

GENDER, REPRODUCTIVE HEALTH, AND ADVOCACY

A Trainer's Manual



cedpa

The Centre for Development and Population Activities

GENDER, REPRODUCTIVE HEALTH, AND ADVOCACY

A Trainer's Manual



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We would like to give our special thanks to those who participated in the field testing of this manual in Ghana, Nigeria, India, Malawi, and Nepal, and in regional and Washington-based workshops with participants from around the world. Their suggestions and feedback, as well as their commitment to gender equity, were invaluable to the development of the manual.

TALKING ABOUT A REVOLUTION—THE POLITICS OF POPULATION

In September 1994, in Cairo, Egypt, all previous thinking on population changed forever. In a historic consensus, 180 countries, gathered for the International Conference on Population and Development (ICPD), hammered out a remarkable blueprint for population stabilization. For the first time at an international conference, population stabilization moved beyond family planning and was considered in the context of sustainable development. The 20-year Programme of Action that emerged from the conference sets forth a new vision for population and development programs based on core values of human rights, gender equity and equality, and improved quality of life for all. It emphasizes the integral links between population and development, sustained economic growth and sustainable development, and focuses on meeting the needs of individual women and men instead of on demographic targets. The third in a series of international meetings that focused on population issues, the ICPD was the first to explicitly link population with development in order to achieve a balance between the world's people and its resources. That such a wide range of political, religious, and cultural forces could endorse this new paradigm is truly revolutionary.

Previous international agreements on population set demographic targets, or goals, for the world's population, relying on the provision of contraceptive services as the means to achieve the targets. In stark contrast, in Cairo, the international community recognized the interrelationships between consumption and production patterns, economic development, population growth and structure, and environmental degradation. The Programme of Action, a non-binding document comprising 16 chapters and 118 pages, is a guide for governments over a 20-year period. It encompasses a wide spectrum of goals and recommendations in the areas of reproductive health and family planning, maternal and child health, education, poverty alleviation, environmental protection, consumption, and resource allocation. The document proposes an unprecedented 243 actions that governments and private sector actors can take to implement the conference's goals.

One of the most significant policy outcomes of the ICPD is the recognition that women's empowerment is essential to sustainable development. The Programme of Action affirms the advancement of gender equity and equality as a central principle in population stabilization. It notes that women are key actors in the development process and are also frequently the poorest of the poor. It recognizes that women often live in different circumstances than men, even in the same region. Differences in women's access to and control over resources and in their ability to make decisions about their lives affect the extent to which available reproductive health services are used. There was almost universal agreement in Cairo that giving women power over their lives not only serves to stabilize population growth but also leads to sustainable economic development.

The Cairo consensus also recognizes the need of population programs to move beyond traditional family planning and include expanded reproductive health programs. Reproductive health care is now promoted as a way to address a range of women's health needs as well as improve the quality of services provided to family planning users.

The Cairo conference achieved many things. It highlighted the link between population growth in the South and consumption in the North. It emphasized the link between population growth, development, and the environment. Most importantly, it recognized for the first time the ultimate right of women (not of states) to determine fertility, and the state's corresponding responsibility

to provide women with the resources to make informed choices. The following year in Beijing, the Fourth World Conference on Women (FWCW) focused on the interconnected issues of equality, development, and peace, analyzing them from a gender perspective. The Beijing Platform for Action asserts women’s right “to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.”¹

CAIRO+5

In 1999, a five-year review of progress by a UN Special Session showed that the implementation of the Cairo recommendations had brought about positive changes. Many countries had taken steps to integrate population concerns into their development strategies. However, for some countries and regions, progress was limited, and in some cases setbacks had occurred. Women and girls continued to face discrimination, and the HIV/AIDS pandemic increased mortality in many countries. Adolescents remain vulnerable to reproductive and sexual risks, and millions of couples and individuals still lacked access to reproductive health information and services. In the 106-paragraph review text, the UN urged governments to take strong measures to promote the human rights of women and encouraged them to pay more attention to reproductive health care in their population and development policies and programs.

WHY GENDER, REPRODUCTIVE HEALTH, AND ADVOCACY?

Gender, Reproductive Health, and Advocacy (GRAD) is a training program designed to assist program planners and implementers in putting into action the key concepts from the ICPD and the FWCW that are central to the achievement of sustainable development.

The term *gender* refers to the socially constructed roles and responsibilities assigned to women and men in a given culture or location. Gender is a basic organizing principle of societies that affects women and men in all activities and relationships and consequently influences the outcomes of development interventions. Unlike sex, which is universal, biological, and unchanging, gender roles and relationships are learned, vary among cultures (as well as among social groups within the same culture), and change over time. Gender is often misunderstood to mean *women*, when, in reality, gender refers to the roles and relationships of both women and men in a given cultural context.

Reproductive health is defined in the ICPD Programme of Action as

a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so.

¹ *International Conference on Population and Development (ICPD) Programme of Action* (Cairo, 1994), para 96.

Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.²

The ICPD validated the complex context in which reproductive health exists. It reemphasized that reproductive health programs must address this context if they are to be effective and sustainable. Ensuring that people have the means and resources to protect their reproductive health and rights is complicated. It involves behavior change in individuals, families, institutions, and communities, as well as a shift in norms and values. Such change is difficult. Development practitioners, for example, have long known that in order to effect true and lasting behavior change, projects must do more than provide health services and information. They must develop explicit strategies to address the factors that serve as obstacles to healthy practices.

Gender issues—discrimination, inequities, and stereotypes—often impede behavior change and put people’s reproductive health at risk. Gender issues must be systematically considered and addressed in all project activities. For example, how do the roles and responsibilities of men within the family affect their acceptance of condoms? How do women’s roles and status in the family affect their ability to discuss the use of family planning or select a method? What are the cultural norms regarding sexual behavior for men and for women, and how do these affect the spread of sexually transmitted diseases? What are the implications of the answers to these questions in designing, implementing, and evaluating effective and sustainable programs? The GRAD workshop will enable participants to ask relevant questions related to gender issues and design rational programmatic responses.

The advocacy efforts of non-governmental organizations (NGOs) have been vital in creating a new consensus that women’s empowerment is central to social and economic development and population stabilization. More than 4,000 representatives of well over 1,500 NGOs from 100 countries attended the issues-oriented NGO Forum that ran parallel to the official ICPD in 1994. NGO leaders offered a pragmatic view of international policy and of how to respond to the needs of individuals and families—especially women and the poor—who are frequently underrepresented in international forums. The presence of NGOs had a decided effect on the document that was drafted in Cairo and has had a lasting effect on the way multilateral and government institutions relate to actors in civil society.

Throughout the process leading up to the FWCW and the ICPD, women from developed and developing countries effectively advocated for policies that empower women and promote gender equity. As a result of the exchange of many different ideas and perspectives and much information, a viable action plan was created that reflects the realities and complexities of families, national policies, and development. The fact that both NGOs and women leaders were able to influence the planning and outcome of the ICPD reveals the important role of civil society in bringing issues of reproductive health and rights to global attention. It is clear that an active NGO sector will continue to be a significant catalyst for the complete and successful implementation of the ICPD Programme of Action and the FWCW Plan of Action.

² Quoted in Family Care International, *Action for the 21st Century: Reproductive Health and Rights for All* (New York: Author, 1994).

CONCEPTUAL FRAMEWORK FOR THE GRAD WORKSHOP

Improving women’s reproductive health is more complex than just making family planning services more accessible. A comprehensive approach is required to address the underlying contextual factors, including illiteracy, harmful traditional practices, and early marriage. Reproductive health services, while vitally important, must be provided in combination with complementary efforts in education, income generation, and community mobilization to enable women and their families to develop to their full potentials.

The GRAD workshop enables participants to view reproductive health issues and programmatic responses through a “gender lens” — to ask questions about how gender roles and relationships in a given context will affect and be affected by project activities. Having gained a gender perspective, participants will be better able to design, implement, and evaluate reproductive health programs that actively promote and advance gender equity and equality. The workshop will provide advocacy skills to strengthen the capacity of NGOs to be players in the international policy arena.

The conceptual framework for the workshop is represented by a triangle, the symbol of change. Gender makes up the base of the triangle because gender issues permeate all programs and projects and are a factor in all issues related to reproductive health. Reproductive health forms the middle of the triangle because it is the primary area within which participants will be seeking to promote change. Reproductive health programs and policies must promote gender equity if they are to be both effective and sustainable. Advocacy tops the triangle, indicating that implementing gender-sensitive reproductive health programs alone is not enough. To create an environment that supports reproductive rights, gender equity, and true gender equality, participants must actively promote social change at all levels of society.

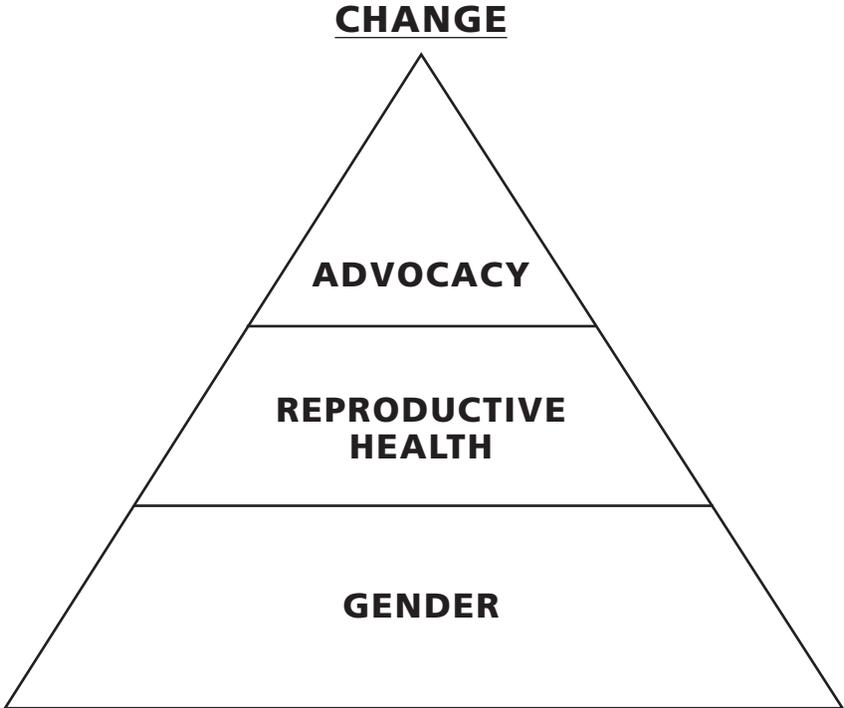


FIGURE I

CEDPA TRAINING

Since its founding in 1975, CEDPA has dedicated its programs and training activities to empowering women at all levels of society to be full partners in development. Toward this end, CEDPA works to build the skills of NGOs designed to promote positive change for women. CEDPA's training in program management and institution building develops leadership and managerial skills, especially among women, and strengthens capacities to provide efficient programs and services. Training is conducted at CEDPA's main office in Washington, D.C., and at the regional and country levels.

Through these programs, more than 5,000 women and men from 134 countries around the world have honed critical management skills. Many have returned to their organizations to lead women-inclusive development programs.

CEDPA training employs a participatory, experiential methodology based on the principles of adult learning. Individual participants are encouraged to manage their own learning and share responsibility with trainers. This methodology draws on the participants' experiences and encourages active problem solving and critical and analytical thinking.

Each session follows a pattern of evolving understanding; participants engage in a specific learning experience related to the workshop topic and then reflect on this experience and on personal and socio-cultural factors related to the topic. They draw out key concepts and develop generalizations about the lessons learned. Finally, they learn how to apply the new material in practical ways.

The GRAD manual documents CEDPA's experience as a leader in gender and reproductive health training. Sessions from the manual have been field-tested with CEDPA partner organizations in Ghana, Nigeria, India, Malawi, and Nepal, and in regional and Washington-based workshops with participants from around the world.

HOW TO USE THIS MANUAL

This manual was written for experienced trainers around the world who are committed to participatory methodologies. It assumes that these trainers will also be familiar with gender and reproductive health issues and will possess the skills required for effective advocacy. The manual provides a systematic approach for participants to acquire or sharpen their skills in these areas. The trainer's role is to facilitate the learning process using the approach and materials provided in the sessions of this manual. Team training is highly recommended, as is administrative support, to capture and reproduce the participants' work over the course of the workshop. Each session includes the following components:

TITLE—identifies the main topic of the session.

LEARNER OBJECTIVES—describes what participants will be able to do by the end of the session in order to demonstrate increased knowledge, improved skills, or changed attitudes. The trainer should write the learner objectives on a flipchart prior to each session. S/he should open each session by reviewing the learner objectives.

TIME—indicates the approximate duration of the session, assuming 20 participants.

SESSION OVERVIEW—provides a breakdown of the session into sub-activities, including approximate times.

MATERIALS—lists the materials required for the session.

HANDOUTS—lists the handouts required for the session. The handouts can be found at the end of each session and should be reproduced for all participants unless they are designated as trainer resources. Trainer resources are intended to provide background information to the trainer and need not be distributed among participants.

PREPARATION—lists tasks the facilitator must do before the session.

STEPS—provides the instructions for conducting the session. Most sessions are built upon the four components of the experiential learning cycle: *experience*, *reflection*, *generalization*, and *application*. The *experience* is an exercise or participatory presentation in which information is presented for discussion and learning. *Reflection* helps participants think about and analyze new information and develop their own ideas about a topic. *Generalization* allows participants to draw broad conclusions and lessons learned about the new information. *Application* enables them to visualize how they may apply their new knowledge and skills in the future.

FLIPCHART— indicates information that is most effective when presented or captured on a flipchart. This is represented by the symbol at left.

NOTES TO THE TRAINER—highlights additional information, such as background notes or alternative ways to manage a particular activity. These notes are preceded by a pointing finger. 

WORKSHOP OVERVIEW

The GRAD workshop is a two-week workshop designed to train approximately 20 participants in the areas of gender issues, reproductive health and rights, and advocacy for policy change.

GOALS

- To provide participants with the knowledge, skills, and attitudes that will enable them to put into practice the broad, comprehensive approach to reproductive health as agreed to in United Nations (UN) international conferences, and to implement innovative advocacy strategies for positive change.
- To enable participants to design, implement, and evaluate reproductive health programs that actively promote gender equity and equality.

OBJECTIVES

By the end of the workshop, participants will be able to

- Describe the historical context and implications of recent UN conferences, including the International Conference on Population and Development and the Beijing Fourth World Conference on Women.
- Explain the relationship between human rights and reproductive rights.
- Specify the basic components of reproductive health and describe social, economic, political, and cultural factors that affect reproductive health.
- Incorporate gender considerations and perspectives into all reproductive health activities, projects, and programs.
- Advocate for gender equity and equality and reproductive health and rights.
- Establish and build linkages, networks, and coalitions with other organizations in population and development in order to work more effectively for social change.

PARTICIPANTS

The GRAD workshop is appropriate for development practitioners from non-governmental organizations, community-based organizations (CBOs), and governments working in reproductive health, women's empowerment, sustainable development, and related areas. Participants are encouraged to attend in pairs. These pairings could bring together emerging and established leaders from within a single organization or government, as well as non-governmental leaders working in similar fields or in public/private partnerships.

GENDER, REPRODUCTIVE HEALTH, AND ADVOCACY

WORKSHOP OVERVIEW

Day One	Day Two	Day Three	Day Four	Day Five
<p>Week One</p> <p>1. Introduction to the Workshop Opening Ceremony Introductions Program Overview and Expectations</p> <p>2. The International Context: Recent United Nations Conferences and the Role of NGOs</p>	<p>3. Understanding Gender</p> <p>4. Social Construction of Gender</p>	<p>5. Overview of Reproductive Health</p> <p>6. Gender and Development Concepts</p>	<p>6. (Continued) Gender and Development Concepts</p> <p>7. Male Participation in Reproductive Health</p> <p>8. Gender Analysis</p>	<p>8. (Continued) Gender Analysis: Case Study/Field Trip</p>
<p>Week Two</p> <p>9. Overview of Advocacy</p>	<p>10. Advocacy Issues, Objectives, and Power Dynamics</p> <p>11. Strategic Communication — Audience Analysis</p>	<p>12. Message Development and Delivery</p> <p>13. Building Networks and Coalitions</p>	<p>14. Advocacy Implementation Planning</p> <p>15. Action Planning for Reproductive Health Programs</p>	<p>15. (Continued) Presentation of Action Plans</p> <p>16. Workshop Summary and Synthesis</p>

SESSION ONE: INTRODUCTION TO THE WORKSHOP

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Discuss their expectations for the GRAD workshop.
- Explain the goals and objectives of the GRAD workshop.

TIME

2 hours

SESSION OVERVIEW

- A. Welcome and Opening Ceremony (15 minutes)
- B. Participant Introductions (45 minutes)
- C. Program Overview and Expectations (45 minutes)
- D. Overview of Workshop Schedule (15 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Note cards big enough to write workshop expectations on

HANDOUTS

1A—Workshop Goals and Objectives

1B—Workshop Schedule (to be developed by trainers)

PREPARATION

Before this session

- Invite a guest speaker (project director, local dignitary, advocacy expert, etc.) to make the opening remarks.
- Write the learner objectives on a flipchart.
- Write introduction headings on a flipchart (see Activity A, Step 1).
- Write the workshop goals and objectives on a flipchart (see Handout 1A).
- Write the workshop schedule on a flipchart (or on several flipchart pages taped together).
- Produce Handout 1B—Workshop Schedule, using the Workshop Overview as a model.

A. WELCOME AND OPENING CEREMONY

(15 minutes)

STEP 1

Welcome the participants to the workshop. Explain that over the next two weeks they will learn how to incorporate a gender perspective into comprehensive reproductive health programs and how to advocate for more favorable reproductive health policies and programs. Tell the participants that the workshop will use participatory methodologies and that their participation will contribute to its overall success.

Review the workshop goals and objectives you wrote on the flipchart, then review the session's learner objectives, also previously written on a flipchart.

STEP 2

Introduce the guest speaker, who will open the workshop with remarks on a topic relevant to the workshop goals.

B. PARTICIPANT INTRODUCTIONS

(45 minutes)

STEP 1

Explain to the attendees that since this is a participatory workshop in which they will be sharing and learning from one other, it is important that they get to know each other in the beginning. Give each participant a piece of flipchart paper and a marker and ask her or him to write the following information:

Name

Organization

Job title

Most satisfying aspects of your job

Most challenging aspects of your job

A key gender issue facing your organization/project/community

STEP 2

Ask each participant to share her/his flipchart page with the group.

C. PROGRAM OVERVIEW AND EXPECTATIONS

(45 minutes)

STEP 1

Give each participant two note cards and a marker and explain that the group will now identify and share its expectations for the workshop. Ask participants to write one expectation on each card. Invite the participants, one by one, to read their expectations aloud to the rest of the group, and then to tape the cards to the wall or a flipchart. Ask them to tape similar expectations near each other to create groupings.

STEP 2

Present the workshop goals and objectives on a flipchart. Compare the participants' expectations with the workshop objectives. If some expectations do not correspond to the workshop agenda, discuss how they might be incorporated. It may be necessary to adjust the objectives somewhat.

STEP 3

If a participant has an expectation that cannot feasibly be met, discuss possible options for fulfilling it, maybe during a future training program. If the expectation is not within the scope of the workshop's agenda, discuss this openly.

D. OVERVIEW OF WORKSHOP SCHEDULE

(15 minutes)

STEP 1

On a flipchart, present the workshop schedule that you have developed, allowing time for questions and clarifications. Ask the participants to select a group representative who will serve as liaison between participants and trainers to help ensure that participants' needs are met throughout the training program.

STEP 2

Distribute Handouts 1A and 1B. (Handout 1B will have been developed by trainers.)

WORKSHOP GOALS AND OBJECTIVES

Goals

- To provide participants with the knowledge, skills, and attitudes that will enable them to put into practice the broad, comprehensive approach to reproductive health as agreed to in United Nations (UN) international conferences and to implement innovative advocacy strategies for positive change.
- To enable participants to design, implement, and evaluate reproductive health programs that actively promote gender equity and equality.

Objectives

By the end of the workshop, participants will be able to:

- Describe the historical context and implications of recent United Nations conferences, including the International Conference on Population and Development and the Beijing Fourth World Conference on Women.
- Explain the relationship between human rights and reproductive rights.
- Specify the basic components of reproductive health and describe social, economic, political, and cultural factors that affect reproductive health.
- Incorporate gender considerations and perspectives into all reproductive health activities, projects, and programs.
- Advocate for gender equity and equality and reproductive health and rights.
- Establish and build linkages, networks, and coalitions with other organizations working in population and development in order to work more effectively for social change.

SESSION TWO: THE INTERNATIONAL CONTEXT: RECENT UNITED NATIONS CONFERENCES AND THE ROLE OF NGOS

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Explain the relationship between human rights and reproductive rights.
- Describe the key achievements and historical implications of recent United Nations conferences for women's reproductive rights.
- Discuss the importance and evolution of the role of NGOs in the international health arena.

TIME

3 hours, 15 minutes

SESSION OVERVIEW

- A. Reproductive Rights Are Human Rights (45 Minutes)
- B. The Road to Cairo: Results of Major World Conferences (1 hour, 30 minutes)
- C. The Role of the NGO in the International Health Arena (1 hour)

MATERIALS

- Flipchart and paper, markers, tape
- Note cards of different colored paper
- Poster board; different colored markers; scissors; glue; glossy magazines, brochures or other publications containing a variety of pictures; any other art supplies that can be used to create multimedia posters

HANDOUTS

2A—World Conference on Women, Nairobi, 1985

2B—United Nations Conference on Environment and Development (“Earth Summit”), Rio de Janeiro, 1992

2C—International Conference on Population and Development, Cairo, 1994

2D—Fourth World Conference on Women, Beijing, 1995

2E—Cairo+5 (UN Special Session to Assess Progress on the Cairo Programme of Action)
Excerpt from a United Nations Press Release

2F—Trainer Resource: Background Document on the UN Conferences

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Collect magazines and other sources of pictures that can be cut out (as many as possible).
- If possible, find other background documents on the international conferences to assist in group tasks.
- Prepare Flipcharts 2A and 2B.

A. REPRODUCTIVE RIGHTS ARE HUMAN RIGHTS

(45 minutes)

STEP 1

First, review the learner objectives you wrote on the flipchart. Next, explain that you will spend a few minutes focusing on the meaning of human and reproductive rights. Distribute note cards and markers to all the participants. Ask half of them to write on their note cards the meaning of the term *human rights* as they understand it. Then ask the other half to write on their note cards the meaning of the term *reproductive rights* as they understand it.

STEP 2

Divide a flipchart with two headings: *human rights* and *reproductive rights*. Ask the first half of the participants (human rights) to read their cards and tape them up under the correct heading. Next ask the second half (reproductive rights) to read their cards. Note similarities with human rights and tape those cards next to similar ones in the first group.

STEP 3

Ask the group what conclusions about human and reproductive rights they can draw from looking at the ideas on the flipchart.



NOTE TO THE TRAINER: The meanings of human rights and reproductive rights should be very similar—freedom, choice, protection, safety, health, respect, equality, etc. The chart should show how reproductive rights are, in fact, human rights.

B. THE ROAD TO CAIRO: RESULTS OF MAJOR WORLD CONFERENCES

(1 hour, 30 minutes)

STEP 1

Explain to the participants that it has taken decades of meetings and negotiations for countries to officially agree that reproductive rights are human rights and that they are worth promoting and protecting through the Programme of Action signed at the ICPD held in Cairo in 1994.

Paraphrase or read the first three paragraphs of Handout 2F—Trainer Resource to the participants as background information for this session. Write “First World Conference on Population, Bucharest, 1972” and “Second World Conference, Mexico City, 1984” on a flipchart.

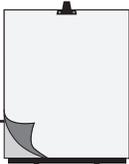
Ask the group what other world conferences they know of that have contributed to the definition of reproductive rights over the last few decades. List the responses on a flipchart. Add any that are not mentioned. The final list should contain:

- World Conference on Women, Nairobi (1985)
- UN Conference on Environment and Development (“Earth Summit”), Rio de Janeiro (1992)
- International Conference on Population and Development, Cairo (1994)
- Fourth World Conference on Women, Beijing (1995)
- Cairo+5 (UN Special Session to assess the progress on the Cairo Programme of Action)

Ask if anyone has attended any of the world conferences. In Step 2, make sure that those who have are assigned to the groups dealing with the results from those conferences.

STEP 2

Divide the participants into five groups. Assign one of the world conferences to each group, selecting the most relevant conferences given your training context. Give each group a large piece of flipchart paper, colored paper to cut up, scissors, glue, magazines or other sources of pictures, markers, crayons, and any other interesting art supplies for creating a poster. Also provide each group with the appropriate conference handout. Present the task on Flipchart 2A.



- Review the background documents on your assigned conference and share any firsthand knowledge of its proceedings.
- Identify the following (if possible):
 - Conference purpose
 - Attendees and numbers
 - Main topics
 - Key achievements, outcomes, and milestones
- Using your imagination and the art materials provided, create a poster that represents the theme of the conference and the major milestones in reproductive/women’s rights.

Time: 45 minutes

FLIPCHART 2A

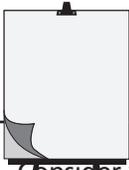
STEP 3

Have the groups present and explain their works of art (five minutes each). Hang the posters about the room according to the chronological order of the conferences to create a “Road to Reproductive Rights.” This will provide the participants with a visual historical context for the work they and their organizations are undertaking as a result of the achievements of these conferences.

C. THE ROLE OF THE NGO IN THE INTERNATIONAL HEALTH ARENA

(1 hour)

STEP 1



Ask the participants to return to their working groups and complete the following task:

Consider your assigned conference and discuss the following questions:

- Which NGOs attended?
- What was the status/role of the NGOs?
- Was there opposition to their presence or any other obstacle to NGO participation?

Develop a five-minute skit to illustrate the role of NGOs in pushing forward for reproductive rights during the conference.

Time: 20 minutes

FLIPCHART 2B

STEP 2

If possible, have each group present its skit in front of its poster. Allow time for questions and answers after each skit. As the skits progress, capture on a flipchart key aspects of the roles that NGOs played in the world conferences.

STEP 3

Summarize the session by reviewing the groups’ posters and pointing out the common elements.

WORLD CONFERENCE ON WOMEN³
(World Conference to Review and Appraise the
Achievements of the United Nations Decade for Women:
Equality, Development and Peace)
Nairobi, 1985

Attendees: 157 countries

The Nairobi Conference was the third in a series of women's conferences, with Mexico City (1975) the first and Copenhagen (1980) the second. The 157 countries attending the Nairobi Conference adopted by consensus the Nairobi Forward-looking Strategies for the Advancement of Women (NFLS).

NFLS reflects a deep understanding of obstacles to improving the status of women, a result of increasing awareness that women's reproductive and productive roles are closely related to their social, cultural, economic, political, legal, educational and religious conditions.

The Nairobi Conference recognized that the objectives of equality, development and peace are interrelated and mutually reinforcing and that women's rights can be best promoted under conditions of peace and security. It pointed to the need for a moral dimension to ensure that development is just and responsive to the needs and rights of the individual (Para. 12, NFLS). The Conference addressed three subthemes of employment, health and education, deemed to constitute the basis for the Conference's main objectives. NFLS notes that an improvement in the situation of women can bring about a reduction in mortality and morbidity, better regulation of fertility and, hence, of population growth, which will be beneficial to the environment and to the women, children and men whose lives depend on it for sustenance. Concerted multidimensional strategies and participatory structures are necessary to mobilize women. Acknowledging women's strengths, capabilities and contributions to the welfare of families and societies is important if the goals of the decade are to be attained.

The 1985 Nairobi Conference allowed women to articulate their concern about the role of the state in issues of their fertility. It also enabled non-governmental organizations (NGOs) and women's groups to have an increased role on the international policy stage. While the NGOs assembled in Nairobi met separately from the official government meeting, for the first time at a United Nations conference the NGOs were in greater numbers and expressed a louder voice than their government counterparts. In Nairobi, feminists from both the developed and developing world began to criticize national efforts to reach demographic targets with little regard for their health and rights. The position taken by the United States in Mexico City had only heightened women's resolve to re-think the population equations with a women-centered focus.

The Nairobi Conference profoundly influenced the outcomes of the Earth Summit in Rio (1992), The Human Rights Conference in Vienna (1993), the International Conference on Population and Development in Cairo (1994), and the Fourth World Conference on Women held in Beijing a decade later (1995).

³United Nations Population Fund, *Gender, Population and Development Themes in United Nations Conferences 1985-1995* (New York: Author, 1995).

UNITED NATIONS CONFERENCE ON ENVIRONMENT AND DEVELOPMENT⁴

“Earth Summit” Rio de Janeiro, 1992

Attendees: 172 governments and 2,400 representatives of NGOs
17,000 people attended the parallel NGO forum

At the 1992 United Nations Conference on Environment and Development (UNCED), or the “Earth Summit” in Rio de Janeiro, the seeds of change in the new thinking on population were sown. The role of population in sustainable development was actively debated, although no official language was agreed to. This absence of language was in part due to the force of NGOs who refused to accept demographic-targeting. An important network, The Women’s Caucus, emerged as the focal point for women’s NGOs to strengthen their individual voices. As a result, the lack of population being included in the conference document, Agenda 21, had the effect of opening the discussion about population, environment, and development as inter-linked with women’s rights at the core.

The Summit was a culmination of a process begun in 1989 of planning, education and negotiations among all UN member states, leading to the adoption of “Agenda 21,” a blueprint for action to achieve sustainable development worldwide. Although weakened by compromise and negotiation, it was still the most comprehensive program of action ever sanctioned by the international community. The Earth Summit influenced all subsequent UN conferences, which have examined the relationship between human rights, population, social development, women and human settlements.

Agenda 21

Some key elements of Agenda 21 related to reproductive health, reproductive rights and gender issues are the promotion of linkages between the improvement of the status of women and demographic dynamics, particularly through women’s access to education, primary and reproductive health care programs, economic independence and their effective, equitable participation in all levels of decision-making. It claims a synergistic effect between demographic trends and sustainable development. It makes the following recommendations for action in the reproductive health area:

“Reproductive health programmes and services, should, as appropriate, be developed and enhanced to reduce maternal and infant mortality from all causes and enable women and men to fulfill their personal aspirations in terms of family size, in a way in keeping with their freedom and dignity and personally held values.

