



World Neighbors **IN ACTION**

Developing a Framework for Integrating Reproductive Health in Development Programs

This issue describes a process for synthesizing lessons learned from program implementation in six countries and using those lessons learned to adapt a programmatic framework.

The framework is intended to guide the development and implementation of reproductive health components in integrated programs in order to maximize their effectiveness.

Background

Since 2000, World Neighbors has been using a framework for reproductive health components developed by international program staff during a workshop. The framework was used to guide the development of reproductive health components in the context of World Neighbors' integrated programming.

Integrated development programs, such as those WN implements with partners, are very complex and require managers to balance a large number of activities and priorities. Thus, the framework has proved to be a useful tool in ensuring that key elements of an effective RH component are not overlooked during the design, implementation or evaluation of programs.

When the original framework was developed WN staff acknowledged that the framework was dynamic and should be refined and adapted as the RH components evolved. The framework had seven components. See box on right.

Revising the Framework Based on Program Learning

At a recent meeting in February 2003, World Neighbors' staff and partners took the opportunity to review lessons learned during the past three years and make changes as indicated to the framework.

The key elements of the framework developed in 2000 were:

- 1) Integration Linkages:** WN programs are integrated development programs. RH components are linked with other activities identified as priorities by local communities.
- 2) Information and Counseling:** The accessibility of accurate RH information is seen as critical for the success of a RH component.
- 3) Quality Reproductive Health Services:** Improving access where necessary and strengthening the linkages between community-based structures and formal RH services is seen as vital to the effectiveness of RH components.
- 4) Community Local Capacity Building:** In all aspects of its work, WN seeks to strengthen the capacities of communities and local organizations to determine their own development priorities and act on them.
- 5) Action Learning:** Action learning is the systematic and participatory analysis, learning and documentation of program need, context, process, outcomes and impact. Action learning is used to inform decision-making, improve programs and widen impact.
- 6) Gender:** The WN program strategy specifies that programs will respond to community needs through an empowering, gender-sensitive and holistic development process. Gender issues are an important consideration in the development and implementation of activities.
- 7) Special Groups:** This element emphasizes addressing the needs of vulnerable groups such as adolescents, migrants and their families.

The first part of the workshop included presentations that incorporated recent evaluation results for six country programs; India, Nepal, Bukina Faso, Kenya, Haiti and Ecuador. Each presentation used the 2000 framework to summarize their program approach, but also presented key lessons learned over the past three years. It should be noted

that there were significant differences in design of the programs and each program offered learning on reproductive health in a unique context.

Each of the six program presentations used a common framework which facilitated analysis and synthesis across the programs.

PROGRAM PRESENTATIONS

Objective:

To share program information in a way that promoted synthesis and sharing of lessons learned.

Methods:

1) Each country had 30 minutes to present their program followed by questions for clarification as necessary. They presented according to the following format:

- Information on Program Context and History
- RH Component Design: How are each of the seven key elements implemented in the program?
- Program Objectives
- Unique Aspects or Initiatives of the RH Component
- Key Accomplishments and Evaluation Results
- Lessons Learned and Sharing

2) Participants were asked to note during each presentation key questions and lessons learned that they found relevant to their programs.



Burkina Faso described a key lesson as the importance of influencing of key leaders, such as religious leaders, elders, and traditional singers, because of the important roles they play in local decision-making. Special training improved their knowledge of RH and their attitudes toward the program so that they became supportive.



The Nepal and India programs discussed the importance of women's savings and credit activities in their programs. They noted that the activities influenced health service use in two ways. First, because women had access to money, they could afford to use services when they needed them. Second, women with their own income have more influence in a household and more autonomy.



The Kenyan program talked about their capacity building efforts with the local health facility management committees. They highlighted the necessity for communities to understand and have expectations regarding the quality of care provided at health facilities. They noted that in their experience "community participation will create a sense of ownership of health activities, services and facilities."

ROUNDTABLES

The presentations were followed by roundtable sessions in which the participants had the opportunity to ask questions and deepen their understanding of the programs.

Objective:

To explore issues in more depth in small group sessions.

Method:

- 1) Presenters from each of the country presentations were stationed at different tables.
- 2) Participants were divided into small groups of 5-8. Each small group went to a different table and further discussed questions and issues raised from the presentations. A record keeper was assigned to each table.
- 3) After 30 minutes, each group rotated to a different table. In this way, each group had a chance to visit each table where presenters were stationed.

How are the RH outreach services (gynecamps) organized?

WN works with the local NGOs to organize volunteer physicians to go to communities to provide health services. They travel with all the necessary equipment and supplies. In this way, they can carry out minor surgery as necessary, including tubal ligations. They can also perform important diagnostic procedures such as EKG and ultrasound.



In Ecuador, why do you think that sustainable agriculture promotes health?

