



INNOVATIONS IN SEXUAL & REPRODUCTIVE HEALTH

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CHALLENGING THE SOCIETIES WE'RE TRYING TO HELP

INTRODUCTION

The term “facilitation” has become commonplace among international agencies working across the developing world. Over the past 10 years, development agencies have rethought their role, shifting from direct delivery of services toward enabling “beneficiaries” to help themselves. Today it seems unfashionable, almost anachronistic, for agencies to describe themselves as anything but “facilitators of change.”

But what about the word “challenge”? How often do you hear international agencies using that word when describing their work within developing countries? Not very often. But when staff from CARE’s four sexual and reproductive health (SRH) Innovations Projects (IPs), funded by the Reproductive Health Trust Fund (RHTF), came together to discuss their work and share lessons learned, the word “challenge” became a thread woven through their discussions. Each of these IPs – located in the Republic of Georgia, Malawi, Sierra Leone and Uganda – is challenging the social attitudes, beliefs and behaviors that perpetuate poor sexual and reproductive health. The IP staff are challenging communities not to be provocative, disrespectful or aggressive, but because they believe that by doing so they will have a greater impact on key SRH indicators.

The difference between “facilitation” and “challenging” is nuanced and, in fact, many development projects find themselves challenging societies every day. Indeed, the IPs aren’t particularly unique in their efforts to address deep-seated attitudes, beliefs and behaviors that put people at risk. What perhaps is unique is the willingness of IP staff to acknowledge that the challenges they pose are an integral part of the strategy to serve the community.

In this way, the IPs are at the forefront of reconsidering, or at the very least recasting, the relationship between international agencies and the communities they serve. They acknowledge the gulf to be bridged before the two sides see eye to eye on organizing and managing societies in a way that enables people to protect their vital sexual and reproductive health. The IPs recognize and value the sometimes contentious discussions that take place between CARE staff and community members in workshops and under trees all over the developing world. But they’re also learning that, despite its rewards, challenging societies comes with real responsibilities and risks.

The Reproductive Health Trust Fund is a cooperative agreement supported by investments from the United States Agency for International Development (USAID) and CARE private donors, totaling \$14.5 million. The RHTF was designed to support the institutionalization of reproductive health (RH) programming within CARE and a core capacity to implement family planning and other RH programs worldwide. The RHTF supports the Innovations Projects.

The overall goal of CARE’s Sexual and Reproductive Health program is to empower individuals, communities and the institutions that serve them to identify, prevent and manage risks to their sexual and reproductive health



THE RISKS

International agencies like CARE occupy a complex position within the societies where they work, and acknowledging that they're challenging local communities makes that relationship even more complicated. Because they come with ample resources and skilled staff, the IPs are welcomed by the resource-deprived communities they seek to serve. At the same time, the IPs bring sets of beliefs and ideas that aren't fully consistent with those of their beneficiary communities. Local staff often find themselves in the most tenuous position: from the same country, sometimes the same culture, but often with education and job experience that has given them a different perspective on socio-cultural issues. Thus, IP staff inhabit an "insider/outsider" position that makes the job of challenging norms or behaviors even more difficult, and can make them feel vulnerable.

Many poor communities also expect agencies like CARE to come bearing tangible benefits, in the form of training, medical care or construction projects, before they will engage with them. The IP in Malawi dealt directly with this issue of "incentives" when project stakeholders expressed the opinion that "if you give us money we will work harder to achieve your objectives!" Project staff had to facilitate long and complex negotiations and discussions with participating communities in order to help them agree among themselves whether to participate in the project's activities.

Other types of confrontations have resulted from the IPs' challenging work. When the IP in the Republic of Georgia challenged the notion that adolescents shouldn't have access to information about sexual health, the local newspaper began running articles about the project's efforts to change the way parents and their children talk about SRH issues. "It was very frightening," Khatuna Chikvatia, the IP manager, said about the attention the project received. For a while it appeared the government and community leaders would try to shut down the project and vilify its staff in the process. The staff managed to negotiate with these powerful stakeholders in order to continue their challenging work, but it required tremendous patience, courage and commitment on all parts to see the project through.

CHALLENGING POWER STRUCTURES: Each of the projects is seeking to challenge some elements of the societies they work in, tackling issues related to governance, intergenerational relationships, or gender. These projects more actively and forcefully use the word "challenge" as opposed to "facilitate" or "support", in acknowledging the fact that they are sometimes coming up against powerful forces in their own societies.



THE REWARDS

The Innovations Projects are only halfway through their implementation period, and thus can't yet prove their overarching hypotheses: Sometimes projects have to challenge the beliefs and practices of communities in order to help them. Still, CARE is starting to see the benefits of this approach. Through frank, open dialogue, the IPs are producing transformations on an individual and group level. For some, it's the first time they've been given permission to question their way of life – an enlightening and perhaps liberating experience. In other cases, project staff and partners have rethought some of the assumptions that characterized their worldviews. Staff from the Uganda project tell the story of a district official who, after participating in numerous workshops that questioned the rationale for labeling certain populations as “at risk,” realized some weren't at risk at all and that efforts should be targeted elsewhere. In this way, the project challenged him to take a fresh look at his fellow people and their relative vulnerability.

Even as the IPs have frightened people by challenging their beliefs and practices, they have freed them to speak their minds, change their minds, transform their lives and make choices to protect their sexual and reproductive health.

This isn't about the IPs thumbing their noses at tradition or authority. Rather it involves challenging communities to acknowledge the factors that contribute to poor SRH, and then working with those communities to find sustainable solutions to managing their SRH.



THE REQUIREMENTS AND RESPONSIBILITIES

By challenging social norms the IPs seek to catalyze profound change, at the individual, community and/or societal level. Appreciating the sensitivity of this effort, and successfully managing it, requires staff with a sophisticated understanding of potential risks, power dynamics and social relationships in the areas where they're working. Above all, it requires staff who are careful to do no harm to the societies they aim to serve.

Across the board, IP staff identified staff capacity as a major factor in the relative success of their projects. Challenging beliefs and practices requires staff with strong communication, negotiation and facilitation skills, as well as a high degree of maturity and self confidence – a rare combination, but one that is required to earn the trust and respect needed to initiate such provocative discussions. Without that respect, garnered either through the individuals staffing the project or through the reputation CARE has built over time, communities will likely be less responsive to the calls for dialogue and reflection, and may outright reject any suggestion that their deeply held beliefs and behaviors must change in the name of sound SRH.

Sound relationships and mutual respect are essential to the effectiveness of efforts aimed at bringing about such profound change. The IPs continue to invest in building those relationships and facilitate the kind of frank and open dialogue that we hope will unearth the underlying causes of poor SRH and enable communities to address them.



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