

Chapter 2

The ISOFI Model: Creating an Enabling Environment for the Effective Integration of Gender and Sexuality

Over the past several years, CARE has strategically committed time and resources to integrating gender and diversity into its programming principles and administrative policies. CARE undertook numerous initiatives to integrate gender into all relevant functional areas of the organization. In human resources, CARE instituted progressive gender and diversity policies and integrated relevant competencies into the performance appraisal system. In ongoing support to field programs, CARE provides technical materials on gender integration, trains staff in gender analysis and supports projects throughout implementation. CARE also promotes the systematic consideration of gender in project design, monitoring and evaluation. In other words,

there has been a substantial global effort to ensure that CARE programming is not only gender-informed but also gender-responsive. In light of political commitment at the highest institutional levels and sizeable investment in systems and capacity, CARE expected gender to be more fully and holistically integrated into field programs by this point in time. In reflecting on efforts to integrate gender and the added dimension of sexuality into reproductive health and HIV/AIDS programming, staff working with ISOFI observed the absence of sexuality in programming and expressed concerns about integrating these concepts into programs. Examples of concerns early in the ISOFI process are provided in the text box below.

Text Box 4: Pre-ISOFI Perceptions on Integrating Gender and Sexuality

Headquarters Perspectives

...[G]ender issues usually come up once during a 'gender workshop.' That is usually enough to spark interest (or not) in certain individuals...a once-in-a-lifetime workshop isn't enough. (CARE Advisor)

Gender is much more ingrained within and accepted by staff; it's the sexuality piece that is far, far behind. (CARE Advisor)

Traditionally CARE projects have avoided sexuality and dealt with reproduction in a very technical or medical way. (CARE Advisor)

I find that sexuality is often in the unspoken "assumptions" column of the log frame of reproductive health programs. (CARE Advisor)

We need people who are comfortable and experienced with the issues...to mentor our CARE programs. (CARE Advisor)

Field Perspectives

We've realized that we needed to change 'us' before we [could] advocate change in communities. (India)

I don't dare add another topic about sexuality. For the target group, it might be sensitive. For the first step, they should have basic knowledge about gender. If they are okay with gender, we go to the further step of sexuality. (Vietnam)

So for myself, I'm alone in the forest [of gender and sexuality], and I'm trying to see where is the exit. (Vietnam)

We have realized that women open up and talk about sexuality, but then we become hesitant. (Male Staff, India)

...[I]f I cannot convince my family [about gender equity], then how can I convince my project beneficiaries? I work with local women. They have more difficult living conditions than me - so if I can't convince my family, how can they convince their families? (Vietnam)

Among other programmatic issues, these staff observations reflect how divergence between personally held and professionally expressed values and attitudes around gender and sexuality can affect all aspects of programming: design, implementation and evaluation. Lived experience of gender and sexuality is deeply rooted in social systems and cultural meaning, and represents an individual's essence as a human being – it structures personal life. That lived experience of gender and sexuality often creates tension within the professional sphere, effectively tempering the design and delivery of interventions framed to address reproductive health and HIV/AIDS, which are intrinsically linked to gender and sexuality. Essentially, it is unrealistic to ask field staff to uphold and promote gender-sensitive or, even more ambitiously, gender-transformative principles when they haven't had an opportunity to process and integrate those principles into their personal lives.

Finally, in the previous quotes, staff identify a fundamental need: to open a dialogue around sex, sexuality and sexual health. In their experience, project educational materials deal with reproductive organs but not with the power, pleasure, pain and shame associated with those same sexual sites. Field staff promote condoms – and their effec-

Just giving a condom and asking a person to go and explain what are the different methods and pros and cons - this is not going to work until and unless you relate to [people] as human beings. That is what ISOFI has done for me. I have a very, very soft corner - a special corner - for [ISOFI]. (India)

tiveness with birth spacing as with the prevention of sexually transmitted infections - but overlook the importance of intimacy in sexual relations and the reality of gendered control over sexual encounters. Project strategies are primarily framed around heterosexual sex and refrain from addressing less visible patterns of sexuality such as male-to-male sex or sexual practices deemed outside the mainstream such as male-to-female anal sex. 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.

Change theory supports the creation of safe and non-judgmental "space" where individuals can examine and explore sensitive and deeply personal subject matter. Such theory influenced the design of the ISOFI Innovation System (IS), which is described in the remainder of this chapter.