Governments should take active steps to implement, as a matter of urgency, in accordance with country-specific conditions and legal systems, measures to ensure that women and men have the same right to decide freely and responsibly on the number and spacing of their children, to have access to the information, education and means, as appropriate, to enable them to exercise this right in keeping with their freedom, dignity and personally held values, taking into account ethical and cultural considerations.

Governments should take active steps to implement programmes to establish and strengthen

⁴ *ibid.*

preventive and curative health facilities that include women-centered, women-managed, safe and effective reproductive health care and affordable, accessible services, as appropriate, for the responsible planning of family size, in keeping with freedom, dignity and personally held values and taking into account ethical and cultural considerations. Programmes should focus on providing comprehensive health care, including pre-natal care, education and information on health and responsible parenthood and should provide the opportunity for all women to breast-feed fully, at least during the first four months post-partum. Programmes should fully support women's productive and reproductive roles and well being, with special attention to the need for providing equal and improved health care for all children and the need to reduce the risk of maternal and child mortality and sickness."

Agenda 21 and NGOs

The Earth Summit document recognized the critical role of NGOs in moving the ambitious plan of action forward. It states:

"... non-governmental organizations should be promoted in institutions mandated, and programmes designed to carry out Agenda 21. Non-governmental organizations will also need to foster cooperation and communication among themselves to reinforce their effectiveness as actors in the implementation of sustainable development."

Rio+5

Non-governmental organizations play a vital role in the shaping and implementation of participatory democracy. Their credibility lies in the responsible and constructive role they play in society. Formal and informal organizations, as well as grass-roots movements, should be recognized as partners in the implementation of Agenda 21. The nature of the independent role played by non-governmental organizations within a society calls for real participation; therefore, independence is a major attribute of non-governmental organizations and is the precondition of real participation.

In June, 1997, governments met in New York at the UN General Assembly for a special session to review progress since the Earth Summit in Rio. While much had been initiated, there was a sense of disappointment at the lack of progress in critical environmental areas, as well as at the inadequate funding for the agreed upon programme of action. There appeared to be a polarization between north and south. Where NGOs and population policies are concerned, the Earth Summit did set the stage for the subsequent conferences and programmes of action related directly to reproductive health issues. At the Rio+5 meeting, the General Assembly did decide to invite NGOs to participate in the debate of the review and appraisal of Agenda 21, an unprecedented action.

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT⁵ Cairo, 1994

Attendees: 179 governments
4,200 representatives of over 1,500 NGOs from 113 countries attended the independent NGO Forum

Principal Themes: Population, sustained economic growth and sustainable development

The 1994 Cairo Conference built on the emerging awareness that population, environment, economic growth, and sustainable development are linked. The United Nations' organizers emphasized the critical role of population policies in alleviating poverty, halting environmental deterioration, improving health and education, and empowering women to participate fully in their societies. The overall goal of the ICPD was to develop a plan of action for the next decade that addresses population in the context of national development and women's rights over issues of reproduction, as well as their participation in development.

This Programme of Action endorsed a new strategy which focuses on meeting the needs of individual women and men rather than on achieving demographic targets. At its heart is the recognition that efforts to slow population growth, eliminate gender inequality, reduce poverty, achieve economic progress, and protect the environment are mutually reinforcing. The Conference called for the empowerment of women and guarantee of reproductive rights, including the right to determine the number of one's children, as fundamentally important in their own right; it also recognized that meeting these goals would help to stabilize population growth and contribute to sustainable development.

The ICPD Programme of Action set 20-year goals in three related areas:

- Making family planning universally available by 2015, or sooner, as part of a broadened approach to reproductive health and rights, thus reducing infant, child and maternal mortality at all levels as well;
- Integrating population concerns into all policies and programs aimed at achieving sustainable development;
- Empowering women and girls and providing them with more choices through expanded access to education and health services and to employment opportunities.

More specifically, the document

- Details actions required to ensure women's empowerment in the political, social, economic, and cultural lives of their communities, not simply improvements in their status and roles;
- Recognizes the central role of sexuality and gender relations in women's health and rights;
- Asserts that men should take responsibility for their own sexual behavior, their fertility, the transmission of STDs, and the welfare of their partners and the children they father;
- Calls for, and defines, reproductive and sexual health care that provides quality, comprehensive information and services (including safe abortion where not against the law) for all, including adolescents.

⁵ *ibid.*

The ICPD reaffirmed the global consensus that voluntary family planning decisions are a basic human right of all couples and individuals, and that coercion in any form is unacceptable. Within this human rights framework, the Cairo Conference advocated the integration of family planning activities into a wider effort to meet reproductive health needs. Under this new approach, family planning information and services are to be provided as part of a comprehensive approach to reproductive health care which also includes prenatal, safe delivery and post-natal care; prevention of abortion and the management of the consequences of unsafe abortions; prevention of STDs and HIV/AIDS; prevention of infertility; screening for reproductive tract infections and cervical and breast cancer; and active discouragement of harmful practices, such as female genital mutilation.

At Cairo, delegates agreed to specific resource targets for international population assistance, based on estimates of what is required to enable all countries to make reproductive health and family planning accessible to all individuals no later than 2015. Achieving this goal will require an estimated \$17 billion for the year 2000 and more than \$21 billion per year by 2015, one third of which, it was agreed, must come from the international community.

Role of NGOs

Non-governmental organizations (NGOs) played a major role at the ICPD. The work begun in Nairobi and carried through at the Rio de Janeiro "Earth Summit" set the stage for greater NGO participation. More than 1,200 were represented in Cairo. Some NGOs were on national delegations, while many others lobbied their country delegates in corridors and separate meetings. Not only did NGO participation make the conference document more comprehensive, but it also made it more legitimate.

Women's groups were the most organized and strategically focused NGO groups participating in Cairo. Long before Cairo, such groups were involved in developing networks, lobbying governments, and developing and distributing materials. The women's caucus at the ICPD comprised more than 400 organizations from 62 countries and took the lead in representing the priorities and perspectives of women around the world.

The success of their work is apparent. The final ICPD Programme of Action addresses women's empowerment and gender equity in more far-reaching ways than did any international document, including the Nairobi Women's Conference, *Forward Looking Strategies*. Women served as the agents of change that transformed the focus of population and development policies from women as targets of state population policies to women as participants in the policy process. The energy and commitment of women's NGOs successfully harnessed and transformed the Cairo agenda. The message from Cairo is that women's productive and reproductive roles are one.

NGO representatives in Cairo recognized the social context of the population problem and strove to broaden family planning approaches to include women's empowerment, increased access to information and services, vocational skills development, and participation in local and national decision-making. This remarkable plan broadens our understanding of "population" and integrates population-related and development policies. This revolution in our approach to population programs was due in large part to the significant influence exerted by NGOs, especially women's groups from all over the world, in preparations for the ICPD, in drafting the Programme of Action, and at the ICPD itself.

**FOURTH WORLD CONFERENCE ON WOMEN:
ACTION FOR EQUALITY, DEVELOPMENT, AND PEACE⁶
Beijing, 1995**

Attendees: 189 governments
More than 5,000 representatives from 2,100 NGOs, and nearly 30,000 individuals attended the independent NGO Forum

Principal themes: The advancement and empowerment of women in relation to women's human rights, women and poverty, women and decision-making, the girl-child, violence against women, inter alia.

The Beijing Declaration and Platform for Action were adopted by consensus on 15 Sept. 1995. The Declaration embodies the commitment of the international community to the advancement of women and to the implementation of the Platform for Action, ensuring that a gender perspective is reflected in all policies and programmes at the national, regional and international levels. The Platform sets out measures for national and international action for the advancement of women over the five years until 2000. It calls for the enhancement of the social, economic and political empowerment of women, improvement in their health and access to relevant education and the promotion of their reproductive rights.

The Conference, which brought together almost 50,000 men and women, focused on the crosscutting issues of equality, development and peace, and analyzed them from a gender perspective. It emphasized the crucial links between the advancement of women and the progress of society as a whole. It reaffirmed clearly that societal issues must be addressed from a gender perspective in order to ensure sustainable development.

Preparations for the Beijing Conference identified the following twelve areas of concern which were the basis for the Platform for Action:

1. The persistent and increasing burden of poverty on women;
2. Unequal access to and inadequate educational opportunities;
3. Inequalities in health status, and unequal access to and inadequate health-care services;
4. Violence against women;
5. Effects of armed or other kinds of conflict on women;
6. Inequality in women's access to and participation in the definition of economic structures and policies and the production process itself;
7. Inequality between men and women in the sharing of power and decision-making at all levels;
8. Insufficient mechanisms at all levels to promote the advancement of women;
9. Lack of awareness of, and commitment to, internationally and nationally recognized women's human rights;
10. Insufficient mobilization of mass media to promote women's positive contribution to society;
11. Lack of recognition and support for women's contribution to managing natural resources and safeguarding the environment;
12. The girl-child.

⁶ *ibid.*

The overriding message of the Fourth World Conference on Women was that the issues addressed in the Platform for Action are global and universal. Deeply entrenched attitudes and practices perpetuate inequality and discrimination against women, in public and private life, in all parts of the world. Accordingly, implementation requires changes in values, attitudes, practices and priorities at all levels.

World conferences provide a forum where UN Member States can adopt common approaches to shared problems. But a key function of the longer-term conference process is to highlight the progress of individual nations by reviewing their national plans, policies and commitments. Aware of such scrutiny—and the opportunity to draw attention to their efforts regarding women in particular—over 100 countries promised specific actions in Beijing. These national commitments have become an intrinsic part of the follow-up, providing the UN, Governments, NGOs and society at large with benchmarks to gauge progress in the advancement of women. These commitments also serve as powerful advocacy tools the NGOs in each country can monitor and discuss with their country representatives.

CAIRO+5⁷**(UN Special Session to Assess Progress on the Cairo Programme of Action)**

The implementation of the Cairo Programme of Action (POA) was monitored for 5 years after its ratification. In year five (1999), the monitoring process culminated with a UN Special Session held in New York in June. To prepare for this, an International Forum for the Operational Review and Appraisal of the POA took place in February in The Hague. Around 2,000 participants attended the Forum, organized by UNFPA. Among the participants were representatives of at least 23 NGOs who also participated in a special NGO Forum. Following are excerpts from the conclusions of the assessments.

Background

Principle four of the ICPD Programme of Action establishes the essential linkage between the advancement of gender equality, equity and empowerment of women and the elimination of all forms of violence against women, and women's ability to control their own fertility as cornerstones of population and development programmes. In this respect, the Programme of Action provides strong linkages to many human rights instruments, such as CEDAW and the Vienna Conference on Human Rights, and also creates a practical basis for operational integration of the critical concerns stated in the Beijing Platform for Action. The continued validity, relevance and increasing importance of these premises reaffirm the fundamental role that the ICPD Programme of Action plays in transforming population and development programmes and particularly in changing the quality of women's lives. While much progress has been made, the five-year review of the implementation of the Programme of Action has identified several areas that need strengthening.

Progress Made

The five-year review has found that progress has been made in the following areas:

The momentum created by the Cairo Conference has been used to establish or reinforce initiatives that promote the integration of a gender perspective into policies, programmes and activities.

Many countries have reviewed their legal systems and instituted reforms in accordance with international mandates to remove laws that discriminate against women and girls and enact those that protect them.

Initiatives have been taken to promote the participation of women at policy- and decision-making levels.

Institutions, both governmental and non-governmental, have taken measures for institution-building and strengthening, including capacity-building for staff, that are compatible with gender equality.

Much work has been undertaken to eradicate violence against women, including the enactment of laws, legal awareness creation, and advocacy.

⁷ *Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD)* (The Hague, Netherlands: 1999).

Progress has been made in advocating for the protection of the girl-child and the promotion of her well-being.

Efforts have been made to encourage men to take responsibility for their reproductive and sexual behaviour and health and to support women's health and promote gender equality and equity in general.

Constraints and Issues

Some of the constraints and issues are:

Incorporation of a gender perspective. The adoption and institutionalization of a gender perspective in population and development programmes is a long-term process. It requires the application of gender analysis in the formulation of policies and in the development and implementation of programmes as well as in international cooperation. The adoption of this approach has been hampered by the absence of a proper understanding of how to interpret concepts related to gender issues in different social and cultural contexts. Globalization of the economy has contributed to deepening the feminization of poverty, while privatization of social and health sectors has increased the proportion of women without access to adequate social services and health care. In many countries, gender inequity is compounded by race and ethnic discrimination.

Legal context. In many countries women are still unable to exercise their rights because of legal provisions, such as those that deny them access to land and credit. Even where legal reform has been undertaken, women often continue to suffer from the lack of legal protection for exercising their human rights. Legal mechanisms to monitor gender equality and equity are still weak.

Violence against women. Women continue to face intolerable levels of violence at all stages of their life cycle, and in both their private and public lives. Feminization of poverty has increased new forms of violence, such as trafficking and forced prostitution. Women are also the major victims of wars and civil conflict.

Women in leadership, and policy and decision-making levels. Women continue to be grossly under-represented in positions of power and decision-making, because of obstacles, such as poverty, illiteracy, limited access to education, inadequate financial resources, patriarchal mentality and the dual burden of domestic tasks and occupational obligations. Women are also deterred from decision-making positions, such as electoral politics by a non-supportive and discriminatory environment.

Women's participation in the labour market. Regardless of their occupations, women with the same qualifications normally earn less than men for work of equal value. Their disproportionately higher share of social and family responsibilities impacts negatively on their opportunities for training and promotion.

Vulnerable groups. The continued economic, social and health vulnerability of certain groups of women, such as those who are older, widowed, displaced, indigenous, rural poor, migrant, adolescent, refugee, or slum-dweller makes them susceptible to marginalization in policy and programme efforts. Often such groups are not consulted or engaged in dialogue to develop strategies that meet their needs.

Protection of the girl-child. The prevalence of cultural attitudes that promote the low value of girls, harmful traditional practices, such as female genital mutilation (FGM), use of

sex-selection technologies and sexual servitude endanger the sexual and reproductive health of girls and women.

Gender-disaggregated data. Many national information and data systems do not yet collect gender-disaggregated data or include such data for a limited number of variables.

Institutional strengthening and capacity building. Staff in many institutions lack the
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**EXCERPT FROM A 2 JULY 1999 UNITED NATIONS PRESS RELEASE
ON THE SPECIAL SESSION REVIEW OF PROGRESS ON THE CAIRO
PROGRAMME OF ACTION⁸**

General Assembly Plenary—1a—Press Release GA/9577 Twenty-first Special Session 2 July 1999 8th & 9th Meetings (PM & Night)

The General Assembly this evening concluded its twenty-first special session on the review and appraisal of implementation of the Programme of Action adopted at the 1994 Cairo International Conference on Population and Development (ICPD). As it did so, it adopted a comprehensive text on key actions for the further implementation of the Programme.

The final document, prepared and adopted by the special session's ad hoc committee of the whole last night before being transmitted to the Assembly for adoption, affirms that the ICPD Programme of Action articulated a comprehensive approach to issues of population and development and identified demographic and social goals to be achieved over a 20-year period. It also reflected the view that an early stabilization of the world population would make a crucial contribution to realizing the objective of sustainable development.

The five-year review of progress showed that the implementation of the Cairo Conference's recommendations had positive results, with many countries taking steps to integrate population concerns into their development strategies, the document states. However, for some countries and regions, progress has been limited and, in some cases, setbacks have occurred. Women and girls continue to face discrimination, while the HIV/AIDS pandemic has increased mortality in many countries. Adolescents remain vulnerable to reproductive and sexual risks and millions of couples and individuals still lack access to reproductive health information and services.

Among the key actions recommended by the 106-paragraph text, governments are called on to take strong measures to promote the human rights of women and are encouraged to strengthen the reproductive and sexual health, as well as the reproductive rights focus on population and development policies and programmes.

The differential impact on women and men of globalization of the economy and the privatization of basic social services, particularly reproductive health services, should be monitored closely, the text stresses. Governments are also called upon to give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for harmful and discriminatory attitudes, including son preference, discrimination and violence against the-girl child and all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation.

The United Nations Population Fund (UNFPA) is urged to continue to strengthen its leadership role within the United Nations system in assisting countries to take the strategic action necessary to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives.

The document states that in no case should abortion be promoted as a method of family planning. Governments and organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health

⁸ United Nations Department of Public Information, Press Release GA/9577 (New York: United Nations Population Fund, 1999).

concern, and to reduce the recourse to abortion through expanded and improved family planning services.

All developed countries are urged to strengthen their commitment to the goals and objectives of the ICPD Programme of Action, in particular, its cost estimates, and to make every effort to mobilize the agreed estimated financial resources required for its implementation.

In closing remarks, the President of the General Assembly, Didier Operti (Uruguay), said the special session had brought together government and civil society representatives to report on programmes, ideas and plans. That was a significant act of democratization. The special session had contributed to the goal of developing the human being. Its triumph was that the international community was shouldering the issues of population and development as an indivisible whole for which the entire international community was responsible.

The Chairman of the ad hoc committee of the whole, Anwarul Karim Chowdhury (Bangladesh), said the process of arriving at consensus had been extraordinarily difficult, but the result was a grand success. The process would reinvigorate the momentum that had been generated in Cairo. He hoped that programmes would not suffer due to the drying up of resources, despite political commitment.

BACKGROUND DOCUMENT ON THE UN CONFERENCES**The Road to Cairo and the Role of NGOs****The Road to Cairo**

In the early 1960s, the debate on population was framed as an issue of national security. Fearful of dwindling food supplies, civil unrest, and cross-border migration, governments from developed countries—including the United States and Sweden—enacted large-scale population aid programs. In 1968, the publication of Paul Ehrlich’s cautionary tome *The Population Bomb* increased the resolve of developed countries to address rapid population growth.

In 1974, governments attending the first world conference on population in Bucharest adopted a World Population Plan of Action, which laid out strategies for addressing global population pressures. The Bucharest conference was marked by a clash of cultures between the developed countries in the Northern Hemisphere, which declared that population control was a prerequisite for development, and the less-developed countries in the Southern Hemisphere, which countered that development was the “best contraceptive.”

The second world conference, held in 1984 in Mexico City, added new recommendations to the plan. However, in the intervening years between Bucharest and Mexico City, the debate was reversed, with the South advocating increased family planning programs to hasten development, and the United States arguing that population growth was a “neutral” factor in economic development. The United States claimed that if governments allowed free markets to work, economic growth and technological innovation would promote prosperity and overcome resource limitations brought on by growing populations. In the “Mexico City Policy” decision, the United States announced it would withdraw funding from any organization that provided abortion services, even those with funding from non-U.S. sources.

It was during the 1980s, with the women’s rights movement gaining momentum around the world, that women’s rights advocates began to question the existing population policies. The 1985 World Conference on Women in Nairobi, Kenya, allowed women to voice their concern about the role of the state in reproductive issues. The conference also enabled NGOs and women’s groups to play a greater role in international policy. While the NGOs in Nairobi met separately from the official government meeting, for the first time at a United Nations conference the NGOs were in greater numbers and expressed a louder voice than their government counterparts. In Nairobi, feminists from both the developed and developing world began to criticize national efforts to reach demographic targets with little regard for health or rights. The position taken by the United States in Mexico City had only heightened women’s resolve to re-think the population equations with a women-centered focus.

The “Earth Summit” — the 1992 United Nations Conference on Environment and Development in Rio de Janeiro — sowed the seeds of change in a new way of thinking about population. The role of population in sustainable development was actively debated, but no official language was agreed to — in part due to the refusal of NGOs to accept demographic targeting. An important NGO network, the Women’s Caucus, emerged to strengthen the individual voices of women’s groups. The lack of attention to the issue of

population in the conference document, Agenda 21, had the effect of closely linking the discussion of population, environment, and development with women's rights.

The Cairo Revolution

In 1994, the political landscape was far different. The 1994 Cairo Conference built on the emerging awareness that population, environment, economic growth, and sustainable development were linked. The United Nations organizers emphasized the critical role of population policies in alleviating poverty, halting environmental deterioration, improving health and education, and empowering women to participate fully in their societies. The overall goal of the ICPD was to develop a plan of action for the next decade that would address population in the context of national development, women's participation in development, and their rights over issues of reproduction.

The Programme of Action:

- Details actions required to ensure women's empowerment in the political, social, economic, and cultural lives of their communities, not simply improvements in their status and roles.
- Recognizes the central role of sexuality and gender relations in women's health and rights.
- Asserts that men should take responsibility for their own sexual behavior, their fertility, the transmission of STDs, and the welfare of their partners and the children they father.
- Calls for and defines reproductive and sexual health care that provides quality, comprehensive information and services (including safe abortion where not against the law) for all, including adolescents.

Role of NGOs

NGOs played an even greater role at the ICPD. The work begun in Nairobi and carried through at the Rio de Janeiro "Earth Summit" set the stage for Cairo, where more than 1,200 NGOs were represented. Some NGOs were on national delegations, while many others lobbied their country delegates in corridors and separate meetings. Not only did NGO participation make the conference document more comprehensive, but it also made it more legitimate.

Women's groups were the most organized and strategically focused NGO groups participating in Cairo. Long before Cairo, such groups were involved in developing networks, lobbying governments, and developing and distributing materials. The women's caucus at the ICPD comprised more than 400 organizations from 62 countries and took the lead in representing the priorities and perspectives of women around the world.

The final ICPD Programme of Action proves the success of their work. It addresses women's empowerment and gender equity in more far-reaching ways than does any other report, including the Nairobi Women's Conference, *Forward-Looking Strategies*. In Cairo, women served as the agents of change that transformed the focus of population and development policies from women as targets of state population policies to women as participants in the policy process. The energy and commitment of women's NGOs successfully harnessed and transformed the Cairo agenda. The message from Cairo is that women's productive and reproductive roles are one.

Handout 2F

NGO representatives in Cairo recognized the social context of the population problem and strove to broaden family planning approaches to include women's empowerment, increased access to information and services, vocational skills development, and participation in local and national decision-making. This remarkable plan broadens our understanding of population by placing it within the larger context of development. This revolution in our approach to population programs was due in large part to the significant influence exerted by NGOs, especially women's groups from all over the world, in preparations for the ICPD, in drafting the Programme of Action, and at the ICPD itself.

SESSION THREE: UNDERSTANDING GENDER

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Identify early memories of how and what they learned about being male or female.
- Identify gender role expectations and how they can limit life options.
- Define terms, including gender, gender roles, gender stereotypes, and gender discrimination.

TIME

3 hours

SESSION OVERVIEW

- Early Memories of Being Female or Male (1 hour, 30 minutes)
- Gender Roles and Expectations (45 minutes)
- Defining Gender Terms (45 minutes)

MATERIALS

- Flipchart and paper, markers, tape

HANDOUTS

3A—Sex and Gender

3B—Common Gender Stereotypes

3C—Trainer Resource: Statements About Men and Women

PREPARATION

Before this session

- Write the Learner Objectives on a flipchart
- Prepare Flipcharts 3A, 3C, 3D, and 3F
- Post the prepared flipcharts around the room, folding up and taping the bottom portions to cover the writing

A. EARLY MEMORIES OF BEING FEMALE OR MALE

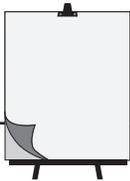
(1 hour, 30 minutes)

STEP 1

First, review the learner objectives on the flipchart. Next, introduce the session by explaining that gender is a topic that affects everyone in some way and that in this session participants will be asked to share personal memories and experiences related to gender issues. Some participants may experience these memories as painful, embarrassing, or difficult to discuss. Emphasize that while the session gains its richness and meaning from the sharing, no one who feels uncomfortable sharing a memory will be required to so.

STEP 2

Ask the participants to divide themselves into small groups of 4 to 5 members. It is important to allow them to form their own groups to ensure they will feel comfortable sharing personal experiences. Introduce the task on Flipchart 3A.



- Individually, recall your earliest, most significant, most meaningful memory of an experience related to discovering you were male or female and therefore treated differently from the other sex.
- After a few minutes of individual reflection, share this experience with other members of your group.
- After all the members of the group have shared their memories, work together to develop a five-minute drama, role-play, poem, song, picture, story, or dance that depicts the memories shared within the group. Prepare to present it to the larger group.

Time: 35 minutes

FLIPCHART 3A

STEP 3

Ask each group to make its presentation. After all the presentations have been made, encourage discussion about the individual memories shared within the groups by asking questions, such as:

- What was this activity like? How did you feel when you were sharing your story?
- What did the memory that you shared tell you about being female? About being male? About life?
- What were your family's expectations of you? Society's expectations?

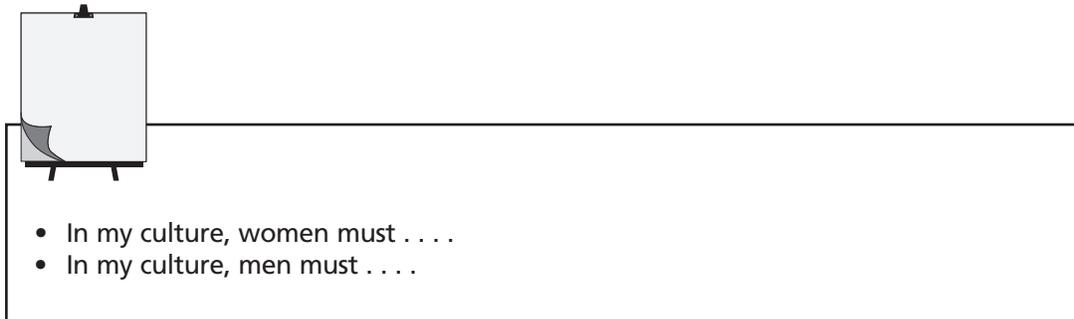
-
- What were your expectations and aspirations for yourself?
 - What conclusions and lessons about gender did you draw from the experience in the memory?

B. GENDER ROLES AND EXPECTATIONS

(45 minutes)

STEP 1

Write the following two phrases, one per flipchart page.



FLIPCHART 3B

Ask the participants to return to their small groups and spend a few minutes brainstorming responses to the statements you have just written. A note-taker in each group should note the responses on a piece of paper.

STEP 2

Ask each group to share its responses to the two statements. Capture the responses on the appropriate flipchart page. Discuss the activity using the following questions:

- What are your observations in comparing these two lists? What do these lists show you?
- How do people view the characteristics/activities on the two lists?
- Do women and men have to be or do the things that you wrote down?
- Can women and men do things expected of the opposite sex? What are the consequences?
- How do these different roles, responsibilities, and expectations affect the life choices of women? Of men?

Emphasize that both women and men are restricted in their behaviors, responsibilities, and life choices because of culturally assigned roles and stereotypes.

STEP 3

Ask participants to spend a few minutes writing down responses to the following statement:

As a human being, I want

Have participants share their responses and, as they do so, create a master list on a flipchart page. Ask the participants what they notice about this list. Here are some possible responses:

- Freedom to pursue dreams
- Decision-making freedom
- Peace and justice
- The ability to be what I want to be



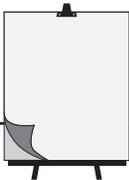
NOTE TO THE TRAINER: In the discussion, be sure to note that human beings want similar things and that these basic needs and wants are often unrelated to being male or female. Nevertheless, the social construction of gender has, in many societies, restricted women's ability to achieve these basic human wants more than men. This is why it is often said that gender issues are human rights issues.

C. DEFINING GENDER TERMS

(45 minutes)

STEP 1

Ask the participants if they can define gender based on what they have learned so far. Write suggested definitions on a flipchart.



Post the following definition and compare it to the participants' definitions. Add any useful elements from the participants' definitions that are not already included.

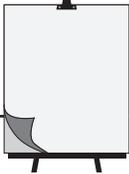
GENDER

The socially constructed roles and responsibilities assigned to women and men in a given culture or location and the societal structures that support them. Gender is learned and changes over time.

FLIPCHART 3C

STEP 2

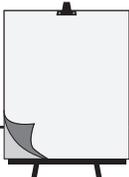
Post Flipchart 3D. Ask the participants to fill in examples that illustrate each characteristic.



SEX	GENDER
Biological	Socially constructed roles, responsibilities, behaviors
Universal	Cultural
Born with	Learned
Generally unchanging	Changes over time
Does not vary	Varies within and between cultures

FLIPCHART 3D

The completed Sex and Gender Chart will include examples, such as those shown on Flipchart 3E.



SEX	GENDER
Biological (penis, vagina, ovaries, testes, uterus, etc.)	Socially constructed roles, responsibilities, behaviors
Universal (factors related to sex are the same around the world — men have penises and women have vaginas in every country)	Cultural (elements related to gender vary within and between cultures; the roles of men and women in Kenya may be different from the roles of men and women in India)
Born with	Learned behavior
Generally unchanging (change is now possible with surgical intervention)	Changes over time (in the past, few women became lawyers or physicians; today it is very common to find women in these professions)
Does not vary	Varies within and between cultures

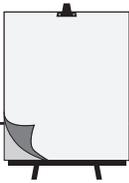
FLIPCHART 3E

STEP 3

Distribute Handout 3A and allow the group a few minutes to read it silently (or read it aloud to the group).

STEP 4

Using Flipchart 3F, present the definitions of sex roles and gender roles. Sex and gender roles are activities assigned to individuals based on either sex (biological characteristics) or gender (socially determined characteristics). Ask the participants if they can think of examples of male and female gender roles from their experience.



Sex Roles

The only roles related to sex are those associated with reproduction; for example, women give birth and breastfeed, and men impregnate women with sperm.

Gender Roles

Activities assigned to individuals on the basis of socially determined characteristics, such as stereotypes, ideologies, values, attitudes, beliefs, and practices. Gender roles are established through the influence of family, community, schools, religious institutions, culture/tradition/folklore/history, media, policies, peer groups, and the workplace.

FLIPCHART 3F

STEP 5

Explain that gender stereotypes emerge from confusion between sex roles and gender roles. When it is believed that gender roles are based on biological differences rather than socially constructed expectations, the result is gender stereotypes. One example of a gender stereotype is the belief that women are shy and gentle because of their biology rather than because of societal expectations. Gender stereotypes categorize men and women according to rigid constructs and promote the belief that these differences are biological.

Ask participants to share examples of gender stereotypes. Distribute Handout 3B, and allow a few minutes for reading.

STEP 6

Write the phrase *gender discrimination* on a flipchart and ask participants to explain what it means. After some discussion, present the following definition, adding it to the flipchart page.

