



Compendium of Adapted Tools for the Results Initiative



March 2011

Introduction

Since 2008, CARE has been implementing the Social Change for Family Planning Results Initiative (RI) in Ethiopia, Kenya, and Rwanda with the goal of increasing and sustaining access to and use of family planning services. After a midterm review in 2010, the Sexual, Reproductive, and Maternal Health (SRH) team and staff from the three RI countries met in Kisumu, Kenya to synthesize the findings from the midterm review and to learn and share from one another. We also invited CARE Madagascar to participate.

At the meeting we acknowledged that as an initiative we had developed and adapted a number of tools to fit our projects needs. What follows is a collection of some of those tools and how they were used by the country office teams.

Thank you to the Ethiopia, Kenya, Rwanda, and Madagascar teams for your contributions!

Please contact Luis Ortiz Echevarría, Communications and Knowledge Manager, SRMH team (lortiz@care.org) with any comments or questions.

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Forming Homogenous Groups

Introduction: Pre-RI design situational assessment and RI baseline survey have indicated that widowed / divorced women, newly married couples and sexually active unmarried girls have no access to family planning due to social norms. However all these segments of the community have been experiencing different reproductive health and socio-economic problems from unwanted pregnancies and unsafe sex. The formation of these groups is meant to provide them with basic information and options on how to protect themselves from unplanned and unwanted pregnancies and sex. Being in a group will also create an environment of the community to support each other on how to confront the social, economic and psychological problems that are threatening their day to day life.

STEPS

Community based SAA facilitators jointly with CARE Community Facilitators and kebele core group members will identify those villages to be considered for the group formation based on its distance from the central meeting place and then will identify members for each group. Each village should have representatives to the group. A group will consist of **15 to 20 members**. Please adhere to the points in the following box for group composition and membership of homogenous groups.

Group composition and membership

Youth group

- Any person in age between 15 to till marriage
- Membership is voluntary
- Equal chance should be given to boys and girls, and those in school and out of school
- Priority should be given to those active youths who can organize discussion sessions independently if in case the number raised above 20 to a group

Widowed / divorced women

- Women who used to be married but are not currently in a marriage union and in reproductive age group of 15-49 yrs
- Membership is voluntary
- Preferably those who have potential to influence others and are interested in discussing at village level with others
- Those economically in low status will be given priority if in case the number of members is above 20 to a group

Newly married couples or couples soon to marry

- Both husband and wife organized in the same group
- Any couple newly married or soon to marry and who have never given birth to child
- Age is not a matter for membership but the focus is giving birth or not
- Membership is voluntary

Getting Consensus

Community Facilitators jointly with Health Extension Workers (HEWs) and SAA facilitators will organize the first meeting with established homogenous groups. Purpose of this meeting is to explain the overall purpose and importance of working with specific homogenous group, and to communicate expectations from the specific group. Group members further discuss and cement idea so as to formalize the establishment of the group. Further more group members will discuss and decide when and where to meet for the intended successive discussion sessions and set certain group norms that all members need to fulfill.

In addition, group leaders composed of three members will be nominated to organize and lead the group. The group members will also be supported to analyze potential factors that affects success of the homogenous group discussion and to set action to control or to reduce these factors. The following factors are considered as affecting the successfulness of the discussion.

- Discussion session dominated by few participants
- Attaching or referring issues to individuals
- Talking others secretes at public
- Not adhering to issues related to the topic
- Absenteeism
- Not coming on time

Additional Resources

- [Homogenous Groups Discussion Facilitator's Guide](#) (Ethiopia)

Process to Identify Priority Social Norms

Introduction: A number of social norms that influence family planning were identified from the Rwanda RI baseline data. To identify a plan for addressing these norms, the team prioritized social norms that had a high impact on family planning and were easier to address in the community.

STEPS

- Three small groups of CAVA-RI team members were established to review the 16 social norms identified as factors in low family planning use.
- Each group then chose their top three priorities of social norms to challenge.

Social norms	Biggest impact on ability to use FP	Easiest to address in the community
#1. Household decision-making – big purchases		X
#2. Barriers to young women accessing FP (shy, prostitute)		X
#3. Young marrieds cannot use FP – need to have child in first year	X	
#4. Early marriage		X
#5. Preference for a son over a daughter (also need for girl child for chores)	XXX	
#6. Women cannot go unaccompanied to HC		
#7. Sex for pleasure is taboo		
#8. Perception that couple cannot decide when to have children (external factors)	XX	X
#9. Women use sex to bargain for resources in household		
#10. Household chores divided along gender lines		
#11. Men decide when to have sex.	XX	X
#12. Who in the couple decides to have children	X	X

#13. Divorced women should not use family planning.		
#14. Lack of male involvement in family planning	X	

- After group presentations and discussion, the team decided on its top priorities. They are:

Social Norm #5 - Preference for a son over a daughter (also need for girl child for chores)

Social Norm #8 - Perception that couple cannot decide when to have children (external factors)

Social Norm #11 - Men decide when to have sex.