Text Box 5: Guiding Principles for the Design of the ISOFI Innovation System (IS)

- **Development practitioners need space to explore and understand their own values, attitudes, beliefs and experiences of gender and sexuality.**
- **Personal learning and change in relation to gender and sexuality will be critical to enhancing organizational effectiveness in addressing gender and sexuality.**
- **Processes and practice in the professional sphere should encourage people to recognize and maximize their lived experience of gender and sexuality.**

***Inquiry as Everyday Practice:
The ISOFI Innovation System (IS)***

In response to the observations and reflections previously noted, CARE and ICRW agreed to design and test a field-based methodology to integrate gender and sexuality systematically into existing reproductive health projects. Planned as a first phase, the Inner Spaces/Outer Faces Initiative initially focused on personal learning and change, and then segued naturally to organizational learning and change. ISOFI as a methodology features **structured iterative loops of reflection/learning, action/experimentation and analysis/assimilation**. Its systemic nature means that a safe space for reflection and dialogue can and should be carved out at all levels of an organization.

This realization made me actually see that because of my judgmental attitude, I tended to become dominating. I realized that these were shortcomings in my character, and I needed to address them. Thus, I tried to make amends. The enabling environment in ISOFI was instrumental in facilitating self-reflection. Nowhere was it said that you have to change, so I really did not feel this was a project. The facilitation process was excellent - always. Because of the learning environment, there is self-realization that things can improve if there is change. (India)

With the two-year pilot now at an end, CARE and ICRW have consolidated ISOFI learning and tools into the ISOFI Innovation System (ISOFI IS), which has been rigorously field tested by CARE in two countries: India, in Lucknow District (Uttar Pradesh) and Bhilwara District (Rajasthan); and Vietnam, in Hanoi and Ho Chi Minh City. The ISOFI IS comprises five intervention modules, the first four of which are administered sequentially in an initial phase, but all of which are practiced iteratively across the project cycle. Those five intervention modules are:

- **Portfolio Review and Needs Assessment;**
- **Gender and Sexuality Training**
- **Reflective Dialogues** (collective reflection);
- **Personal Learning Narratives** (individual reflection);

- **Participatory Learning and Action** (application of learning to interventions)

There still is a contradiction between our inner and outer faces. (India)

The ISOFI IS has a participatory evaluation module that can be applied as a mid-term process review or as an end-of-project evaluation. (The five intervention modules are described in this chapter, with the evaluation module described in the Annexes.) Exercises conducted with the assistance of these modules were the source of the numerous quotations and visuals appearing throughout this report.

Genesis of a Methodology

As fundamental to ISOFI's design, CARE and ICRW incorporated principles and processes associated with three interrelated domains: social psychology represented by Kurt Lewin and the legacy of his work relating to group dynamics and experiential learning; androgogy, which frames education as freedom and promotes the assimilation of learning with life experience, represented by Brazilian educationalist Paolo Freire; and Participatory Action Research (PAR), an approach noted for improving social practice and promoting social justice, represented by diverse schools of thought ranging from Fals Borda to Whyte to Reason and McTaggart, and by innovative applications of PAR in development practice, such as Participatory Learning and Action (PLA), espoused by Chambers, Cornwall and Gaventa. Theory that inspired ISOFI's overall design is summarized below and linked to aspects of the ISOFI IS.

ISOFI Challenge #1: As adults employed by an international development organization in low- or middle-income countries, CARE staff are generally well educated, highly motivated, seasoned and experienced, and enjoy relatively high status within

their community. As in any society, their worldview and perspectives on gender and sexuality were initially shaped by prevailing socio-cultural systems, values and norms through a process of socialization. Gradually, life experiences, personal inquiry and exposure to global media introduce new information on gender and sexuality that requires processing.

What is an effective method for challenging adults to think differently about profoundly sensitive issues such as gender and sexuality? To address this challenge, the ISOFI team drew on the disciplines of social psychology and androgogy.

Kurt Lewin, a social psychologist of the early 20th century, posited that re-education may affect people's cognitive structure (the organization of ideas, facts and beliefs), values and behavior. In order to re-educate or re-socialize adults, they must pass through a three-phase process: **unfreezing** (creating internal disequilibrium); **changing** (finding a new equilibrium for themselves); and **refreezing** (re-stabilizing). As an essential first step to learning, the unfreezing process needs to prompt change through heightened anxiety, introduce or reorganize information, and allow for safe and non-judgmental reflection. Next comes a period of change when individuals experiment with new behaviors within a supportive group environment.