Gender discrimination is the unequal or unfair treatment of men or women based solely on their sex rather than on their individual skills, talents, and capabilities.



NOTE TO THE TRAINER: This concept can be explained by comparing it to racial discrimination, which is more widely understood.

STEP 7

Using the flipcharts from the session, briefly review the gender terms discussed so far: *sex*, *gender*, *sex roles*, *gender roles*, *gender stereotypes*, and *gender discrimination*. To confirm the group's understanding of these concepts, read aloud from Handout 3C—Trainer Resource, one statement at a time. Ask participants to identify whether each statement demonstrates a gender role, gender stereotype, sex role, or gender discrimination. Remind participants that gender roles (roles that are socially constructed) are often believed to be biological and thus unchangeable. In fact, the only items among the statements that cannot change are those related to sex roles.



NOTE TO THE TRAINER: The distinction between gender roles and gender stereotypes is not always clear. Gender roles are usually based on gender stereotyping; for example, the belief that nursing is an occupation for women is based on the gender stereotype that women are caring and nurturing by nature but that they are not good enough in science to become physicians. When discussing these items, focus less on the distinction between gender roles and gender stereotypes and probe instead for the reasons the activity is assigned to a particular sex. Reinforce that the reasons usually relate to gender stereotypes.

STEP 8

Summarize the session by asking each participant to share one new thing s/he learned. Point out that this session highlighted existing gender roles and stereotypes. Tell the group that the next session will explore the societal factors that generate and maintain these behavioral expectations for men, women, girls, and boys.

SEX AND GENDER

The concepts of *sex* and *gender* may be defined as follows:

Sex refers to the biological differences between men and women. These differences are generally universal and unchanging.

Gender refers to the socially constructed roles and responsibilities of women and men in a given culture or location. These roles are influenced by perceptions and expectations arising from cultural, political, environmental, economic, social, and religious factors, as well as from custom, law, class, ethnicity, and individual or institutional biases. Gender attitudes and behaviors are learned and can be changed.

What are some of the situations in which we see gender differences?

<i>Social</i>	Different perceptions of men's and women's social roles: the man is seen as head of the household and chief breadwinner, while the woman is seen as nurturer and caregiver.
<i>Political</i>	Differences in the ways in which women and men assume and share power and authority: men are more involved in national and higher-level politics, while women are more involved at the local level in activities linked to their domestic roles.
<i>Educational</i>	Differences in the educational opportunities and expectations of girls and boys: family resources are directed to boys' rather than girls' education, and girls are streamed into less-challenging academic tracks.
<i>Economic</i>	Differences in women's and men's access to lucrative careers and control over financial and other productive resources, such as credit, loans, and land ownership.

COMMON GENDER STEREOTYPES⁹

Below are lists of common female and male gender stereotypes.

Women are:

- Dependent
- Weak
- Incompetent
- Less important
- Emotional
- Implementers
- Housekeepers
- Supporters
- Fragile
- Fickle
- Fearful
- Peace-makers
- Cautious
- Flexible
- Warm
- Passive
- Followers
- Spectators
- Modest
- Subjective
- Soft-spoken
- Secretaries
- Nurturing
- Gentle
- Excitable
- Patient
- Cheerful
- Caretakers
- Cooperative

Men are:

- Independent
- Powerful
- Competent
- More important
- Logical
- Decision-makers
- Breadwinners
- Leaders
- Protectors
- Consistent
- Brave
- Aggressive
- Adventurous
- Focused
- Self-reliant
- Active
- Leaders
- Doers
- Ambitious
- Objective
- Out-spoken
- Bosses
- Assertive
- Strong
- Stoic
- Impetuous
- Forceful
- Achievers
- Competitive

⁹ George F. Simons and G. Deborah Weissman *Men and Women: Partners at Work* (Los Altos, CA: Crisp Publications, 1990).

STATEMENTS ABOUT MEN AND WOMEN¹⁰

1. Women give birth to babies, men do not. (sex difference)
2. Girls are gentle, and boys are tough. (gender stereotype/gender role)
3. Women cook and clean the house; men earn income through paying jobs outside of the home. (gender roles)
4. Amongst Indian agricultural workers, women are paid 40-60 percent of the male wage. (gender discrimination)
5. Women can breastfeed babies; men can bottlefeed babies. (sex difference)
6. Most building site workers in Britain are men. (gender role, possibly gender discrimination)
7. Men are better than women at math, physics, and science. (gender stereotype)
8. In Ancient Egypt men stayed at home and did weaving while women handled family business. Women inherited property and men did not. (gender roles)
9. According to UN statistics women do 67 percent of the world's work, but their earnings amount to only 10 percent of the world's income. (gender discrimination)
10. Men's voices break at puberty, women's voices do not. (sex difference)
11. In one study of 224 cultures, there were five in which men did all the cooking and 36 in which women did all the housebuilding. (gender roles)
12. Women are soft-spoken and gentle; men are assertive and strong. (gender stereotypes)
13. Men make decisions about family planning and the number of children a couple will have. (gender role/gender discrimination)

¹⁰ Suzanne Williams, Janet Seed, and Adelina Mwau, *The Oxfam Gender Training Manual* (United Kingdom and Ireland: Oxfam Publications, 1994).

SESSION FOUR: SOCIAL CONSTRUCTION OF GENDER

LEARNER OBJECTIVE

By the end of the session, participants will be able to

- Articulate how gender roles, relationships, and stereotypes are constructed and reinforced by cultures, systems, and institutions.

TIME

3 hours

SESSION OVERVIEW

- A. Myths and Popular Culture (1 hour, 30 minutes)
- B. Institutions and Systems (1 hour, 30 minutes)

MATERIALS

- Flipchart and paper, markers, tape

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Prepare Flipcharts 4-A and 4-B.

A. MYTHS AND POPULAR CULTURE

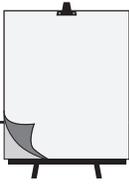
(1 hour, 30 minutes)

STEP 1

Introduce the session by reviewing the learner objectives on the flipchart. Explain that one way in which cultures and societies perpetuate gender roles and stereotypes is through folklore (songs, stories, games, proverbs, rhymes, etc.).

STEP 2

Divide the participants into 4 to 5 small groups. If possible, the groups should include members from diverse cultural backgrounds and traditions. Present the task on Flipchart 4A.



- Brainstorm a list of traditional and modern stories, songs, games, sayings, proverbs, or rhymes from your childhood that concern men's and women's roles.
- Choose the most striking example from the list and prepare to describe it to the group in a three-minute presentation.

Time: 25 minutes

FLIPCHART 4A

STEP 3

Invite groups to make their presentations, one at a time. As the groups present their findings, write brief descriptions of the stories, songs, games, or proverbs on a flipchart. After all of the presentations, ask participants to identify the gender meanings or messages transmitted in each. Record these on the flipchart opposite the corresponding descriptions.

STEP 4

Facilitate a discussion using the following questions:

- What are the implications for women and men of the meanings and messages found in the song, story, proverb, game, or other medium?
- What gender roles and stereotypes do the meanings/messages perpetuate?
- Do the meanings/messages contribute to gender discrimination? How?
- How do the stereotypes and images act as barriers to women and men in pursuing life choices and options?

Summarize the activity by explaining that myths and other folklore perpetuate gender issues in society. They provide behavioral norms and the rationalization for them. Myths are passed down in the form of entertainment to children who subconsciously internalize the underlying messages. We rarely analyze the meanings behind myths and may be surprised to discover their full implications.

B. INSTITUTIONS AND SYSTEMS

(1 hour, 30 minutes)

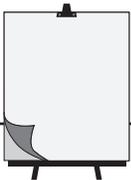
STEP 1

Explain that myths, songs, and stories are just one way that gender roles and stereotypes are created and maintained. Ask participants to brainstorm a list of institutions and systems that create and maintain gender stereotypes. Here are some possible responses:

- Family
- Print and visual media
- Advertising
- Religion
- Government
- Law
- Educational system

STEP 2

Divide participants into the same small groups as in the previous activity. Present Flipchart 4B, and give each group a blank flipchart page. Assign each group one of the institutions or systems from the brainstorm, and ask participants to complete the task on the flipchart.



Discuss the following questions and present the major points of your discussion on a flipchart.

- How does the institution and system create and maintain gender stereotypes? Give examples of attitudes, behaviors, practices, and policies in the institution or system that contribute to stereotyping.
- Think of ways in which the institutions or systems have made progress toward a more gender-equitable society. How can this progress be enhanced and expanded?

Time: 25 minutes

FLIPCHART 4B

STEP 3

Ask each group to present its ideas.

STEP 4

Summarize the session. Link it to the next session on reproductive health by explaining that gender roles and stereotypes perpetuated by institutions, systems, and popular culture can determine who has access to reproductive health services and who makes family-planning decisions

SESSION FIVE: OVERVIEW OF REPRODUCTIVE HEALTH

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Define reproductive health and list its components.
- List the broad range of factors that can affect reproductive health.
- Explain the effect of gender roles, relationships, and stereotypes on the factors that impact reproductive health.

TIME

2 hours

SESSION OVERVIEW

- A. Reproductive Health and Its Determinants (1 hour)
- B. Gender and Reproductive Health Determinants (1 hour)

MATERIALS

- Flipchart and paper, markers, tape
- Note cards
- Candy or other small prize
- Overhead projector

HANDOUTS

5A—Definition of Reproductive Health

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Tape together and post four to six sheets of flipchart paper to form a large square for the development of the mind map.
- Photocopy Handout 5A onto an overhead transparency.
- Prepare Flipcharts 5A and 5B.

A. REPRODUCTIVE HEALTH AND ITS DETERMINANTS

(1 hour)

STEP 1

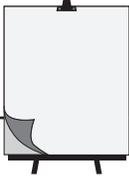
First, review the learner objectives you wrote on the flipchart. Next, ask participants to brainstorm briefly their understanding of the term *reproductive health*. Record their input on a flipchart.

Using an overhead projector, present the definition of reproductive health that emerged from the ICPD:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.¹¹

STEP 2

Ask the participants how people in their communities understand the term *reproductive health*. How does their understanding compare to the definition shown on the overhead projector? Does their understanding encompass the issue of reproductive rights?



Present Flipchart 5A to lead into the next step.

Reproductive health is an immense concept that rightly addresses aspects of continuity (health needs of men and women throughout their reproductive lives); comprehensiveness (the wide range of services encompassed); and equality (access to quality RH services for both women and men).

FLIPCHART 5A¹²

STEP 3

Ask participants to add any elements or components of reproductive health based on the previous discussions. Record their responses on a flipchart.

Reproductive health as described in the ICPD Programme of Action includes the following elements:

- Family planning education, counseling, and services
- Education and services for prenatal (antenatal) care, safe delivery, and postnatal care, and infants' and women's health care
- Prevention and management of abortion complications
- Treatment of reproductive health conditions

¹¹ *International Conference on Population and Development (ICPD) Programme of Action*, para 7.2.

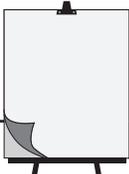
¹² ICPD Programme of Action.

-
- Prevention and treatment of reproductive tract infections, including STDs and HIV/AIDS
 - Information, education, and counseling on human sexuality and responsible parenthood

If any of these are missing from the list the group compiled, add them.

STEP 4

Present Flipchart 5B.



These [reproductive health] elements have to be addressed within the broader social, economical and cultural context, with special emphasis on the alleviation of poverty and the empowerment of women.

FLIPCHART 5B¹³

STEP 5

Explain that in order to better understand of the meaning of this quote, the participants are going to create a mind map of reproductive health. The purpose of the mind map is to explore the range of factors that can affect reproductive health.

A mind map is a variation on the traditional brainstorm. Participants are asked to focus on a central concept—in this case reproductive health—and brainstorm related concepts. Unlike a list of brainstormed points, this methodology generates a visual map of interrelated themes and ideas. The map is developed with synapses, similar to the way our brains work. (See Figure 5-1 for a sample of a partially completed mind map.)

Write the term *reproductive health* in the center of the blank paper, enclosed in a circle. Ask the group what the key factors that affect reproductive health are.

Write each response in a new circle and draw a line connecting this circle back to *reproductive health*. For example, if the first factor identified is *culture*, it is helpful to ask probing questions to identify the specific cultural issues. Once culture is fully developed as an influencing factor on reproductive health, move on and ask participants for a new factor.

¹³“Focus: Reproductive Health,” *Contact: Newsletter of the UNFPA Country Support Team for Southern Africa* 5 (October 1995).

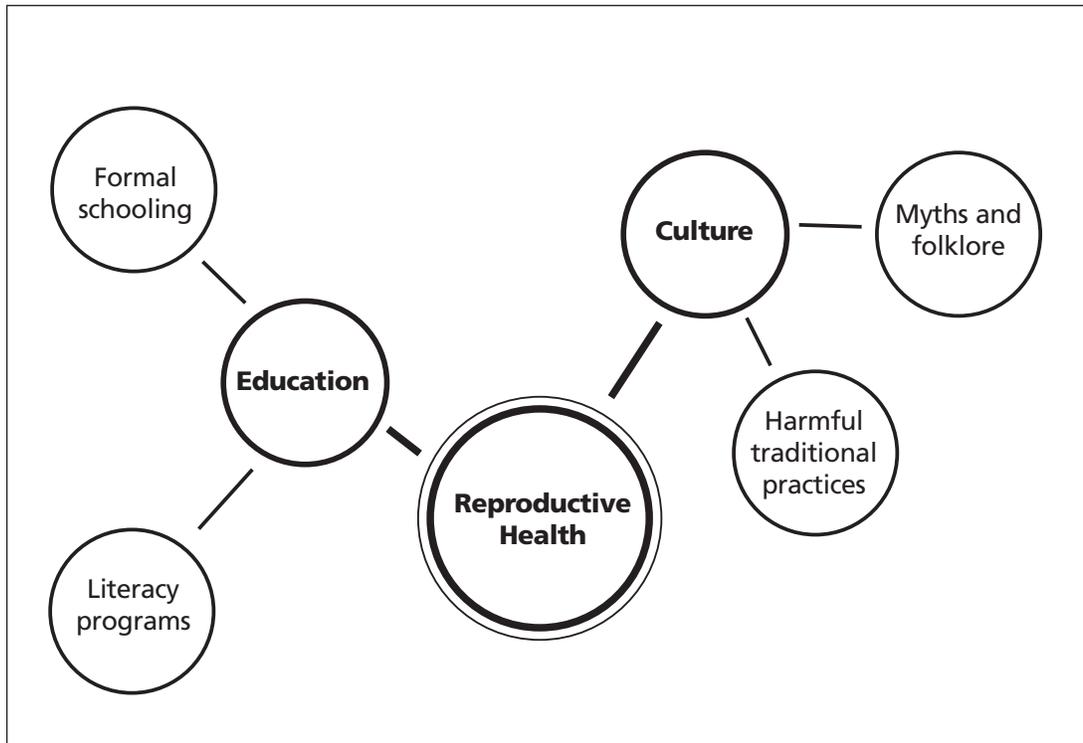


FIGURE 5-1

Continue adding to the mind map until participants are finished identifying the factors that affect reproductive health. Once the mind map is complete, ask a volunteer to copy each of the factors and subfactors onto index cards, one factor per card. These will be used later in the “Name that Gender Issue” game.

STEP 6

Summarize the mind map activity by returning to the quote on Flipchart 5B. Ask the participants to explain the meaning of the quote. Point out the enormous complexity of reproductive health—its numerous determinants, the fact that we cannot separate people’s reproductive health from the broad context of their lives, etc. If we look only at service delivery issues, we are taking a very narrow view and it is likely that our programs will not be effective.

B. GENDER AND REPRODUCTIVE HEALTH DETERMINANTS

(1 hour)

STEP 1

Ask participants whether they think gender issues—gender roles, relationships, stereotypes—affect any of the factors identified on the mind map. Ask for examples of gender issues for one or two of the factors on the mind map. For example, if *education* was identified as a factor that affects reproductive health, a gender issue related to education is that boys are often given preference over girls to attend school if the family cannot afford to send all the children to school. If income was identified as a factor, a related gender issue is that men are more often in the productive (income-generating) sector than women and earn more money than women for the same work.

STEP 2

Divide participants into 3 to 4 teams to play “Name that Gender Issue.” Explain the rules as follows: Team 1 will pick one of the cards generated by the mind map (the set prepared by the volunteer) from a hat or large bowl. The team then has 15 seconds (or an agreed-upon amount of time) to come up with gender issues related to that factor. Award one point for each accurate gender issue identified. If Team 1 cannot think of any gender issues, the remaining teams will each have an opportunity to name one issue. After Team 1 has completed its turn, have Team 2 pick a card from the bowl and repeat the process. Keep track of points on a flipchart.



NOTE TO THE TRAINER: Remind participants that gender issues are social constructs that can affect men as well as women. For example, lack of access to information on family planning may be a gender issue for men since service providers tend to target women as their clients.

STEP 3

After several rounds, tally the scores and award a prize to the winning team. Ask participants to share what they learned from the game. Summarize the activity by pointing out that gender issues have an impact on nearly everything we do. Often the obstacles that prevent people from exercising their reproductive rights and protecting or controlling their reproductive health are related to gender and gender inequities.

DEFINITION OF REPRODUCTIVE HEALTH

Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.

—ICPD Programme of Action

Quoted in Family Care International, *Action for the 21st Century/Reproductive Health and Rights for All*

SESSION SIX: GENDER AND DEVELOPMENT CONCEPTS



NOTE TO THE TRAINER: Activities B, C, D, and E can be facilitated as individual sessions, each addressing one or two of the four key gender and development concepts. To facilitate this option, learner objectives are provided separately for each of those activities.

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Describe how gender issues can affect reproductive health projects.
- Explain basic gender and development concepts, including the women's triple roles, access and control, practical gender needs/strategic gender interests, and gender equity/equality.

TIME

5 hours, 15 minutes

SESSION OVERVIEW

- A. Why Is Gender a Development Issue? The Water Buffaloes of Nepal Case Study (45 minutes)
Key Gender and Development Concepts
- B. Women's Triple Roles and the Gender Division of Labor (1 hour)
- C. Access and Control (1 hour, 30 minutes)
- D. Practical Gender Needs, Strategic Gender Interests (1 hour, 30 minutes)
- E. Equity and Equality (30 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Note cards
- For the equity and equality role play (Activity E), the following materials will be needed:
 - Two long, narrow glass or plastic containers
 - Cereal or grain-like food (approximately 3 cupfuls)
 - Measuring cup or other clear glass container big enough to hold all the cereal/grain
 - Masks depicting a fox and a stork (see Preparation)
 - Plate or flat eating dish

HANDOUTS

- 6A—Case Study: The Water Buffaloes of Nepal
- 6B—Women's Triple Roles and the Gender Division of Labor
- 6C—Access To and Control Over Resources and Benefits
- 6D—Case Study: A Girl's Life?
- 6E—Practical Gender Needs, Strategic Gender Interests

PREPARATION

Before this session

- On a flipchart, write the learner objectives for this session; on separate pages, write the learner objectives for Activities B, C, D, and E.
- Prepare Flipcharts 6A through 6L.
- Write characteristics of the gender division of labor on a flipchart (Activity B, Step 5)
- Brief two volunteers for the access and control role play (Activity C).
- Adapt the case study in Handout 6D for the particular cultural context of the workshop; ensure that the names are locally used names.
- Write the definitions of strategic gender interests and practical gender needs on two separate flipchart pages (Activity D, Step 3).
- Brief two volunteers for the equity and equality role play (Activity E).
- For Activity E, locate or make one mask depicting a stork and one mask depicting a fox. (Different animals can be substituted, but one must have a long, narrow snout or beak for feeding and the other must not.) Find two tall, narrow containers, one flat plate, and three cups of dry cereal or other grainlike food.
- See Activity C for additional preparation to carry out at the start of that activity.

A. WHY IS GENDER A DEVELOPMENT ISSUE? THE WATER BUFFALOES OF NEPAL CASE STUDY

(45 minutes)

STEP 1

Review the learner objectives on the flipchart. Then, read aloud the following introduction.

This is a true story about a project that was implemented in a rural community in Nepal. The project involved raising water buffaloes to improve the health and economic condition of the people in the community. It was expected that the introduction of the water buffaloes would have the following impact:

- Milk from the water buffaloes would improve the nutritional status of the children.
- The additional income from milk sales would enable more children, especially girls, to go to school.
- The standard of living of people in the community would improve.

After the project had been in place for a year, an assessment revealed that the nutritional status of the children had failed to improve and that fewer girls were attending school than before.

Ask participants the following questions:

- What do you think happened?
- Why do you think it happened?

STEP 2

Distribute Handout 6A and ask a participant to read the sections “What happened?” and “Why did it happen?”

Ask if anyone can think of an experience in which a reproductive health project had an unintended outcome. What was the cause of the unintended outcome?

Ask the group what can be learned from the Water Buffaloes story.



NOTE TO THE TRAINER: This story demonstrates how a project might affect men and women and boys and girls differently because of their different roles and responsibilities. Remind participants that talk about gender refers to the different roles that men and women play in a given society or community. These roles are not biological but are learned, and they change from culture to culture. We must be aware of these roles and responsibilities when formulating development interventions or other projects.

B. WOMEN’S TRIPLE ROLES AND THE GENDER DIVISION OF LABOR

(1 hour)

LEARNER OBJECTIVES

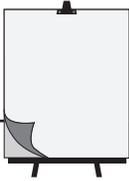
By the end of the activity, participants will be able to

- Conduct an analysis of how women and men spend their time in rural and urban settings.
- Identify the implications of the time analysis for reproductive health programs.

Open this part of the session by reviewing the activity-specific learner objectives on the flipchart. Then present the following to the participants:

The GAD (Gender and Development) approach evolved from Women in Development (WID) approaches that sought to integrate women into the development process, but did not address gender discrimination—the root cause of women’s marginalization in society.

The GAD model includes some basic concepts that are key to the consideration of gender issues in development activities. Let’s look at these key concepts.



Review the key concepts on Flipchart 6A.

- Women's Triple Roles and the Gender Division of Labor
- Access and Control
- Practical Gender Needs, Strategic Gender Interests
- Equity and Equality

FLIPCHART 6A

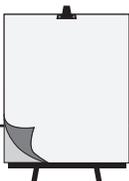
Explain that understanding these concepts and applying them in the design, implementation, and evaluation of projects will ensure a gender-sensitive approach that actively promotes gender equity. Tell participants that the group will look at each of these concepts in turn and then apply them to a reproductive health case study.

STEP 1

Ask participants to brainstorm the types of work people do. The work can be performed in any setting—rural, urban, home, community, or other. Have a volunteer write each type of work on separate note cards and tape the cards on a flipchart.

Some examples of types of work are fishing, farming, construction, collecting firewood, fetching water, trading in the market, office work, harvesting, cleaning, cooking, and feeding the children. If participants name specific professions, such as lawyer, doctor, or accountant, categorize these as *wage-earning* or other equivalent.

STEP 2



Explain that in the GAD model, work is classified into three categories. Present the categories on Flipchart 6B.

Productive—the production of goods and services for income, trade, or subsistence; tasks that contribute economically to the household and community. Includes wage-earning, crop and livestock production, handicraft production, marketing, fishing, manufacturing, and construction.

Reproductive—the care and maintenance of human life within the household. Includes childcare, food preparation, collection of water and firewood, cleaning, washing, building and maintaining shelter, and health care.

Community—maintenance and improvement of the community as a whole. Includes building schools or clinics, planning celebrations, judging disputes, making laws, and advocating for community needs, such as access to water.

FLIPCHART 6B

STEP 3

Write the three categories of work on a flipchart page as headings. Ask participants to group the note cards from the preceding brainstorm according to the category under which they fall and retape the cards under the appropriate headings.

STEP 4

This exercise will look at how women and men divide their days between the three categories of work. Draw two large circles on a flipchart page. Label one *men* and one *women*. Explain that each circle represents a 24-hour day.

Divide the participants into four groups. Make the following group assignments:

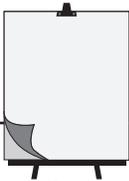
Group 1: Rural Men

Group 3: Urban Men

Group 2: Rural Women

Group 4: Urban Women

You may also want one of the groups to look at youth (girls and boys). Assign the task on Flipchart 6C.



Following the example, draw one large circle on a sheet of flipchart paper. Label it with your assigned group.

Segment each circle according to the percentage of time that the group in question spends on productive/reproductive/community work in an average day. *Leisure* should be included as a fourth category. You can break down the four broad categories further to show in more detail how time is spent. For example, the rural women may spend 75 percent of their time on reproductive activities, and they may spend one-third of that time collecting water.

Time: 20 minutes

FLIPCHART 6C

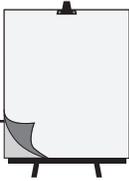
Allow each group to present its work. Discuss the results of the activity using the following questions:

- What do you notice about how women and men spend their time? Their leisure time?
- What do you notice about how rural women and men spend their time versus urban women and men (versus youth if there was a youth group)?
- What conclusions can you draw based on what you noticed?

STEP 5

Summarize the activity with the following observations:

Every society assigns different tasks to women and men. This is known as the *gender division of labor*. In most cultures, both women and men do productive work but women are mainly responsible for reproductive work. And while women and men are both involved in community work, men tend to have the more public and high-status tasks, such as chairing boards and leading ceremonies. Because women are involved in all three categories of work, they are said to have *triple roles*. Productive work is recognized and valued, while reproductive work (performed primarily inside the house) is not. Women are often overburdened because they are expected to engage in productive and community work in addition to their reproductive work.



This gender division of labor has some basic characteristics. Present these characteristics to the group on Flipchart 6D.

GENDER DIVISION OF LABOR

- Different cultural values assigned to roles depending on whether they are considered male or female
- Different degrees of access to and control over household and social resources, including health care
- Access to and control over resources entrenched in power relations

FLIPCHART 6D

Ask the group for examples of how different cultural values are assigned to roles depending on whether they are considered male or female. (One example is cook vs. chef.)

Ask participants to think about the water buffaloes example. Ask how gender roles and the gender division of labor affected the outcome of the project.

STEP 6

Ask the group how they think the gender division of labor and women's triple roles are relevant to

- Reproductive health
- Reproductive health programs/services

STEP 7

Distribute Handout 6B.

C. ACCESS AND CONTROL (1 HOUR, 30 MINUTES)

LEARNER OBJECTIVES

By the end of the activity, participants will be able to

- Define access and control.
- Explain the relationship between access/control and reproductive health programs.

Review these activity-specific learner objectives on the flipchart.

PREPARATION

Before beginning this activity, brief two volunteer actors for the following role-play.

You are a married couple (Spouse 1 and Spouse 2). Spouse 1 is watching the evening news—a daily ritual—and is completely immersed in the program. Spouse 2 enters the room, says, “Hello,” and then picks up the remote control and changes the channel. Spouse 1 should react according to how s/he would really feel in this situation.



NOTE TO THE TRAINER: If this scenario is not appropriate for your training audience, substitute another scenario. Examples of several access and control issues include credit, income, and transportation.

STEP 1

Ask the participant volunteers to present the access and control role play. The role play should last one to two minutes. Afterward, ask the group the following questions:

- Who had access to the TV? (*Answer: both partners*)
- Who had control over the TV? (*Answer: the partner with the remote control*)
- What are the implications of this?

STEP 2

Ask participants to define access and control and record their responses on a flipchart. The finished flipchart should include these details:

Access: the ability to use a resource or take advantage of an opportunity

Control: the ability to make decisions about and derive benefits *from* resources and opportunities

Ask the participants what implications the socially different roles and responsibilities assigned to men and women have for the level of access to and control over health, educational, and economic resources.

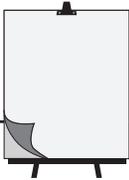
Explain that the access to and control over certain resources is important because the ability to use a resource does not necessarily imply the ability to define/decide the use of that same resource, and vice versa. For example, women and men may have access to condoms to protect themselves from STDs, but, at the time of sexual relations, women may not have the ability to decide or control condom use.

Elicit other examples from participants.

STEP 3

Explain that the participants will now illustrate access and control issues in the context of reproductive health programs by developing and presenting role-plays.

Divide the participants into four groups. Label the groups 1, 2, 3, and 4. Assign the task on Flipchart 6E.



Groups 1 and 3: Develop a five-minute role play that depicts a situation in which both sexes *appear* to have access to a reproductive health service, activity, or opportunity, but, because of constraints related to gender roles, stereotypes, and responsibilities, they do not have genuine access.

Groups 2 and 4: Develop a five-minute role play that depicts a situation in which both sexes have access to a reproductive health service, activity, or opportunity, but only one sex has control.

Time: 20 minutes

FLIPCHART 6E

Here are examples for the role plays that have been generated by past workshop participants.

First scenario: Prenatal clinics are offered in a community twice a week in the late afternoon. In this community, women are responsible for collecting water and preparing the evening meal. Women are unable to attend the prenatal clinic because the water source is too far away for them to have time to attend the clinic, collect water, and prepare the evening meal. Even though the clinic is located in the community and offered twice a week, the women's role in the household prevents them from having true access.

Second scenario: Condoms are distributed freely in a community in a variety of settings that are accessible to both women and men—markets, sporting events, women's group meetings, community meetings, and other venues. In this community, however, cultural norms dictate that men make the decisions about the timing and number of births and the use of family planning. Women, therefore, do not have control over use of the condoms.

STEP 4

Invite each group to present its five-minute role play, beginning with group 1 and finishing with group 4. After each role play, discuss the situation presented. How could the service, activity, or opportunity presented be adapted or modified in order to overcome the access/control issue?

STEP 5

Summarize the concept of access and control by explaining that women and men perform different roles that result in unequal access to and control over resources and different exposure to risk or protective health factors. The analysis of the different levels of access and control that women and men have over resources is extremely important in developing and evaluating interventions. A woman's control over income and her capacity to make household decisions often correspond to higher educational and nutritional levels for her children.

STEP 6

Distribute Handout 6C.

D. PRACTICAL GENDER NEEDS, STRATEGIC GENDER INTERESTS

(1 hour, 30 minutes)

LEARNER OBJECTIVES

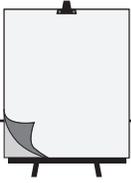
By the end of the activity, participants will be able to

- Explain the difference between practical gender needs and strategic gender interests.
- Give examples of programmatic interventions that address practical gender needs and those that address strategic gender interests.