The team also decided that there needs to be further exploration of, and a strategy to address, the social norms related to widowed women's use of family planning; widows were not included in the baseline data, yet are a marginalized group with specific barriers to family planning that need addressed.

Additional Resources

- For CARE Madagascar's experience prioritizing social norms contact Lala Razakasoala (razakasoalala@yahoo.fr)

Guideline for Developing an SAA Process

Introduction: Two common questions when using the SAA approach are: 1) how do you begin, and 2) when do you know you have completed a cycle? To answer this question, the Rwanda team developed guidelines for developing a clear and concrete SAA process.

STEPS

Purpose

- Be clear on what challenge issue(s) you are addressing.
- Identify key guiding questions that need answered for the challenge issue.

Process (both within an activity and across a set of activities):

- Move from less sensitive to more sensitive topics
- Consider the different steps and moments of the SAA cycle
- Identify where you are in the SAA cycle
- Sequence overall activities and questions (within individual activities) to match where you are in the SAA cycle;
 - Activities (and questions) that explore how a challenge issue is experienced in people's lives are good at the start of a process
 - Activities (and questions) that prompt more exploration of why an issue arises, and why it matters in terms of health consequences and rights fit well in the middle
 - Activities that focus on identifying visions & options for change, and – and how to enact change – fit well near the end.

Particular activities and tools - Identify 'concrete activities/tools' that:

- Match the above criteria (related to purpose & process)
- You think will work for a given group (and their skills, interests, size, etc)
- Match your time, skills, resources and interest - ease of use; exist already (vs. need adapted or developed); etc.

Preparation for SAA Activities in the Field

Review the activity materials:

- What key challenge issue(s) does the activity address?
- What is the purpose of the activity – what overall questions does it seek to explore?
- What is the activity's
 - Content – any questions on it? Adaptations needed?
 - Steps – any questions on them? Adaptations needed?

- o Facilitation questions – any clarification needed? Adaptations needed?
- What is my personal comfort level with the issues raised? Where I have less comfort, how can I manage this?

Decide roles and responsibilities

- Who will facilitate:
 - o The opening
 - o The exercise or activity set-up
 - o The processing questions
 - o The wrap-up
- Who will document the session:
 - o Attendance sheet
 - o Notes on activity session

Identify and prepare needed materials

And get ready to engage, enjoy and learn!

Homogenous Group Discussion Facilitator's Guide

Introduction: This facilitator's guide is designed to be a reference for community based SAA facilitators, community facilitators, Health Extension Workers (HEWs), team leaders, supervisors and project managers. It has the following four main purposes:

1. to facilitate training of community based SAA facilitators, community facilitators, HEWs
2. to facilitate homogenous group discussion sessions
3. to monitor community based performances of core groups, SAA facilitators
4. to facilitate heterogeneous group discussions with little adjustments

HOW THE GUIDE IS ORGANIZED

This guide has three parts. The first part is about the steps involved in establishing homogenous groups, and facilitator's note on group discussion facilitation skills. Criteria to select individual members to different target and support groups, role of different parties will involve in either establishment or facilitating discussions of homogenous groups are also summarized in boxes.

The second part is about the social change sessions and each session includes session topic, topic summary and purpose, key questions to be addressed along the discussion, time and materials needed to facilitate the session discussion and implementation steps. Most of the topics under this part are focusing on social norms around inequitable attitudes and behaviors towards gender and fertility which were identified during results initiative project pre project design assessment and baseline survey. The methodologies employed under this part are aiming at challenging individuals and wider communities' perceptions, attitudes and behaviors related to social determinants of inequitable gender and fertility concerns.

The third part is all about technical components related to sexual and reproductive health issues and similar to part II in terms of its session structure. It is aiming at increasing awareness and knowledge level of participants on these selected topics.

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PART I: Homogenous Groups

1. Steps involved in Homogenous Groups Formation
2. Step 1: Core Group Establishment
3. Step 2: Sensitization workshop to Core Group members

4. Step 3: Assess the overall kebele situation
5. Step 4: Sensitization with wider community and selection of SAA facilitators
6. Step 5: Training of community-based SAA facilitators
7. Step 6: Identification of members for Homogenous Groups
8. Step 7: Convergence of Interested Parties (getting consensus)

PART II: Social Change Sessions

1. Household chores
2. Decision-making
3. Overall Understanding of men's and women's roles
4. Understanding our personal experience of power in our lives
5. Understanding power in our communities
6. Social support mapping in the community
7. Understanding social norms around marriage and early pregnancy
8. Understanding social norms around family size and son preference
9. Understanding social norms around family planning use
10. Men's involvement in reproductive health
11. Sexuality

PART III: Technical Components

1. Family planning methods
2. Misconceptions around family planning
3. Emergency contraception
4. Maternal health
5. Neonatal care
6. Child health

Additional Resources

- [Homogenous Groups Discussion Facilitator's Guide](#) (Ethiopia)
- [Adapted Social Change Session Guide](#) (Kenya)

Social Change Session Guide

Introduction: The Kenya team built from Ethiopia's facilitation guide and edited it down to nine social change sessions in about 11 pages.