With time and practice, new behaviors and perspectives are assimilated into an individual's personality and life systems, and refreeze only when significant others (e.g., spouse, kin, close friends) confirm or validate the changes.

Paolo Freire, a Brazilian educator of the 20th century, remarked in his classic work *Pedagogy of the Oppressed* (1970) that, "No one can unveil the world for another." By striving to develop critical consciousness – to perceive with purpose the social, political and economic injustices that serve to exclude certain individuals from society – people learn to perceive and critique their own personal and social reality. For Freire, informal education was dialogical, involving deep respect for others' knowledge, value and contribution to society. Silence and complacency can be broken through collective reflection and dialogue, motivating individuals to take action to transform themselves and society.

Application of Theory to ISOFI IS: All of the ISOFI intervention modules are multipurpose and contribute to learning and change at both the individual and organizational level. For this particular challenge, given the need to "shake up" individuals (per Lewin's unfreezing) and raise their consciousness (per Freire), the ISOFI team developed the first four of five intervention modules to be admin-

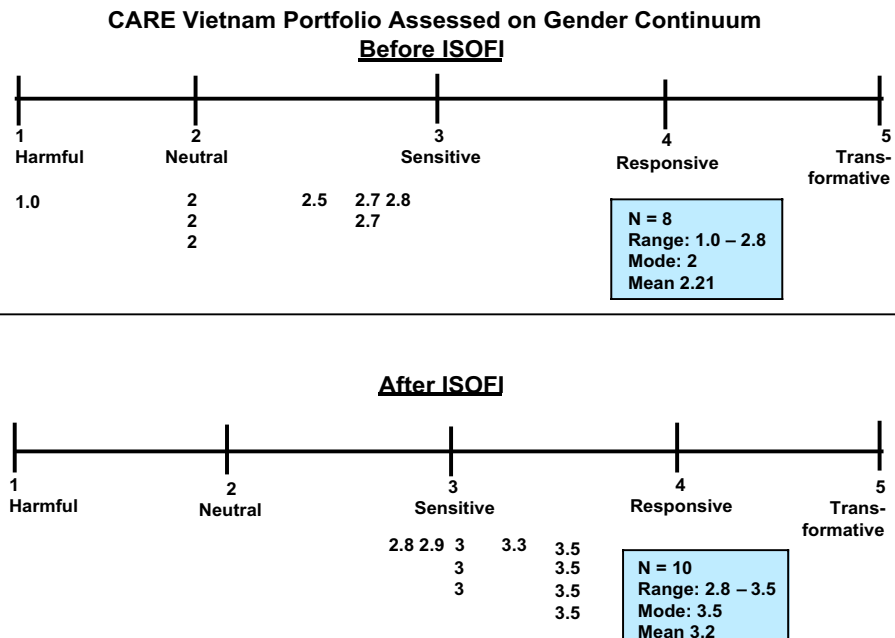
Text Box 6: ISOFI's Gender Continuum

Over the course of ISOFI, staff evaluated CARE's progress in integrating gender into its existing portfolio by assessing program strategy against a gender continuum adapted from a model developed by ICRW . ISOFI's gender continuum is below:

- 1) A gender-blind approach exploits inequalities and reinforces stereotypes. An example of a gender-blind approach is using a virile, strong man to promote condom use.
- 2) A gender-sensitive approach recognizes that people's needs are different and accomodates societal roles without attempting to reduce inequalities. An example of a gender-sensitive approach is promoting the "female condom" so that women can use condoms for prevention, without having to negotiate their use with their male partners.
- 3) A gender-transformative approach seeks to create more equitable relationships and challenges gender and societal norms. An example of a gender-transformative appraoch is a CARE income-generation training project in Allahabad, India, where women are given training in hand-pump repair rather than traditionally defined skills such as sewing or tailoring.
- 4) An empowering approach aims to equalize the balance of power and addresses structural and societal barriers, which empowers vulnerable people to claim their rights. An example of the empowerment approach is the Sonagachi project in West Bengal, India, where sex workers organized themselves in order to demand the right to health care.

