

6

Helping NGO staff (& then community groups) analyse reproductive health & gender issues

Developed with World Neighbors programme partners in Nepal

• Background

World Neighbors has teamed up with national and local non-government organisations (NGOs) in rural development efforts in Nepal since the initiation of its programme there in 1972. From the beginning, World Neighbors programmes in Nepal have included strong family planning and primary health components, along with agroforestry, livestock and assistance in the construction of drinking water systems. Our strategy has long been focused on strengthening local, community-based groups to implement and manage these integrated efforts.

One of World Neighbors' first partnerships in the region was with a project of the Family Planning Association of Nepal (FPAN), the Baudha Bahunipati Family Welfare Project (BBP). BBP responds to communities' expressed needs with an integrated set of initiatives, including, among others, improved livestock health, safe drinking water, women's group formation, and access to primary health care and family planning services. Evaluations of the programme indicate that marginalised communities with three to four years of association with BBP have shown contraceptive prevalence rates approaching double the national average.

Assessments of women's savings and credit groups involved in the programme revealed that some of the groups were making loans for health referral costs, up to 15 percent of loans in some groups, indicating a greater demand for health services than expected. The time seemed right to conduct a comprehensive, in-depth assessment to determine women's health concerns and develop some strategies to address these needs.

• Assessment & action

In March-April 1996, a Reproductive health Needs Assessment was conducted that has been a key part of the institutional and programmatic learning process. Based on the findings of this assessment, a 'Training of Trainers' (TOT) workshop for NGO staff was convened in March 1997, facilitated by the BBP advisory support team. Objectives of this workshop were:

- to enable participants to better understand reproductive health from a gender-sensitive perspective;
- to help participants analyse their current activities in terms of a reproductive health/gender approach;
- to build skills in facilitation and the use of participatory tools; and,
- to develop an action plan for working with NGOs and women's savings and credit groups.

The participatory methodology used during this workshop was created and adapted based on the content of the Needs Assessment and in keeping with the principles of participatory learning or PRA. Participatory exercises were repeated numerous times during the workshop to enable the participants both to explore new ideas about reproductive health and gender as well as to become more comfortable facilitating the exercises for their own future fieldwork

Training format

The workshop was designed to generate ideas on how to address reproductive health and gender issues at both the NGO level and with women's savings & credit groups at the community level. Review exercises were used

both to revise plans and to reinforce the participants' understanding of the material covered. Participants also worked in teams to develop an action plan, including making decisions about with whom they would work, when, what would be done and using what tools. Evaluations were conducted at the end of each day and at the end of the workshop.

• Tools & exercises

The 15 exercises developed for the TOT workshop can be organised into the following categories, based on their primary purpose.

- Identifying reproductive health and gender issues and problems
- Analysing reproductive health and gender issues and problems
- Prioritising
- Planning

In this article, we focus on the tools that were developed and employed to analyse reproductive health and gender issues and problems. These exercises include:

- problem trees;
- root/consequence analysis: social context versus medical/services context;
- root/consequence analysis: gender differences; and
- root/consequence analysis: weighting the gender differences

They are designed to identify and analyse the causes and consequences of reproductive health problems. While we only present one example of each exercise, all of these tools can be used to examine both the root causes and the consequences of reproductive health related issues.

It is important to remember that the exercises were designed for the particular context and needs of the Nepali NGOs participating in the TOT. They can, however, be useful to development practitioners in other situations if they are shaped and adapted to the specific needs and objectives of the participants.

Problem trees

Objective: To identify the causes and consequences of specific reproductive health problems.

Materials needed: Posters with a sketch of a tree showing both its roots and bare branches, blank cards (three colours).

Procedure: Participants analyse the causes and consequences of reproductive health problems, using the image of a tree's roots, trunk and fruit. The trunk of the tree represents the problem being discussed, the roots represent the causes and the fruit symbolise the consequences.