Table of Contents: Social Change Sessions

1. Overall understanding of men's and women's roles
2. Social support mapping in the community
3. Understanding our personal experience of power in our lives
4. Understanding power in our communities
5. Understanding social norms around marriage and early pregnancy
6. Understanding social norms around family size and son preference
7. Understanding social norms around family planning use
8. Men's involvement in reproductive health
9. Sexuality

Additional Resources

- [Adapted Social Change Session Guide](#) (Kenya)
- [Homogenous Groups Discussion Facilitator's Guide](#) (Ethiopia)

Reflection Session Guide on Family Planning

Introduction: The purpose of this tool is to capture trends in changes with community towards family planning biannually. These discussions can be lead by Project Officers and Project Managers.

Methodology: Focus Group Discussion (FGD)

Target Groups for the reflection: Core support groups, School SRH Clubs members, newlywed groups, widow/divorced women, heterogeneous groups and model family groups

STEPS

Greet participants!

Thank them for their coming!

Explain the purpose and the estimated time that the discussion will take

1. As an introduction perhaps each of you could tell me how many children you have, and how many girls and boys?
2. Thank you for sharing that information. Now thinking about the number of children that each of us has, can you tell us why you decided to have that many children?
 - Why did you decide to have that many girls/boys?
 - Which was most important for you to have – boys or girls? Why?
 - Who made the decision for you to have that many children?
 - How was the decision made with your spouse?
3. Let us now think about the ways in which people decide to have children. I want you to think back to when you had your last child, and think about how you decided to have that child:
 - Did you and your partner discuss whether to have a child?
 - What were the main issues you discussed?
 - Who made the final decision and why?
4. When you were deciding to have your last child, did anyone else influence your decision?
 - Did you consider what other people in your family thought? How?
 - Did you consider what your friends thought? Did you discuss with your friends?
 - Did you consider what other people in your community think?

- Did you consider what religious leaders in your community think?
5. I would now like us to think about the community in which we live a little more. What do you think people in your community think about using contraceptive methods to avoid pregnancy?
 - Are there people in the community who are supportive? What are their reasons?
 - Are there people in your community resisting use of family planning? What are their reasons?
 - What do you think are the main reasons for people not using family planning?
 - In most of the households in your community who has the final say on the use of family planning? Why?
 - In your opinion, are family planning users increasing or not? Why?
 6. I want to think more about how people in your community view using family planning by different people in your community
 - Do you think sexually active unmarried young girls should use family planning methods to avoid unwanted pregnancy?
 - Do you think widow/divorced women should use family planning methods to avoid unwanted pregnancy?
 - Do you think newly married couples should use family planning methods to avoid unwanted pregnancy?
 7. Finally I would like us to think about the services that are available in or near this community for a person to access family planning. What kind of services are there? How many services are there?
 - Do you feel these are good services?
 - What do you like or dislike about these services?
 - What are ways these services could be improved?
 - Do you think the service providers are confidential and responsive to their clients needs?

Additional Resources

- Family planning methods in [Homogenous Group Facilitator's Guide](#) (Ethiopia)
- Misconceptions around family planning in [Homogenous Group Facilitator's Guide](#) (Ethiopia)
- [Adapted Social Change Session Guide](#) (Kenya)

Reflection Session Guide on Gender Roles in Household and Community

Introduction: The purpose of this tool is to capture trends in changes within the community towards gender role in a household and community. These discussions can be led by Project Officers and Project Managers.

Methodology: Pile sorting

Target Groups for the reflection: Core support groups, School SRH Clubs members, newlywed groups, widow/divorced women, heterogeneous groups and model family groups

STEPS

Greet participants!

Thank them for their coming!

