women, but we have found that it works best in single-sex groups.

Objective

■ Participants will analyze the connections between gender, sexuality, mobility, and access to services in their community.

Timeframe: 1 ½ – 2 hours

Materials needed: colored markers or pens, flipchart paper

Ideal workspace: a private, safe space, such as someone's home

Number of participants: 3-5 women



Sarah Kambou/ICRW

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

STEP 2

Spread out a map that was drawn during the social mapping exercise, if one is available.

Alternatively, ask participants to draw a rough sketch of their community (this should only take about five minutes), either on a large piece of paper or with sticks on a patch of space on the bare earth. It does not have to be detailed or accurate, as long as it gives a sense of where the boundaries and important landmarks in the community are. If literacy is an issue in your group, ask participants to use sticks, stones and other objects to represent different places in the community.

Ask the participants to discuss and decide on places or situations in the community where women can:

1. Go unaccompanied without the permission of her husband, father, or other male relative.
2. Go unaccompanied with the permission of her husband, father, or other male relative.
3. Go accompanied without the permission of her husband, father, or other male relative.
4. Go accompanied with the permission of her husband, father, or other male relative.
5. Go for an extended period of time (e.g. visit to her family's home).

Designate one or two of the women to be responsible for representing the places or situations that are being agreed upon by the group. Try to get a sense of which places everyone agrees on, and which places create some disagreement.

As the women are discussing, use the guiding questions provided below to probe deeper.

After the map has been completed, ask participants how freely people can go to the different places illustrated on the map (i.e. streets, religious buildings, schools, markets, homes, etc.). Based on their answers, they can draw symbols (i.e. small triangles, circles, stars, etc.) or mark in each of the places identified on the map, what type of person is freely able to move in that area (i.e. young unmarried men; young unmarried women; widowed women; widowed men; mothers-in-law; married women; divorced women; and women or men of different classes, castes, and ethnicities, depending on the context). The number of symbols drawn will represent the different groups in the community who can go to the different places identified on the map. For example, if married women are allowed to go to the market, this can be symbolized by a star in the marketplace.



Sarah Kambou/ICRW

Next, you may want to also use symbols to indicate if these groups are allowed to go to these places with or without permission. Use a (+) to show those places on the map, where women can go without permission, and a (-) to show those places on the map where women can only go with permission.

Guiding Questions (to be used during the exercise)

- In this community, are people allowed to move about freely? What do others think if certain people leave their homes unaccompanied? Do some people feel unsafe moving around by themselves?
- Are men able to move about the community outside their homes freely? Why or why not?
- Which places in your community are men not allowed to go? Are some places restricted at some times and open at other times? Are certain men restricted more than others? Why or why not?
- Are women able to move about the community outside their homes freely? Why or why not?
- Which places in your community are women not allowed to go? Are some places restricted at some times and open at other times? Are certain women restricted more than others? Why or why not?
- Why does a woman's reputation change if she leaves her home unaccompanied? Is restricting women's mobility related to sex or "having sex"? Is it fair?
- Are expectations different for women of different classes, castes, religions, age, or marital status? Why?
- Do you think restriction of mobility harms women and their families? How?
- Would you like to change the situation you describe? What can you do as an individual? What can you and other members of the community do to change the situation? How can the project assist you and other community members in making this change?



Sarah Kambou/ICRW

PLA

Exercise 7

Debate a Gender Position

Introduction

Through this activity, participants will get the chance to be on the other side of a debate by discussing and defending a position they may not agree with. It is useful for addressing issues of gender and sexuality because it asks that people maintain an open mind and remain open to change.

Objective

■ Participants will better understand how assumptions about what is considered 'normal' or 'right' influence sexuality and gender norms.

Timeframe: 1 ½ hours

Materials Needed: none

Ideal Workspace: enough space to position seats so that the two teams are facing each other

Number of participants: 10-15

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.



Sarah Kambou/ICRW

STEP 2

Divide participants into two teams of 5-8 people and randomly assign one statement to both teams (choose from the list of statements provided below). One team will be against the statement and the other will agree with the statement. Depending on the participants, it may be more appropriate to ask them to defend their own opinions, rather than asking them to defend an opinion they do not agree with.

Ask each team to take a few minutes to discuss how they will defend their position during the debate with the other team.

Bring both teams together and ask them to debate the statement in turn. Try to give each group an equal amount of time to state their argument.

If the group is large, you can add a third group that will decide collectively on the 'winner' of the debate.

Examples of Statements for Debate:

It is natural that women do all of the housework.