1. Ask the participants to name a reproductive health related problem faced in the communities with which they work. Write this problem on a card (colour A) and tape it to the trunk of the first tree diagram.
2. Brainstorm with the group on the causes of the problem being discussed. Write each cause on a separate card (colour B) and tape them to the root area of the diagram.
3. Now brainstorm with the group about the consequences of the problem. Again, write each answer on a separate card (colour C) and tape them on the branches of the tree.
4. The first problem tree is examined and discussed by the whole group, followed by small group work on other problem trees.
5. Assign a letter or number code to each problem, and then code the roots and fruit cards with their corresponding Problem Trees (e.g. AF1 etc.).
6. The results of all the small groups are displayed, and participants take a 'walk through the forest' as groups present their problem trees to one another.

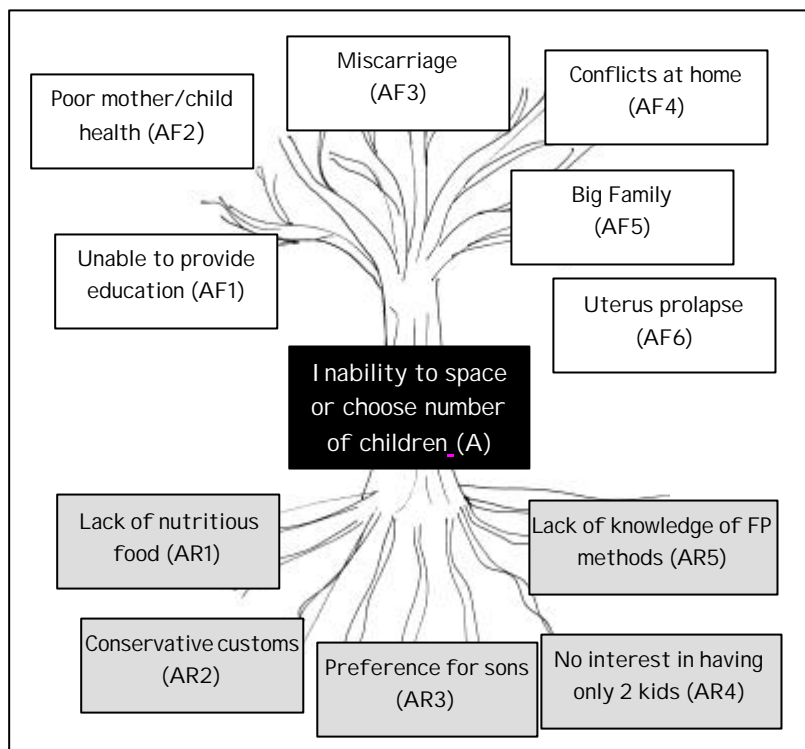


Figure 1. Example of a problem tree

Workshop experience

Workshop participants ‘grew’ 15 Problem Trees, addressing both ‘biomedical’ (e.g. access to family planning services) and ‘social’ (e.g. violence against women) issues. Figure 1 shows the tree generated from a discussion about spacing children.

After the participants generated and presented their Problem Trees, they formed ‘training triangle’ groups to simulate facilitating the preparation of such trees with other groups. In a three-round rotation session, each group member served as facilitator, participant and observer.

• Root analysis: social context versus medical/services context

Objective: To analyse the root causes of reproductive health problems in terms of the context in which they originate and in which they may best be addressed: either medical, social or both.

Materials needed: The completed, coded root cards from the problem trees, a 3-column matrix prepared on the floor or table. Column headings are visual representations of a social context (a village scene), a medical/services context (a clinic) and, in the middle, a mix of both (a village and clinic in one picture).

Procedure: Participants mix the root cards from the various problem trees and sort them into the three categories.

1. Explain the three categories represented on the matrix and confirm that the participants have a clear and shared understanding.
2. Demonstrate sorting a few root cards into the three columns.
3. All the participants then work together to sort the root cards, first finding any repeats and then placing the cards on the matrix according to their domains.