Explain the purpose and the estimated time that the discussion will take

1. I would like to start by thinking about household duties and decisions, and community leadership. I have here a set of cards with different household tasks, decision making role and community leadership role on them. As I show each one of them, I want us to place them into one of three piles: men, women or both.
2. Looking at the piles we have created, who does it look like has the most work, to do in a household? Who has the most responsibility?
3. Does this take a different arrangement for widow/divorced women? Why? Can they get support from others husbands in case they need some help? Why?
4. OK, leaving these piles as they are I now have another set of cards that have decisions on them. I would like us to add these to the man, woman or both piles.
5. Looking again at these piles, who makes the most decisions? Who does it seem is in charge? How do you feel about that?
6. Now I have a set of cards that have different describing words on them (leader, vulnerable, in-charge, carer, responsible, etc). Let us add these to piles.
7. Looking at these piles now, do you think these reflect men and women in your community? Do we want to move any of the cards between the piles? Why?

8. Do you think that these piles look equal? Can we rearrange them to be fairer?
9. Looking again at these piles, is the distribution of work, decision-making and community leadership roles between men and women changing at all in the community? How? How may it change over the next few years?
10. Finally, looking at the piles of cards in the men and women piles – can we pick the top three cards to describe the typical man or woman in this community? Why did you pick these cards?

Bead Game to Challenge Social Norms

Introduction: Son preference is one of the major social issues revealed during the Results Initiative community baseline discussions. The bead game is an effort to educate men and women in the society about sex selection during conception, namely the roles of the XX and XY chromosomes. The bead game can be adapted according to the social context.

Objectives:

- Educate the community how a male child and a female child is conceived
- Discuss the impact of son preference

STEPS

After self introduction, explore the community and/or participants' attitudes regarding the sex preference of children. With questions try to identify with participants the consequences of those attitudes. Remember, these are general discussions with no right or wrong responses!

1. Explain that today we are going to focus on this important issue in the community - having girl children and boy children, and what we expect and want related to having children.
2. Ask the participants to introduce themselves telling how many children they have: How many daughters and how many sons?
3. Once everyone has introduced themselves, ask: How did they feel when their first child was born? What did you expect (hope for)? Ask the same for the second and the third child? What were their families' reactions? (Take volunteers to share).
4. Now ask: Who determines the sex of the child? Take any responses.

Explain: Showing the beads, explain that a man has two chromosomes, X (red) and Y (black) where as the woman has only one type of chromosome that is X (red) and X (red). So the woman can only contribute what she has and sex is thus determined by the man's chromosome.

Then say that it is a shared work of women and men, and they are going to play a game to understand this.

5. Ask for 5 volunteers. Tell them that they all are women. Then give them one red color bead each. Tell them that this is a chromosome all women have. Then ask for 5 more volunteers. Tell them they are all men. Ask them to close eyes, pull one bead from a bag (explain to the group that there are black and red beads in the bag) and tell them not to look at the bead. They should not know the color of the bead!
6. Remind: A man has two chromosomes, X (red) and Y (black) where as the woman has only one type of chromosome that is X (red) and X (red). If the woman receive the red bead (Y),

she conceives a male because the baby will have X (from woman) and Y (From father). If she receives the black (X) the baby will be a girl.

7. Ask the men to give the bead to their wife. However, the man also does not know which one among the chromosomes, is making the baby.
8. Now have the men give their beads to the women without anyone having looked. Now tell the couples that the one who will have both the colors will have a male baby where as the one who will have both same colored beads (red ones) will have a female baby. The couple can open their palms. Who got a boy (two different colors) and who got a girl (two same colors)?

Discuss with the help of these questions

- What was your reaction? What did you hope for? What did you get?
- Who determined the sex of the child?
 - Did the woman know? Did she have a choice?
 - Did the man know? Did he have a choice?
- What are the lessons that we have learned from this exercise?
- How do we find the situation in the community?
- What happens when a couple only gives birth to girls?
 - What happens to the woman?
 - What happens to the man?
- [*We did not ask, but could add*]: What are the results of son preference in our community? In our society?
- Why does X [specific family/community pressures identified] exist?
- [*We did not ask, but could add*]: For those individuals who have not followed those pressures, how have they been able to do this (not be affected by family and community pressure)?
- How would you like things to be? What do you think can change? What actions can you do?

Additional Resources

- For bead game from ISOFI 2 (India) contact Luis Ortiz (lortiz@care.org)

Community Mapping Exercise

Introduction: Community mapping is really a good tool which helps community members themselves to identify the problems they face in their respective communities without other people thinking or deciding for them.

Objectives of community mapping:

- Helping CAVA-RI project to know the community and understand attitudes towards GBV, HIV/AIDS, and family planning.
- Develop GBV, HIV/AIDS, and family planning Community Response Plans
- Increasing awareness of GBV, HIV/AIDS, and family planning methods in the community.