A husband can force his wife to have unprotected sex even if he knows he has a sexually transmitted disease.

Women like to have lots of children.

Women are more vulnerable to HIV transmission than men.

A woman is more likely to infect her male partner with HIV than her partner is likely to infect her.

It is normal for married men to have sex with women other than their wives.

STEP 3

After the debate is finished, bring everyone back together and facilitate a group discussion on the outcomes of the debate, and the participants' reactions to some of the issues that were brought up. You can use the following questions to guide you.

Guiding Questions

- How did you feel about the issue that was debated? Have your feelings changed?
- How did you feel arguing a point that you did not necessarily believe in? What happened?
- How do you think society has influenced the assumption(s) that were discussed?

PLA

Exercise 8

Timeline

Introduction

In this activity, participants identify major life events and reproductive and sexual experiences, as well as times when they felt either happy or unhappy. Participants are also asked to identify moments when they felt more powerful or less powerful.

Because it can bring up strong or painful emotions in participants, this activity should be handled very carefully and skillfully by the facilitator. There are several options for making sure that no one feels pressured into revealing something deeply personal that they don't want to discuss in public:

- **Option 1:** Small groups of participants create the timeline of events for a fictional person as a representative of what is commonly experienced in their community. This option can help make the participants feel less vulnerable because the events on the timeline belong to the fictional character and not the participants. This is a better option if the group is well known to each other, but not well known by the facilitator.
- **Option 2:** Each person draws his or her own individual timeline, but does not label the events. Participants then pair up with another person to discuss their timelines, sharing only the parts that they choose to.
- **Option 3:** The facilitator conducts individual interviews with each participant. After a series of interviews, without revealing specific information from anyone's timeline, the facilitator reports back to the group with a general summary of the moments in life that were viewed by the participants as particularly happy or sad, or particularly powerful or powerless.

Objective

- Participants will examine how gender has affected their lives as well as their sexual and reproductive experiences.

Timeframe: 2 hours

Materials needed: Flipchart paper, markers, pens, blank sheets of paper

Ideal workspace: enough space for participants to work in small groups and talk privately

Number of participants: 4-20

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

Distribute paper and markers/pens. For some participants, it may be their first time using a pen/marker/pencil/chalk, so encouragement may be needed.

STEP 2

Option 1:

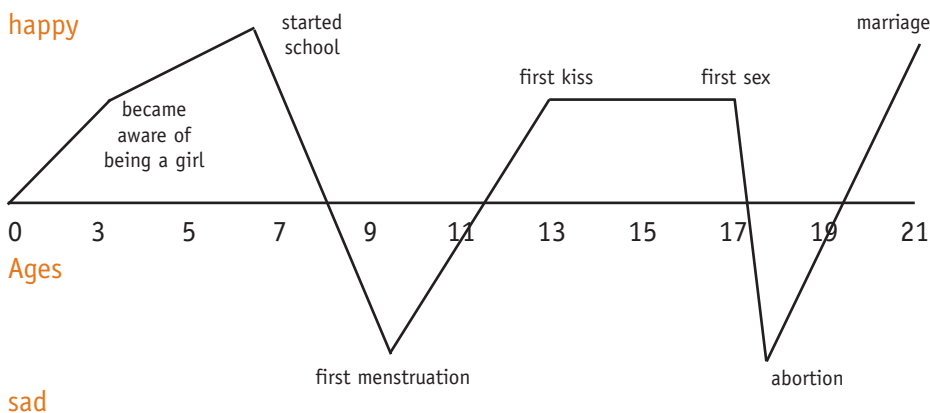
Divide participants into groups of 3-4 people. It's helpful if the small groups are same-sex (i.e. contain only men or only women).

Ask each group to think of a name of a fictional person that they will be creating a timeline for; ask that they use a name that is common in their community. Ask the men to create a timeline for a fictional man, and the women to create a timeline for a fictional woman.

The timeline will show major events in the fictional person's life, starting at age 0 and ending at whatever age they decide. The group will decide which events have happened, at which age, and whether they are positive or negative. Ask the participants to focus on: events related to when the person thought of herself/himself as male or female; events related to sex and parenthood; and any other events such as graduation.

Participants should place major life events on the timeline in the order that they happened. On the graph, participants indicate which events were positive or negative (happy or sad) in the person's life.

Allow about 15-20 minutes to finish this. The final graph will look something like this, with a line that shows the ups and downs of life events:



Next, ask the groups to show certain times in life when this fictional person may have felt powerful or powerless. They can draw a second line to show the ups and downs of feeling powerful or powerless.