Diagram I: CARE Vietnam: Progress Along the Gender Continuum

In Vietnam, participants in the end-of-project review assessed progress in applying gender across the CARE program portfolio. Conducted in two parts, the first focusing on pre-ISOFI and the second on post-ISOFI, each participant provided a score relating to the portfolio's performance on gender. One participant felt that the pre-ISOFI portfolio included elements harmful to gender, such as promoting labor-exploitive cooking stoves. However, all participants agreed that CARE's performance on gender dimensions substantially improved post-ISOFI.



istered sequentially in the earliest stage of initiating personal learning and change, and then to be taken up again at appropriate junctures in the project cycle. They are:

- Portfolio Review and Needs Assessment
- Gender and Sexuality Training
- Reflective Dialogues
- Personal Learning Narratives

The **Portfolio Review and Needs Assessment (PR/NA)** assembles primary stakeholders (e.g., managers, advisors, field staff, partners) to appraise the state of the organization's program portfolio in relation to gender and sexuality as reflected in project content, strategies, activities, monitoring and evaluation, staffing and partnerships. The facilitators establish the parameters of the portfolio to be examined but may include current, past and pending projects and may extend across several development sectors (e.g., reproductive health, microenterprise and food security). Facilitators

lead participants through a structured reflection exercise, working from a facilitation guide. One key tool adapted for the PR/NA is the "gender continuum" described above. Depending upon the size of the portfolio under review, the PR/NA can take from a half day to a full day. In most cases, it should not extend beyond a full day, as length of a "reflection" session early in the ISOFI process could potentially discourage project staff anxious about field activities and deliverables. As with any participatory process, length of the PR/NA should be determined by the staff participating in the module. A sample of the PR/NA facilitation guide used in India and Vietnam is available in Annex I.

The **Gender and Sexuality Training** proved an essential intervention module for unfreezing people's perspectives, particularly those on sexuality. CARE and ICRW worked closely with local resource centers such as TARSHI in India to develop the module. Conducted over the course of three to four days, the curricula were contextualized and sought to challenge participants' preconceived

notions of gender norms and gender roles, sexual norms and sexual identities, the role of power and control, and the detrimental effect of social exclusion. The trainings were grounded in social construction theories for understanding both gender and sexuality. Facilitators relied heavily on experiential exercises and maintained a highly interactive and supportive environment. The benefit of involving local resource centers for this particular intervention module is that staff from these centers are quite up to date on the latest group communication techniques, and they bring a new and refreshing perspective to the organization. These centers offered periodic training courses on gender and sexuality, which were used to train new staff members as they came on board.

Senior Managers --> Strategy and Outcomes

Middle Managers --> Intervention Design and Outputs

Field Staff --> Activity Implementation and Inputs

As a methodology for collective reflection, **Reflective Dialogues** are held quarterly and can involve relevant staff at multiple levels of the organization - field-level, middle management and senior management. As appropriate, Reflective Dialogues may also involve implementing partners at each of the corresponding levels. While thematically interrelated, the nature of the reflection is adapted to suit the role and responsibilities of staff and partners operating at each level. As NGOs focus principally on implementation – and staff often view time away from implementation as costly – a Reflective Dialogue session should normally take from a half day to a full day, extending in exceptional circumstances beyond a full day. During Reflective Dialogues, staff review progress against the past quarter’s workplan and then engage in active problem solving and theory building to reassess the

We are so involved in proving our competencies that we do not even want to honestly reflect. (India)

current situation vis-à-vis the integration of gender and sexuality into the project’s strategies, interventions, and monitoring and evaluation system. Essentially, the reflection is built around four basic operational questions:

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

Through structured probing, staff process observations and learning around gender and sexuality, as well as explore linkages of that learning to change at the personal level (inner spaces), at the professional level and at the organizational level (outer faces). In this first phase of ISOFI, facilitators from CARE and ICRW led the official reflective dialogue discussions in India and Vietnam. As staff in CARE India became more comfortable with the exercise and began to appreciate the power of reflection, they carried out their own reflective sessions as needs arose. Through this methodology, participants are constantly testing the logic and effectiveness of theories that are put into practice, and adapting interventions to be increasingly responsive within socio-cultural contexts as they become better understood.