Methodology:

The methodology for the community mapping is participatory and contains the following:

- Before this exercise, try to assess the level of understanding of participants and be sure that religious leaders are represented as stakeholders
- Main questions:
 - What is family planning, its importance and advantages?
 - Considering its importance why people are not using FP modern methods?
 - What are discouraging factors for FP (be sure to capture side effects and rumors)

STEPS

Group work

- First, Each cell is asked to draw a map showing those infrastructures and area where information about GBV, HIV/AIDS, and family planning use originates
- Second, group members mark with red marker where rumors, misconceptions and wrong information (discouraging factors) are coming from

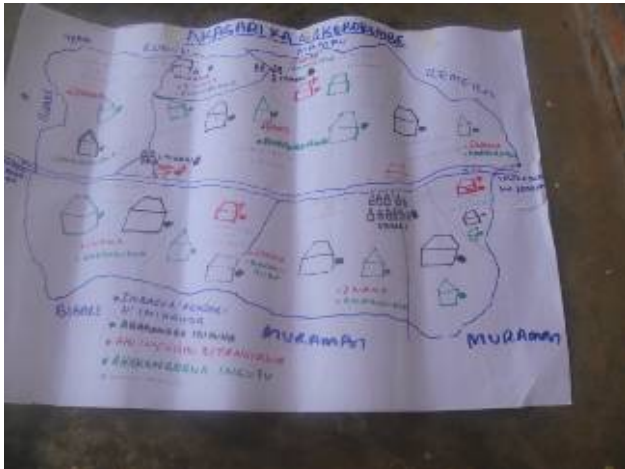
Plenary discussions

- Presentations from groups
- Discussion on what kind of information/rumor is coming from...(go through all the area and infrastructures shown on the map)

Community response plans

- To involve religious leaders: come back to the rumors from church area; intensify the discussion around and try to explain the reality
- Is all of this information right or wrong?
- What do you think can change? What actions can you take?

- Collect all proposed actions to be taken and choose a small team to refine and finalize the Community Response Plan. Don't forget to include in the team members of Anti-GBV, FP service providers, and religious leaders in the small committee.
- *Ask to the religious leaders to plan another meeting exclusively with them and discuss the issue with FP service providers*



This is an example of a map drawn by the community. During the sessions, each cell was asked to draw a map showing all infrastructure located in the cell for example schools, health centers, markets, and churches and then show on the map infrastructure regarding where rumors around GBV, HIV/AIDS, and family planning are intensively and frequently discussed and where the community should put more efforts in order to change people's behaviors.

Additional Resources

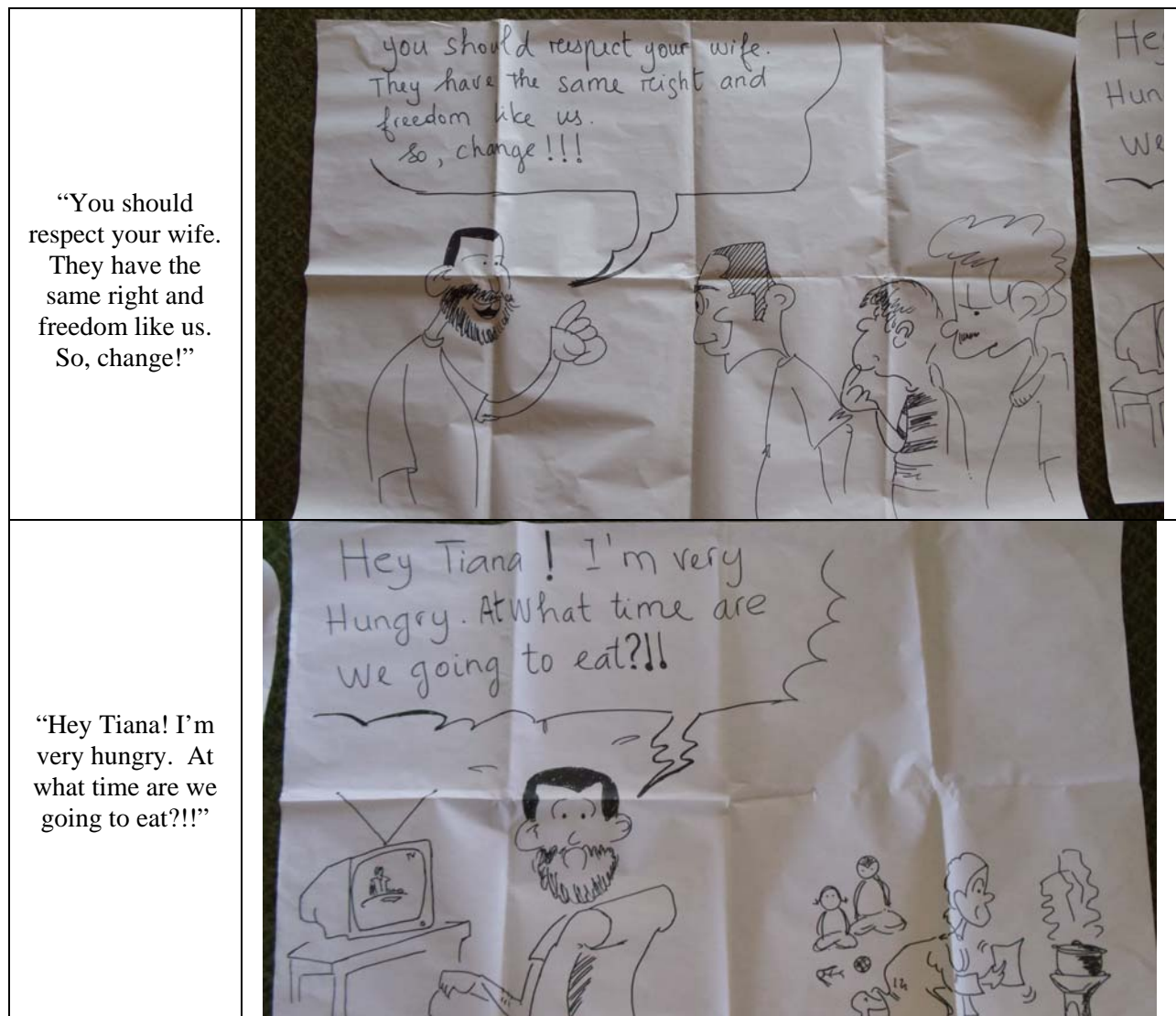
- [Homogenous Groups Discussion Facilitator's Guide](#) (Ethiopia)
- [Adapted Social Change Session Guide](#) (Kenya)