Bring the groups back together and ask each group to share with the larger group the timeline of their fictional character (5–10 minutes each).

Facilitate a discussion based on the discussion questions provided in Step 3.

Option 2:

Ask each person to draw their own individual timeline without labeling the events. After a few minutes, ask participants to pair up with another person. Participants can talk about their timelines with their partners, sharing only those parts of the timeline that they choose to.

When the pairs have finished, ask the larger group if anyone wants to share something about themselves from their timeline with the entire group. Remind them that no one has to share anything that they don't want to. Allow 5-10 minutes for voluntary sharing from participants.

Facilitate a discussion based on the guiding questions in Step 3.

Option 3:

Pair a single participant with a facilitator experienced in conducting individual interviews. Conduct the interview in a private area where confidentiality and privacy can be ensured.

Draw a timeline with ages marked on it. Ask the participant to list major life events (i.e. graduating from school, death of a parent, marriage, etc.) and to write or draw each one on the timeline. Ask the participant what mood they identify with each major life event and ask her/him to place a symbol next to the event on the timeline (there should be four mood symbols or colors: happy, unhappy, powerful, powerless). Major life events mentioned by the participant will be placed on the timeline in chronological order (i.e. from childhood, to adolescence, to adulthood).

Next, ask the participant to list major events associated with sexual experiences (i.e. first sexual experience, masturbation, seeing a picture of a naked person, etc.) and to write or draw each one on the timeline. Ask the participant what mood they identify with each event and ask her or him to place the event either above the line (indicating a happy event) or below the line (indicating a sad event).

Next, ask the participant to list major life events associated with reproductive experiences (i.e. first menstruation, first pregnancy, first fatherhood, etc.) and write or draw each one on the timeline. Ask him/her to identify a mood with each event, and place it above or below the line.

As a next step, ask the participant to show on the timeline certain times in life when he/she felt powerful or powerless. They can draw a different line to show the ups and downs of feeling powerful or powerless.

STEP 3

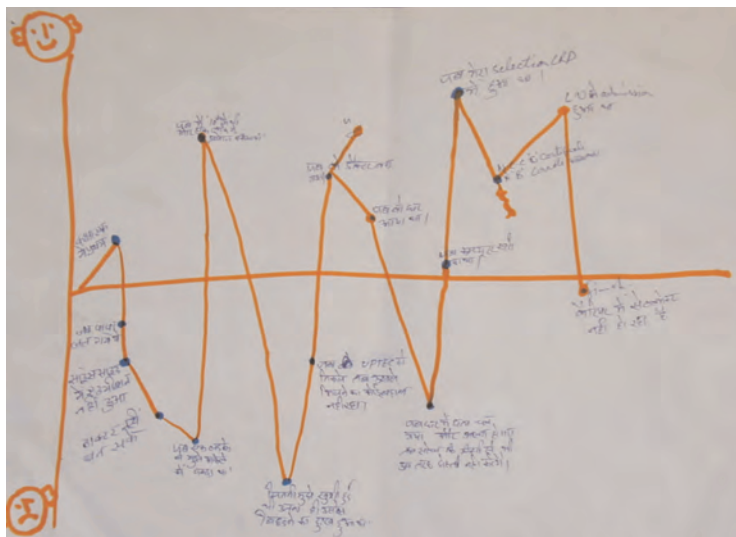
After the timelines have been completed, initiate a discussion with the participant or with the group, depending on how you chose to do the activity. You can use the following questions to guide you.

Guiding Questions

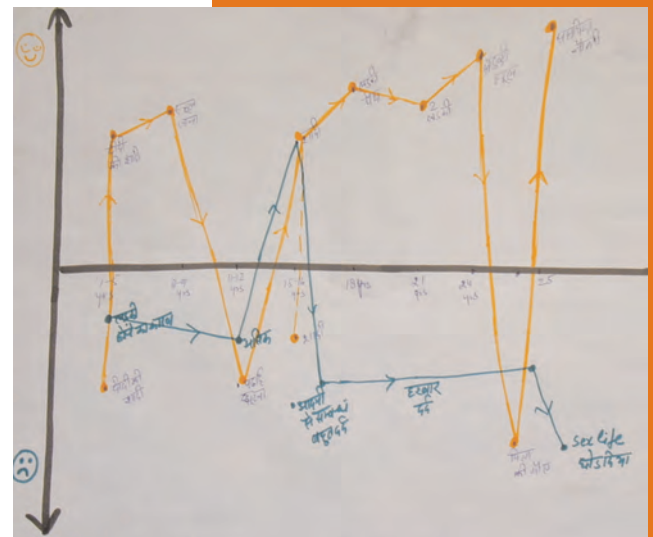
- How did it feel to do this exercise? What did you or your group learn from it?
- How are major life events different for men and women?
- How did the positive experiences help you (or your fictional character) to grow as an individual? What did you (or your fictional character) learn from these happier moments in your life?
- During your most difficult times, how did you (or your fictional character) cope with events? What did you learn from these difficult moments in your life?
- Among all the events that you have marked on the timeline, which ones led you (or your fictional character) to feel your own power?
- Where do you see differences in powerfulness or powerlessness between men and women? Is there anything about these differences that you feel should change? Why? What would need to happen in the community for this to happen? What can you do as an individual? What can you and others do in your community to change the situation? How can the project assist you and community members in making this change?