...[B]ut after ISOFI, there has been a revelation - a personal journey within me. (India)

Finally, in order to encourage regular personal reflection, the ISOFI team introduced the **Personal Learning Narrative**, an opportunity for staff undergoing transition to think through the effect of learning around gender and sexuality on their personal lives. Originally conceived as periodic written reflection, the ISOFI team quickly adapted the methodology, as they realized that staff don’t have the time (or perhaps the inclination) to write personal narratives. An interview methodology effectively substituted for written narratives, with up

to three indepth interviews conducted by facilitators from CARE and ICRW at the conclusion of each Reflective Dialogue session. Given the number of staff participating in ISOFI in India, for example, each individual was interviewed twice during the course of the 18-month pilot. In indepth interviews conducted during the evaluation phase of ISOFI, participants spoke about the degree to which they had been able to refreeze their internal frames on gender and sexuality, and analyzed the various factors affecting their ability to stabilize new beliefs, attitudes and values. These findings are reported in Chapter 3.

ISOFI Challenge #2: Over the past 10 years, CARE as an organization has been moving steadily from a needs-based approach toward a rights-based approach, which seeks to reduce risk and vulnerability by addressing underlying causes of poverty and of social exclusion. Central to the success of a rights-based approach is the effective and systematic integration of gender into all aspects of organizational culture, structure, systems and programming. Further, when applying a rights-based approach to reproductive health and HIV/AIDS, it is crucial to understand how sexuality interacts with gender to create interconnected risk and vulnerability, the ramifications of which extend beyond public health to social and economic outcomes.

Generally, CARE staff understand well the concept of gender, less so the concept of sexuality. Yet, as ISOFI participants observed time and again, as comfortable as they were with gender concepts, they just didn't know "how to do" gender. They were even more unsure about how to broach sexuality with implementing partners and community members.

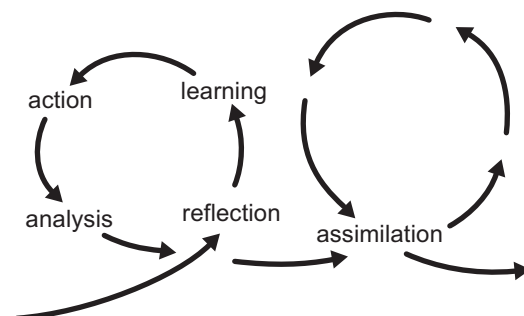
What methodology will support CARE's purposeful transition to rights-based programming while building staff capacity to concretely integrate gen-

der and sexuality into strategies and interventions? To address this issue, the ISOFI team drew from the teachings of Paolo Freire and from the various schools of participatory action research and their innovative applications, such as Participatory Learning and Action (PLA), espoused by Robert Chambers and Andrea Cornwall. Relevant theory and its application are summarized below.

Praxis is fundamental to Freire's pedagogy of emancipation. Freire argued that all action must be informed by social, cultural, economic and political realities, and must seek to transform the world that is. Further, this liberatory action should strive to increase simultaneously the community's capacity for critical reflection and action as well as build its social capital. In this way, action contributes to the attainment of social justice both by rectifying inequities through a process of conscientization and collective action, and by consistently demonstrating principles closely associated with social justice (e.g., respect, transparency, dignity) in daily life.

True praxis can never be merely cerebral; it must involve action. Nor can it be limited to mere activism. It must include serious reflection. Freire regards reflection without action as sheer verbalism, "armchair revolution," whereas action without reflection is "pure activism," that is, action for action's sake. (Crotty, 1998)

With its origins in social science, **Action Research**, as an orientation to inquiry and social action, evolved and diversified as it integrated new domains. Reason and Bradbury (2001) distinguish Action Research from traditional academic research by emphasizing that Action Research is "a participatory, democratic process concerned with developing practical knowing in the pursuit of



worthwhile human purposes...,” and more specifically, “[i]t seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.” Within Action Research, there are iterative cycles of action, analysis and reflection that lead to an ever more precise articulation of the research problem and foster ever-increasing depths of perception to those seeking solutions to real-world problems. By virtue of these iterative loops of action and reflection, change occurs throughout the research process; the research team is constantly adjusting its conceptual framework so that it accurately reflects "reality" as layers of meaning are unveiled.

While many schools of thought abound, Whyte and others distinguish between Action Research and Participative Action Research (or **Participatory Action Research**), where people from the subject organization or community actively participate in framing and conducting the research, interpreting data, and presenting findings and recommendations. As with all forms of Action Research, Participatory Action Research links directly to social action, and when practiced in its most genuine form is truly emancipatory. Sohng (1995) remarks: “Ideally, this collaborative process is empowering... Participatory research reflects goal-oriented, experiential learning and transformative pedagogy.”