Cartoons for Social Change

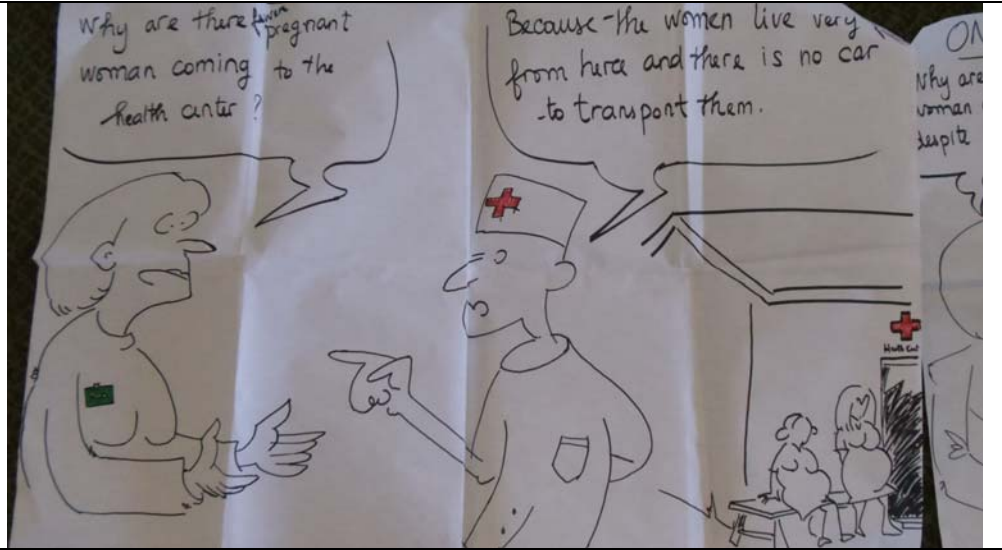

Introduction: CARE Madagascar, while not part of the Results Initiative, is implementing a project in eight rural communities in eastern Madagascar focused on building staff capacity to better understand social issues surrounding the use of family planning.

The three scenarios below (2 cartoons each) show how a simple, low-tech tool can be used to generate discussions and challenge negative social norms.

Scenario 1: Walking the Talk?



Scenario 2: Addressing the underlying problems

<p>“Why are there few pregnant women coming to the health center?”</p> <p>“Because the women live very far from here and there is no car...”</p>	 <p>Why are there few pregnant women coming to the health center?</p> <p>Because the women live very far from here and there is no car to transport them.</p> <p>ON Why are women despite</p>
<p>“Why are there still fewer pregnant women coming to the health center despite having a car?”</p> <p>“It’s normal, their husbands do not allow them to go far from house.”</p>	 <p>ONE YEAR LATER...</p> <p>Why are there still fewer pregnant women coming to the health center despite having a car?</p> <p>It's normal, their husbands do not allow them to go far from the house.</p>

Scenario 3: Working in sustainable ways...

‘The lack of drinking water is your real problem. I think you need a water pump...’



Two years later...
“Why? What happened??”



Quarterly Review Agenda: Staff Personal Change

Introduction: Below are two reflective exercises to discuss, reflect on, and document changes in our work and our lives. The Kenya team uses this tool quarterly.