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PLA

Exercise 9

Cob-Web Matrix

Introduction

This exercise helps participants visualize an issue, break it down into smaller pieces, and work on solutions together. Some gender and sexuality-related issues for the group to explore could include a woman's ability to negotiate safer sex with her partner, or a woman's ability to choose how the family's income is distributed. Community workers can use this tool to chart people's progress following an intervention on gender and sexuality.

Objective

■ Participants will discuss an issue, identify contributing factors, and weigh the importance of the contributing factors.

Timeframe: 1 ½ – 2 hours

Materials needed: large sheets of paper, pens, markers

Ideal workspace: enough space for participants to sit in a circle, see the drawing on a large sheet of paper, and add to the drawing

Number of participants: 10-15

STEP 1

If participants are not already acquainted, ask them to introduce themselves.

Describe the activity, its purpose, and how it will work.

Remind participants that this is a group learning exercise, and that it is not necessary for everyone to agree on everything. However, everyone in the group deserves respect. Participants should refrain from judging, interrupting or ridiculing others, and should respect the privacy of others by maintaining confidentiality.

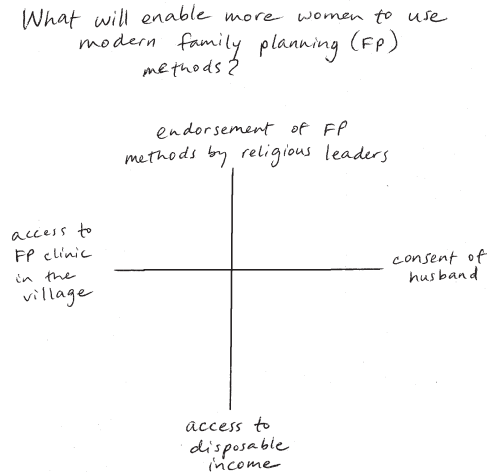
STEP 2

Ask the participants to identify an issue or subject that they would like to explore. If participants need help getting started, you can begin with an example, such as, "What will enable more women to use modern family planning methods?"

Ask participants to identify the factors they think contribute to the issue. In our example, participants would list what will help more women to use modern family planning methods, things such as access to a family planning clinic, or control over disposable income. This step is very similar to developing a problem tree. In this exercise, ask the participants to focus on the main 4-6 factors that contribute to the problem, rather than developing a long list.

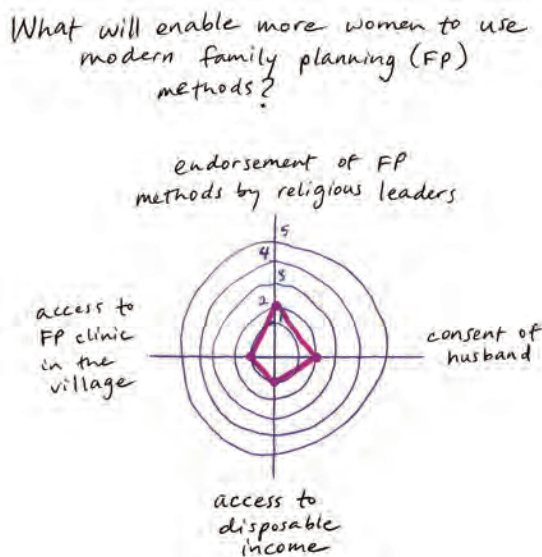
Once you have a list of 4-6 main factors, begin drawing a cob-web matrix on the flipchart paper. To create your cob-web matrix, write down all the factors in different corners of the page. In our family planning example, the group may come up with the a list that includes: (1) endorsement of family planning (FP) methods by religious leaders; (2) access to disposable income to pay for contraceptives; (3) consent of husband; and (4) access to a family planning clinic in the village.