Code each card with its appropriate context category (i.e. (M, M/S and S))

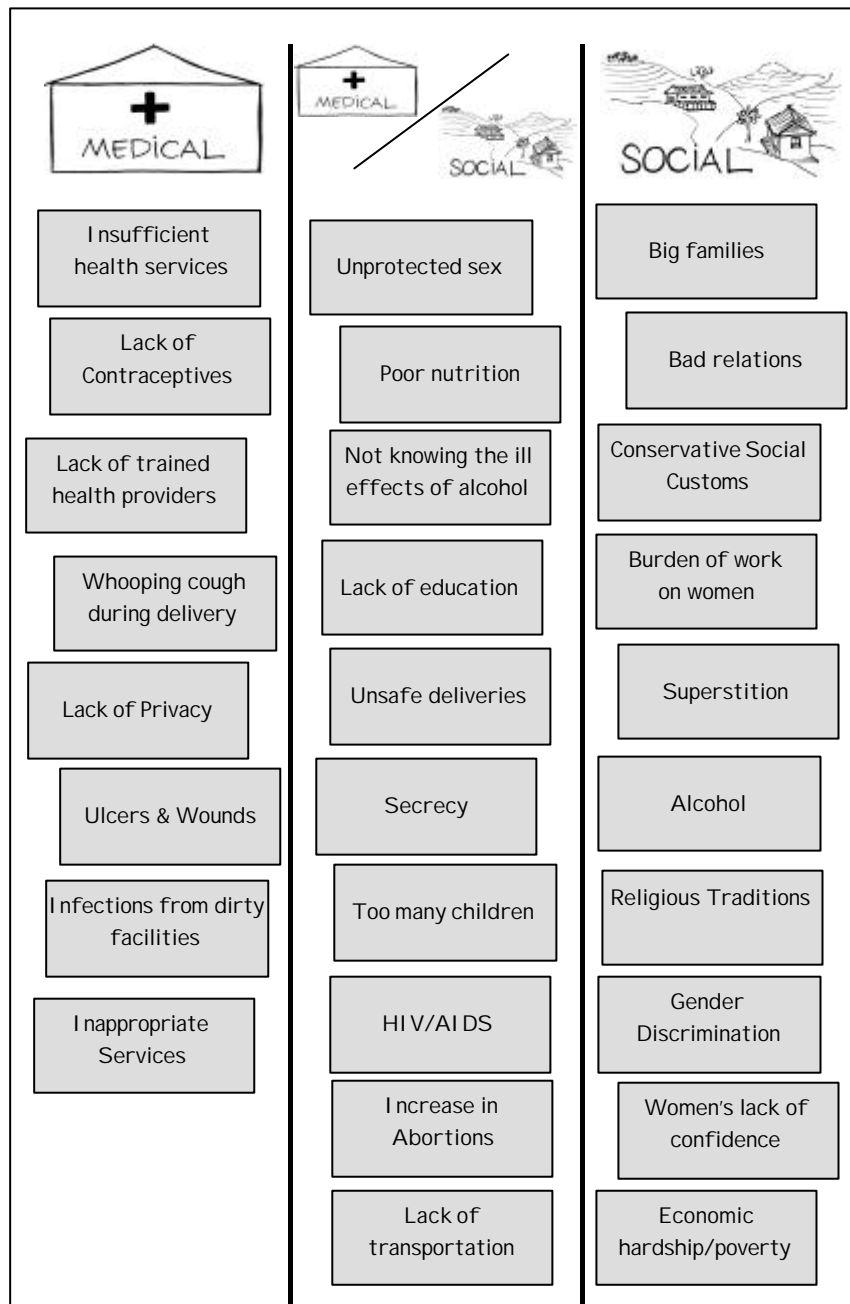


Figure 2. Example of root analysis: social context versus medical/services context

Workshop experience

Once all the root cards were sorted on the matrix, the participants reflected on the results. It was observed that Medical/Service issues were what they usually thought about and dealt with in their programmes, whereas the Social Context issues were generally not intentionally or systematically addressed. Also, it was noted that there were many similar roots across the different problem

trees, indicating that different problems have similar underlying causes.

- **Consequence analysis: gender differences**

Objective: To analyse the consequences of reproductive health problems in terms of their differential effects on men and women.

Materials Needed: The completed, coded consequence cards, a 3-column matrix prepared on the floor or table. Column headings are visual representations of a woman only, a man only and, in the middle, a man and a woman together.

Procedure: Participants mix the consequence cards from the various problem trees and sort them into the three categories.

1. Explain the differences between the three columns and the objective of the exercise.
2. Demonstrate sorting a few cards from different problem trees into three columns, according to those that affect women only, men only and both.