Review these activity-specific learner objectives on the flipchart.

STEP 1

Before addressing the concept of practical gender needs and strategic gender interests the group will look at a case study entitled *A Girl's Life?* (Handout 6D, already modified with appropriate local details). Divide the participants into three groups and distribute the case study. Present the task on Flipchart 6F. (Make sure to change *Elizabeth* to the name you substituted in the case study.)



- Read the case study.
- Identify the factors that contributed to “Elizabeth’s” apparently poor reproductive health.
- Develop a list of different program interventions that could have been introduced at various points in Elizabeth’s life that might have improved her reproductive health.

Time: 30 minutes

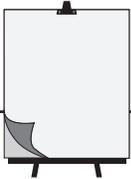
FLIPCHART 6F

STEP 2

Have the groups present their findings. As they do, compile a master list of program interventions that could have changed Elizabeth’s life. As the groups report on Question 1, refer them to the mind map from the session on reproductive health and point out the linkages. After all the groups have made their presentations, put aside the master list and explain that you will come back to it later.

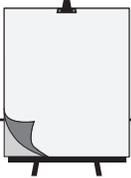
STEP 3

Present the saying on Flipchart 6G.



Give a woman a fish and you feed her for a day.
Teach her to fish, and you feed her for a lifetime.

FLIPCHART 6G



Ask for volunteers to explain what the saying means to them. Use the saying to introduce the concepts of Practical Gender Needs (PGN) and Strategic Gender Interests (SGI). Define PGN first by presenting the following on a flipchart:

Practical Gender Needs: the needs of women and men that relate to the responsibilities and tasks associated with traditional gender roles or to immediate necessity. Responding to practical needs can improve quality of life, but it does not challenge gender divisions or men’s and women’s positions in society. Practical needs generally involve issues of access or condition. *Condition* refers to the material circumstances in which men and women live.

FLIPCHART 6H

Ask for examples of practical gender needs. Possible responses include food, water, health of family members, housing, and fuel.

Read aloud the following example of a development project that addresses practical gender needs rather than strategic gender interests:

In a given community women are responsible for collecting water. The traditional water source has been a river 10 kilometers from the village. A clean water project installs a hand pump in the center of the village so women no longer have to walk a long distance to collect water.

The project improved the quality of life for women in the village by making it easier for them to carry out their role of collecting water. The hand pump did not change the positions of men and women in society or their relationships with each other.

Next, present the following definition of SGI on Flipchart 6I.



Strategic Gender Interests: the interests concerning the positions of women and men in relation to each other in a given society. Strategic interests may involve decision-making power or control over resources. Addressing strategic gender interests helps women and men achieve greater equality and to change existing gender roles and stereotypes. Gender interests generally involve issues of position, control, and power. *Position* refers to women's and men's places in society in relation to each other; it involves power, status, and control over decisions, resources, and benefits.

FLIPCHART 6I

Ask the participants for examples of actions or interventions related to strategic gender interests. Possible responses include elimination of restrictions on property ownership and access to credit; promotion of political equality; increased self-esteem; condom-negotiation skills; and increased involvement of men in reproductive health and the family.

Read aloud the following example of a project that addresses strategic gender interests:

A project aims to reduce the transmission of sexually transmitted diseases and HIV/AIDS in a community in which most of the men are migrant laborers who are away from home for several months at a time. In this community, women do not feel comfortable bringing

up issues related to sex, and it is the men who make family-planning decisions. The project develops a strategy that includes support groups and mentoring for women to increase their self-confidence and enable them to initiate discussions about sex. The strategy also includes community mobilization and awareness activities designed to introduce new norms of fatherhood and manhood.

The project addresses strategic gender interests because it seeks to alter power relationships between women and men by changing norms about discussing sex and sex-related issues and by increasing male responsibility for reproductive health.

STEP 4

Distribute Handout 6E, and allow a few minutes for the participants to read. Answer any questions they have about the handout.

STEP 5

Explain that the concepts of PGN and SGI are closely linked to access and control. Ask participants to give examples of how practical needs are related to the issue of access. (Their responses should acknowledge that addressing practical gender needs often means improving access to a basic need or resource, such as water, health services, or employment.)

Next, ask the participants to think about examples of the relationship between strategic gender interests and the concept of control. (Their responses should acknowledge that addressing strategic gender interests often results in changes in power relationships and issues of control—control over decision-making about income, household resources, fertility, and other key issues.)

Point out that it is not always easy to determine whether an activity is meeting a practical gender need or a strategic gender interest; sometimes it can do both. Ask participants if providing family planning services meets a practical gender need or a strategic gender interest.

Allow participants to debate this question, then point out that it does both:

Providing family planning services meets a practical need of women to space their births and to protect their health and that of their children. It also meets a strategic gender interest in that family planning may provide a woman with the free time necessary to pursue educational and employment opportunities that can change her role and status in the family. Giving a woman control over her fertility can also boost her self-confidence and self-esteem and enable her to take control over other aspects of her life.

STEP 6

Return to the results of the Elizabeth case study and post the master list of the program interventions identified by the groups. For each intervention, ask the group whether it addresses a practical need or a strategic interest, or both.

Lead a discussion based on the following questions:

- If the interventions implemented affected only Elizabeth’s practical needs but not her strategic interests, what do you think the outcome would be for her? Would her life be different? In what ways? What about her children’s lives?
- Do you agree or disagree with the statement “Reproductive health programs must address both practical needs and strategic interests if they are to be effective”?

Ask participants to defend their points of view.

STEP 7

To summarize, emphasize that it is not wrong for a project to address only practical gender needs. Practical needs usually must be met before strategic interests can be addressed. In some communities, meeting a practical need may serve as an entrée to addressing a more strategic issue; in other settings, an organization may determine that taking on strategic issues is not feasible. Why is it important to consider strategic gender issues? In order to implement effective and sustainable programs it is often necessary to consider strategic issues—issues of power, control, and status—because they can serve as obstacles to the attainment of reproductive health. Addressing strategic issues enables us to get at the underlying structures that perpetuate the problem.

E. EQUITY AND EQUALITY

(30 minutes)

LEARNER OBJECTIVE

By the end of the activity, participants will be able to

- Explain the difference between equality of opportunity and equity of impact.

Review this activity-specific learner objective on the flipchart.

STEP 1

Ask two volunteers to conduct a brief role play. Assign one player the role of a fox, and one the role of a stork. Give each player the appropriate mask.

Brief the actors as follows:

You will each be provided with a dish of food. Act out eating the food or attempting to eat the food. One of you will not be able to get to the food because of the container it is in; demonstrate your frustration non-verbally. One of you will really enjoy the food; demonstrate your pleasure non-verbally.

STEP 2

Introduce the role-play to the audience by bringing out the two containers (tall, narrow containers work best). Fill them with equal amounts of cereal. Make a big point of ensuring that the containers have equal amounts of food in them. Call to the fox and the stork. The stork begins happily “eating” the food. The fox, however, cannot get his face in the container (make sure of this before the role play!), and thus cannot reach the food. As the fox gets more frustrated, increase the amount of food in the fox’s container and observe the results. The fox still cannot eat. Observe for a few minutes and then act out a sudden realization. Rush off and get a flat plate for the fox’s cereal. The fox can now happily enjoy the food.

STEP 3

Ask participants what they observed. How does the scenario relate to gender issues?

STEP 4

Introduce the concepts of *equality of opportunity* and *equity of impact*. A fox and a stork may be given equal opportunity to eat from a dish—the exact same dish with the same amount of food—but the equity of impact (the amount of food they are able to consume) is not the same. Which animal gets to eat depends on whether the feeding dishes are wide and shallow to suit the fox or deep and narrow to suit the stork.

Write the two concepts—*equality of opportunity* and *equity of impact*—on a flipchart and clarify them, using the following as a guide:

Often in development we look at two identical “plates of food” and believe that everything is equal. The “plate of food”—representative of an activity, a program, or the value placed on different tasks—is usually created based on the needs of men. Emphasize that while different physical characteristics affected equity of impact in the role play, when we discuss equity/equality issues we include physical differences as only one of many differences between the sexes. For example, a training course may be offered in the evening so that men who work during the day can attend; women may be unable to participate in the evening because of household responsibilities. Because not many attend, program planners may conclude that women are not interested or do not take advantage of opportunities offered to them. In

reality, although it may appear that women and men have equal opportunity to attend the course, there is not equity of impact in terms of who is actually able to take the course since the course was scheduled around the needs of the average male.

STEP 5

Ask participants with experience in reproductive health programs to share examples of inequitable impact or unequal opportunity and make notes on a flipchart. The following is an example you can share.

Men have access to a family planning clinic but do not go because the services are targeted to women: the providers are usually women and tend to be more comfortable counseling women, and the hours of service are more suited to women's schedules. To attract men to the clinic, the service providers may need to take a closer look at the situation. What keeps men from frequenting the clinic? How can the clinic's services be friendlier to men?

If the concepts of equity and equality remain unclear to the participants, spend a few more minutes clarifying. Ask the participants to help you explain and give more examples.

STEP 6

Review the concepts and close the session by mentioning that equity of impact and equality of opportunity are closely linked to other concepts you have discussed, such as the triple roles of women and access to and control over resources.

CASE STUDY: THE WATER BUFFALOES OF NEPAL

This is a true story about a project that was implemented to improve the health and economic condition of people in a rural community in Nepal. A scheme to raise water buffaloes was introduced into the community. The project officers expected the activity to have the following impact:

- Milk from the water buffaloes would improve the nutritional status of the children.
- Additional income from milk sales would enable more children to go to school.
- Additional income from milk sales would improve the standard of living in the community.

After the project had been in place for a year, an assessment revealed that the nutritional status of the children had failed to improve and that *even* fewer girls were attending school.

What happened?

Because it was the role of the women in the community to raise the water buffaloes, the project increased the workload of the already overburdened women. Although it was the women who raised the buffaloes, the men in the community were the ones who actually sold the milk and kept the earnings. The men were not aware of the nutritional value of the milk for children, and when they began to see its monetary value, they took more and more to sell. As a result, there was less milk available for community consumption. It was no longer given to children, and their nutritional levels failed to improve as had been expected.

Furthermore, the men used the new income from the milk to send their sons to better, more expensive schools. The girls had to stay home to help their mothers with the increased workload caused by the water buffaloes.

Why did it happen?

The project was designed without an understanding of the roles of men and women, community beliefs and values regarding education, or community knowledge of nutrition and health. Project implementers failed to ask key questions: Who does what with what resources? Who has access to resources, benefits, and opportunities? Who controls the resources, benefits, and opportunities? For all of these reasons, the results were the complete opposite from the expected outcomes.

WOMEN'S TRIPLE ROLES AND THE GENDER DIVISION OF LABOR

Triple Roles

Productive—production of goods and services for income, trade, or subsistence; tasks that contribute economically to the household and community. Includes wage-earning, crop and livestock production, handicraft production, marketing, fishing, manufacturing, and construction.

Reproductive—the care and maintenance of human life within the household. Includes childcare, food preparation, collection of water and firewood, cleaning, washing, building and maintaining shelter, and health care.

Community—maintenance and improvement of the community as a whole. Includes building schools or clinics, planning celebrations, judging disputes, making laws, and advocating for community needs, such as access to water.

Gender Division of Labor

Every society assigns different tasks to women and men. This is known as the *gender division of labor*. In most cultures, both women and men do productive work but women are mainly responsible for reproductive work. And while women and men are both involved in community work, men tend to have the more public and high-status tasks, such as chairing boards and leading ceremonies. Because women are involved in all three categories of work, they are said to have *triple roles*. Productive work is recognized and valued as work, while reproductive work (performed primarily inside the house) is not. Women are often overburdened because they are expected to engage in productive and community work in addition to their reproductive work.

The gender division of labor has some basic characteristics:

- Different cultural values assigned to roles depending on whether they are considered male or female
- Different degrees of access to and control over household and social resources, including health care
- Access to and control over resources linked to entrenched power relations.

ACCESS TO AND CONTROL OVER RESOURCES AND BENEFITS¹⁴

Access: the ability to use a resource or take advantage of an opportunity

Control: the ability to make decisions about and derive benefits from resources and opportunities

Resources can include:

- Economic or productive resources land, equipment, tools, labor, cash/credit, employable skills, income-earning skills, employment- and income-earning opportunities
- Political resources leadership skills, education and information, public-sphere experience, self-confidence, credibility, representative organizations
- Time a particularly critical and scarce resource for women

Benefits can include:

- Basic needs, such as food, clothing, and shelter
- Cash and income; asset ownership
- Education, training, political power, prestige, status, and opportunities to pursue new interests

Lack of information about access to and control over resources and benefits has led to many incorrect assumptions about what women will be able to achieve and how they will benefit from both women-specific and “integrated” projects. This kind of information is required in order to develop projects that will achieve their objectives.

Examples:

- Access to land but no control over its use or ownership
- Access to income but no control over how it can be spent
- Access to food but no control over its allocation within the household

¹⁴ Canadian Council for International Cooperation, *Two Halves Make a Whole: Balancing Gender Relations in Development*. (Ottawa, Canada: Author 1991).

CASE STUDY: A GIRL'S LIFE?

Elizabeth was born into a family of six children—four boys and two girls—in which she was the fourth child and the youngest girl. Her family survived by farming and selling a small amount of cash crops. Often there was not enough food to feed everybody in the family adequately. As in most families in her community, her father and brothers ate first, she and her sister were fed after them, and her mother always ate last. Elizabeth grew slowly, but this was considered more or less normal. Elizabeth began school when she was six, but after three years she had to stop going because there was not enough money to send all the children in the family. While Elizabeth and her older sister stayed home to help their mother with farming, childcare, and other household tasks, the two older brothers continued to attend school.

By the time Elizabeth was twelve, the family was better off financially. They had learned some new agricultural techniques and were selling more crops. Elizabeth wanted to return to school, but her father would not let her. The school was far away, and he did not want her to travel the long distance. Furthermore, there was only one female teacher at the school, and he did not consider it appropriate that men teach his daughter, who was nearing puberty. He explained to his wife that Elizabeth would be getting married soon so there was no need for her to go to school and risk getting “damaged.” Her older sister, Lucy, who was seventeen, had already been married two years and had one child.

When Elizabeth was fifteen she was married to John and went to live with his family. Within four months, she was pregnant. By the time she was eighteen, she had three daughters. She was always tired, her health was poor, and she often felt isolated and depressed. Though she could not read well, she had heard something about family planning and suggested to John that they consider it so she could rest for a few years. John became furious and beat her. He pointed out that she had not yet provided him with a son, that he was the one who made decisions about the size of their family, and that family planning was unnatural anyway. Elizabeth, feeling that she had been appropriately reprimanded for her bold and presumptuous behavior, did not bring the subject up again. Her health continued to deteriorate.

Sex was often painful for Elizabeth. She was treated several times at the health clinic for vaginal discharge and genital itchiness. The nurses at the clinic gave her leaflets describing her sickness, but Elizabeth’s reading skills were limited. She was afraid to ask her friends to read them to her because she could tell from the pictures that it would be embarrassing. Each time she returned to the clinic with this problem, the nurses told her that she was catching the disease from having sex with her husband and that she must use condoms to protect herself. They would become quite annoyed with her that she had not used them. But Elizabeth believed that only prostitutes used condoms and that John would refuse them.

Elizabeth’s fourth child was a boy, and John was pleased. He looked forward to his second and third sons. Meanwhile, Elizabeth became more and more tired, worried, and sad. She had a difficult life that consisted of hard work from sunup to sundown to care for her family. The small amount of money that John gave her for food and clothing for the children was never enough. The family barely managed to get by and seemed to be always on the brink of disaster. Elizabeth feared that her daughters, like her, would be unable to attend school. She wanted things to be different for them. She wanted them to have the opportunity to finish school, get jobs, and make choices that were not available to her. She knew that if she could find a way to earn money, she could change things for her daughters. But she had never finished school and had no skills, so how could she earn any money? How could she ever make things different for her daughters? As time passed, Elizabeth became resigned to her situation. She believed that she could not change the way things were. Could she?

PRACTICAL GENDER NEEDS, STRATEGIC GENDER INTERESTS*Practical Gender Needs:*

- Relate to the responsibilities and tasks associated with traditional gender roles or to immediate perceived necessity
- Generally involve issues of access or condition—the material circumstances in which men and women live
- Responding to practical needs can improve quality of life, but it does not challenge gender divisions or men’s and women’s position in society

Strategic Gender Interests:

- Concern the positions of women and men in relation to each other in a given society
- Linked to the gender division of labor
- May involve decision-making power or control over resources
- Addressing strategic interests assists women and men to achieve greater equality and to change existing gender roles and stereotypes, thereby challenging women’s and men’s positions in society

Practical needs are related to one’s condition. *Condition* refers to the material circumstances in which men and women live. If you ask a person to describe her or his life, that person will likely describe conditions: the kind of work performed, type of housing, and personal and family needs, such as clean water, food, and education.

People do not have to be told what their practical needs are. Because they are urgent and critical, practical needs are usually easy to identify. Women may identify practical needs related to food and water, the health and education of their children, or the need for increased income. A community in which women must carry water a long distance from the nearest river has a practical need for a well. Meeting such needs can be a relatively short-term process, involving development inputs, such as equipment (hand pumps, clinics, a credit scheme) technical expertise, and training.

Practical needs can usually be met without changing the social position or status of the affected population. People’s living conditions may improve when practical needs are met, but there is little impact on their position and status in society. Projects that aim to improve living conditions by meeting practical needs usually only preserve, and often reinforce, the traditional relations between women and men.

Strategic interests are linked to status and position in society. *Position* refers to women’s and men’s relative social and economic standing. It can be measured, for example, by male/female disparities in wages and employment opportunities, participation in legislative bodies, and vulnerability to poverty and violence.

Strategic interests look to the long term and work to improve people’s relative positions in society. A project that addresses strategic interests may include activities that increase people’s knowledge and skills; work for legal protection; or create equal opportunities among different social groups. Access to participatory democratic processes is in the strategic interest of the poor in general. Gender equity and equality are in the strategic interest of women in particular. Empowering women to have more opportunities, greater access to resources, and equal participation with men in decision-making is in the long-term strategic interest of the majority of the world’s women and men.

SESSION SEVEN: MALE PARTICIPATION IN REPRODUCTIVE HEALTH

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Identify ways in which the promotion of gender equity can result in positive gains for men as well as women.
- Develop strategies and approaches for involving men in reproductive health programs and promoting changes in traditional gender roles.

TIME

2 hours

SESSION OVERVIEW

- A. The Ideal World: No Gender Inequality (45 minutes)
- B. Overcoming Barriers to Male Participation in Reproductive Health (1 hour, 15 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Colored pencils, pens, markers, crayons (as many of these items as possible)

HANDOUTS

7A—Conceptualizing Masculinity Through a Gender-Based Approach

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Retrieve the flipcharts that the participants created in Session Three, Activity B, identifying cultural definitions of male and female roles.

A. THE IDEAL WORLD: NO GENDER INEQUALITY

(45 minutes)

STEP 1

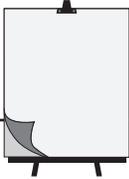
Review the learner objectives on the flipchart.

Refer back to the flipchart developed in Session Three, Activity B, where participants explored gender roles and expectations and completed the sentence, “In my culture, men (women) must” Ask the participants to reflect on this question in terms of reproductive health. In their culture, what are the expectations for the involvement of men in reproductive health at the family level, at the community/peer group level, and at the reproductive health program/policy level?

Write responses under those three headings (Family, Community/Peer Group, Program/Policy) on a flipchart. Ask probing questions to get clear statements. Ask participants what the impact of these expectations is on women, children, and the men themselves. Write their responses on another flipchart with the headings Women, Children, and Men.

STEP 2

Remind participants of the previous session's theme—that gender differences are socially constructed and learned. Ask them to close their eyes for a minute and try to imagine a world where gender inequalities no longer exist—where men and women have the same rights; the same possibilities for education, employment, and advancement; the same income-generating power; and the same decision-making power. What would that world be like? What would the impact of such gender equity and equality be on the reproductive health of that society? How would the reproductive health roles and responsibilities within the family shift? What would those roles be like? Who would benefit?



Divide the participants into four groups and distribute paper and colored pencils, pens, markers, and crayons. Ask them to do the task on Flipchart 7A.

On flipchart paper, draw a picture representing the group's vision of the effect of a gender-equitable world on the reproductive health of women, children, and men. Be creative, artistic, and symbolic. Give your work of art a title.

Time: 20 minutes

FLIPCHART 7A

STEP 3

Have each group present and explain its work of art and its title. Capture the key ideas on a flipchart as each group makes its presentations, focusing especially on ideas concerning the role of men in a gender-equitable society. Ask for details of the group discussions that led to choosing certain symbols.

After the presentations, comment that an equitable society is one in which all members gain. It is a win-win situation and not something to be feared. Post the works of art around the room.

B. OVERCOMING BARRIERS TO MALE PARTICIPATION IN REPRODUCTIVE HEALTH

(1 hour, 15 minutes)

STEP 1

Acknowledge to the participants that we do not yet live in a gender-equitable world and that male participation in reproductive health is still far from being fully realized. Ask participants what cultural, political, or physical barriers stand in the way of increased gender equity and equality and prevent men from participating more fully in reproductive health. Post a flipchart with the categories Family level, Community/Peer Group level, and National Program/Policy level. Ask the participants to think first about barriers at the family level, then at the community/peer group level, then at the national level. Ask them to share their thoughts with the group. Write their responses under the appropriate headings on the flipchart.

Here are some possible responses:

Family barriers

- Taboos against male interaction with small children
- Cultural norms about family planning being a woman's problem
- Lack of role models for involved fathering
- Cultural assumption that anything domestic is women's work

Community/Peer Group barriers

- Fear of being viewed as not man enough by peers if caught doing housework or childcare
- Family planning services geared toward women's needs not welcoming towards men
- Traditional male/female roles reinforced in mass media
- Income-generating and educational opportunities not open to women/girls

National Program/Policy barriers

- Separation laws not favorable to male or joint custody of children
- Not enough legal paternity leave
- No family life education in school to help change gender stereotypes
- Family planning and reproductive health policies and programs not geared toward needs of men or families
- No legal support for non-traditional families
- Hospital/clinic regulations not supportive of father involvement in birth and post-partum care

STEP 2

Divide the participants into three groups. Assign one group to family-level barriers, one to community/peer group barriers, and one to national program/policy barriers. Ask each group to propose strategies and actions that overcome the stated barriers.

STEP 3

Invite each group to present its work; allow 5 minutes per group. Encourage the audience to comment and ask questions.

STEP 4

Summarize the session by reviewing the art and the flipcharts. Ask the participants if their strategies to overcome the barriers to male participation would help to achieve the ideal world they envisioned in Activity A.

Distribute and review Handout 7A.

**CONCEPTUALIZING MASCULINITY THROUGH
A GENDER-BASED APPROACH¹⁵**

For many years, NGOs in Nicaragua have carried out gender-based community development work. Most have focused on women and youth; however, the male staff members of several NGOs became aware of the need to work with men on gender issues. They believed that men should consider how gender identities are socially constructed and what actions are needed to contribute to more equal gender relations. Two NGOs involved in this initiative are CISAS and CANTERA. Their work centers around two main themes: the promotion of the rights and duties of both men and women, and the identification of individual and collective actions to promote changes in the traditional roles and responsibilities assigned to men and women. In August 1997, 45 participants in a CISAS workshop recommended the following to help men improve paternal responsibility:

- recognize that couples are responsible for family planning and that men are responsible for avoiding unwanted pregnancies
- improve intra-family communication by becoming more communicative and less impulsive in taking immediate action
- develop an open and comprehensive relationship with children in which fathers encourage good behavior, good habits, and sex education in order to prevent unwanted pregnancies
- become aware of errors and be willing to correct them in the future

¹⁵ Royal Tropical Institute, *Sexual Health Exchange* (Amsterdam, Netherlands: Royal Tropical Institute and Southern Africa AIDS Dissemination Services).

SESSION EIGHT: GENDER ANALYSIS

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Define gender analysis and explain its purpose.
- Describe several gender analysis tools.
- Apply gender analysis tools to conduct a gender analysis of a community development or reproductive health case study.

TIME

5 hours, 30 minutes or 4 hours, 45 minutes (depending on Activity C option)

SESSION OVERVIEW

- A. Why Gender Analysis? (15 minutes)
- B. Introduction to Gender Analysis Tools (1 hour, 30 minutes)
- C. Conducting a Gender Analysis: Field Trip Option (5 hours); Case Study Option (3 hours)

MATERIALS

- Flipchart and paper, markers, tape

HANDOUTS

8A—What Is Gender Analysis?

8B—The Harvard Analytical Framework

8C—The Women’s Empowerment Framework

8D—The CAP Tool

8E—Gender Analysis Case Study for the Harvard Analytical Framework

8F—Gender Analysis Case Study for the Women’s Empowerment Framework

8G—Gender Analysis Case Study for the CAP Tool

8H—Trainer Resource: Possible Responses to Case Studies

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- If you choose the field trip option for this session, preparations will include selecting a project, explaining the purpose of the field trip to project staff and hosts, and organizing transportation. Prepare a simple one-page briefing handout for participants about the project they will visit. It is useful to include information about the project goals/objectives, client population, and key activities or approaches.
- Prepare Flipcharts 8A through 8E.
- Prepare flipcharts outlining the Harvard Analytical Framework, the Women’s Empowerment Framework, and the CAP Tool.

A. WHY GENDER ANALYSIS?

(15 minutes)

STEP 1

Review the learner objectives on the flipchart. Then, ask participants to think back to the example of the water buffaloes project in Session Six. Remind them of the project's unintended results (children's nutritional status declined and fewer girls ended up attending school). Explain that if the project planners had considered gender issues when designing the project, these unexpected outcomes might have been avoided. Tell the participants that the purpose of this session is to introduce them to concepts and techniques for incorporating gender considerations into projects, beginning with the project design stage.

STEP 2



Ask if anyone can define gender analysis. Write participants' ideas on a flipchart. Then present the definition on Flipchart 8A.

Gender analysis is a systematic way of exploring the current and potential roles and responsibilities of men and women, and their access to and control over resources and benefits within a particular setting (project, household, community, or other).

FLIPCHART 8A

STEP 3

Ask participants why development practitioners should use gender analysis. Note their ideas on a flipchart.

Here are some possible responses:

- Helps ensure that both women and men participate in and benefit from development
- Looks for the root causes of gender inequality and enables us to address them
- Looks at equity of impact
- Focuses on transforming attitudes and practices to bring about change
- Helps ensure that traditional power imbalances do not work against women's advancement
- Enhances a project's effectiveness
- Ensures long-term sustainability by addressing underlying obstacles to development

B. INTRODUCTION TO GENDER ANALYSIS TOOLS

(1 hour, 30 minutes)

STEP 1

Ask participants if they know of or have used any gender analysis tools or frameworks. List their responses on a flipchart. Possible responses may include the Harvard Framework, Women’s Empowerment Framework, Gender Analysis Matrix, and Gender and Development Framework.

Tell participants that CEDPA has developed a gender analysis framework called The CAP Tool. This tool is specifically aimed at Reproductive Health Information, Education, and Communication (IEC) programs.

STEP 2

Explain that in this session you will give a general introduction to three gender analysis tools. Participants will then apply these analytical tools to either a real project (field trip) or a case study (Handouts 8E, F, and G). Participants will use the results of their gender analysis during the following week of the workshop.

Present and explain each of the three tools using flipcharts with summaries of the tools (prepared in advance). Allow time for questions, discussion, and sharing of the experiences participants have had with the various tools.

- **Harvard Analytical Framework**—One of the first gender analysis models, it uses three diagnostic tools to develop a description and analysis of gender roles and relations in a community. A fourth component applies the gender analysis to a needs assessment, proposal, project, evaluation, or other activity.
- **Women’s Empowerment Framework**—This model emphasizes women’s participation and women’s issues at every stage of the development cycle, with the overall goal of overcoming women’s inequality. The framework consists of a five-level scale of increasing equality and empowerment.
- **The CAP Tool**—The CAP is a gender analysis tool designed to guide the development of gender-sensitive IEC activities and ensure that they actively promote gender equity and equality. The CAP is a simple tool consisting of three broad components and associated questions designed to promote dialogue on gender issues. The CAP components are Change, Accessibility/Control, and Perception.



NOTE TO THE TRAINER: You may substitute other tools for those included here. Suggestions include the Gender Analysis Matrix and the Gender and Development Framework.

At the end of this activity, distribute handouts 8B, 8C, and 8D.

C. CONDUCTING A GENDER ANALYSIS

Field Trip Option (1 day)

Approximate Timing:

Preparation (1 hour)

Actual Visit (1 hour, 30 minutes)

Applying Tool, Preparing Report (1 hour, 30 minutes)

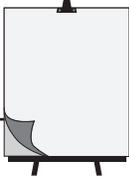
Presenting Findings (1 hour, 30 minutes; 30 minutes per group)

STEP 1

Divide participants into three groups. Assign to each group one of the three gender analysis tools introduced in the previous activity. (If feasible, allow attendees to group themselves according to interest in a particular analytical tool.)

STEP 2

Explain that all the participants will visit a single reproductive health project. Then each group will conduct a gender analysis using its assigned tool. Provide the groups with handouts on their assigned tools (Handouts 8B, 8C, and 8D) and a written description of the project they will visit.



Present the task on Flipchart 8B.

Conduct a gender analysis of the project using your assigned tool and the guiding questions provided for that tool. To prepare for the analysis, please do the following:

- Familiarize yourselves with the framework and how it is used. Be sure every member of the group understands the framework.
- Read the description of the project you will be visiting.
- Plan for the visit—assign roles and responsibilities, and delegate tasks.
- After the visit, consolidate your group’s findings and prepare to present them to the other groups.

Time: 1 hour

FLIPCHART 8B

STEP 3

Explain all the logistical details of the field trip, answer any questions, and lead the participants through the trip.

STEP 4

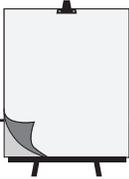
When the groups have returned from the field trip, give them time to consolidate their findings and prepare to present their results to the other groups.

STEP 5

Have each group give a 30-minute presentation (including time for questions and answers) about the results of its gender analysis. This presentation should include observations about any aspects that went particularly well or were notably challenging.