Extend lines to point to each of the factors (see sample below).



Next, draw five 'webs' to indicate levels of support that exist in the community (you may add more levels if you choose), as expressed by the participants, with 1 being 'very little support' and 5 being 'the most support.' For instance, in our example, participants may feel that endorsement by religious leaders and the husband's consent are currently at a low level of support (level 2); religious leaders and husbands do not actively discourage use of family planning, nor do they enthusiastically endorse it. Participants may feel that access to disposable income to pay for contraceptives and access to a family planning clinic in the village are at the lowest level of support (level 4); women do not have access to a family planning clinic, and even if they did, they do not have the money to buy contraceptives.

Use a dot to indicate a level on the web for each of the factors. Use a different colored pen to connect the dots. (See the red connector in the picture below.)



Sarah Kambou/ICRW

If participants have difficulty grasping the concept of levels, you could draw a grid on the ground and ask the participants to place stones in the squares corresponding to each of the identified enabling or opposing factors. The number of stones they use will vary depending on how strongly a factor is supported in the community (more stones for high level of support, and less stones for low level of support).

After completing an example, you can start again with a different issue or problem facing the community.

STEP 3

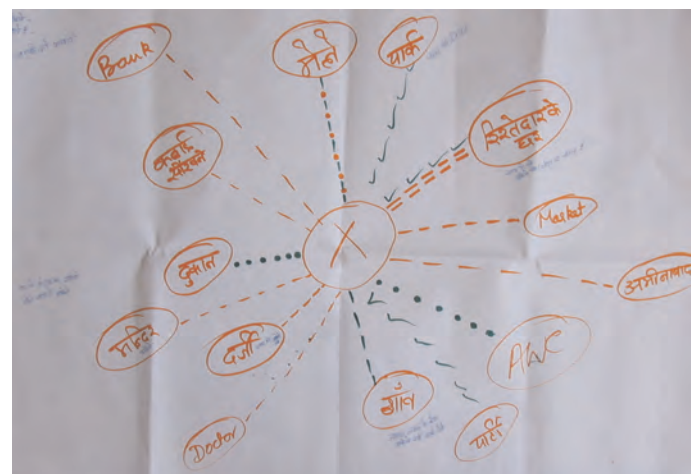
Once the drawing activity is over, initiate a group discussion about the diagram, what it shows, and what can be done with the knowledge gained in this exercise. Use the guiding questions below, or think of others that relate to the issue you are discussing.

STEP 4

If you save the results of the exercise, mark the date, location and participants for the exercise. Later, you can bring the matrix back to the same group in order to measure how the situation has changed for that community. In this case, show the original cob-web to the group and ask them to mark their opinions about how the situation has changed (has it improved or gotten worse?) since the last time. For example, has the level of endorsement by religious leaders improved? If so, then the new number is placed on the line, and the group can see the level of change growing bigger.

Guiding Questions

- What have we learned about the causes of the problem, or the factors contributing to the situation?
- What type of action could be taken to address the issue? Who should take the action? What would be the benefits of addressing this issue? Is this something your community feels is important to take action on?
- Which problems or opportunities are easier or harder to address?
- Are the problems/opportunities similar for women and men? What is the difference and what accounts for this difference?
- How can opportunities for women and men be made more equal? What needs to be done? Who needs to be involved?



Sarah Kambou/ICRW

How Are We Doing?

Reflective Dialogues

Introduction

ISOFI is based on the premise that self-reflection and personal exploration are necessary for organizational transformation. By organizational transformation we mean creating an organization that puts its principles of equity, empowerment and social justice into action in everything it does, from the way it implements programs to the way it treats its staff. An organization is made up of people, including the beliefs, attitudes and understandings of these people.

During ISOFI, we felt we needed, as CARE staff, to spend a lot of time exploring, thinking and talking about our own beliefs, attitudes and understanding of sexuality and gender, and how they impacted our relationships with each other, if we wanted to make CARE's sexual and reproductive health programming stronger. We took special time to explore, even challenge, deeply held social norms that often underlie gender and sexual inequities which impact not only sexual and reproductive health but also CARE's ability, as an organization, to carry out its mission.

The ISOFI methodology included reflective dialogues – activities for repeated periodic reflection and critical thinking, both individually and as a group. Usually, these reflective dialogues were held every three months, and included the following:

- Questioning what, why and how we do things, and asking what, why and how others do things;
- Seeking alternative options for action;
- Keeping an open mind, and comparing and contrasting different actions;
- Understanding things from different perspectives;
- Asking for others' ideas and viewpoints;
- Considering consequences, both good and bad;
- Synthesizing and testing new ideas; and
- Identifying and resolving problems.