3. All the participants then work together to sort all the consequence cards, first clustering together all the repeats and then placing the cards on the matrix according to gender implications.
4. Code each card with its appropriate gender category (i.e. F, F/M or M).

Workshop Experience

When the workshop participants categorised their consequence cards, almost all of the cards were placed in the middle column, indicating a shared impact on both men and women.

Here is a partial list of the participants' identified consequences and how they categorised them.

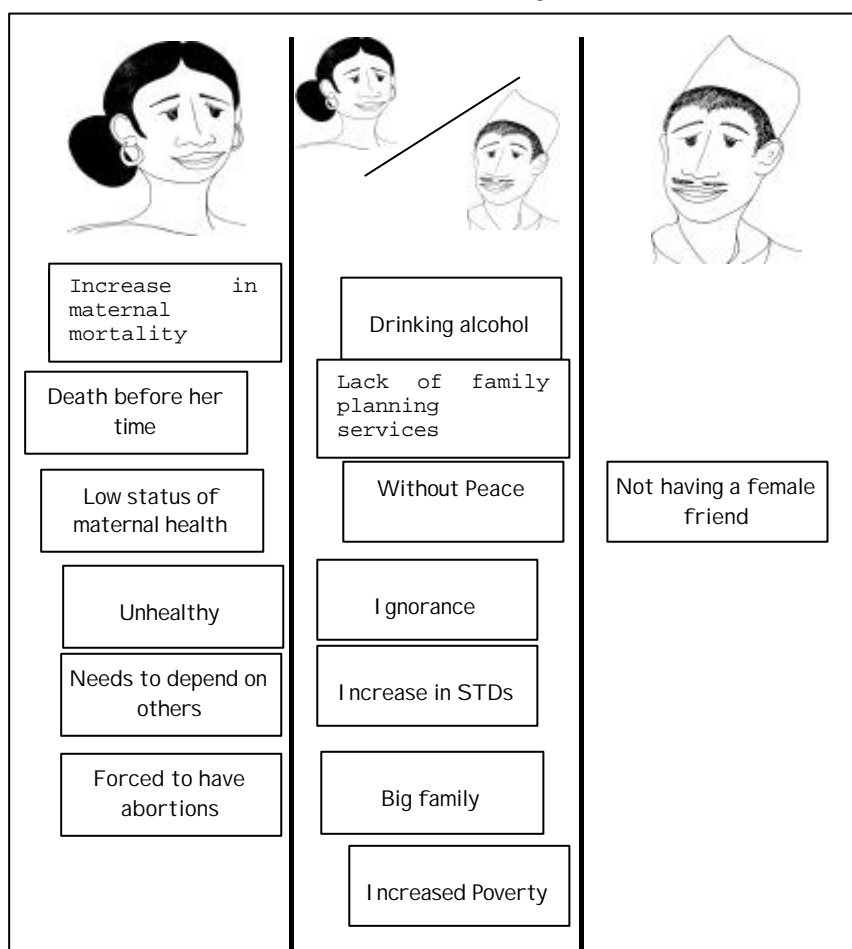


Figure 3. Example of consequence analysis: gender differences

• **Consequence analysis: weighting the gender differences**

Objective: To analyse more deeply the gender differences regarding specific reproductive health problems.

Materials needed: The same three-column matrix used in the Gender Differences exercise, the completed, coded consequence cards from the centre column (those affecting both men and women) and 10 beans or small stones for each card.

Procedure: Participants use the beans or stones to weight the relative impact of each consequence on men and women.

1. Remove the consequence cards from the 'Men Only' and 'Women Only' columns of the matrix. Leave the cards in the centre column.
2. Explain to the participants that they can distribute 10 beans or stones for each consequence between the Men and the

Women columns. This distribution should demonstrate what proportion of the impact is experienced by women and by men. For example, if the impact is shared equally, they would put 5 beans or stones on either side of the card.

3. Demonstrate weighting a few consequences with the full group.
4. All the participants then work together to weight remaining consequence cards.
5. Once the beans have been distributed, write the 'votes' on each consequence card (i.e. M3/W7).

Workshop experience

The participants found that this exercise allowed them to analyse more accurately the differences in impact based on gender. For example, while lack of family planning services affected both men and women, the issue was seen to have a significantly greater impact on women.