Methodology: Reflective practice

STEPS

Exploring Project Processes

For sometime now we have been implementing the RI within the Health Outcomes Program. This has been with the view to address social determinants of health. We have come a cross a number of things. Please respond to each of the following questions as a means of quickly reviewing our progress so far.

- What successes have been realized in FPRI since the last reflective session?
- What difficulties or challenges have been experienced?
- What lessons have we learned in the course of our work?
- What has been particularly surprising in the community? Among staff?

Exploring Personal change

Discuss who is an ideal man/ideal woman outside the household (at work/with peers out socializing)?

Exploring gender roles and decision making at the household level

Develop a play to last 5- 10 minutes depicting ideal man/woman outside the household (among peers at work or socializing) depicting gender and decision making roles. It may be necessary to bring out how these positions outside the household affect roles and decisions at the household.

Discuss personal changes in our own lives and in the lives of our colleagues

- What has changed in the staff's own behavior?
- How has my work in the program influenced my personal/social life?
- How has my personal life influenced my work?
- How does my colleague's behavior towards me influence my work and vice versa.
- What have I found difficult to deal with in my personal/working life?

Personal Change Monitoring Sheet

Introduction: This tool can be used to capture changes over time in gender norms and expectations. This tool can be used anonymously.

		Date					Remarks
		1	2	3	4	5	
1	Chores around food (shopping, cooking, washing dishes)						
2	Chores around caring for children						
3	Chores around the house cleaning and maintenance						
4	Large household decision (purchasing or selling of big assets other than daily consumables)						
5	Open discussion on Sexual Reproductive Health with partners						
6	Shared awareness of fulfillment of sexual needs						
7	Independent participation in social activities out side home						
8	Control over combined family resources						

1 = No intention to be equitable in near future

2 = There is an intention to be equitable but no obvious practices yet

3 = There is an intention to be equitable and obvious practices with some of them

4 = There is an intention to be equitable and obvious practices with most of them

5 = Obvious practices with most of them and role model to others.

Reflective Practice Agenda

Introduction: This agenda took about one day. We discussed the benefit of having an “outside” facilitator (e.g. someone from the capital) to help facilitate. The organization of the session flows from the center of the SAA cycle (personal) to community exploration to adaptation for action.

STEPS

1. Review of Why Reflective Practice

- How reflective practice is part of SAA cycle
- How social change and family planning are linked (review of triangle)

2. Discussion of Personal Change

- Triad discussion of how our personal attitudes and experience has changed
 - What has changed in my personal life? Why?
 - What in my work makes me uncomfortable? Why?
 - How (if) has my comfort level changed in my work?
- Large Group sharing as desired
- Consideration of use of Likert tool for individuals to monitor their personal change on certain gender and power indicators (can be project specific, Ethiopia idea for tool attached). This tool can be used as a tool to monitor personal growth and change (and not shared) or it might be anonymously compiled and used to generate discussion.

3. Exercise to stimulate growth and personal change

- We used a variation of the life story timeline from PLA#8 in the ISOFI manual, but can use any of the tools in ISOFI or SAA manuals.

4. Community Learning

- Small group discussion about what we have learned from our experience in the community
 - What surprised us?
 - What has changed in the community?
 - What were the challenges?
 - What other community data (baseline survey this time, but further qualitative exploration on identified topics in the future) contribute to our understanding of the issues.
- Large group discussion of results

5. Review of strategies and project design based on reflection

- How are we doing on developing a comprehensive integrated approach for social change covering a range of target groups in the community
 - How is integration working with the anchor project? Program approach?
 - How do we want to adapt and improve our strategies?
-
- For ideas for further exploration as part of reflective practice – contact Marcie Rubardt (mrubardt@care.org)

Most Significant Change

Introduction: For the Results Initiative midterm review, CARE USA proposed adapting the most significant change (MSC) methodology to capture stories of significance from different stakeholders. The Kenya team was the first team to provide input on how to role out MSC during the review. Below is a summary of their recommendations.

STEPS

Identify individuals to participate in a focus group discussion to ask the following question:

Wat is the most significant change you feel has come out of this project?

1. Divide into pairs or trios.
2. Ask participants to work in their pairs/trios to share what they each think is a significant change (personal, community, etc.), and then to select the one change that is the most significant (5-10 minutes)
3. Bring the group back together, and ask each pair/trio to share their most significant change with the group. (Help them to state the change in a sentence or two, but not share the whole story)
4. Go around the groups until you have 3-5 changes
5. Ask the group to prioritize the change they feel is the most significant, of all the important changes they have identified.
6. Take notes about the groups' reasons for making their choice.
7. Once the group has selected the most significant change, explore the story
 - i. Ask the group: why is this change the most significant? (What difference has it made?)
 - ii. Ask them to tell the story of “the journey to the change”

Additional Resources

- [Most Significant Change Technique](#) by Rick Davies and Jess Dart

Selected SAA Baseline Survey Tools

Introduction: Suggested tools from SAA, ISOFI, and RI baseline to address various topics.