STEP 6

Facilitate a discussion about the relative strengths and weaknesses of each gender analysis tool. Ask each group to comment on the questions on Flipchart 8C.



COMPARING GENDER ANALYSIS TOOLS

- Was the tool easy to use?
- Did the group find any limitations to in the tool? Any particular strengths?
- At which stage(s) of the project cycle (design, assessment, implementation, monitoring/evaluation) can this tool be used?

FLIPCHART 8C

Case Study Option

Approximate timing:

Case Study Analysis and Preparing Report (1 hour, 30 minutes)

Presentation of Findings (1 hour, 30 minutes; 30 minutes per group)



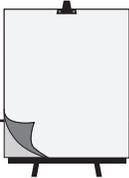
NOTE TO THE TRAINER: If you choose this option, the time involved will be shorter, so you will need to adjust the workshop schedule accordingly.

STEP 1

Divide the participants into three groups. Assign to each group one of the three gender analysis tools introduced the previous day. (If feasible, allow attendees to group themselves according to interest in a particular analytical tool.)

STEP 2

Distribute Handouts 8E, 8F, and 8G, each to the group that will be using that particular tool.



Present the task on Flipchart 8D.

Conduct a gender analysis of the project described in the case study using your assigned tool and the guiding questions provided for that tool. To prepare for the analysis, please do the following:

- Familiarize yourselves with the framework and how it is used. Be sure every member of the group understands the framework.
- Read the project description in the case study.
- As a group, use the analysis tool to analyze the gender issues presented in the case study.
- Prepare to present your findings to the other groups.

Time: 1 hour, 30 minutes

FLIPCHART 8D

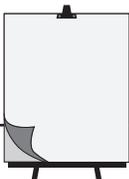
STEP 3

When the analyses have been completed, have each group give a 30-minute presentation (including time for questions and answers) about the results of its gender analysis. This presentation should include observations about any aspects that went particularly well or were notably challenging.



NOTE TO THE TRAINER: Please see Handout 8H, which lists possible responses to the case study questions.

STEP 4



Facilitate a discussion about the relative strengths and weaknesses of each gender analysis tool. Ask each group to comment on the questions on Flipchart 8E.

COMPARING GENDER ANALYSIS TOOLS

- Was the tool easy to use?
- Did the group find any limitations to in the tool? Any particular strengths?
- At which stage(s) of the project cycle (design, assessment, implementation, monitoring/evaluation) can this tool be used?

FLIPCHART 8E

Summarize the gender analysis exercise by reminding participants of the three essential questions to keep in mind when designing, implementing, and evaluating development and reproductive health projects:

- Who does what with what resources?
- Who has access to the resources, benefits, and opportunities?
- Who controls the resources, benefits and opportunities?

At the end of the session, distribute Handout 8A.

Ask the groups to keep the results of the gender analyses handy for use during the second week's sessions on advocacy.

WHAT IS GENDER ANALYSIS?

Gender analysis is the systematic way of exploring the current and potential roles and responsibilities of women and men and their access to and control over resources and benefits within a particular setting—project, household, community, or other.

Why should we carry out gender analysis?

- Helps ensure that both women and men participate in and benefit from development
- Looks for the root causes of gender inequality and enables us to address them
- Looks at equity of impact
- Focuses on transforming attitudes and practices to bring about change
- Helps ensure that traditional power imbalances do not work against women's advancement
- Enhances a project's effectiveness
- Ensures long-term sustainability by addressing underlying obstacles to development

THE HARVARD ANALYTICAL FRAMEWORK¹⁶

One of the first gender analysis models, the Harvard Analytical Framework charts and organizes information. It consists of three diagnostic tools to develop a description and analysis of gender relations in a community. The fourth component, Project Cycle Analysis, applies the gender analysis to a needs assessment, proposal, project, evaluation, or other activity. The framework does not suggest directions for development interventions.

The Activity Profile identifies all relevant productive and reproductive tasks of the community and addresses the question “Who does what?” In each case, men’s and women’s work is shown.

The Access and Control Profile identifies resources and benefits associated with the roles delineated in the Activity Profile. Besides physical resources and benefits, such as land and capital, these can include access to time and education, political power, and outside income.

The Influencing Factors tool identifies the surrounding dynamics that affect the gender disaggregation presented in the two preceding profiles. These factors can be past, present, or future influences. They can be factors of change (political, economic, cultural, education, legal, international) or constraints or opportunities that especially impact women’s equal participation and benefits.

Task:

- Compile an Activity Profile, Access and Control Profile, and Influencing Factors analysis of your assigned project. You may gather information from project staff, beneficiaries, and any other available stakeholders.
- Based on the information in the profiles, identify gender issues that you think could affect or be affected by implementation of the project. Is the project addressing these issues? If so, how? If not, how could the project be adjusted for more effective implementation?

¹⁶ Candida March, Ines Smyth, and Maitrayee Mukhopadhyay, *A Guide to Gender-Analysis Frameworks* (Oxford: Oxfam Publications, 1999).

THE HARVARD ANALYTICAL FRAMEWORK

THE ACTIVITY PROFILE

	Women	Girls	Men	Boys
Productive Activities				
Reproductive Activities				
Community Work				

ACCESS AND CONTROL PROFILE

A = Access, C = Control

RESOURCES	Women	Men

ACCESS AND CONTROL PROFILE

A = Access, C = Control

BENEFITS	Women	Men

THE INFLUENCING FACTORS

Cultural

Educational

Economic

Environmental

Other

THE WOMEN'S EMPOWERMENT FRAMEWORK¹⁷

The Women's Empowerment Framework was developed to incorporate gender awareness, women's participation, and women's issues into development programs with the goal of promoting equality between women and men. The framework consists of a five-level scale of increasing equality and empowerment.

The framework also identifies three levels of recognition of women's issues in project objectives:

- Negative level—ignores women's issues
- Neutral level—recognizes women's issues and ensures only that women's positions are not further undermined
- Positive level—focuses on improving the position of women

Task:

- Analyze the project according to the five-level scale of women's empowerment and the levels of recognition of women's issues in project goals.
- Based on your analysis, discuss the gender issues in the project and your assessment of the level of recognition of women's issues in the project's objectives. Make suggestions about how the project could be adjusted to move it up the women's empowerment scale.

¹⁷ *ibid.*

Project Goals	Aspect of Women's Empowerment				
	Welfare	Access	Conscientization	Participation	Control

Project Goals	Level of Recognition of Women's Issues		
	Negative	Neutral	Positive

THE CAP TOOL¹⁸

What Is the CAP?

The CAP is a gender analysis tool designed to guide the development of gender-sensitive IEC activities and ensure that they actively promote gender equity and equality. The tool helps the user internalize a gender approach, enabling her/him to view the world through a gender lens.

The CAP is a simple tool consisting of three broad components and associated questions designed to promote dialogue on gender issues. The CAP components are: **C**hange, **A**ccessibility/**C**ontrol, and **P**erception.

How Is the CAP Used?

- The CAP Tool relies on process and participation rather than a prescribed formula or rigid series of steps. Gender issues are extremely complex and vary with culture, class, religion, geography, and educational level. Because such issues are so context-specific, it is impossible to develop a standard “recipe” or approach for addressing gender issues in a project context. The key to ensuring that projects are gender-sensitive and address relevant gender issues is to ask the right questions so that culturally appropriate strategies and approaches can be adopted. The CAP tool enables the user to ask the right questions.
- The tool should be used at all phases of the project cycle, from analysis and design through implementation and evaluation. Consideration of gender issues should be an integral part of the project process, not a separate component or entity that is attached onto a project. Gender roles and relationships are simply one of the many variables that must be considered if a project is to be effective, while issues of gender equity and equality are vital to sustainability. The CAP tool demystifies gender by enabling the user to ask the right questions at all phases of the project process—questions that ensure that gender issues are taken into consideration.

Who Should Use the CAP?

The CAP Tool can be used by

- Project designers, planners, implementers, and evaluators
- IEC Practitioners
- Donors
- Policy-makers

While the CAP Tool was developed specifically for IEC programs, it can be adapted for use in a wide range of settings.

¹⁸ *The CAP Tool* was developed by The Centre for Development and Population Activities and The Johns Hopkins University/Population Communication Services Project.

CAP GENDER ANALYSIS TOOL FOR REPRODUCTIVE HEALTH IEC PROGRAMS

The CAP Tool facilitates development of reproductive health communication interventions that actively promote gender equity and equality. At each stage of the project process, implementers should consider the questions below related to Change, Accessibility and Control, and Perception. The CAP Tool is designed to provoke discussion around these issues.

Change		Accessibility and Control	Perception
<p>Practical Needs</p> <p>What practical need(s) will the communication campaign address?</p> <p>What behavior change(s) addresses this practical need?</p>	<p>Strategic Interests</p> <p>What strategic interest(s) will the communication campaign address?</p> <p>What behavior change(s) addresses this strategic interest?</p>	<p>Will the communication intervention be accessible to men/women in relation to the following factors:</p> <ul style="list-style-type: none"> • Logistical (location/venue, timing)? • Socio-cultural? • Economic? <p>Will the intervention reflect and respond to women's and men's control or lack of control over:</p> <ul style="list-style-type: none"> • Decision making? • Utilization of family resources? • Ability to change behavior? 	<p>How will men and women perceive the communication messages?</p> <p>What communication channels will be utilized in the communication intervention? How will women and men perceive these channels? Are the channels appealing and suitable for the intended audience—male, female, youth, or other?</p> <p>Will the communication intervention perpetuate gender stereotypes, or will it present images of men and women that reflect equity and equality in gender roles and relationships?</p>

GENDER ANALYSIS CASE STUDY FOR THE HARVARD ANALYTICAL FRAMEWORK

The government of a rich, cacao-producing country wanted to increase its exports to boost the national economy. With the help of a major international donor, access roads were built through 80% of the rural areas so cacao farmers could easily transport their crops to the marketing centers. This stimulated cacao production, and the incomes of the farmers increased measurably.

In this region, women do most of the agricultural work, both on cash crops and on family foodstuffs. The men are responsible for decisions concerning what to plant where and for the marketing of the crops. The men belong to cash crop cooperatives that collect the cacao, sell it to international marketing boards and then distribute the revenue back to the men according to the amount brought in to market. Women work long, hard hours in the fields using hand tools. They are responsible for feeding the family, making sure children eligible for school are enrolled and participate, and for all family health care needs. Before the cacao boom, a few women had small stands to sell basic items, such as soap, salt and oil, to the community members. With the boom, everyone is involved with producing more and more cacao.

Four years after the roads were built, there was extensive malnutrition in these cacao-growing communities. Women and children were noticeably poorer. Yet greater cash incomes were coming into these communities.

Task:

- Use the Harvard Analytical Framework to conduct a gender analysis of the situation in this case study. Make assumptions/educated guesses if necessary. Discuss the factors that contributed to this situation.
- Make recommendations on how to revise the project for a more positive, gender-equitable outcome.

GENDER ANALYSIS CASE STUDY FOR THE WOMEN'S EMPOWERMENT FRAMEWORK

An engineering firm is given a contract to build a bridge in a small community and a new road leading to a larger town miles away. This community is part of a group of communities linked together by a network of markets. Women are the vendors and buyers in these markets. They travel by foot with their wares on their heads, babies on their backs, from market to market in an ancient pattern. The terrain is dangerous and precarious bridges often washed out.

The engineers from the firm are told that they must discuss the project with the community to make sure it fills their needs. They also are encouraged to employ local people and train them in various skills. The firm meets with the local officials and, after much negotiation, they agree on the placement of the bridge and the number of people who will be trained in construction and bridge-maintenance skills. The engineers and local officials are especially proud that they have selected two young women to be included in the training. The training is held, and the bridge is finally built. It is connected to the new road leading to the far-away town.

Soon, however, it is noticed that most women are not using the new road. They are still taking the dangerous footpath to cross the ravine and go to market. Also, the women trained in bridge maintenance seem, after some months, to lose interest in working on the project.

Task:

- Use the Women's Empowerment Framework to conduct a gender analysis of the situation in the case study. Make assumptions/educated guesses if necessary. List things that might have gone wrong with this project.
- Based on your analysis, make recommendations on how to revise the project for more positive, gender-equitable outcomes.

GENDER ANALYSIS CASE STUDY FOR THE CAP TOOL

Community Mobilization in Nepal: Condom Day

Condom Day was a collaborative effort between international and national non-governmental organization to raise awareness of the importance of condoms for family planning and prevention of STDs/AIDS. Objectives were

- To increase the involvement of men in family planning
- To increase awareness of AIDS/STDs and family planning and the importance of condoms as a disease-prevention measure and a family-planning method
- To create support groups for condom users

Key Issues:

- In various regions of Nepal, 50 to 100 percent of the male population worked in India for most of the year. They returned to Nepal only for major Hindu festivals. Increasingly, these migrant men were returning home infected with STDs, including HIV/AIDS, and transmitting these diseases to their wives and unborn children.
- Women were afraid or unwilling to approach their husbands about sex, condom use, and the possibility that their husbands might be sleeping with other women. Traditionally, these topics were taboo, and women feared angering their partners or damaging their reputation by raising these reproductive issues.

Description of the Intervention:

Theme of Condom Day: Responsible fatherhood

Messages: Benefits of a small family; birth spacing by using condoms; prevention of STDs/AIDS.

Approach: Local community organizations received Condom Day information packets with ideas for activities and supporting materials on the theme of Responsible Fatherhood, such as posters, leaflets, comics, stickers, and badges. The organizations planned and implemented activities best suited to their area, including pamphlet distribution; rallies (banner, walking, bicycle); video shows/discussions; street drama; condom games; group discussions; photo competitions; essays; condom use demonstrations; puppet shows; card games; information booths; speeches; and counseling.

Strategy Highlights:

- Condom Day directly followed Dasain, the largest Hindu festival of the year, and preceded Tihar, the second most prominent holiday in Nepal, when families traditionally come together. The focal districts contained large numbers of migrant men who returned only during the festival season.
- Condom Day sought to change community norms regarding discussion of condoms, family planning, and STDs/AIDS. Prominent community members spoke about condoms and participated in activities to promote condom use for family planning and STDs/AIDS prevention.
- Collaboration of different local organizations raised awareness about the various agencies that provided family planning and STDs/AIDS information and allowed individuals to identify knowledgeable resources.

Task:

- Analyze the project using the questions in the CAP Tool framework.
- If the project does not address strategic gender interests, make suggestions about how it could be adapted or modified to do so.

POSSIBLE RESPONSES TO CASE STUDIES**Gender Analysis Case Study for the Harvard Analytical Framework**

Factors that might have contributed to the situation:

- Women were spending more time on the cash crop (cacao) and less time on the food crops, resulting in inadequate food supplies in the community.
- Men controlled the extra income that came into the household. This extra income was not going toward buying food.
- Land intended for subsistence farming by the women was taken over for growing the cash crop. With less income available to the women for household maintenance, the income level of the family fell.
- Women usually had control over the income they themselves generated but had no access to the men's income from cacao production.

Gender Analysis Case Study for the Women's Empowerment Framework

Possible reasons for the project's lack of success:

- The company met only with the local officials and not with the community members. Planning was top-down instead of bottom-up.
- The women selected for the training were not consulted to determine if they were interested in the project. They felt that construction and bridge-maintenance were men's roles.
- The women working on the project lost interest. While they received training and participated in the actual bridge construction, they had no decision-making role on the project.
- The route taken by the new road prevents women from carrying out traditional socioeconomic activities, such as meeting friends and selling produce to people along the footpath.

POSSIBLE RESPONSES TO CASE STUDIES

Gender Analysis Case Study For The Cap Tool

Change		Accessibility and Control	Perception
Practical Needs	Strategic Interests		
Creation of awareness about STDs/HIV/AIDS to men who were staying away from home	Increased involvement of men in family planning	Logistical issues Timing Socio-cultural considerations	Channels Mass media Posters Shows Banners Pamphlets Video shows
Creation of support group for condom use	Increased acceptance of condoms as a method of family planning and disease prevention	Both men and women were in control	
Purchase of condoms	Involvement of districts, politically important members of community		Interpersonal Group discussion Counseling Badge distribution Speeches
Distribution of Condom Day information packets to districts around the country	Condom Launch Day		
Purchase of IEC materials	Collaboration of different local communities and organizations		Social Mobilization Group mobilization Demonstration of condom use Puppet show Cultural presentation
Overcoming of initial shyness to talk about condoms	Advocacy to lessen hesitance of villagers to talk about condoms		Speeches Rally Message was held in high esteem
	Behavior Reduction of STDs/HIV/AIDS Increased involvement of men in condom use as family planning method Responsible fatherhood Willingness of chiefs to talk about condoms freely		

SESSION NINE: OVERVIEW OF ADVOCACY

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Define advocacy and explain its importance in gender and reproductive health programs.
- Identify the steps in the advocacy process.
- Distinguish advocacy from related approaches, such as information, education, communication (IEC), and social marketing.

TIME

2 hours, 30 minutes

SESSION OVERVIEW

- A. What Is Advocacy? (45 minutes)
- B. Steps in the Advocacy Process (1 hour)
- C. Advocacy and Related Concepts (45 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Blank index cards or sheets of paper (three different colors, if possible)

HANDOUTS

- 9A—Sample Definitions of Advocacy
- 9B—Steps in the Advocacy Process
- 9C—Advocacy and Related Approaches
- 9D—Trainer’s Resource: Template for Preparing Advocacy Cards

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Write the advocacy definitions in Handout 9A on a flipchart, using one sheet per definition.
- Post the prepared definitions around the room, folding up and taping the bottom half of each sheet to cover the writing.
- Prepare Flipcharts 9B and 9C.
- On index cards or stiff paper, prepare three sets of advocacy process cards, using the template in Handout 9D. If possible, use cards or paper in three different colors, one color per set of cards.
- Optional: Invite an advocate or reproductive health specialist to address the group. One possible topic is the ability of non-governmental organizations (NGOs) and community-based organizations (CBOs) to represent populations traditionally left out of the decision-making processes. Another possible topic is a personal account or local success story illustrating how advocacy has led to policy change.
- Optional: Produce Handout 9B as an overhead transparency or a flipchart page.

The definitions on Handout 9A are samples to assist you. You are encouraged to research and include one or more definitions of advocacy developed by local organizations.

A. WHAT IS ADVOCACY?

(45 minutes)

STEP 1

Welcome the participants back to the GRAD Workshop. Review the activities of the previous week, and ask them what they feel were the most critical things they learned or accomplished related to gender and reproductive health. Write these on individual cards and post them on a flipchart page, or write the ideas directly on a flipchart.

Tell participants that this week they will learn how to use advocacy as a tool for influencing decision-makers in order to bring about more gender-equitable reproductive health and development policies and programs. To illustrate, draw the following conceptual framework of the workshop on a flipchart.

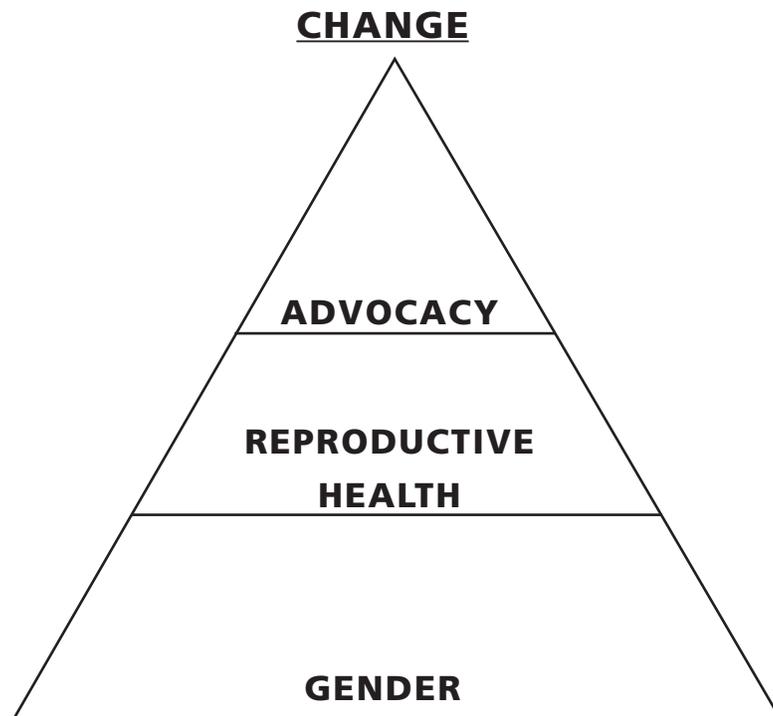


FIGURE 9-1

Ask the participants to explain the framework as they understand it. Why are the different segments of the triangle placed where they are?



NOTE TO THE TRAINER: The conceptual framework for the workshop is represented by a triangle, the symbol of change. *Gender* makes up the base of the triangle, as gender issues permeate all programs and projects and are a factor in all issues related to reproductive health. Reproductive health forms the middle of the triangle, because it is the primary area within which participants will be seeking to promote change. *Reproductive health* programs and policies must promote gender equity if they are to be both effective and sustainable. *Advocacy* tops the triangle, indicating that implementing gender-sensitive reproductive health programs alone is not enough. To create a context that supports reproductive rights, gender equity, and true gender equality, participants must actively promote social change at all levels of society.

STEP 2

Review the learner objectives on the flipchart.

STEP 3

As a first step, the group will agree on a working definition of *advocacy*. Many participants will come to the workshop with a solid understanding of advocacy. As a starting point, lead the participants in a brainstorm of words they associate with advocacy. Record these words on a flipchart, being careful to include all contributions. Repetition is not a problem: simply add a check mark (✓) next to the words or phrases that are repeated.

Flipchart 9A shows the responses generated through this brainstorm at a workshop in Mozambique.



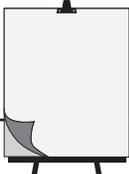
WORDS ASSOCIATED WITH ADVOCACY

Defending	Influence
Sensitizing	Intervening
Change	Decision-making
Persuasion	Selling an idea
Exposure	Lobbying
Communication	Attracting attention
Providing a solution	

FLIPCHART 9A

STEP 4

After the group has generated a long list of terms associated with advocacy, share with them some definitions developed by different organizations and networks. Walk around the room and uncover the definitions you copied from Handout 9A (or from your own research). Read each sample definition aloud.



Advocacy is the act or process of supporting a cause or issue. An advocacy campaign is a set of targeted actions in support of a cause or issue. We advocate a cause or issue because we want to:

- build support for that cause or issue;
- influence others to support it; or
- try to influence or change legislation that affects it.

—International Planned Parenthood Federation, *IPPF Advocacy Guide*

FLIPCHART 9B



Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision-makers toward a solution. Advocacy is working with other people and organizations to make a difference.

—CEDPA, *Cairo, Beijing and Beyond: A Handbook on Advocacy for Women Leaders*

FLIPCHART 9C

STEP 5

After you have uncovered and reviewed all of the definitions, ask participants to look at the posted definitions and identify the terms that appeared on the initial brainstorm list. Use a bright marker to circle the concepts that were unique to the brainstorm.

Ask the participants to identify the key differences and similarities among all the definitions.

STEP 6

Next, the group should agree on a working definition of advocacy to be used throughout the remainder of the workshop. If there is time, you can lead the group in choosing the most important elements from the brainstormed list and complement those with concepts from existing definitions. If time is more limited, the group can begin with the preferred definition from among those posted, and modify it until the group's preferences are well-represented. The result will be a working definition that can be perfected over time.



NOTE TO THE TRAINER: CEDPA has facilitated advocacy workshops in many non-English-speaking countries. Workshops have been conducted in Arabic, Spanish, Russian, French, Portuguese, Hindi, and other languages. CEDPA trainers consult with local advocacy groups to determine the most appropriate term to express advocacy in the indigenous language. Trainers then check with the participants to confirm or validate the selected term.

The preferred term for advocacy may vary from one country to another, even when the two countries share a common language. For example, one hears the term *defensa pública* in Mexico, while in neighboring Guatemala the term *incidencia* is preferred. Colleagues point out that in some Romance-language-speaking countries, there is concern about using terms—such as *abrogacia* in Spanish and *advocacia* in Portuguese—that are direct translations of the English word *advocacy*. The Spanish and Portuguese terms are too closely connected with lawyers and legal defense.

It is often helpful for the trainer to point out that the word *advocacy*, and its Romance-language equivalents, share the common root of *voc-* or *voz-*, meaning voice. In that context, *advocacy* means giving voice to a group or population that has traditionally been voiceless. This point further illustrates the role of NGO advocacy networks as intermediaries between marginalized populations and policy-makers. Advocacy networks give a voice to their constituents and clients.

STEP 7

Distribute Handout 9A as a reference for defining *advocacy*.

B. STEPS IN THE ADVOCACY PROCESS

(1 hour)

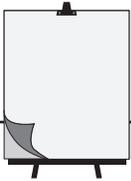
STEP 1

Tell participants that now that the group has reached consensus about a working definition, they will look at the various steps that make up the advocacy process. Experience shows that advocacy is very rarely an ordered, linear process. Some of the most successful advocacy networks operate in a chaotic environment, seizing opportunities as they arise. The ability to seize opportunities, however, does not reduce the importance of a sound process and careful planning. The following exercise will demonstrate that looking at advocacy in a systematic way will help the participants to plan effective advocacy activities.

To begin, organize the participants into three teams. To do this, ask the participants to count off by three or to count off by color according to the color of your advocacy card sets. Seat each team around a work table.

STEP 2

Distribute one set of advocacy cards to each group. Point out that each card has one step in the advocacy process written on one side, and a definition of that step or term on the other side. Present the task on Flipchart 9D.



Imagine that your team is planning an advocacy campaign. Organize the cards to reflect the order in which you would undertake each step of the advocacy process.

Time: 20 minutes

FLIPCHART 9D

Each group can order its cards on a table top, on the floor, or posted on a wall.



NOTE TO THE TRAINER: Groups generally order their cards as shown here. Creativity is encouraged, of course!

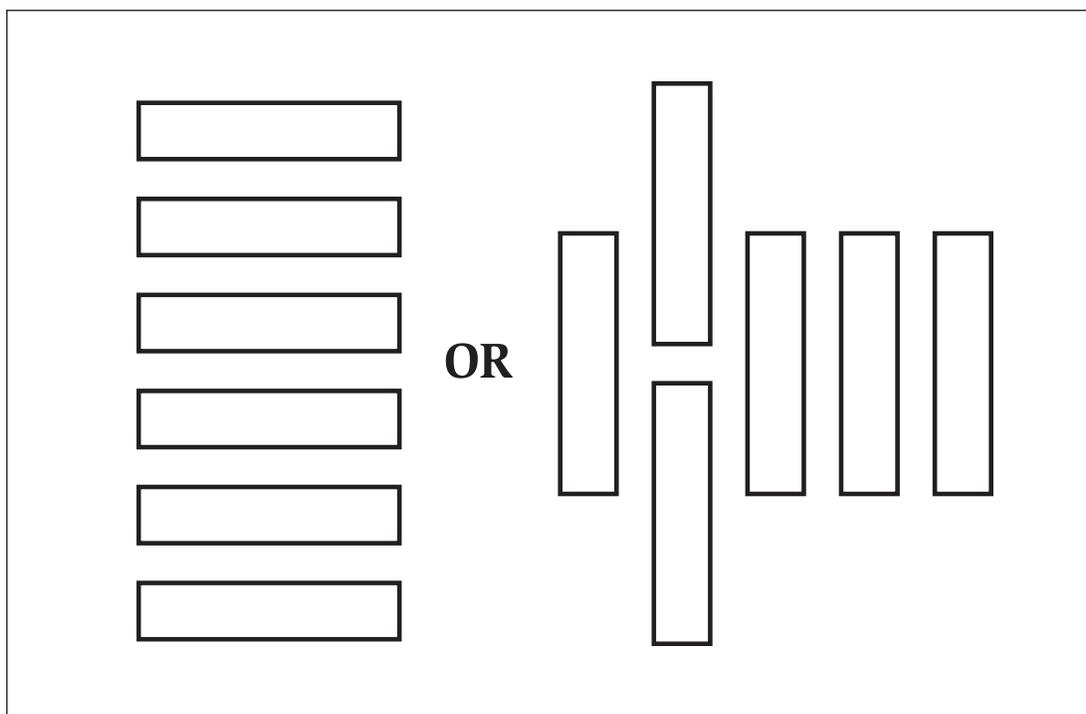


FIGURE 9-2

STEP 3

After 20 minutes, circulate to see if each group has completed the task. Make sure that each team has organized its cards in a location that can be viewed by the whole group.

When the groups have finished, ask the first group to present its work. Ask the presenters if there was any debate or discussion over certain cards. Check to see if the others have any questions or need clarification. Proceed to the next group for its presentation.

STEP 4

After all three groups have made their presentations, lead a discussion about the similarities and differences in the way the various groups arranged their steps.

Ask:

- Did the groups have the same or different starting points? Same or different ending points?
- Were there any steps that were ordered together as a “package” by more than one group? (Often the groups will link audience + message + channels or implementation + evaluation.)
- Are there any important steps that were left out of the process?

STEP 5

To synthesize the activity, distribute Handout 9B. If desired, present this on the overhead transparency or flipchart previously prepared. This handout shows the way that CEDPA generally orders the advocacy process.

- The advocates generally begin with the *issue* around which they want to promote a policy change. The issue is focused, clear, and widely felt by the constituents of the advocacy group.
- The advocates articulate an advocacy *goal* (medium- or long-term, vision for change) and an objective (short-term, specific, measurable) based on the advocacy issue.
- The advocates identify the key policy *audience* the decision-makers who have the power to bring about a policy change.
- The advocates develop a compelling advocacy *message* and tailor it to the interests of the policy audience.
- The appropriate *communication channels* are selected to deliver the advocacy message to the policy audience. This may include a press conference, an executive briefing packet, a public debate, a conference for policy-makers, and other channels.

-
- The advocacy group seeks to broaden its *support* base among civil society members and other allies.
 - The advocacy group *raises funds* and mobilizes other resources to support the advocacy campaign,
 - Finally, the advocates *implement* their advocacy strategy according to a plan of action.
 - *Data collection* runs up one side of the model because it supports many of the other steps. To select an important advocacy issue, the organizers need to gather information. They often need to research the position of a policy audience regarding the advocacy issue. Data collection is an ongoing step.
 - Likewise, *monitoring* and *evaluation* take place throughout the advocacy process. Before undertaking the advocacy campaign, it is important for the advocates to determine how they will monitor their implementation plan. In addition, the group members should decide how they will evaluate or measure results. Can they realistically expect to bring about a change in policy, programs, or funding as a result of their efforts? In specific terms, what will be different after the completion or the advocacy campaign? How will the group know that the situation has changed?