“It is an ongoing process of sharing our experiences, clipping news items, discussing songs, films, current issues, etc. We're getting to know each other better. Also we're learning to debate and defend our views as well as understand others' views.”

CARE staff member



Sarah Kambou/ICRW

“The facilitation and efforts to bring shifts was handled delicately, our views were accepted without judgment. Not giving us answers for everything helped us to struggle.”

CARE staff member

The quarterly group reflective dialogue sessions helped staff to explore, analyze and document changes that were happening in their own lives and in the life of the project. Taking the time to stop and reflect allowed staff to think critically about learning and progress to date, and to brainstorm collectively about changes they might make in their project plans. This is a diagram of the cycle of learning, action, analysis and reflection that staff in ISOFI undertook, with analysis/reflection as the fundamental component in the cycle:



We also encouraged people to keep their own private notes about changes they saw in a kind of ongoing diary. We quickly found that people did not have time (or perhaps the inclination) to write routinely in this way. So we modified our approach and substituted personal note-taking with quarterly one-on-one interviews with staff to record personal reflections. We also used small group work in which each staff person told a short story about something that had happened during that quarter.



Jesse Rattan/CARE

How We Implemented Reflective Dialogues

During ISOFI, country office teams who were integrating gender and sexuality ideas and actions into their project met together for half-day to full-day meetings every three months to reflect on how things were going both personally and in the projects. The group reflection that happened as part of ISOFI was a process of:

- Posing questions;
- Internal reflection;
- Exploring as a group what people discovered during internal reflection;
- Weighing options for change; and
- Documenting conclusions and planning new strategies.

In India, the meetings included primary stakeholders from the district and state levels. This included staff working at the field level, in middle management and also at senior levels. In Vietnam, meetings were held with CARE staff from all geographic areas covered by the programs.

During a reflective dialogue, staff explored basic questions as:

- What did we set out to do?
- What actually happened?
- Why did it happen?
- What will we do as we move forward?

In the beginning, facilitators from CARE and ICRW led the reflective practice sessions. The role and skill of the facilitators was the most critical component. The facilitators asked the participants to challenge themselves with difficult questions, and ensured that discussions took place in a non-judgmental atmosphere. They kept track of issues from one reflective dialogue session to the next, and pushed participants to go a little further each time. The experience and comfort of the facilitators, both with this reflective technique and issues related to gender and sexuality, were critical to the success of the reflective dialogues.

“Each person has his or her understanding. So a knowledge sharing was continuously happening which enriched us and gave us new perspectives.”

CARE staff member

“My reflections today, after introspecting myself and sharing my experiences, led me to think that I have come a long way.”

CARE staff member

The facilitator for the group reflective dialogues used a similar set of questions with participants each quarter. This helped to analyze factors contributing to positive change, as well as barriers to implementation. Some of the questions included:

- Over the last three months, what have you done to integrate gender and sexuality ideas and actions into your project?
- What did you learn while doing these activities?
- What changes have you seen as a result of these activities at the personal, programmatic and organizational level?
- What were the factors that helped you (driving forces) in learning and changing?
- What were the factors that were challenges or barriers (restraining forces) to learning and changing?
- What role have your partners (communities, other NGOs, government staff) played in integrating gender and sexuality into projects? What were the challenges in working with them? What made it easier to work with them?
- Based on your reflections today, what will you do during the next three months?
- What support do you need to do what you are planning?

Once the group brainstormed helping factors, barriers, and changes, ideas were grouped into themes. These themes – driving forces or restraining forces – became the topics for new intervention strategies, which were then followed up upon during subsequent reflective dialogues.

In addition to the basic questions, each site adapted questions for group discussion that were specific to their particular situation. Facilitators added questions that were specific to the projects, as well as questions that addressed issues brought up in previous reflective dialogues. In Vietnam, reflective dialogue sessions ended with practical “action plan” steps, where staff put their ideas into a timeline for the next year.



Sarah Kambou/ICRW

Challenges and Lessons in Reflective Dialogues

For staff who are used to producing project results within a fast timetable, taking the time to reflect on changes – and give some attention to the process – was not necessarily easy. One person in India said:

“We are so involved in proving our competencies that we do not even want to honestly reflect.”