Tool	Topic	Method	Where Find (<i>page numbers are for English manuals</i>)
Gender Division of Chores and Labor; Decision-making about Household Purchases & Sex/FP			
1. Daily Activity Schedule	Gender roles and division of labor	24 hour clock of men's and women's activities	ISOFI, p. 83
2. Piles sorting – Household chores	Gender roles in household chores	Pile sorting/ranking	RI Baseline survey
3. Pile sorting- Decision making	Decision-making power: sex & FP; purchases	Pile sorting/ranking	RI Baseline survey
Community Resources (Map) and Women's Mobility			
4. Social Mapping	Community resources	Community mapping	SAA, p. 73 ISOFI, p. 90
5. Women's Mobility	Women's freedom of movement	Community mapping	ISOFI, p. 93
Gender and Sexuality: Norms and Inequalities			
6. Gender-focused ice breaker	Gender norms and roles	Pair discussion: When have not liked being a woman/man	ISOFI, p. 85
7. Ideal Man/Ideal Women	Gender and sexual norms	Drawing or Modeling	SAA, p. 57 ISOFI, Exploring Gender & Culture, p.10 ISOFI, Cartooning, p. 87
8. Values Clarification	Gender and sexual norms and roles (can be easily adapted, by changing statements)	Vote with your feet, for key statements	ISOFI, p. 35 SAA, p. 85
9. Debate a Gender Position (alternate way to do values clarification)	Gender and sexual norms and roles (can be easily adapted, by changing statements); see above	People are assigned positions on key statements	ISOFI, p. 96

Tool	Topic	Method	Where Find (<i>page numbers are for English manuals</i>)
10. What is sexuality?	Sexuality – 5 circles framework	Brainstorming Lecture Matching (within framework)	ISOFI, p.
11. Talking about Sex and Sexual Pleasure	Sexuality – pleasure, communication, condom use	Brainstorming Role play	ISOFI, p. 28
12. Body Mapping	Sexual pleasure, pain, shame	Body mapping	SAA, p. 69
13. Crossing the River	Gender and sexuality – related to expectations for women	Story telling & forced choice (ending)	SAA, p. 83
Power and Inequality : In Personal Lives, Sources of, in Society			
14. Timeline	Power related to SRH and sexuality –in personal life	Bidirectional timeline (individually, then option to share)	ISOFI, p. 98
15. Rebuilding the World	Power and discrimination	Sample scenario – choose only 6 of 10 people	ISOFI, p. 24
16. Silent Power	Different types of power: within, to, with, over	Free list Lecturette/brainstorm Role plays	SAA, p. 63
17. Fishbowl	Social inequality – related to gender or other power imbalances Note: Can work well to follow-up ideal man/ women or silent power	Open discussion in a fishbowl (note this technique can be used for other topics)	SAA, p. 69
Gender Norms and Inequalities Related to Son Preference			
18. Bead Game	Clarify how sex at birth is determined (male chromosome role)	Bead Sorting	From CARE Atlanta, see print out
19. Understanding Social Norms around Family Size and Son Preference	Identify social pressures, consequences and options related to son preference	Picture Code – 2 families (one small 2 girls; one large boys and girls); Role Play	From CARE Ethiopia, see print out
Other Tools/Strategies to Adapt for Different Challenge Issues			
20. Focus Group	Any theme.	Focus group	SAA, p. 75

Tool	Topic	Method	Where Find (<i>page numbers are for English manuals</i>)
Discussion		discussion to explore theme	
21. Problem Tree Analysis	<i>Helps get at root cause of issue . . .</i>	Problem Tree	SAA, p. 71
22. Cob-Web Matrix	<i>Most related to identifying options and planning. Analysis and prioritization tool -- identifying relative community support on issues/options. Can be used with any issue.</i>	Make cob-web to rank support/importance for different issues	ISOFI, p. 102
23. Story telling, case studies, picture 'codes,' role plays, cartooning, forum theatre	<i>This is an invitation to be creative the key is that 'tools' present concrete situations that open up a challenge issue for reflection and action.</i>		

Other Tools + Resources

Social Analysis and Action: www.care.org/reprohealth

ISOFI toolkit: <http://www.careacademy.org/ISOFI/>

Gender Toolkit: <http://pqdl.care.org/gendertoolkit/default.aspx>

CARE SRH Listserv: <http://groups.google.com/group/care-srh-listserv>

Results Initiative wiki: <http://familyplanning.care2share.wikispaces.net/Results+Initiative>

Implementing Best Practices: www.ibpinitiative.org