STEP 6

Remind participants that we often carry out advocacy activities in a very turbulent environment. We are not always afforded the opportunity to follow each step in the advocacy process according to a model on paper. Nevertheless, a systematic understanding of the advocacy process will help us plan well, use resources efficiently, and stay focused on our ultimate advocacy objective.

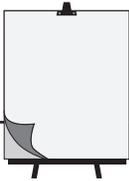
C. ADVOCACY AND RELATED APPROACHES

(45 minutes)

STEP 1

The participants have reviewed various definitions of advocacy and familiarized themselves with the steps in the advocacy process. Reproductive health NGOs have been using advocacy skills and techniques for years. Nevertheless, advocacy is often confused with other approaches that share common elements. These approaches include information, education, and communication (IEC); social marketing; public relations; and others. To achieve a clearer understanding of what advocacy is, it is helpful to clarify what advocacy is not. The following is an exercise to compare and contrast advocacy with related concepts.

Present Flipchart 9E to the group.



ADVOCACY AND RELATED CONCEPTS			
Approach	Target Audience	Objective	How Do You Measure Success?
IEC Public Relations Advocacy			

FLIPCHART 9E

STEP 2

As you lead participants through the completion of this chart, there will be many opportunities to draw on their experience with IEC and other approaches to social change. Ask if anyone in the group has experience managing an IEC campaign, and use those participants to help complete the IEC row of the chart.

Here are three questions to ask and some possible responses:

1) Who is the target audience of an IEC campaign?

Possible responses include women, men, youth, and the members of a predetermined geographical area. The answers will vary from one IEC strategy to another, but most often the target is a particular population as defined by sex, age, or geography. Write the participants' responses in the appropriate box on the chart.

2) What is the objective of an IEC campaign?

Possible responses include: raising awareness, changing behavior. Write behavior change in the appropriate box.

3) How do you measure the success of an IEC campaign? In other words, what objective indicators of change will tell the IEC campaign organizers that their campaign has been successful?

Responses will vary according to the campaign's objective, but write several examples provided by participants, such as percentage of youth using condoms or percentage of adults who know how to access family planning services.

STEP 3

Most people are familiar with the public relations (PR) or advertising campaigns that large, private companies use to sell their products. Ask participants to identify a local company that is widely known by the general public. Apply the questions from Step 2 to the case of a PR campaign.

As background for the trainer, the following is an example of how the row was completed at a workshop in Mexico. The company was Aeroméxico, a large Mexican airline.

Target audience: The Mexican consumer

Objective: Promote company image and boost sales

Measure of success: Increased ticket sales; percentage increase of new passengers

Using this local example, complete the PR row in the chart.

STEP 4

Finally, help the group consider an advocacy campaign. Repeat the questions from Step 2, and fill in the answers on the chart. Here are some common answers:

Target audience: Policy-makers (those decision-makers with the authority to affect the advocacy objective)

Objective: Change policies, programs, or the allocation of public resources

Measure of success: Adoption of a new or more favorable policy/program; percentage shift in resource allocation; new line item in a public sector budget.

STEP 5

To summarize the exercise, ask the participants to consider what elements these approaches have in common.

Here are some possible responses:

- They are all strategies for promoting change.
- They are all most effective when planned systematically.
- They all involve identifying an audience and tailoring messages accordingly.

Reinforce how advocacy stands apart from the other approaches because advocacy always seeks to change a policy or program. Like IEC, advocacy requires the intermediate step of raising the awareness of key audiences. However, advocacy does not stop at awareness-raising. The advocacy process is complete when a decision-maker takes a prescribed policy action. Participants often point out that the general public can be the target of an advocacy campaign. In most cases, however, public awareness is raised in order to pressure a particular policy-maker.

Remind participants that they will be able to distinguish an advocacy strategy from an IEC or PR strategy by focusing on the objective.

STEP 6

Distribute Handout 9C and review it with the participants.

SAMPLE DEFINITIONS OF ADVOCACY

The definitions below reflect how several organizations understand advocacy and put it into action.

Advocacy is the act or process of supporting a cause or issue. An advocacy campaign is a set of targeted actions in support of a cause or issue. We advocate a cause or issue because we want to:

- build support for that cause or issue;
- influence others to support it; or
- try to influence or change legislation that affects it.

—International Planned Parenthood Federation, *IPPF Advocacy Guide*

Advocacy is a process that involves a series of political actions conducted by organized citizens in order to transform power relationships. The purpose of advocacy is to achieve specific policy changes that benefit the population involved in this process. These changes can take place in the public or private sector. Effective advocacy is conducted according to a strategic plan and within a reasonable time frame.

—The Arias Foundation

Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision-makers toward a solution. Advocacy is working with other people and organizations to make a difference."

—CEDPA: *Cairo, Beijing and Beyond: A Handbook on Advocacy for Women Leaders*

Advocacy is defined as the promotion of a cause or the influencing of policy, funding streams or other politically determined activity.

—Advocates for Youth, *Advocacy 101*

Colleagues in India describe advocacy as an organized, systematic, intentional process of influencing matters of public interest and changing power relations to improve the lives of the disenfranchised. Other colleagues in Latin America define it as a process of social transformation aimed at shaping the direction of public participation, policies, and programs to benefit the marginalized, uphold human rights, and safeguard the environment. African colleagues describe their advocacy as being pro-poor, reflecting core values such as equity, justice, and mutual respect, and focusing on empowering the poor and being accountable to them.

—Institute for Development Research, *Advocacy Sourcebook*

Advocacy consists of different strategies aimed at influencing decision-making at the local, provincial, national, and international levels, specifically:

Who decides—elections, appointments and selection of policy-makers, judges, minister, boards of advisors, managing directors, administrators, etc.

What is decided—policies, laws, national priorities, services, programmes, institutions, budgets.

How it is decided—accessibility of citizens to information and the process, extent of consultation, accountability and responsiveness of decision-makers to citizens and other stakeholders.

Policies and decisions are solutions to concrete problems. Effective advocacy requires sharp understanding and analysis of a concrete problem, and a coherent proposal for a solution."

—InterAction, *Women's Advocacy Workshop materials*

M O N I T O R I N G & E V A L U A T I O N

STEPS IN THE ADVOCACY PROCESS

- Issue
- Goal and Objectives
- Target Audience
- Message Development
- Channels of Communication
- Building Support
- Fundraising
- Implementation

D A T A C O L L E C T I O N

ADVOCACY AND RELATED APPROACHES

This chart illustrates the difference between advocacy and several related approaches. Advocacy can usually be distinguished from other approaches by its objective: to change policy.

Approach	Actors/ Organizers	Target Audience	Objective	Strategies	Measuring Success
Information, Education, Communication (IEC)	<ul style="list-style-type: none"> Service providers 	<ul style="list-style-type: none"> Individuals Segments of a community (women, men, youth) 	<ul style="list-style-type: none"> Raise awareness and change behavior 	<ul style="list-style-type: none"> Sort (by audience) Mass media campaigns Community outreach Traditional media 	<ul style="list-style-type: none"> Knowledge/skills acquired and behavior changed Process indicators Focus groups Service delivery statistics
Public Relations	<ul style="list-style-type: none"> Commercial institutions 	<ul style="list-style-type: none"> Consumers 	<ul style="list-style-type: none"> Improve the company's image and increase sales 	<ul style="list-style-type: none"> Large-scale advertising (radio, TV, print media) Public events 	<ul style="list-style-type: none"> Public perception Sales Market share
Community Mobilization	<ul style="list-style-type: none"> Community members and organizations 	<ul style="list-style-type: none"> Community members and leaders 	<ul style="list-style-type: none"> Build a community's capacity to prioritize needs and take action 	<ul style="list-style-type: none"> Door-to-door visits Village meetings Participatory Rural Appraisal (PRA) 	<ul style="list-style-type: none"> Issue-specific process and outcome indicators Quality of participation
Advocacy	<ul style="list-style-type: none"> NGOs Research institutions Universities 	<ul style="list-style-type: none"> Public institutions and policy-makers 	<ul style="list-style-type: none"> Change policies, programs, and resource allocation 	<ul style="list-style-type: none"> Focus on policy makers with the power to affect advocacy objective High-level meetings Public events (debates, protests, other events) 	<ul style="list-style-type: none"> Process indicators Media scans Key informant interviews Focus groups Opinion surveys

Issue

**The problem
that requires a
policy action**

**Goal
Objective**

Goal: A statement of the general result you want to achieve

Objective: Incremental steps toward achieving your goal that are

- specific
- measurable
- realistic
- time-bound

The policy-makers you are trying to influence to support your issue, e.g., parliamentarians, local officials, ministry officials

Statements tailored to different audiences that define the issue, state solutions, and describe the actions that need to be taken

Target Audience

Message Development

Channels of Communication

**The means by which a message
is delivered to the various
target audiences, e.g., radio,
television, flyers,
press conferences, meetings**

Building Support

**Building alliances with other
groups, organizations, or
individuals who are committed
to supporting your issue**

Identifying and attracting resources (money, equipment, volunteers, supplies, space) to implement your advocacy campaign

Carrying out a set of planned activities to achieve your advocacy objectives (action plan)

Fundraising

Implementation

Gathering, analyzing, and using appropriate quantitative and qualitative information to support each step of your campaign

Data Collection

Monitoring: A process of gathering information to measure progress toward your advocacy objectives
Evaluation: A process of gathering and analyzing information to determine if the advocacy objectives have been achieved

Monitoring Evaluation

SESSION TEN: ADVOCACY ISSUES, OBJECTIVES, AND POWER DYNAMICS

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Select several issues as the focus of an advocacy campaign.
- Set an advocacy objective for each issue.
- Use a power map as a tool for exploring power dynamics around an advocacy issue.

TIME

3 hours, 15 minutes

SESSION OVERVIEW

- A. Key Issues in Gender and Reproductive Health (45 minutes)
- B. Setting an Advocacy Objective (1 hour)
- C. Power Map (1 hour, 30 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- 3-4 pairs of scissors
- Colored paper or magazines
- Camera for photographing the workshop

HANDOUTS

10A—Definition of Reproductive Health

10B—Checklist for Selecting an Advocacy Objective

10C—Power Map

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Prepare Flipcharts 10C and 10D.
- Prepare a flipchart or overhead transparency of the blank power map.
- Write the definition of reproductive health (Handout 10A) on a flipchart or photocopy onto an overhead transparency.
- Transfer the power map instructions to a flipchart page.

A. KEY ISSUES IN GENDER AND REPRODUCTIVE HEALTH

(45 minutes)

STEP 1

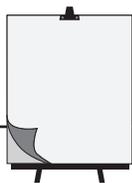
Review the learner objectives for the session and explain that participants will identify priority issues in reproductive health. They will then practice setting clear, relevant advocacy objectives according to the issues selected. Finally, they will apply a tool called power mapping to analyze power dynamics around their advocacy issue.

STEP 2

Lead participants in a brainstorming exercise to identify issues in gender and reproductive health in their country, region, or organization. Distribute Handout 10A. Ask participants to reflect on the definition of *reproductive health* and on gender concepts, and to think about the issues they face in their daily work. What are the concerns and problems of the clients and communities they serve?

Alternatively, you can use the results of the gender analysis that the participants conducted at the end of the previous week.

Record all responses on the flipchart. Flipchart 10A lists some possible responses.



GENDER AND REPRODUCTIVE HEALTH ISSUES IN (COUNTRY/REGION)

Possible answers:

- Rising incidence of STDs/AIDS
- Lack of access to high-quality family planning services
- No outreach to men

FLIPCHART 10A

STEP 3

By the end of the brainstorm, you will have an exhaustive list of issues, challenges, and problems. The next step will be to help participants prioritize those issues as they begin to identify an advocacy direction.

As the participants consider the issues, they should try to define a *policy solution* for each issue. Take the case of domestic violence, for example. In many societies, domestic violence is a widespread problem with multiple causes. One strategy to reduce the incidence of domestic violence may be for NGOs to launch a public awareness (or IEC) campaign. At the same time, the incidence may be lowered by persuading the Ministry of Justice to enforce existing domestic violence laws. Or perhaps it is necessary for the Chief of Police to initiate and fund a domestic violence training program for police officers. The second two examples are advocacy strategies, since they involve a policy response. If there is any confusion about advocacy

versus other approaches, refer to the chart on Advocacy and Related Approaches that you prepared in Session Nine.

STEP 4

To prioritize the issues, ask each participant to check three issues on the flipchart that are most urgent and relevant to her/his work. You may need to eliminate any redundancy in the list before the participants begin.

Give the group several minutes to approach the board and check off their issues.

STEP 5

At the end of the voting process, some issues should emerge as being especially important for the group. Tally up the responses and note the total next to each issue. Identify the three issues that received the most interest. If there is a tie for third place, the group can either negotiate to choose one above the other or work on a total of four advocacy issues for the remainder of the workshop. The workshop sessions are timed based on only three issues. Adding a fourth issue will require extra time for most sessions.

Note that the process is not intended to determine scientifically which are the most important gender and reproductive health issues in the region. The purpose is to determine which issues are most critical to the work and lives of the participants. Advocates are most successful when they feel a deep concern or passion for their advocacy issue.

STEP 6

Before moving forward, the participants will need to organize themselves into three or four working groups, according to the issues identified. They should select an area that interests them and, preferably, in which they have expertise. An easy way to facilitate this process is to ask each participant to write her or his name on a slip of paper and rank the three issues as first, second, and third choice. For example:

Participant's Name
1. Lack of youth-friendly services
2. Scarcity of condoms
3. Lack of insurance coverage for family-planning services

Collect the slips of paper and, if possible, have the participants take a break so that you have time to arrange the groups. In addition to trying to give participants their first or second choice, it is important to seek a balance in terms of gender, regions, and organizations represented in each group.

STEP 7

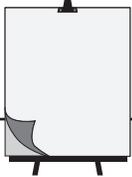
After you have the issue teams organized, list them on a flipchart. Let the participants know they will be working in these groups until the end of the following day.

B. SETTING AN ADVOCACY OBJECTIVE

(1 hour)

STEP 1

Many participants will have wide experience in establishing programmatic objectives. This experience will be very helpful as they work on setting advocacy objectives. Begin by pointing out the importance of a sound objective to the planning process—whether one is planning a reproductive health program or an advocacy campaign. Depending upon its quality, the objective can bring either clarity or confusion to the rest of the planning process.



Ask participants to list the criteria they use when developing programmatic objectives. Note their responses on a flipchart. Many groups mention the SMART objectives, shown on Flipchart 10B.

CRITERIA FOR SETTING OBJECTIVES

Possible responses include:

- S** - specific
- M** - measurable
- A** - achievable
- R** - realistic
- T** - time-bound

FLIPCHART 10B

Participants may have other criteria to add to the list.

STEP 2

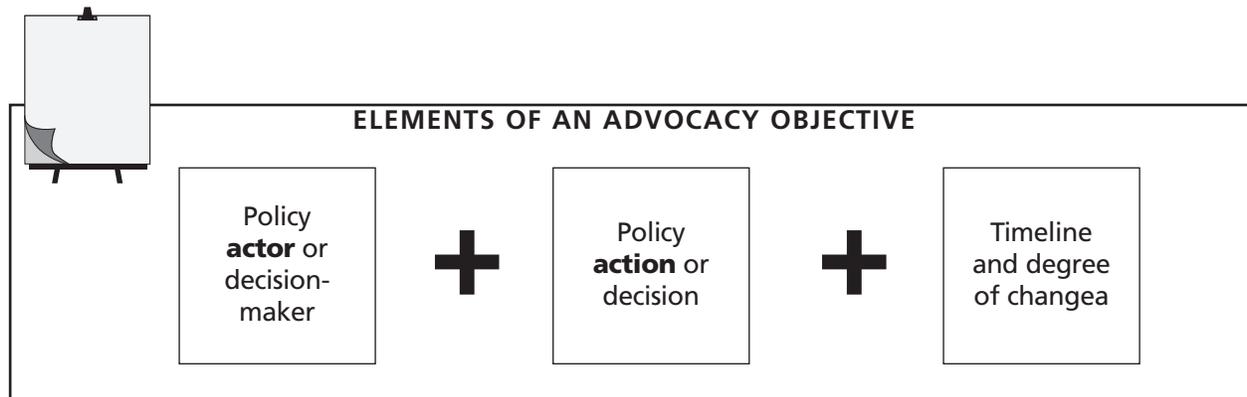
Ask participants how they would modify the list to include criteria for setting advocacy objectives. Refer back to the Session Nine activity where participants sorted the advocacy cards. An advocacy goal is a long-term (5- to 10-year) vision for change. An advocacy objective is a specific, short-term, action-oriented target.

Participants may add criteria such as the following to the brainstorm list:

- Likelihood that the objective will generate public support
- Likelihood that other NGOs will rally around the objective

STEP 3

A good advocacy objective contains several other elements. Present Flipchart 10C to the group.



FLIPCHART 10C

As the participants prepare to write advocacy objectives, they should do the following three things:¹⁹

1. Identify the policy actor or decision-maker who has the power to convert the advocacy objective into a reality (for example, a Minister of Health or Chair of a Parliamentary Subcommittee).
2. Identify the specific policy action or response required to fulfill the objective (for example, adopt a certain policy or allocate funds to support an initiative).
3. Stipulate the time frame and degree of change desired. Advocacy objectives usually focus on a one-to-two-year period. Can the policy be formulated and adopted in that period? Also, some advocacy objectives—but not all—indicate a quantitative measure of change. For example:
 - Redirect 25% of the regional family planning budget to target adolescents by the end of the next fiscal year; or
 - Within six months, initiate and fund a community-based distribution program to serve 40% of women and men of reproductive age in Region X.

Participants should be as specific as possible as they articulate advocacy objectives.

¹⁹ Ritu Sharma, *Advocacy Training Guide*. (Washington, DC: SARA/AED, 1997).

STEP 4

Ask participants to work in their teams to develop two distinct advocacy objectives that outline a policy response to their issue. Allow 15 minutes for the groups to draft two objectives.

STEP 5

Next, distribute and review Handout 10B. The groups should take their first objective and analyze it according to the nine criteria in the handout. They should then repeat the process with their second objective. After comparing the two objectives, the groups should prepare a brief explanation of the objective they elect to pursue and why.

Allow 20 minutes for the issue teams to analyze their objectives using the handout.

STEP 6

Invite each group to present the results of its analysis. As you are observing, be sure that the policy actor and policy action are clearly identified in each objective.

C. POWER MAP

(1 hour, 30 minutes)

STEP 1

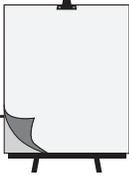
Place the scissors, tape, colored paper, or magazines on a centrally located table.

STEP 2

In this activity, participants will build on their work with gender and reproductive health issues and advocacy objectives. They will create power maps to identify power relationships, sources of support, and opposition. The result of this exercise will be a dynamic, visual “road map” that will guide the teams in the development of their advocacy strategies.

STEP 3

Present the blank power map (Handout 10C) on a flipchart or an overhead transparency along with the task on Flipchart 10D.



CREATING A POWER MAP

Working in issue teams:

1. Copy the power map onto a piece of flipchart paper.
2. Write your advocacy objective in the first box.
3. Write the name/position of your target audience (key policy-maker) in the second box.
4. Brainstorm all the institutions and individuals that have an interest in your advocacy issue—whether positive or negative.
5. For each actor (institution or individual) cut a symbol out of paper and label it.
6. Tape that symbol on the map in the appropriate place (support, neutrality, or opposition) to reflect that actor's stance regarding your issue.

Time: 45 minutes

FLIPCHART 10D

STEP 4

As you review the task, several steps on the flipchart will require more elaboration.

4— Participants should think of traditional as well as non-traditional actors in the policy process, including community leaders, celebrities, and business leaders.

5— The groups can be creative in selecting a symbol or magazine image to depict the different actors. If the actor has broad power or influence over the issue, they should create a large symbol. If the actor is interested in the issue but has little influence over the target audience or general public, they should use a small symbol.

#6— If the actor is highly supportive of the issue/objective, its symbol should be placed to the far left of the map. If the actor represents strong opposition, its symbol should be placed on the right side. The line of neutrality runs up the center of the map.

If two actors are closely linked (for example, a school principal and the teachers' union) the symbols can overlap or touch each other to reflect the interconnection.

STEP 5

Take an example and go through several steps in the mapping process.

For example:

Objective: Within the next year, persuade the Chief of Police to institute a domestic violence training program for all current and incoming officers.

Target audience: Chief of Police

Mention several allies, such as women’s NGOs or lawyers’ associations, and show where they would be placed on the map. Mention several possible opponents (in this case, the middle managers on the police force who lose staff resources while officers are in extended training), and place them on the map.

STEP 6

Allow the issue teams 45 minutes to complete their power maps.



NOTE TO THE TRAINER: This is a good time to have your camera on hand. The power maps are usually quite interesting visually. Following the presentations, take a quick photo of each issue team with its power maps—it’s a good photo opportunity.

STEP 7

When the teams have finished working, ask each one to present its power map to the group.

Following each presentation, pose several questions to the whole group to maximize learning.

- Are there any additional allies that belong on the map? Any additional opponents?
- Does the map capture the interconnections between different actors?
- Where on this map does most of the power and influence reside?
- Based on these power dynamics, how would you focus your advocacy effort? Would you build on the support, neutralize the opposition, or try to convince the undecideds?

STEP 8

As a learning point for this exercise, it is important to emphasize that many successful advocacy campaigns opt to build their support base and convert the undecideds to their viewpoint. Sometimes, direct engagement with the opposition turns into a heated conflict. Unless the advocacy group desires this level of conflict—to raise mass media attention, for example—it may be advisable to focus on supporters and neutrals. In all cases, however, it is essential to forecast and anticipate your opponent’s argument or message. Effective advocates are pro-active in framing an argument, rather than reactive to the opposition’s stance.

Point out that the completed power maps can serve as advocacy road maps on an ongoing basis. For example, if a neutral actor joins the support base, its symbol can be moved to represent the new position.

DEFINITION OF REPRODUCTIVE HEALTH

Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.

— ICPD Programme of Action
Quoted in Family Care International,
Action for the 21st Century: Reproductive Health and Rights for All.

CHECKLIST FOR SELECTING AN ADVOCACY OBJECTIVE²⁰

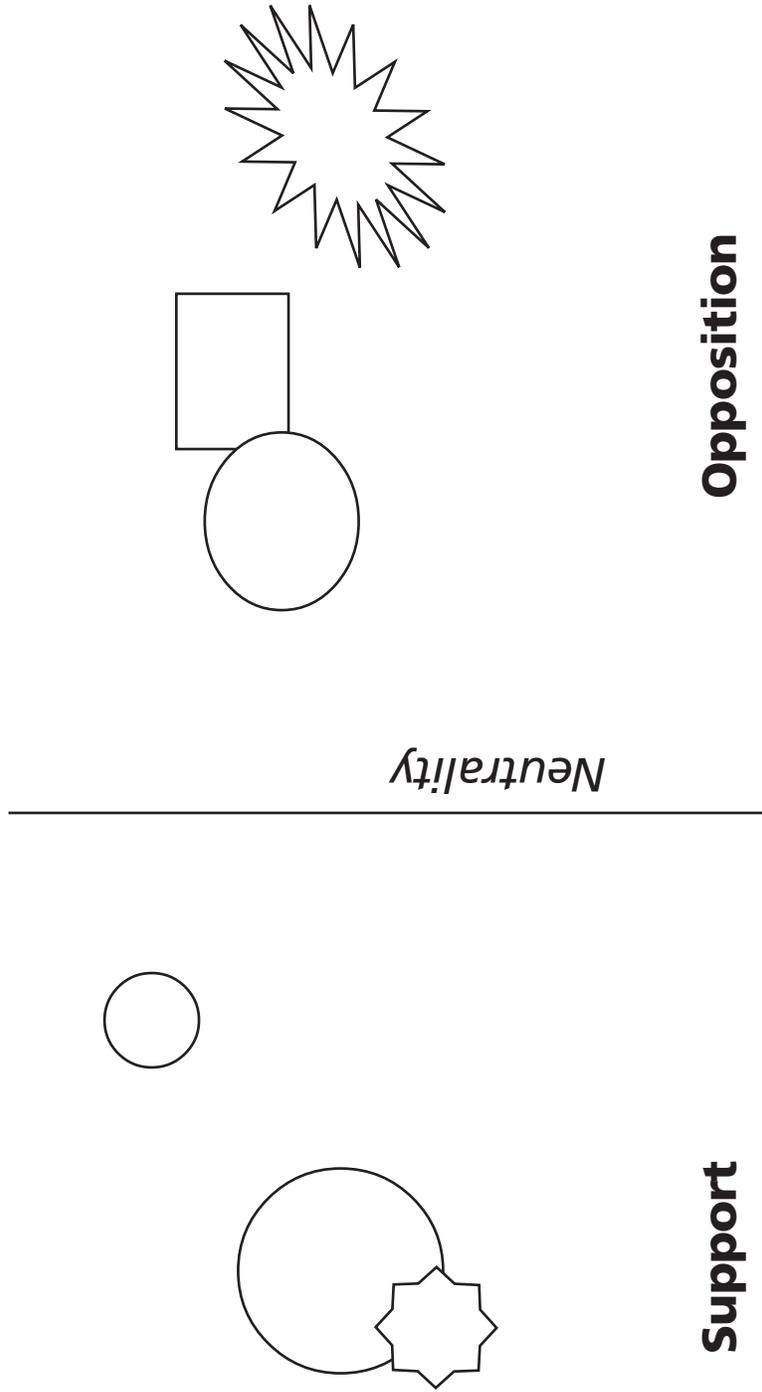
This checklist is designed to help advocacy groups develop and choose sound objectives for policy change.

Criteria	Objective 1	Objective 2
Do qualitative or quantitative data exist to show that the objective will improve the situation?		
Is the objective achievable? Even with opposition?		
Will the objective gain the support of many people? Do people care about the objective deeply enough to take action?		
Will you be able to raise money or other resources to support your work on the objective?		
Can you clearly identify the target decision-makers? What are their names or positions?		
Is the objective easy to understand?		
Does the advocacy objective have a clear time frame that is realistic?		
Do you have the necessary alliances with key individuals or organizations to reach your advocacy objective? How will the objective help build alliances with other NGOs, leaders, or stakeholders?		
Will working on the advocacy objective provide people with opportunities to learn about and become involved with the decision-making process?		

²⁰ Ritu Sharma, *Advocacy Training Guide*. Adapted from Kimberly Bobo, Jackie Kenfall, and Steve Max, *Organizing for Social Change* (Santa Ana, Minneapolis, and Washington, DC: Midwest Academy, 1991).

POWER MAP

Advocacy Objective:
Target Audience:



STEP ELEVEN: STRATEGIC COMMUNICATION — AUDIENCE ANALYSIS

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Identify a target audience and analyze their interest in an advocacy issue.
- Tailor a message the interests of a target audience.

TIME

2 hours, 30 minutes

SESSION OVERVIEW

- A. Techniques of Persuasion (1 hour)
- B. Audience Analysis (1 hour, 30 minutes)

MATERIALS

- Flipchart and paper, markers, tape

HANDOUTS

- 11A—Audience Analysis Form
- 11B—Strategic Communication Model

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Prepare Flipcharts 11A and 11B.
- Identify a long wall against which participants can form a line. Write each of the following terms on a separate sheet of flipchart paper: *Strongly Agree*, *Undecided*, and *Strongly Disagree*.
- Post the first sheet (*Strongly Agree*) on the long wall, at one end of the room. Post the second (*Undecided*) in the middle of the wall, and the third (*Strongly Disagree*) at the far end of the wall.
- On a slip of paper, write two controversial statements. Participants will be asked to line up along a continuum according to how they feel about each statement. The statements, therefore, should be designed to elicit both positive and negative responses. You will need to develop these statements according to the local environment. In past workshops, the following statements have been used successfully:
 - Sexuality education should be incorporated into the formal curriculum of primary school (grades 1-6).
 - You are the Director of Emergency (or Trauma) Services for a local hospital. You learn that one of your nurses is HIV-positive and, because of this, you dismiss her from her post.

A. TECHNIQUES OF PERSUASION

(1 hour)

STEP 1

Review the Learner Objectives on the flipchart.

STEP 2

As a warm-up to the topic of audience analysis, the group will participate in an exercise on public opinion and persuasive techniques. Indicate that there is a long wall that represents a continuum of public opinion, ranging from strong agreement to strong disagreement. Participants can imagine that they are participating in a quick public opinion survey.

Tell the participants that in a moment you will read a statement aloud and they will express their opinion by standing physically at the point on the continuum that best reflects their viewpoint. Point out that they need not stand precisely under the sign that says *Strongly Agree* or *Strongly Disagree*. Rather, they can stand anywhere along the continuum, including in between any two signs.

Check that the instructions are clear before you read the first statement. Let participants know that they will react to the statement as read, and they will not be able to alter or question the statement.

STEP 3

Read the first statement slowly and clearly; it is important that everyone hear the same words. Then read the statement slowly a second time.

Ask all participants to stand up and position themselves along the continuum according to their opinion.

STEP 4

Once each participant has taken a position, tell the participants they will exercise their skills in persuasion by trying to convince the undecideds to move over and adopt their position.

Inform the participants that they are encouraged to move to a new point on the continuum if their opinion changes during the exercise.

Turn first to those who are standing at the extreme end of *Strongly Agree*. Invite one or two participants to explain their position briefly in an effort to persuade the undecideds. Check to see if any undecideds feel persuaded to move.

Next, invite one or two of the Strongly Disagree members to articulate their position in an effort to persuade others. Try to manage the group in such a way that a heated argument does not develop. If the discussion gets too intense, simply remind the group that the objective is not to debate an issue, but rather to convince an undecided audience.

Finally, ask the undecideds why they are undecided and whether they feel inclined to change their minds. Try to pinpoint the specific argument or communication technique that led them to change their opinion.

STEP 5

After you have spent five to ten minutes working on the first statement, stop the discussion and read the second statement. Again, read the words slowly and clearly. Repeat Steps 3 and 4.