The seeming ambiguity of ISOFI, with a lack of pre-set agendas and work-plans, worried people. At the beginning, some staff said:

“But even after the first workshop or the “orientation workshop,” I was not clear about the concept, because at that time they didn’t provide the guideline of activities or objectives, [nor] the way we integrate sexuality and gender into the existing activities of the project.” (Vietnam)

“We need to spell out more clearly what we want. Like, you know, the objectives of ISOFI so that we can interlink it with programming.” (India)

Yet, over time, the chance to reflect on a regular basis, and try out incremental changes in one’s own life and in one’s work, allowed staff to adopt new ideas about gender and sexuality at their own pace. The ISOFI “style” of working encouraged both independent thinking and also team collaboration. Staff became more committed to the process of reflection, and over time, more confident that change could, and was, happening slowly within themselves, their relationships with each other and in the projects.

Examples of staff reactions later on included:

“In the beginning, I found it difficult to find the answers on my own. I wanted more guidance. But today I see the advantage of the ISOFI approach. I can do things on my own or together with the team. Now we would like our supervisors to have more confidence in us to take the next steps in ISOFI.” (India)

“ISOFI doesn’t push us to learn or integrate certain things in our projects ... it let us feel comfortable and if we feel it is necessary, we find a way to integrate it into our work.” (Vietnam)

Almost all staff who participated in ISOFI activities reported that personal transformation helped them to let go of old ideas. This had lasting effects in both their personal and professional lives. In their work, they found that issues related to discrimination around gender and sexuality had the potential to influence project outcomes, and staff had many ideas about how to address discrimination within the frameworks of their own projects.

“The regular meetings increased communication. Team members have given feedback to others. We always corrected each other in a jocular manner; this worked really well as no one was offended, we had a laugh also and finally the point could be made.”

CARE staff member

“We become open, and then become good friends, and then we trusted each other. This helps us to work better in a team. We did this kind of chatting earlier also but it was hush hush.”

CARE staff member

Further Readings and Resources

This document is not intended to be a step-by-step “how to” guide for facilitating reflective dialogues. Additional resources are available to help experienced facilitators become more familiar with the techniques.

Readings:

Davies, R. & Dart, J. (2005). *The ‘Most Significant Change’ (MSC) Technique: A guide to its use* (2005). Available in PDF format (1.236 KB) at <http://www.mande.co.uk/docs/MSCGuide.htm>

Ellis, G. (2000). Reflective learning and supervision. In L. Cooper, & L. Briggs (Eds.), *Fieldwork in the Human Services*. St Leonards, NSW: Allen and Unwin.

Fletcher, G., Magar, V., & Noij, F. (2005). *Learning by Inquiry: Sexual and Reproductive Health Field Experiences from CARE in Asia*. Sexual and Reproductive Health Working Paper Series, No. 1. CARE USA. Available in PDF format (306 KB) at http://www.care.org/careswork/whatwedo/health/downloads/20050906_learningbyinquiry.pdf

Freire, P. (1972). *Pedagogy of the Oppressed*. Harmondsworth: Penguin.

Grant, A. (1997). A multi-storied approach to the analysis: narrative, literacy and discourse. In *Melbourne Studies in Education*, 38, pp 31-71.

Katz, G. (1995). Facilitation. In C. Alavis (Ed.), *Problem-Based Learning in a Health Sciences Curriculum* (pp. 52-70). London: Routledge.

Kolb, D. A. (1984). *Experiential Learning: Experience As the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice-Hall.

Mezirow, J. (1998). On critical reflection. *Adult Education Quarterly*, 48(3), pp. 185-198.

Moon, J. A. (1999). *Reflection in Learning and Professional Development: Theory and Practice*. London: Kogan Page.

Oakley, P. (2001). *Evaluating Empowerment: Reviewing the Concept and Practice*. INTRAC NGO Management and Policy Series No. 13. Oxford, England: INTRAC.

Peavey, F. (1999). *Strategic Questioning for Personal and Social Change..*

Rossmann, G. B., & Rallis, S. F. (2003). *Learning in the Field: An Introduction to Qualitative Research*. Thousand Oaks, CA: Sage Publications.

Schien, E. H. (1980). *Organizational Psychology*. Englewood Cliffs, NJ: Prentice-Hall Inc.

Schon, D. (1987). *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass Inc.

Wadsworth, Y., & Peavey, F. (2004). Strategic Questions, Conference on Community Development, Human Rights & the Grassroots. Melbourne, Australia.

