

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."