ISOFI staff adapted PLA tools in the course of their fieldwork. Here CARE India staff interview an adolescent girl on her sexual and reproductive health history, using a bi-directional timeline.



ISOFI participants developed expertise in applying PLA tools to the issues of gender and sexuality. Here a staff member from CARE Vietnam uses cartooning to depict "most significant change" as it relates to ISOFI's impact on personal and professional spheres.

Application of Theory to ISOFI IS: For this particular challenge, the ISOFI team developed an intervention module based on an innovative application of PAR to development practice: **Participatory Learning and Action (PLA)**. For ISOFI's purposes, the PLA exercises were focused around gender and sexuality as they related to the host project's purpose - e.g. improving maternal health among rural women or improving safe sex practices among mobile populations. This module serves multiple purposes: It expands and reinforces personal and professional learning; it deepens organizational learning and promotes genuine partnership; it transfers ownership and builds capacity of community members; practically speaking, it identifies specific entry points where gender and sexuality can be more effectively addressed, and provides abundant information for "tweaking" project strategies, interventions and project materials. PLA of various scope and themes can be conducted throughout the project life cycle; however, the ISOFI team undertook the first PLA as the earliest stage of personal learning was drawing to a close.

Among its principles, PLA promotes ownership, diversity of meaning and experience, collective learning and action, and social transformation. ICRW developed field guides for the PLAs in India;

this field guide was adapted for use in Vietnam. In keeping with the tenets of PLA, a variety of qualitative tools are used to collect and analyze information; recommendations focus on immediate application of new learning to action. Tools used during the ISOFI PLAs on gender and sexuality included: social and vulnerability mapping; body mapping; Venn diagram; cartooning; bi-directional timeline; and stakeholder analysis, among others. Visuals developed during the PLAs appear throughout this report. Full reports from the PLAs on gender and sexuality are available from CARE India and CARE Vietnam.

Conclusion: Drawing from the domains of social psychology, androgogy and Participatory Action Research, CARE and ICRW developed a field-based Innovation System to complement and enhance CARE's multi-year initiative to address gender and diversity in relevant operational and programmatic areas. As described in detail above, the ISOFI IS is comprised of five intervention modules: Portfolio Review and Needs Assessment; Gender and Sexuality Training; Reflective Dialogues; Personal Learning Narratives; Participatory Learning and Action

on Gender and Sexuality; and a participatory evaluation module. As a defined system, ISOFI guides managers and field staff through a structured process that focuses initially on personal learning and change around gender and sexuality, then by design helps participants move forward with organizational learning and change and application to field interventions.

As a methodology inspired by Freire's pedagogy of emancipation, the ISOFI IS seeks to empower and build the social capital of all individuals involved in its process: community members, service providers, NGO partners, field staff, managers and technical advisors. At its core, the ISOFI IS upholds the principles of critical consciousness, praxis and social action. ISOFI exercises prompt participants to question, critique, reflect and envision. As such, participants begin to perceive their lived experience of gender and sexuality through a new lens and, within a supportive environment, integrate new thinking around gender and sexuality into their personal frameworks as well as begin to apply new principles to their work as agents of social change.

Text Box 7: Post-ISOFI Perceptions on Integrating Gender and Sexuality

Headquarters Perspective

I am more aware of how words reflect my subconscious attitudes, and how I need to be more conscious of child-learned versus adult-learned attitudes. (CARE Advisor)

...[W]e are better at avoiding a victim perspective of women. We see women as agents able to make choices. This is a radical change. We are also better at seeing how masculinity is constructed in ways that hurt men as much as it hurts women. (CARE Advisor)

...[T]here is momentum, but it needs concerted attention. Because ISOFI was only two years, we've only made a dent in how individuals within CARE look at the issues; it takes a lot longer to get groups of individuals to change the way they do business. (CARE Advisor)

Field Perspective

ISOFI started in May 2004. By September 2005 we were able to talk very confidently about issues of gender and sexuality with elected officials. By October 2005, we started organizing folk shows with [themes of] gender and sexuality. (India)

...[P]ower ranking helps us to identify sub-groups inside a group - for example, HIV-positive people. Sub-groups have different challenges... Understanding resources and power among the beneficiary group[s]... helps me to [design] better interventions. (Vietnam)

What [ISOFI] has given me as a person is the confidence to go ahead, the opportunity where I can with my team work out, try out, experiment and learn... make mistakes... and yet learn to do things in a different way. (India)