STEP 6

After you have completed the exercise with the second statement, ask participants to return to their seats. Facilitate a discussion about what the participants learned from the exercise. Following are three sample discussion questions and responses:

1. As you stood along the continuum as an audience, which persuasive techniques influenced you to change your position?

- Use of facts and figures
- Use of real-life, human examples
- Appealing to me on a personal level
- Listening to my viewpoint

2. Did the speakers use any techniques that “turned you off” or alienated you?

- Raising his/her voice
- Exaggeration of the facts

3. When the objective is to build support for your cause or issue, which is more effective—to debate with your adversaries or to persuade neutral parties?

- This may vary from one advocacy campaign to another. In many cases, however, an attack on the opposition simply aggravates the debate. One example of this is the abortion debate in many countries. The two sides often use strong language and shocking images in order to attack the opponent’s position, but this approach can alienate a neutral public.

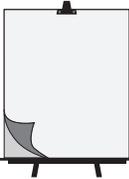
To reinforce these points, you can return to the completed power maps (Session Ten) and review any previous comments or decisions the issue teams made about positioning their advocacy efforts.

B. AUDIENCE ANALYSIS

(1 hour, 30 minutes)

STEP 1

Begin this activity by highlighting the importance of strategic communication in advocacy. Effective advocacy depends on a leader's ability to persuade a policy-maker and/or compel him/her to take action.



Review the definition of strategic communication on Flipchart 11A.

STRATEGIC COMMUNICATION:

Any planned communication activity that seeks to achieve one of the following communication goals: Inform, Persuade, Motivate, or Move to Action

FLIPCHART 11A

STEP 2

Ask participants to think of a time when they were persuaded by someone else to change their opinion. What did it take to make this happen? Elicit some responses.

Here are some possible responses:

- A credible source
- Convincing data
- A story of someone's personal experience

STEP 3

Explain that a key element of strategic communication is understanding your audience well and seeing an issue from their perspective. The advocate must think about what will motivate a target audience to support a cause. This is, perhaps, the greatest challenge of strategic communication—the ability to put yourself in your audience's shoes and see how they will benefit from supporting your cause. Try to think of the potential risks and rewards your target audience will face by joining forces with you.

STEP 4

Take an example, such as a community-based organization (CBO) that is concerned about the deterioration of a vacant lot into a garbage dump. Imagine that the organization has secured a meeting with the local mayor to draw her/his attention to the problem. The CBO hopes to convince the mayor to designate funds to clean up the dump site and maintain it in the future. Ask participants to look at the situation from the mayor's perspective and define several personal benefits s/he will derive from supporting the advocacy objective. Record these on a flipchart.

Here are some possible responses:

- Positive publicity
- Increase in voter support
- Short-term job creation

STEP 5

Point out that by conducting a systematic analysis, effective advocates anticipate the factors that will motivate their audience. Based on the findings of this analysis, the audience's interests are incorporated into the advocacy strategy.

STEP 6

Distribute Handout 11A and review it with participants.

Before implementing an advocacy campaign, the advocacy group can use the Audience Analysis Form as a planning tool.²¹ The advocates begin by defining the target policy audience, or who they intend to persuade. In this case, participants can simply return to their power maps and transfer their target audience and advocacy issue to the Audience Analysis Form.

Next, advocates should use the form to assess the target audience based on the following factors:

- Level of familiarity with your network or organization
Have they interacted with your group in the past? What was the nature of that interaction?
- Level of knowledge about the advocacy issue
Is the audience well-informed or lacking accurate information?
- Level of agreement with your position on the issue
On the power map, would you identify the target audience as supportive, opposed, or neutral?

²¹ The Audience Analysis Form is adapted from the work of CEDPA consultant Thomas C. Leonhardt.

-
- Level of previous, demonstrated support
Has the audience actively supported your position on the issue? Describe that support.

Finally, list the benefits or interests related to the issue from your audience's perspective. Remind participants of the example of the mayor who wants to expand her/his voting base. Also, identify any "influentials" — secondary audiences who can affect your target audience. Think beyond professional circles and include personal relationships. Sometimes the relative or spouse of a high-level decision-maker can be a great intermediary.

STEP 7

Have the participants work in their issue teams to complete the Audience Analysis Form. Again, they should refer to their power maps and transfer the target audience and issue/objective to the Audience Analysis Form. Allow 30 minutes for the group work.

STEP 8

After they have completed the Audience Analysis Forms, invite each group to summarize its work; allow five minutes per group. After each presentation, take questions and comments from the larger group.

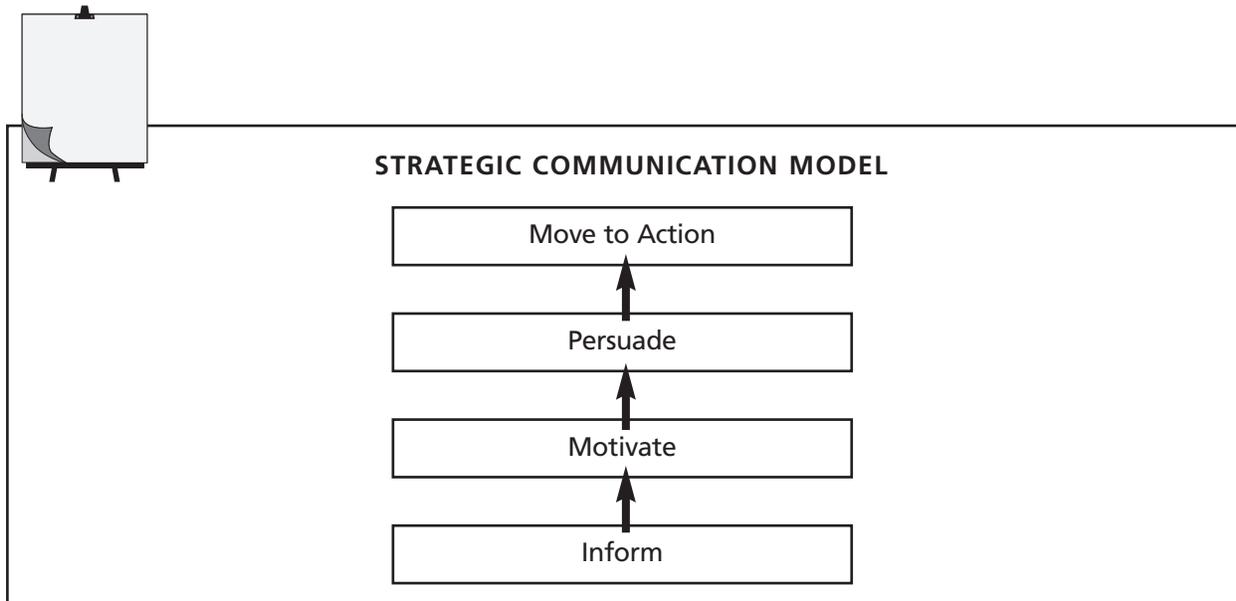
Discussion questions:

- If you gave any of the target audience factors a low evaluation, how will you counteract that problem?
- Based on the analysis, how will you formulate an advocacy message that appeals to your audience?

STEP 9

Review the Strategic Communication Model²² on Flipchart 11B.

²² The Strategic Communication Model was developed by CEDPA consultant Thomas C. Leonhardt.



FLIPCHART 11B

Tell participants that many advocacy efforts (as well as IEC campaigns) focus primarily on the first level of this model — *inform*. As the model illustrates, there are higher objectives in a communication strategy that will achieve a greater impact. An effective communication strategy will seek to *motivate* the audience to feel something about the issue. Ask the participants to think of a poster or message that moved them to care about a particular cause. At the third level, an advocacy message should seek to *persuade* the audience to adopt a desired position on the issue. Finally, the message should *move the audience to take action*.

Refer back to Handout 9C, the chart that compared advocacy with IEC and other related concepts. Although each level of the Strategic Communication Model should be achieved, a successful advocacy campaign is one that reaches the highest level—move someone to action. Did the policy-maker make a favorable decision in regard to the advocacy issue? Did s/he adopt a new policy or reform an outdated one?

Every strategic communication effort should seek to reach the highest possible level on the model. As the participants prepare to develop advocacy messages, they should consider how they will move their audiences to act on the advocacy issues.

Distribute Handout 11B to the participants.

AUDIENCE ANALYSIS FORM²³

Target Audience: _____

Advocacy Issue: _____

Evaluate the target audience's level of: (1 = low; 5 = high)

Familiarity with your network/organization 1 2 3 4 5

Knowledge about your advocacy issue 1 2 3 4 5

Agreement with your position on the issue 1 2 3 4 5

Previous, demonstrated support for your issue 1 2 3 4 5

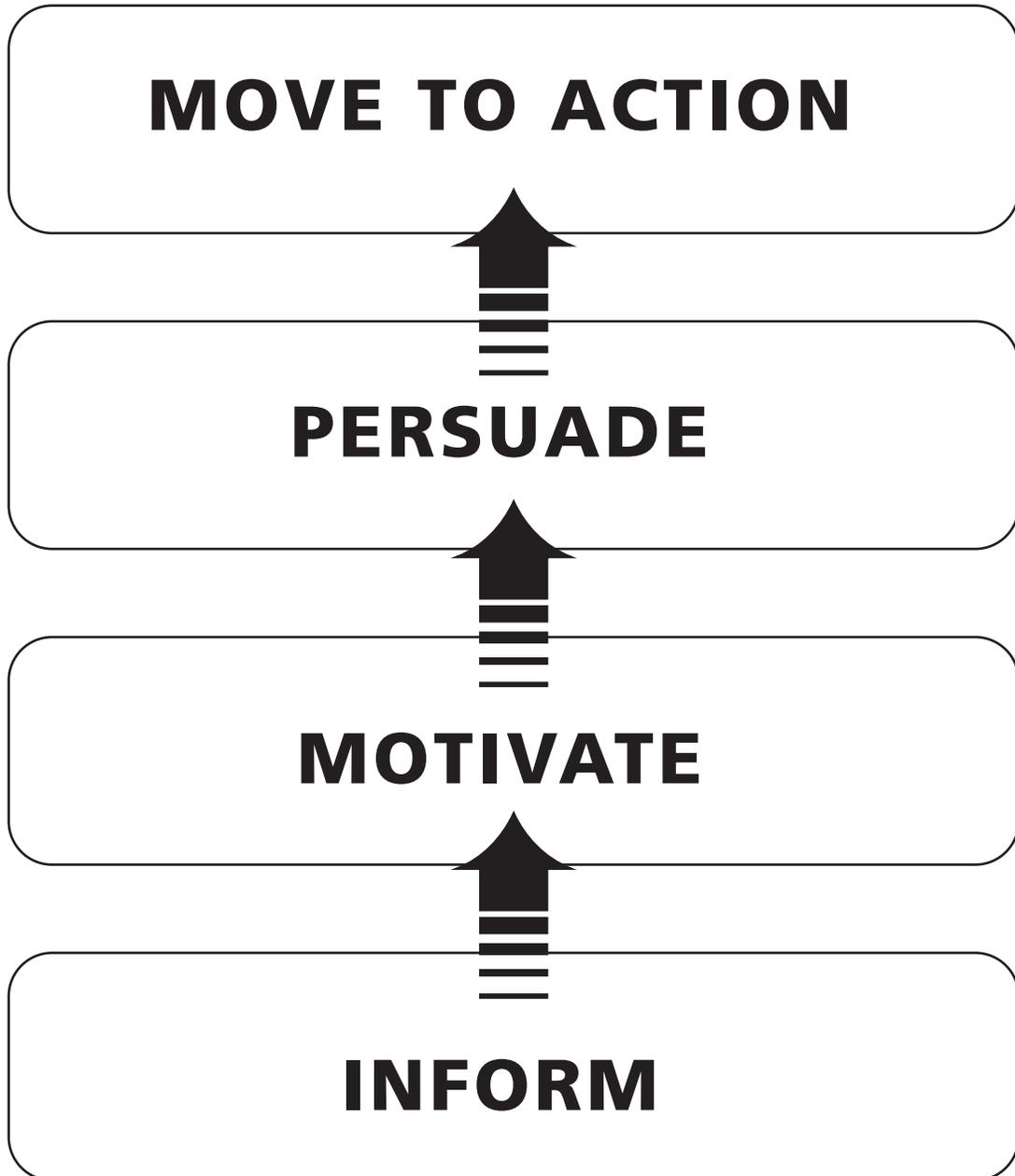
Identify your target audience's:

Potential interests/benefits
related to the issue:

Influentials (secondary audiences who can
exert influence over your target audience):

²³ This form is adapted from the work of CEDPA consultant Thomas C. Leonhardt.

STRATEGIC COMMUNICATION MODEL²⁴



²⁴ This form was developed by CEDPA consultant Thomas C. Leonhardt.

SESSION TWELVE: MESSAGE DEVELOPMENT AND DELIVERY

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Identify the elements of an effective advocacy message.
- Develop and deliver an advocacy message in a variety of scenarios.

TIME

3 hours

SESSION OVERVIEW

- A. Message Development (1 hour, 30 minutes)
- B. Message Delivery: Role Plays (1 hour, 30 minutes)

MATERIALS

- Flipchart and paper, markers, tape

HANDOUTS

- 12A—Message Development Worksheet
- 12B—Role-Play Scenarios (for adaptation)

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Prepare Flipcharts 12B, 12D, and 12E.
- Find four or five advertising messages from local magazines. Each message should have a simple, promotional phrase, such as, “Tropical Airways gets you where you need to go, on time, in style. . . .” Each should have visual images and supplemental text. For this exercise, commercial messages work better than a social marketing campaign, such as a family-planning slogan. If the participants are too familiar with the subject matter, their objectivity can be clouded. Cut out the messages and tape each one to a single piece of flipchart paper. Post each message on a different wall in the training room so that each one is clearly visible.
- Prepare three or four role-play scenarios, one for each issue team formed in Session Eleven. The scenarios should reflect the advocacy objective and target audience that each team has identified. Handout 12B provides sample scenarios. Ideally, each scenario should depict a different message delivery setting (face-to-face meeting, press conference, public debate, forum, or other). It can also be useful to videotape the advocacy role-plays and then re-play them for group feedback.

A. MESSAGE DEVELOPMENT

(1 hour, 30 minutes)

STEP 1

Review the learner objectives for the session.

Inform the participants that this session will focus on developing persuasive advocacy messages. Their work on audience analysis will provide a foundation for the message development.

As a warm-up exercise, refer to the four or five advertising messages you posted on flipchart paper around the room. Tell the participants that after you read each message aloud, they should be prepared to get up and physically stand next to the message that appeals to them.

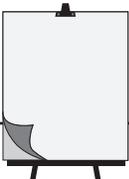
STEP 2

Moving around the room from one message to the next, read the promotional statement for each message aloud. After you have read all the messages clearly, ask participants to get up and stand by a message they like. They may want to wander for a minute or two to look at the graphics. You should end up with small groups of participants around each message.

STEP 3

When all of the participants are standing by a message, ask them to work with their colleagues who selected the same message to identify the characteristics of their message that make it appealing to an audience. Ask them to write characteristics around the message on the flipchart paper.

Have each group read aloud its list of appealing characteristics. While the groups are reading their lists, capture their points on the flipchart as shown in the example in Flipchart 12A.



CHARACTERISTICS OF EFFECTIVE MESSAGES

Simple, concise
Appropriate language
Content consistent with format

FLIPCHART 12A

STEP 4

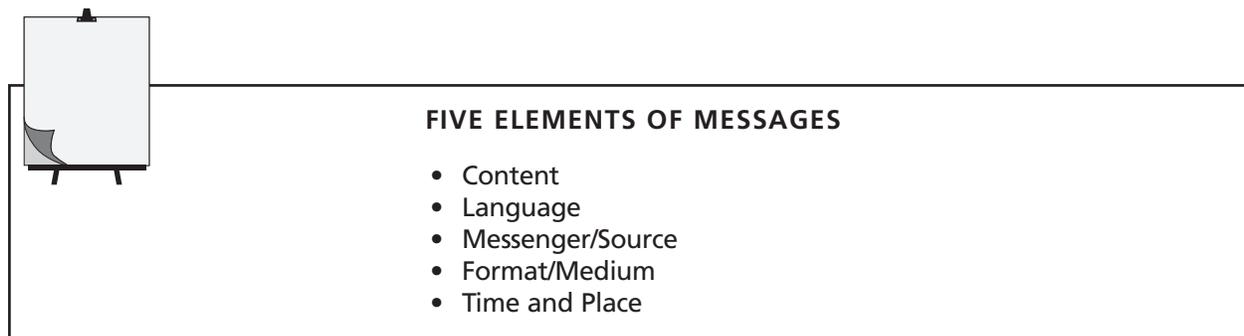
After the participants have read their comments about the messages, have them return to their seats. Refer to the list you have made on the flipchart and ask if anyone has characteristics to add to it.

Here are two characteristics that can be included:

- A credible messenger
- Tone and language (for example, serious, humorous, or provocative) consistent with content

STEP 5

Introduce Flipchart 12B.



FLIPCHART 12B

Review the Five Elements of Messages²⁵ and elaborate on each point.

1. Content

The content is the central idea of the message. What is the main point you want to communicate to your audience? What single idea do you hope the audience will take away from your message?

2. Language

Language refers to the words you choose to communicate your message. Is the word choice clear or could it be interpreted differently by various audiences? Is the language appropriate for your target audience? (Obviously you would use different language when appealing to university researchers than you would when communicating to a youth group.)

²⁵ Ritu Sharma, *Advocacy Training Guide*.

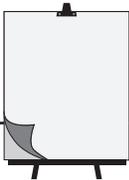
3. Messenger/Source

The messenger or source is the person who will deliver the message. Is the messenger credible to your target audience? Is it possible to involve representatives of the community affected by the policy change as messengers? For example, can you invite a community leader to join you for a high-level meeting with a policy-maker? Sometimes NGOs can be effective intermediaries for the affected population at the policy-making table.

4. Format/Medium

The format or medium is the communication channel you use for message delivery. What is the most compelling format to reach your target audience—a signed petition, a face-to-face meeting, or a TV or radio advertisement?

Before reviewing the fifth element, facilitate a quick brainstorm on the different ways to deliver advocacy messages. Common tactics vary from country to country; however, it is useful to have an exhaustive list to spark new ideas and foster creativity. Ask participants to name the common formats or tactics that they are familiar with and record the responses on a flipchart, as in the example in Flipchart 12C.



FORMATS FOR MESSAGE DELIVERY

- Face-to-face meetings
- Executive briefing packets
- Public rallies
- Fact sheets
- Policy forums
- Public service announcements (PSAs)
- Posters, flyers in public places
- Petitions
- Public debates
- Press releases/press conferences
- Contests to design posters, or slogans

FLIPCHART 12C

After the group has brainstormed all the ways to deliver a message, ask them to identify which tactics are most appropriate for specific target audiences.

For example, consider high-level policy makers. Which tactics are most likely to have an impact on a policy-maker? Given that policymakers often have little disposable time, answers may include briefing packets, fact sheets, face-to-face meetings, and policy forums.

Pose the same question in terms of which formats are most effective for mobilizing public support in favor of policy change.

Ask participants to identify several factors that they would use to select an appropriate format or tactic. What criteria will they use to choose one tactic over another?

Here are some possible responses:

- **Cost**
Mass media such as radio or television can be very costly. An advocacy group should seek out free or reduced-cost opportunities to use mass media.
 - **Risk**
Risk is an element that separates advocacy from IEC or public relations work. When an NGO or a network goes public with an advocacy issue—especially a controversial one—there is always the chance that its reputation will be tarnished. Certain advocacy tactics entail more risk than others. Public debates and live forums that highlight both sides of an issue can turn into heated events. Nevertheless, risk can be minimized through careful planning, including selection of appropriate speakers and rehearsing the event.
 - **Visibility**
An NGO or network may choose one tactic over another when it can use a contact or connection to raise the visibility of an event. Perhaps a celebrity or high-ranking public official is willing to visit a project site. This may provide an excellent opportunity to recruit other decision-makers to visit the site and promote a particular advocacy objective.
- 5. Time and Place**
When and where will you deliver your advocacy message? Is there an electoral campaign underway that might make policy-makers more receptive than normal to your message? Are there other political events that you can link up with, to draw more attention to your issue? Some advocacy groups connect their communication strategies to events like International Women’s Day or World AIDS Day.

STEP 6

Now that the participants have identified characteristics of effective messages, they should develop advocacy messages that respond to their target audience’s interests and position. Distribute Handout 12A, which incorporates the Five Elements of Messages, and give each issue team 30 minutes to work on developing an advocacy message. As each group works on the content of its message, group members should develop the central idea. If they think of a slogan that captures the message for a poster or a brochure, they should present that as well. At the end of the 30 minutes, each group should briefly present its worksheet.

STEP 7

After the three (or four) teams have completed their work, ask each team to summarize the contents of its worksheet. Following each team’s presentation, ask the others for their reactions or additions.

Ask:

- Is the central idea clear?
- Do they agree with the choice of messenger, format, time, and place?

B. MESSAGE DELIVERY: ROLE PLAYS

(1 hour, 30 minutes)

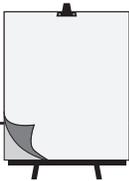
STEP 1

As the final step in the strategic communication unit, participants will practice delivering advocacy messages to decision-makers. Provide each team with a role-play scenario; if possible, each team's scenario should reflect the advocacy objective and audience they have been working on for the past two days. Handout 12B provides several role-play ideas that can be adapted as needed.

STEP 2

Before distributing the role-play scenarios, reinforce the need to present a clear and concise message in a limited time frame. Advocacy groups often invite journalists to be present when messages are delivered to policy-makers. If there will be a mass media presence at the advocacy event, it is all the more important to present the message in a tight "package."

In order to maintain the attention of a policy-maker or of the viewing public, an advocate should be able to communicate the main idea in 30 to 60 seconds. Using Flipchart 12D, present the approach for delivering a one-minute message.



FLIPCHART 12D

STEP 3

When constructing or tailoring a message for a TV appearance or a newspaper interview, this simple model will help focus the speaker.

Statement

This is the central idea of the message (as defined on the Message Development Worksheet). In just a few sentences, the advocate should present the essence of the message.

Evidence

Support the statement or central idea with some facts. The speaker should use data that the audience can relate to, such as

“Only two out of five adults of reproductive age have access to family planning services.”

rather than

“Only 4,253,800 adults of reproductive age have access to family planning services.”

- *Example*

After providing facts, the speaker should add a human face to the story. Using an anecdote based on one’s own experience personalizes the facts and figures.

STEP 4

Read aloud the following example from a U.S.-based advocacy group working on domestic violence:

Statement

Domestic violence against women must be stopped. Violence against women has long been tolerated and women have suffered in silence. The seriousness and scope of the problem has been ignored.

Evidence

In the United States, one woman is physically abused every eight seconds and one is raped every six minutes. According to a 1992 U.S. Senate Judiciary Committee report, spousal abuse is more common in the U.S. than automobile accidents, muggings, and cancer deaths combined.

Example

Our NGO has been supporting a woman named Maria. One year ago Maria was successfully balancing motherhood and a career. However, she became involved with an abusive partner and her life has never been the same. Maria recently lost her job for tardiness and her children have been disciplined at school for aggression and misbehavior. Maria is just one illustration of the widespread effects of domestic violence.

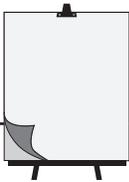
STEP 5

Ask participants to critique the sample one-minute message you have just presented. Ask if anything is missing.

In this sample message, one missing piece is the final step of *moving the policy-maker to action*. At the end of the message, the speaker should clearly indicate what the audience can do to change the situation. For example, the speaker may ask the policy-maker to support the establishment of a domestic violence hotline. Whatever the advocacy objective, it should be clearly presented to the target audience as an invitation for action!

As they prepare their role-play dramatizations, participants should refer back to the one-minute message approach. It will help them use their time efficiently, especially if the mass media are involved.

STEP 6



Distribute one role play scenario to each issue team. Make sure each team understands its scenario. Review the task on Flipchart 12E.

MESSAGE DELIVERY: ROLE-PLAYS

Working in your issue team, develop a 10-minute dramatization showing us how you will deliver your advocacy message.

Time: 30 minutes

FLIPCHART 12E

Encourage participants to use any available materials or props. In addition to preparing the actual dramatization, each group should introduce its role-play by explaining the scene to the audience. At the end of the dramatization, the actors should describe the follow-up steps they would take. What will they do to ensure commitment from their audience? Examples include follow-up letters or briefing packets, and distribution of results to the media.

STEP 7

When the groups are ready to present their 10-minute role-plays, arrange the chairs theater-style. Remind the groups to start their presentations by summarizing their role-play assignments.

STEP 8

Following each presentation, get feedback from the audience. Here are some possible discussion questions:

-
- Was the central advocacy message clear? What was it?
 - Put yourselves in the place of the target audience. Were you informed, motivated, persuaded, and moved to act? Which communication techniques pushed the audience up the strategic communication scale?
 - What was most effective about this advocacy approach?
 - Is there anything you would add or do differently?

The participants have now completed the strategic communication unit and will resume the next day with coalition-building and action planning.

MESSAGE DEVELOPMENT WORKSHEET²⁶

Target Audience	
Action you want the audience to take	
Message content	
Format(s)	
Messengers	
Time and place of delivery	

²⁶ *ibid.*

ROLE PLAY SCENARIOS

Here are some role-plays that can be used to practice delivering advocacy messages. Following each role-play, the audience will offer feedback to presenters about their use of different communication techniques. The trainer is encouraged to adapt these scenarios to fit the workshop setting.

Scenario 1

You represent an NGO that seeks to protect the human rights of girls and young women. Through ongoing monitoring of the parliamentary record, your organization learns that the Child Welfare Committee is considering a draft piece of legislation. After previewing the legislation, you determine that the content is consistent with your vision and advocacy goal. You are able to secure a meeting with the chair and vice chair of the Child Welfare Committee. Prepare a 10-minute role-play depicting your efforts to persuade the committee to support the legislation.

Scenario 2

Your organization works to promote gender equity in rural communities. You have discovered that an international agency has planned a water and sanitation project in one of the communities where your organization works. Through conversations with the international agency, you learn that no plans have been made to incorporate a gender focus into the project design. While you see the project's potential value, you feel that it would be more sustainable if an analysis of gender relations were integrated into the design, monitoring, and evaluation phases. The village council in the participating community has agreed to call a community hearing on the proposed project. Your organization has been invited to present its perspective. Prepare a 10-minute scenario depicting the community meeting and your efforts to convince the community of the value of gender analysis. You can ask the audience to play the role of the community; however, you may want to plant several supporters and critics in the audience to make the role-play more interesting.

Scenario 3

Your organization works to provide reproductive health care and education to adolescents. In the past year, the Ministry of Education initiated a small-scale pilot project that introduces a sexuality/reproductive health module into the secondary school curriculum. Your initial inquiries suggest that the Ministry does not intend to mainstream the education program due to perceived opposition of religious groups. In order to build public support and persuade the Ministry of Education to expand the program, your organization has organized a public debate on the advantages and disadvantages of providing reproductive health education to youth. Prepare a 10-minute role play depicting the debate. Include how you manage the participation of TV journalists.

Scenario 4

Your organization promotes the sustainable use of natural resources. For the past several years, your organization has been working with communities that border on a large, forested area that was recently purchased by a multinational paper company. One day, several of your staff members are at the airport preparing to depart for a conference, when they notice the general manager of the paper company preparing to depart on a different flight. Your staff approaches the paper company executive and urges him/her to visit some of these rural communities to learn more about their interests in the forest. Prepare a 10-minute role-play in which you try to convince the general manager to visit the people who will be affected by the company's development plan.

SESSION THIRTEEN: BUILDING NETWORKS AND COALITIONS

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Describe the elements of an effective network.
- Identify the risks and rewards of working in advocacy networks and coalitions.

TIME

1 hour, 45 minutes

SESSION OVERVIEW

- A. Weaving a Network (45 minutes)
- B. Risks and Rewards of Working in a Network (1 hour)

MATERIALS

- Flipchart and paper, markers, tape
- 1 ball of yarn for each participant

HANDOUTS

- 13A—Forming and Maintaining Networks
- 13B—Sample Network Models
- 13C—Organization/Member Resources/Skills Inventory

PREPARATION

Before this session

- Write the Learner Objectives on a flipchart.
- Prepare Flipchart 13A.
- Collect 4 skeins of yarn in different colors. Roll the yarn into balls of approximately 2 inches (or 5 cm) in diameter. You will need one ball of yarn per participant.

A. WEAVING A NETWORK

(45 minutes)

STEP 1

Review the learner objectives on the flipchart.

STEP 2

Tell participants that this session will focus on the role of networks in the advocacy process. Ask if they are currently members of any networks (or less formal alliances) that conduct advocacy activities. Elicit examples from the participants. Point out that in recent years, non-governmental and community-based organizations have begun to join together around mutual interests to increase their influence on formal decision-makers. Ask participants for examples. (The NGO Forums at the Cairo and Beijing conferences are two possible examples.)

STEP 3

In this exercise you will look at the dynamics of working together as a network. Ask the participants to stand up and form a circle with everyone facing the middle. If the training room is small, this exercise can be done outside (weather permitting).

Give each participant one ball of yarn. Ask everyone to tie or loop the loose end of yarn around one finger. Participants should hold on to the loose end throughout the exercise.

STEP 4

Now that participants have spent a week and a half together and have gotten to know each other, they are going to weave a network symbolic of their group. Ask them to look around the circle and think about the resources their colleagues have to offer. Have they discussed any future collaboration with other workshop participants?

STEP 5

After participants have had a moment to reflect, ask them to move toward others with whom they have made plans to collaborate after the workshop. As they approach these colleagues, they should state the nature of the collaboration. For example, they might say:

- We discussed sharing resources on girls' education.
- I'd like to learn more about your service delivery model.
- Let's exchange information about funding sources.

The proposal for working together need not be formal. The point is for participants to see how many "connections" they have made during a short period.

STEP 6

The participants should pinch and hold on to the strand of yarn of each person they approach, and vice versa. After naming the area of collaboration, both return to their original places in the circle, unrolling the ball of yarn as they go. (Each ball goes back with its original owner.) They are then free to move on to someone else while holding onto the pinched strand of those they have spoken with already.

STEP 7

Encourage participants to continue weaving their web for about ten minutes. When everyone is well connected, ask them to return to the circle formation. If the exercise has gone well, there will be a complex spider web that interconnects the participants. The web symbolizes the networking that has taken place during the workshop.