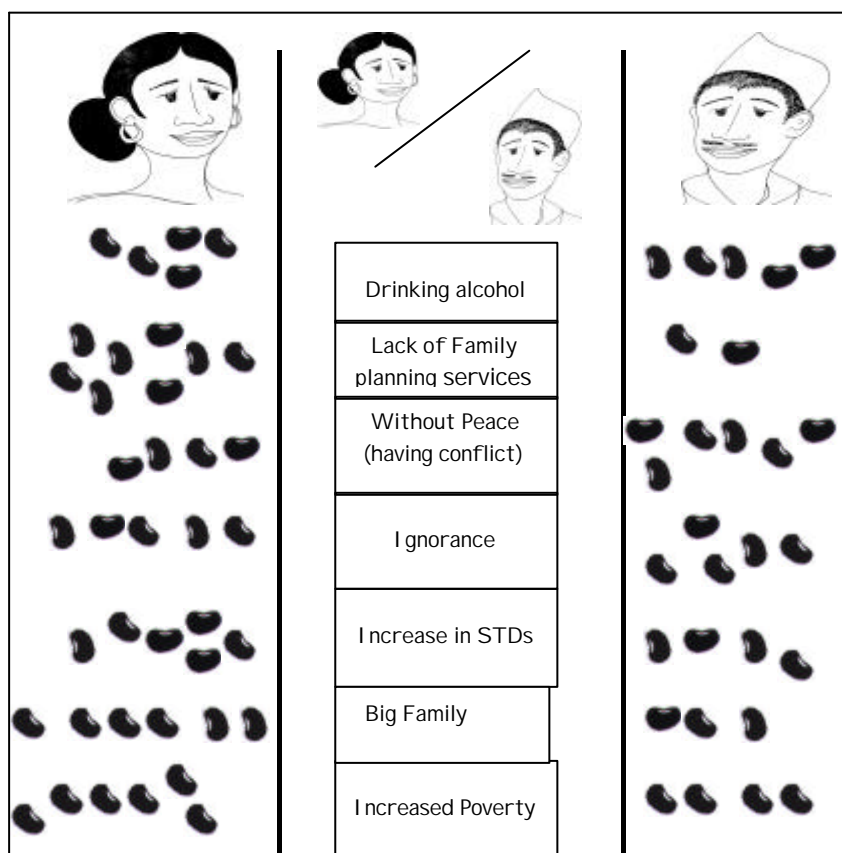


Figure 4. Example of consequence analysis: weighting the gender differences

• Conclusion

In the months following the TOT workshop, the participants implemented the work plans they had prepared during the workshop and conducted awareness raising sessions with board members, staff and at least one affiliated women's group. During these subsequent sessions, the workshop tools and exercises were used to facilitate group discussions around reproductive health and gender issues as well as to identify areas on which to focus clinic, outreach and community efforts.

For more information or to order a copy of *Responding to Reproductive Health Needs*, contact World Neighbors.

- **World Neighbors programme partners in Nepal**, World Neighbors, 4127 NW 122nd Street, Oklahoma City, OL 73120-8869, USA. Tel: +1 405 752 9700; Fax: +1 405 752 9393; Email: order@wn.org ; Website: www.wn.org

NOTES

This article was based on the publication, *Responding to Reproductive Health Needs: Participatory Approach for Analysis and Action*. Denise Caudill and Nicole Haberland designed the methods and facilitated the training along with Saraswati Guatam and Gopal Nakarmi.

Responding to Reproductive Health Needs is a report and methodology guide with activities designed to enable NGO staff to better understand health from a gender sensitive point of view, analyse their current reproductive health activities, use participatory learning tools and develop action plans. The guide is well illustrated and contains brief reports, descriptions of 15 training exercises, simple explanations of procedures for facilitating the trainings and specific examples of project results. (1999, 76 pages, US\$10.00)

World Neighbors is a people-to people, non-profit organisation working at the forefront of worldwide efforts to eliminate hunger, disease and poverty in Asia, Africa and Latin America. Our purpose is to strengthen the capacity of marginalised communities to meet their basic needs. We affirm the determination, ingenuity and inherent dignity of all people. Working in partnership with people at the community level since 1951, World Neighbors is recognised as a leader in participatory community development.