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

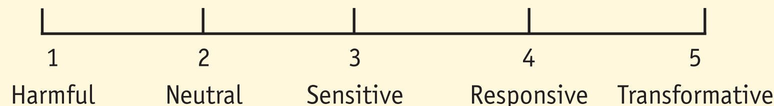
As we begin to see how inequalities of gender and sexuality in society influence people's behavior, we need to honestly ask ourselves whether our programs are currently doing enough to address these inequalities. Some reproductive health or HIV programs actually reinforce gender and sexual stereotypes 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 Princples - 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
We work for the poor and marginalized. We deliver professional help because they lack the skills and expertise. 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. 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. We let project participants know about our activities if they need to know.	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. Besides delivering the quality services they need, we often speak in general terms on their behalf to other stakeholders. 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.	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. 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. 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.	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. 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. 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.	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. We build partnerships with or ganizations 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. 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). 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.

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
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. If everybody does a good job, all are served.	Partnership is a principle for us. It is referred to in our mission. We need to know what others do to be complementary; duplicating work makes no sense.	We want to work with others to achieve things we cannot achieve on our own. 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.	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. 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.	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. 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. 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.

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
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. Who are we or who are the poor to hold others accountable?	We are convinced development would go much faster if other stakeholders would contribute more. We speak in general terms about the need for more generosity from the North and more goodwill from the South. We formulate a general demand, but don't talk in terms of responsibilities, because we aren't a political organization.	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. 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.	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. 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.	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. 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.

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
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. 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. We fulfill legal obligations as health programmers, making sure that CARE's programs don't violate national policy related to sexuality or gender.	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. 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. 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).	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. 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. 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. 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.	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. Both our programs and workplace policies pay special attention to achieving equity for women and sexual minorities. 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. Our programs address empowerment for women and sexual minorities as far as our programs have the flexibility to do so. We train law-makers on the needs of minority populations with regard to sexual and reproductive health.	CARE facilitates health service delivery for "minority groups" by members of their own group, in a way that the group decides is most appropriate. 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. 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. 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.

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
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. 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. We operate in the dark when it comes to policies related to rights of body integrity and its violation by violence. 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.	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. Key program staff are trained in the basics of preventing and managing issues related to domestic or other forms of gender and sexual violence. 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. 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.	We provide or facilitate basic health and social services for survivors of violence. 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. 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. In situations where civil conflict may erupt, all staff are trained and skilled in "Do No Harm" principles."	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. We facilitate training to health staff to recognize signs of inter-personal violence, how to ask respectful questions, and how to intervene appropriately. 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. We develop coalitions of groups and agencies that aim to address societal change with regard to acceptance of violence as a norm. Our local partner agencies work with us to strengthen or change national laws related to domestic, systemic or structural gender-based violence. 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.	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. Our programs routinely address, prevent and monitor for levels of personal or structural violence based on gender or sexuality. In partnership with local non-violent activists, we seek creative, non-violent methods of achieving social justice solutions. 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. We advocate for inclusion, representation and voice in policy documents and actions.

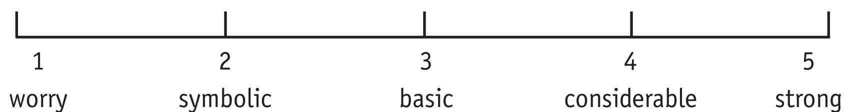
CI Programming Principles Scales: How are we doing?

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.

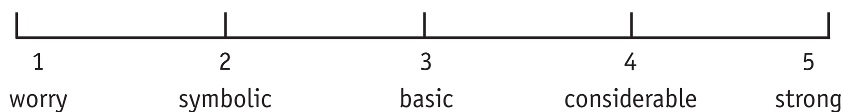
Worry	Symbolic	Basic	Considerable	Strong
At most we can consider structural injustices as contextual factors. Being realistic, we assume they will continue to be part of the context in which we work. Therefore we can put them in the assumption column of our logical frameworks. We work for the poor and marginalized. They lack skills and expertise. By helping them with our technical knowledge, their conditions will improve and we will see immediate results.	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. 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.	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. 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. 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.	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. 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.	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. 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. Leadership and decision-making is made at the local level by networks of marginalized groups working in solidarity. CARE is a partner.

CI Programming Principles Worksheet

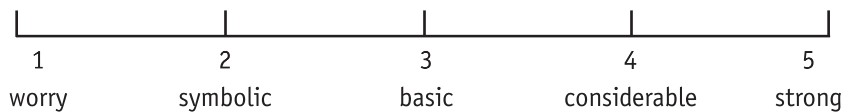
Principle 1: Promote Empowerment



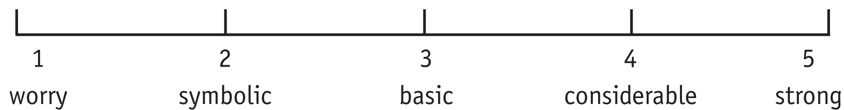
Principle 2: Work with Partners



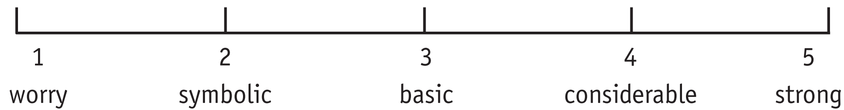
Principle 3: Ensure Accountability and Promote Responsibility



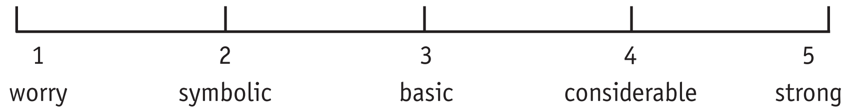
Principle 4: Address Discrimination



Principle 5: Promote the Non-Violent Resolution of Conflicts



Principle 6: Seek Sustainable Results



Stakeholder Analysis

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