STEP 8

Ask participants to describe some of the areas of collaboration they identified. What were the connections (for example, information exchange, joint programming, sharing resources, planned advocacy activities)?

STEP 9

Have the participants imagine that they are going to take on an advocacy issue together and function as a network. What are some of the benefits of working as a network rather than as individual NGOs?

Here are some possible responses:

- More credibility and visibility due to greater numbers
- Greater cost-effectiveness due to sharing resources.
- A larger constituency.

STEP 10

Ask the group to list some challenges or risks involved with networks.

Here are some possible responses:

- The agenda of one NGO may dominate the others.
- Networks take extra time.

STEP 11

While all participants hold their yarn connections tight, ask one participant to drop all of her/his strands. Ask the group to imagine that this member has dropped out of the network because s/he no longer saw a benefit for his/her NGO. Ask the participants what happens to the network when a member drops out.

The yarn let go by that member should sag, and you can show how the departure leaves many weak links in the network. Perhaps the network also loses resources and continuity in activities that the departing person was working on.

STEP 12

After discussing the departure of a member, ask another member to pull tightly on her/his strands and take several steps backward, away from the center of the circle. Ask the group what happens when one member's interests become dominant over the others. Perhaps s/he wants to influence the network to move in a new direction and this distracts the network from its common focus.

As this "renegade" member pulls away from the center, the circle loses its balance.

STEP 13

Finally, ask the participants if they have any other observations about the dynamics of working in networks. Did they learn anything new about building networks as a result of this exercise?

When the discussion has ended, everyone can return to their seats.

C. RISKS AND REWARDS OF WORKING IN A NETWORK

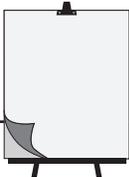
(1 hour)

STEP 1

At this point it will be helpful to document and expand on the lessons learned from the yarn exercise. Ask the participants to count off by three and organize into three discussion groups. (As an alternative, you can keep them in their issue teams, especially if they are already seated in that formation.)

STEP 2

Ask each working group to respond to the questions on Flipchart 13A.



SMALL GROUP DISCUSSION ON NETWORKS

- How would you define the term *network*?
- What are the benefits or rewards of working in an advocacy network?
- What are the risks of working in advocacy networks?
- If you were considering joining an advocacy network, what criteria would you use to make the decision?

Time: 20 minutes

FLIPCHART 13A

STEP 3

While the groups are working, post four pieces of flipchart paper on the wall around the room. Write the following terms across the top of the paper, one term per sheet:

- Definition of Network
- Benefits/Rewards
- Risks
- Criteria for Joining Networks

STEP 4

After the groups have completed their work, have them write their responses on the flipchart pages using a marker.

Review each set of responses beginning with how to define network. Compare the various definitions, looking at common elements and differences.

Ask the group to adapt their definitions to fit the advocacy context; how would they define the term *advocacy network*?

If the group struggles with defining advocacy network, you can use the following sample definition:

Advocacy Network: A group of individuals and/or organizations working together with a common goal of achieving changes in policies, laws, or programs for a particular advocacy issue.

STEP 5

Continue by reviewing the benefits and risks of working in a network and how people decide whether to join a network.

Here are some criteria for joining a network:

- A clear match between the network's mission and a particular NGO's focus
- Good leadership and a diverse membership
- An opportunity to have a voice in the decision-making
- Reasonable expectations of members in terms of work load, frequency of meetings, and other operational issues

STEP 6

Distribute and review Handout 13A.



NOTE TO THE TRAINER: You have reached the end of the skills-building units of the advocacy curriculum. The next session focuses on implementing an advocacy campaign. If the participants are considering forming an actual advocacy network with the workshop participants as members, it works well to divide them into three groups to discuss different aspects of network functioning. You can refer back to Handout 13A and assign discussion topics as follows:

- Group A: Organizational Issues
- Group B: Leadership
- Group C: Meetings/Documentation

Then ask each group to review Handout 13A and generate a list of recommendations for the advocacy network. It will be impossible to make decisions about all of these issues during the workshop. Nevertheless, the group can keep a list of items to be decided at upcoming meetings. For example, the development of a network mission statement or a skills inventory can be covered at future meetings.

Several handouts are attached in case the group wants to move forward with launching a new network or consolidating an existing network. These resources include:

- Handout 13B—Sample Network Models
- Handout 13C—Organization/Member Skills/Resources Inventory

Handout 13B can be used to compare several network models taken from existing advocacy networks. Handout 13C can be used to inventory the individual members' skills as well as the institutional resources of each member/NGO. The trainer can then tally the results and circulate the skills/resources inventory as a matrix.

FORMING AND MAINTAINING NETWORKS**A. Formation Stage**

- Establish a clear purpose or mission.
- Involve individuals and organizations that share the mission.
- Build a commitment to participatory process and collaboration.

B. Maintenance/Growth Stage*Organization*

- Define clear, specialized roles.
- Establish a loose or fluid organizational structure; vertical, hierarchical structures don't build stronger networks.
- Compile a skills/resources inventory that includes members' skills/expertise (public speaking, media exposure) and institutional resources (fax, internet, meeting space).
- Prepare to fill expertise gaps by recruiting new members.
- Establish a communication system (for example, telephone tree).
- Create an NGO member database (name, address, organization's mission, type and focus of organization, and other pertinent details).

Leadership

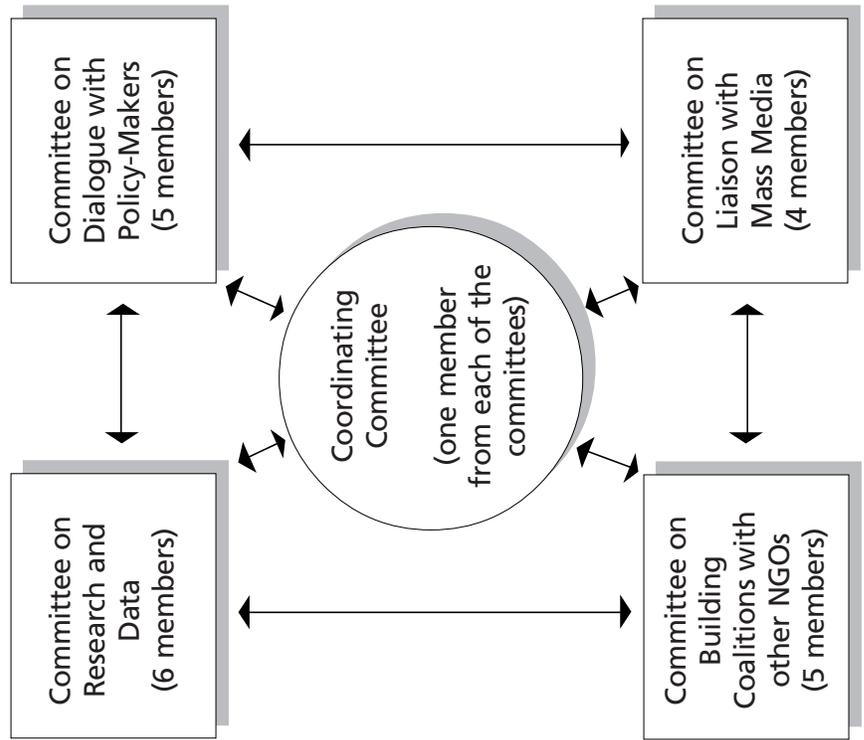
- Share leadership functions (for example, rotating coordinating committee).
- Set realistic goals and objectives.
- Divide into sub-groups/task forces to take on specific tasks according to expertise.
- Spread responsibilities across all members to avoid burnout.
- Promote participatory planning and decision-making.
- Foster trust and collaboration among members.
- Keep members motivated by acknowledging their contributions.

Meetings/Documentation

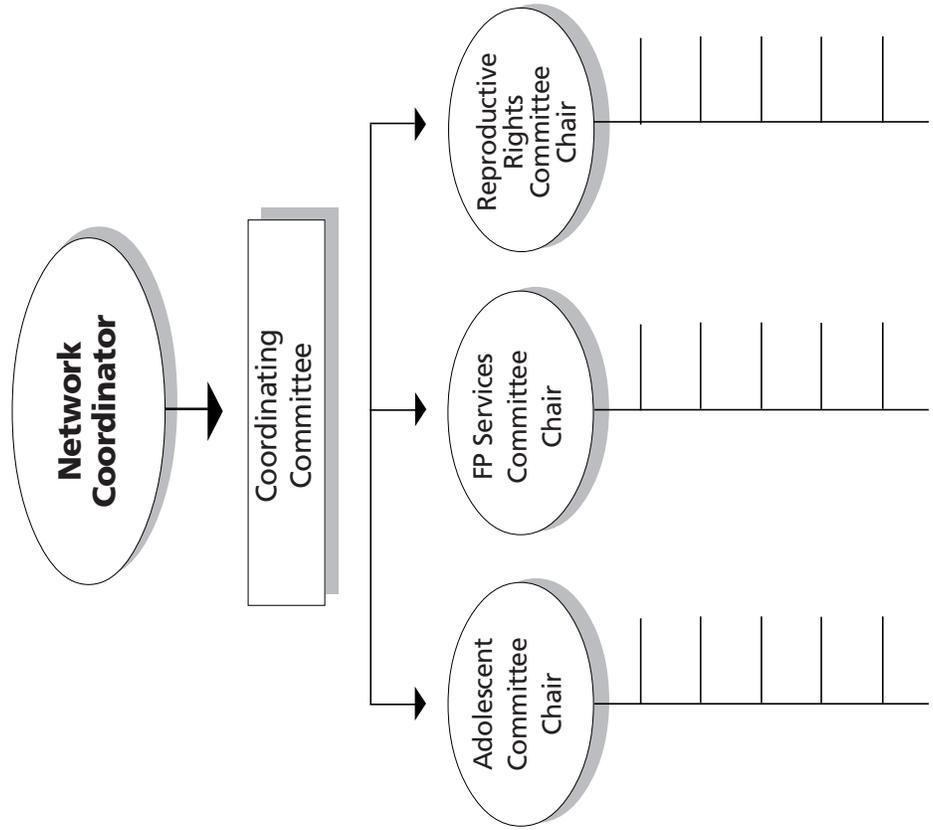
- Meet only when necessary.
- Set a specific agenda and circulate it ahead of time; follow the agenda and keep meetings brief; finish meetings on time; rotate meeting facilitation role.
- Keep attendance list and record meeting minutes to disseminate afterwards.
- Use members' facilitation skills to help the network reach consensus and resolve conflict.
- Discuss difficult issues openly during meetings.
- Maintain a network notebook to document network activities, decisions, and other key information.

SAMPLE NETWORK MODELS

The members of this network divide themselves into four committees or teams, according to individual expertise or interest. The committees are organized according to audience or function. The network develop a vision, a mission, and an action plan, and each committee implements the action plan among its stakeholder group. The coordinating committee consists of four members, one leader from each sub-committee. The members of the coordinating committee rotate on a yearly basis.



In the case of this network, members organize themselves into thematic teams according to the network's key areas of advocacy. Each "issue team" is responsible for doing its own data gathering, communications plan, and action plan. An elected chairperson represents each issue team on the coordinating committee. A single network coordinator is elected by the network to coordinate activities, facilitate communication flow, and organize monthly network meetings.



ORGANIZATION/MEMBER RESOURCES INQUIRY

	COMPUTER	PRINTER	SCANNER	INTERNET	WEB PAGE	EMAIL	FAX	COPIER	OFFICE SPACE	MEETING ROOM	VEHICLE	MEMBER-SHIP LIST
ORGANIZATION/MEMBER												
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												

MEMBER SKILLS INVENTORY

	WORD PROCESSING	DATABASE MANAGEMENT	TRAINING	RESEARCH	FINANCIAL MANAGEMENT	LEGAL/REGULATORY ISSUES	POLICY ANALYSIS	FUNDRAISING	MEDIA	PUBLIC SPEAKING	GRAPHICS AND DESIGN	LANGUAGE	LANGUAGE
MEMBER NAME													
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													

SESSION FOURTEEN: ADVOCACY IMPLEMENTATION PLANNING

LEARNER OBJECTIVE

By the end of the session, participants will be able to

- Develop an implementation plan for the advocacy campaign.

TIME

2 hours

SESSION OVERVIEW

- A. Reviewing the Advocacy Process (20 minutes)
- B. Developing an Advocacy Implementation Plan (1 hour, 40 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Overhead transparency or flipchart of Handout 9B (from Session Nine)

HANDOUTS

14A—Advocacy Implementation Plan

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Prepare Flipchart 14A.
- Prepare an overhead transparency or flipchart of Handout 9B (from Session Nine).

A. REVIEWING THE ADVOCACY PROCESS

(20 minutes)

STEP 1

Review the learner objective for this session.

In this session, participants will convert everything they have learned about advocacy into an implementation plan. Before developing the plan, however, the group will review the steps in the advocacy process to synthesize key learning points.

STEP 2

Present Handout 9B on an overhead transparency or a flipchart page.

STEP 3

At this stage of the workshop it is important to review what the participants have learned about the advocacy process thus far. Take this opportunity to reinforce once again the most essential points about each step in the advocacy process.

For each step, ask the participants:

- What are the most important considerations for this step?
- What did you learn about this part of the advocacy process that you didn't know before?

Record the participants' responses on a flipchart.

STEP 4

Here are some possible responses:

Issue

- An issue is a problem that is felt widely by the constituents/clients of an advocacy group.
- The advocates must identify the policy solution to the issue.

Advocacy Goal/Objective

- A goal is a long-term vision for change, while an objective is short-term and measurable.
- A good objective includes the policy actor and the desired policy action as well as a timeline and degree of change, if appropriate.

Target Audience

- The target audience is the policy-maker or institution with the direct power to affect the advocacy objective.
- The target audience is influenced by a series of secondary audiences (influentials).
- It is essential to assess the audience's knowledge, values, and beliefs about the advocacy issue.

Message Development

- Effective messages are clear, concise, and tailored to the target audience's position.
- It is important to deliver a consistent message using multiple channels over time.

Channels of Communication

- There are many options for message delivery. An advocacy group should consider the audience, timing, cost, and other factors when selecting the message format.

Building Support

- Many advocates increase their visibility by forming or joining networks and coalitions.
- Networks are most effective when there is a common goal and clear roles/norms within the group.
- Beyond the network's membership, it is important to build support with other stakeholders, such as community members, universities, religious leaders, and research institutes.

Fundraising

- Advocacy requires resources, though many networks share the cost of an advocacy campaign across the membership.
- The implementation of an advocacy campaign requires a fundraising strategy; possible donors include local and international foundations, private companies, and international agencies.

Implementation

- An advocacy campaign will be most effective if it is planned systematically.

Data Collection

- Gathering and utilizing accurate, timely information supports all phases of the advocacy process.

Monitoring/Evaluation

- Before beginning an advocacy campaign, the organizers should determine how they will monitor activities and evaluate results.

STEP 5

Ask the participants if they have any other key issues and lessons about advocacy that they would like to raise before moving on to the implementation plan.

B. DEVELOPING AN ADVOCACY IMPLEMENTATION PLAN

(1 hour, 40 minutes)

STEP 1

At this point in the advocacy planning, the participants will have to reach a consensus about one advocacy objective that they want to pursue.

Review with the participants the process they have gone through up to this point:

- Participants identified one advocacy issue for action.
- They set one advocacy goal—a midterm or long-term change that they hoped to bring about.
- They set three specific advocacy objectives that would contribute toward the advocacy goal.

-
- For each advocacy objective, they identified a target audience; through an audience analysis, they assessed the audience's level of knowledge and interests in the issue; in addition, they identified secondary audiences or influentials.
 - They developed and practiced delivering advocacy messages to those three audiences.

This process was designed to reflect the elements of an advocacy campaign while sharpening the participants' technical skills in important areas.

STEP 2

Now the group is at a key juncture. In order to proceed with the planning, they should select one of the three advocacy objectives as the focus of their first advocacy campaign.

Facilitate a group discussion about which advocacy objective the participants want to take on first. Ask:

- Which of the three objectives does the group feel most prepared to undertake?
- Which objective will make the greatest contribution toward achieving the broader advocacy goal?

STEP 3

After the participants have reached consensus on the objective to pursue, they are ready to develop an implementation plan.

Distribute Handout 14A.

STEP 4

As you review the handout with participants, highlight the following points:

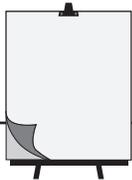
- The advocacy implementation plan is intended to help the network identify specific next steps.
- Participants should begin by writing the selected advocacy objective across the top of the worksheet.
- They should then identify the discrete activities necessary to achieve the advocacy objective. They should include information about message development and delivery to target audiences, among other activities.
- For each activity, the group should identify the resources needed to support that activity. Resources may be material, financial, human (such as technical expertise), or technological.
- For each activity, the participants should indicate who is responsible for making it happen.
- They should assign an appropriate time frame or due date for each activity.

STEP 5

Review the partially completed worksheet (second page of Handout 14A) as an example.

STEP 6

Divide the participants into three working groups and assign each the same task, found on Flipchart 14A.



ADVOCACY IMPLEMENTATION PLAN

In your working group, complete the worksheet for developing an advocacy implementation plan. Transfer your plan to flipchart paper for a five-minute presentation.

Time: 30 minutes

FLIPCHART 14A

STEP 7

After the three working groups have completed the assignment, ask one representative from each group to briefly present that group's plan.

STEP 8

Post all three implementation plans on the wall. Identify any activities that were mentioned by more than one group. Using these common activities as a starting point, help the participants combine the three plans into one implementation plan. If the groups approached the objective differently (and they often do), the final product will represent everyone's input.

STEP 9

Special attention should be paid to the *person(s) responsible* column. Does the group agree with the task distribution? Is the workload shared among many people?

STEP 10

Another key point is the monitoring and evaluation of the implementation plan. Did the group designate a time to meet at the end of the campaign to document lessons learned?

STEP 11

Check for any final questions or comments about the implementation plan. If the participants are satisfied with the plan, they are ready for action!

ADVOCACY IMPLEMENTATION PLAN

Advocacy Objective:

Activity	Resources Needed	Person(s) Responsible	Time Frame

ADVOCACY IMPLEMENTATION PLAN—PARTIALLY COMPLETED

Advocacy Objective: To persuade the school board in District X to implement a pilot family life education (FLE) curriculum in secondary grades 7 through 9, beginning in the next academic year.

<i>Activity</i>	<i>Resources Needed</i>	<i>Person(S) Responsible</i>	<i>Time Frame</i>
Request to attend the monthly school board meeting to present the idea	Contact with a school board member	Advocacy network chairperson	1 week (Deadline: June 15)
Develop fact sheet for decision-makers with data on: <ul style="list-style-type: none"> • model programs in neighboring districts or countries • link between FLE and reduction in early pregnancy, school attrition, STDs/AIDS 	<ul style="list-style-type: none"> • Data • Format for fact sheet • Paper • Printing capacity 	Network's research/data team and communication team	3 weeks (Deadline: July 7)
Attend school board meeting to present the argument and secure support for pilot program	<ul style="list-style-type: none"> • Strong communicators • Fact sheet • Brochure/contact information for the network 	Advocacy network chairperson and coordinator of communication team	1 month (Deadline: July 15)
Reconvene the network to monitor the activities listed above and evaluate results	Implementation plan	Network chair	5 weeks (Deadline: July 22)

SESSION FIFTEEN: ACTION PLANNING FOR REPRODUCTIVE HEALTH PROGRAMS

LEARNER OBJECTIVES

By the end of the session, participants will be able to

- Describe the key concepts related to gender, reproductive health and advocacy that have been presented in the workshop.
- Describe the tools for developing or advocating for gender equity in reproductive health policies and programs.
- Prepare a plan of action for applying these concepts and tools to promote gender equity in their organization or community.

TIME

2 hours, 30 minutes

SESSION OVERVIEW

- A. Review of Gender, Reproductive Health, and Advocacy Concepts and Tools (1 hour)
- B. Developing Organizational and Personal Action Plans (1 hour, 30 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Note cards

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Retrieve the workshop overview flipchart from the first session.
- Retrieve the “Reproductive Health Issues” flipchart from Session Ten.
- Prepare Flipchart 15A

A. REVIEW OF GENDER, REPRODUCTIVE HEALTH, AND ADVOCACY CONCEPTS AND TOOLS

(1 hour)

STEP 1

Review the learner objectives on the flipchart.

Post the workshop overview from Session One. Walk the participants through the workshop session by session, recalling the purpose, activities, and main outcomes of each session, to refresh their memory and bring the main points back into focus.

STEP 2

Distribute several note cards to each participant. Ask everyone to write down two or three key concepts from both weeks of the workshop that they found especially notable and relevant to their work or organizational experience. Collect the cards and post them on a flipchart, keeping ones with similar meanings in a general grouping.

STEP 3

Next, ask the participants to recall the tools—practical methods for addressing gender-related issues and promoting gender equity in reproductive health programs and facilities. Write the responses on a flipchart. These should include

- Gender Analysis (Harvard Framework, Women’s Empowerment Framework, CAP Tool, or other tools)
- Strategic Communications
- Audience Analysis
- Message Development
- Forming and Maintaining Networks and Coalitions

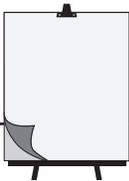
As each tool is mentioned, ask for some detail on its purpose and what it generally entails.

B. DEVELOPING REPRODUCTIVE HEALTH ACTION PLANS

(1 hour, 30 minutes)

STEP 1

Ask participants to form groups with colleagues they came to the workshop with. Participants who came alone should work individually. Post the flipchart of reproductive health issues from Session Ten as a guide.



Ask the groups or individual participants to do the task shown on Flipchart 15A.

- Identify a gender and reproductive health issue in your work or organization that you would like to address.
- Develop a plan of action for addressing the issue you have identified, with the intent of changing a situation. Use the concepts and tools from the workshop to develop your plan of action.
- Make sure your plan clearly states a goal, strategies and actions for attaining that goal, what your role should be, who else should participate in this plan of action, what resources you might require, and where you might find them.

Time: 1 hour

FLIPCHART 15A

STEP 2

After reconvening, ask the groups and individual participants to share their action plans, explaining what issue the plan will address and how they will address the issue. Encourage questions and helpful comments from the other participants. Allow enough time for thoughtful feedback for each presenter.

SESSION SIXTEEN: WORKSHOP SUMMARY AND SYNTHESIS

LEARNER OBJECTIVES

By the end of the session, the participants will have

- Reviewed the activities and accomplishments of the workshop.
- Evaluated the effectiveness of the workshop.
- Bid each other farewell.

TIME

1 hour, 10 minutes

SESSION OVERVIEW

- A. Review of Schedule and Key Activities (10 minutes)
- B. Shared and Confidential Evaluations (25 minutes)
- C. Official Closing and Farewell (35 minutes)

MATERIALS

- Flipchart and paper, markers, tape
- Note cards
- International Context posters created by participants in Session Two
- Workshop Schedule

HANDOUTS

16A—Participant Workshop Evaluation

PREPARATION

Before this session

- Write the learner objectives on a flipchart.
- Retrieve the posters developed by participants for the key international conferences in Session Two.
- Arrange for a speaker if an official closing is planned.
- Ask the participants to select a representative to say some closing words of synthesis and farewell that reflect the sentiments of the group. This could also be a brief performance of song, dance, or other activity, depending on the culture and personalities involved.
- Trainers should also prepare closing remarks about their observations and feelings over the course of the training, to end the workshop on a positive note.

A. REVIEW OF SCHEDULE AND KEY ACTIVITIES

(10 minutes)

STEP 1

Hang the participants' international context posters around the training room, and post the workshop schedule in front of the participants. Help the participants to relive in their minds the journey of the past two weeks by first reminding them that all their hard work has been part of a larger global movement toward reproductive health and rights. Ask them to look at the posters once again and remember the decades of struggle that have led to nations making commitments to improving reproductive health and promoting gender equity. Mention again the key role that NGOs have played in this evolution/revolution.

Next, go over the workshop schedule, walking the participants through the sessions and asking briefly what the key activities were in each one. This way it will be fresher in their minds for an assessment.

B. SHARED AND CONFIDENTIAL EVALUATIONS

(25 minutes)

STEP 1

Pass out two note cards to each participants. Ask participants to write answers to these two questions on their cards:

1. What did you learn in the workshop that is especially pertinent to you and to your work?
2. What special action will you commit to when you return to your workplace?

STEP 2

Ask the participants to come up before the group one by one, read their cards aloud, and post them on two separate flipchart papers with the headings Learnings and Actions.

STEP 3

Explain that the participants' feedback is a critical part of the workshop, as it will serve to improve the material and methods for future workshops, and help the trainers to improve as well.

Distribute the evaluation forms (Handout 16A) and ask the participants to fill them out with as much detail as possible, then hand them in. Names are not necessary. Thank them for their input.

C. OFFICIAL CLOSING AND FAREWELL

(35 minutes)

STEP 1

If there is to be a speaker to close the workshop on a more formal note, ask that person to say their words now.

STEP 2

Next, a participant(s) selected beforehand to represent the group can come up and say some words of synthesis and farewell (or do whatever the participants have prepared as a farewell gesture).

STEP 3

The trainers may then give a brief speech summing up their observations and feelings of appreciation over the course of the workshop, their hopes for the participants once they return to their home sites, and any other thoughts they care to share to close the workshop on a positive note.

STEP 4

Close with a culturally appropriate activity, such as singing a song that reflects the mood and subject matter of the workshop. Bid each other farewell.

PARTICIPANT WORKSHOP EVALUATION

Now that you have completed the Gender, Reproductive Health and Advocacy Workshop, please assess how well its stated goals and objectives were achieved. Give each goal a number ranking on a scale of 1 (not at all achieved) to 5 (very well achieved). Please use the space under each question to explain a ranking lower than 3.

Workshop Goals:

1. To provide participants with knowledge, skills, and attitudes that will enable them to put into action the broad, comprehensive approach to reproductive health as agreed to in UN international conferences and to implement innovative advocacy strategies for positive change.

1 2 3 4 5

2. To enable participants to design, implement, and evaluate gender-sensitive reproductive health programs that actively promote gender equity and equality.

1 2 3 4 5

Workshop Objectives:

By the end of the workshop, participants will be able to:

3. Describe the historical context and implications of recent UN conferences, including the International Conference on Population and Development and the Beijing Fourth World Conference on Women.

1 2 3 4 5

4. Explain the relationship between human rights and reproductive rights.

1 2 3 4 5

5. Specify the basic components of reproductive health and describe social, economic, political, and cultural factors that affect reproductive health.

1 2 3 4 5

6. Incorporate gender considerations and perspectives in all reproductive health activities, projects, and programs.

1 2 3 4 5

7. Advocate for gender equity and equality, and reproductive health and rights.

1 2 3 4 5

8. Establish and build linkages, networks, and coalitions with other organizations working in population and development in order to work more effectively for social change.

1 2 3 4 5

9. Which sessions did you find particularly useful? Please comment:

10. Were there any sessions that you feel could be improved? Please comment:

11. How will you apply what you learned in this workshop?

12. Please comment on the effectiveness of the workshop facilitators:

13. Please comment on the workshop logistics (food, lodging, conference room, and other details):

14. Additional comments:

Thank you for your efforts to provide useful feedback!

APPENDIX

TRAINING MANUAL USER FEEDBACK FORM

CEDPA appreciates your cooperation in completing a brief questionnaire about your use of this manual. Your responses will help us revise the manual to better meet the needs of the users and improve the quality of training activities in this area.

Your Name: _____

Current Professional Status (Trainer, Program Manager, other): _____

Organization: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Please rank your answers to the following questions on a scale of 1 to 5 as follows:

1 = Strongly Agree

2 = Agree

3 = Disagree

4 = Strongly Disagree

5 = No opinion

Please circle the number that best reflects your opinion of this manual.

1. It is well-presented and organized.

1 2 3 4 5

2. The tasks are clearly presented and easy to follow.

1 2 3 4 5

3. The handouts are appropriate and clear.

1 2 3 4 5

4. The learning objectives are clearly stated.

1 2 3 4 5

5. The content of the sessions corresponds well with the learning objectives.

1 2 3 4 5

6. I feel more confident in my ability to train in the areas of gender, reproductive health, and advocacy.

1 2 3 4 5

7. Which sections did you find most/least useful?

8. Do you have any suggestions for revisions?

Please return to:
CEDPA/Capacity Building
1400 16th Street N.W., Suite 100
Washington, DC 20036 USA
Fax (202) 332 4496

Thank you for completing this questionnaire.

REFERENCES

- Bobo, Kimberly, Jackie Kenfall, and Steve Max. *Organizing for Social Change*. Santa Ana, Minneapolis, and Washington, D.C.: Midwest Academy, 1991.
- Canadian Council for Economic Cooperation. *Two Halves Make a Whole: Balancing Gender Relations in Development*. Ottawa, Canada: Author, 1991.
- The Centre for Development and Population Activities and The Johns Hopkins University/Population Communication Services Project. *The Cap Tool*.
- Family Care International. *Action for the 21st Century: Reproductive Health and Rights for All*. New York: Author, 1994.
- “Focus: Reproductive Health.” *Contact: Newsletter of the UNFPA Country Support Team for Southern Africa* 5 (October 1995).
- International Conference on Population and Development (ICPD) Programme of Action*. Cairo, 1994.
- March, Candida, Ines Smyth, and Maitrayee Mukhopadhyay. *A Guide to Gender-Analysis Frameworks*. Oxford: Oxfam Publications, 1999.
- Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD)*. The Hague, Netherlands, 1999.
- Royal Tropical Institute. *Sexual Health Exchange*. Amsterdam, Netherlands: Royal Tropical Institute and Southern Africa AIDS Dissemination Services.
- Sharma, Ritu. *Advocacy Training Guide*. Washington, DC: SARA/AED, 1997.
- Simons, George F. and G. Deborah Weissman. *Men and Women: Partners at Work*. Los Altos, CA: Crisp Publications, Inc., 1990.
- United Nations Department of Public Information. Press Release GA/9577. New York: United Nations Population Fund, 2 July 1999.
- United Nations Population Fund. *Gender, Population and Development Themes in United Nations Conferences 1985-1995*. New York: Author, 1995.
- Williams, Suzanne, Janet Seed, and Adelina Mwau. *The Oxfam Gender Training Manual*. United Kingdom and Ireland: Oxfam Publications, 1994.



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