Web and Other Resources

Action Research

Action Research is based on reflective learning. A key principle is that research should involve participants in: identifying their own experiences; deciding on a research issue (What is of most concern? What is of interest and to whom?); then identifying possible responses, talking through who could do what, and how; implementing change and reflecting on that change; and repeating the process in a cycle of experiencing, reflecting, responding and learning (Wadsworth & Peavey, 2004). In addition to defining Action Research, this Web site:

(<http://www.scu.edu.au/schools/gcm/ar/arhome.html>) provides access to the international refereed journal Action Research International; an online action research and evaluation introductory e-mail course; resource papers on action research; and links to other relevant sites.

Crabgrass

Crabgrass is a small, U.S.-based NGO that takes a Participatory Action Research (PAR) approach. It works with an Indian environmental NGO, as well as a crafts project for displaced and refugee women in the former Yugoslavia. The organization's Web site (www.crabgrass.org) contains writings by Fran Peavey (a key contributor in the development of PAR) and links to some interesting organizations such as the Buddhist Peace Fellowship, the Center for Third World Organising and the Association of Women in Development. Links are organized under: non-violence, human rights, social justice, women, conflict resolution and development.

Research Initiatives Bangladesh (RIB)

This NGO promotes and funds research on poverty alleviation, provided the research is in response to a community-identified need and is carried out by community members. RIB takes a very action research-oriented approach to its work; the organization is also involved in establishing a network of organizations working on poverty alleviation in Bangladesh from a participatory standpoint. The site (<http://www.rib-bangladesh.org/>) offers links to other Bangladeshi organizations working on poverty alleviation.

Institute of Development Studies (2000 – Research Overview)

The Institute is at the forefront of helping develop Participatory Rural Appraisal (PRA), which feeds into Participatory Learning and Action (PLA) and other methodologies that aim to promote active participation of target groups. Its Web site (www.ids.ac.uk/ids/particip/research/index.html) has a host of interesting articles, as well as links to research reports on participation and policy, citizenship and participation, the theory and practice of participation, and organizational learning and change.

Livelihoods Connect

This Web site (www.livelihoods.org/index.html), supported by the UK Department for International Development (DfID) and the Institute of Development Studies, aims to share learning on the Sustainable Livelihoods Approach with distance-learning materials, organizational links and a toolbox “to help in using sustainable livelihoods approaches at different stages of the project cycle.” The tools fall under six main headings: Policy, Institutions and Processes (including a new tool for analyzing power); Programme Identification and Design; Planning New Projects; Reviewing Existing Activities; Monitoring and Evaluation; and Ways of Working (including Appreciative Inquiry, a qualitative research methodology linked to Action Research, Participatory Action Research, Participatory Learning in Action and Most Significant Change).

Exchange

Billed as “a networking and learning program on health communication for development,” this Web site (www.healthcomms.org/index.html) – hosted by Healthlink Worldwide and supported by DfID – covers five areas: HIV/AIDS Communication, Social Mobilization, Learning Evaluation, Integrated Communications and Capacity Development. It offers a wide range of resources such as discussion papers, reports on health communications field work and more theoretical work. The site also offers good opportunities for networking with other health communication projects, plus links to other sites. The Most Significant Change methodology featured in this paper’s case studies is also discussed.

Praxis – Institute for Participatory Practices

Praxis (<http://www.praxisindia.org>) is a not-for-profit, autonomous, development support organization (set up by ActionAid India in 1997) seeking to facilitate the promotion of participatory practices in human development initiatives in an integral manner. In the relatively short period since its inception, it has become recognized as an international resource agency at the forefront of participatory practices.

MSC Listserv

MSC is a qualitative monitoring and evaluation process that is becoming increasingly popular in development agencies. First developed in Bangladesh, this process uses participants’ own stories of change. An MSC listserv (online discussion group) offers access to documents on the use of MSC in numerous countries, including Afghanistan, Australia, Bangladesh, Ethiopia, Finland, Ghana, Malawi, Mozambique, the Philippines and Zambia. There is also an easy-to-follow guide to using MSC, 2004 Australia: Jess Dart’s MSC Guide. To subscribe to the listserv, e-mail: MostSignificantChanges-subscribe@yahoogroups.com

MandE News

This is a news service “focusing on developments in monitoring and evaluation methods relevant to development projects and programs with social development objectives.” It is edited by Rick Davies, who, with Jess Dart, is pioneering MSC work. Its Web site (www.mande.co.uk) offers an open forum for discussion as well as e-mail updates. Topics covered include Evaluation Centers, M&E Units within Development Agencies, Evaluation Societies and Networks, and Networks on Analysis and Evaluation. (For the latest news on MSC, it is best to use the listserv mentioned above.)