There are three basic reasons. First, there are cultural reasons, because there is a logical link between the concepts of soil fertility and human fertility. Second, there is the involvement of men. The inclusion of agriculture permitted male participation. The men began to have better impressions of CEMOPLAF (World Neighbors' partner in Ecuador), and began to permit women to work with the organization. Third, there is economics. Agriculture leads to income generation and food production—that motivated people to get involved.



How does migration affect reproductive health in Haiti?

In areas where the harvest is poor, women are usually the ones who travel to do petty commerce. This means that women spend long periods away from their husbands and families. These women are very vulnerable, because they are often forced to sleep in the open markets to protect their goods. When women have the possibility to do income-generating activities at home, they will stay with their families. This is one reason that the program has dedicated some funds for women's income-generating activities.



FIELD VISITS

Objectives:

- 1) To gain a better understanding of the community management of facilities and quality of care monitoring.
- 2) To get to know the roles and responsibilities of community health promoters and how they coordinate with health facilities.

- 3) To gain a better understanding of the integrated approach of World Neighbors in Kenya.

Method:

- 1) Participants were divided into two groups of 12-14. Each group visited a different field site. They were each accompanied by a WN- East Africa staff person and local staff.

- 2) Participants visited local NGO partners, community-based organizations, health facilities and communities.

The next day, the participants worked in small groups to highlight key lessons learned.

The commitment of the traditional birth attendants (TBA) is impressive. Payment for services is not compulsory. Sometimes they have to pay from their own pocket to buy supplies for their kits.

The extensive record keeping that the TBA maintains in Kenya would not be possible in West Africa, where illiteracy is a problem.



They gave me a clear picture of the goal of the community pharmacy, which is to provide services nearer to the house. From their income they are able to do development work.

The community trainers in Kenya are impressive. Despite an unclear focus, the high price of medicine and only minor incentives, the Trainer of Trainers remain highly motivated.

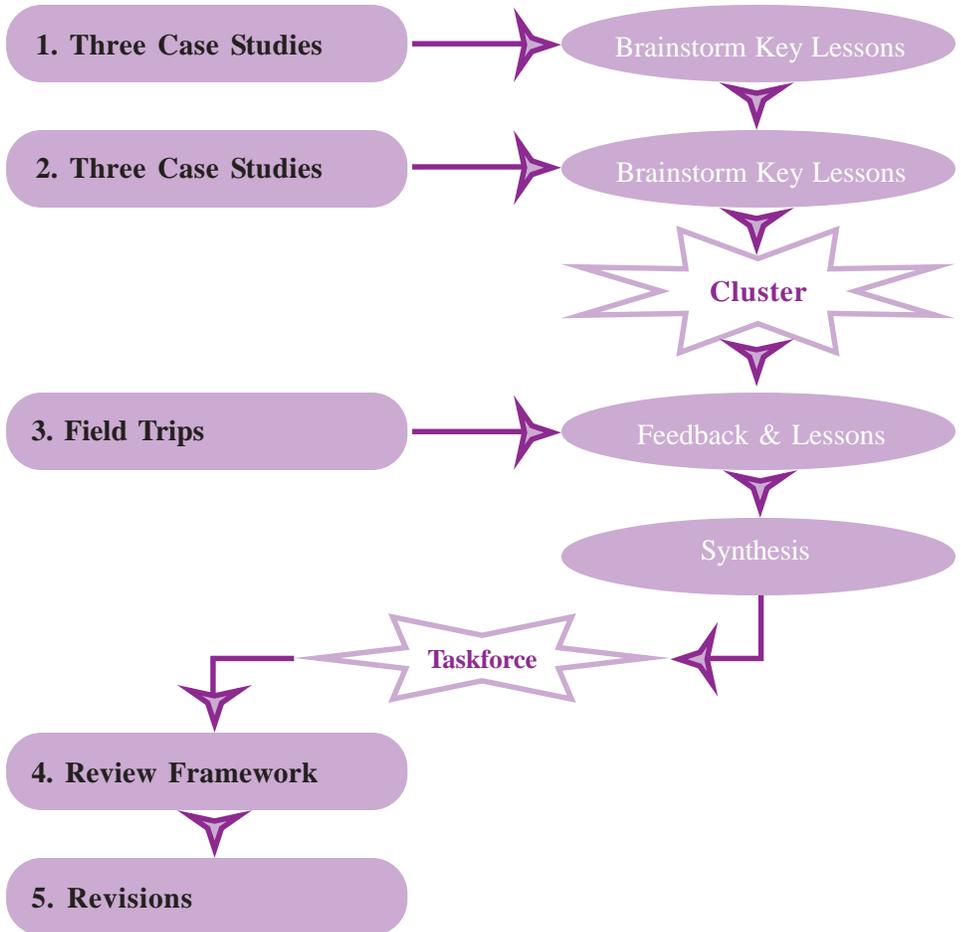
SYNTHESIZING LESSONS LEARNED

Objectives:

- 1) To identify lessons learned
- 2) To synthesize key lessons and cluster by category
- 3) To better define categories of lessons learned

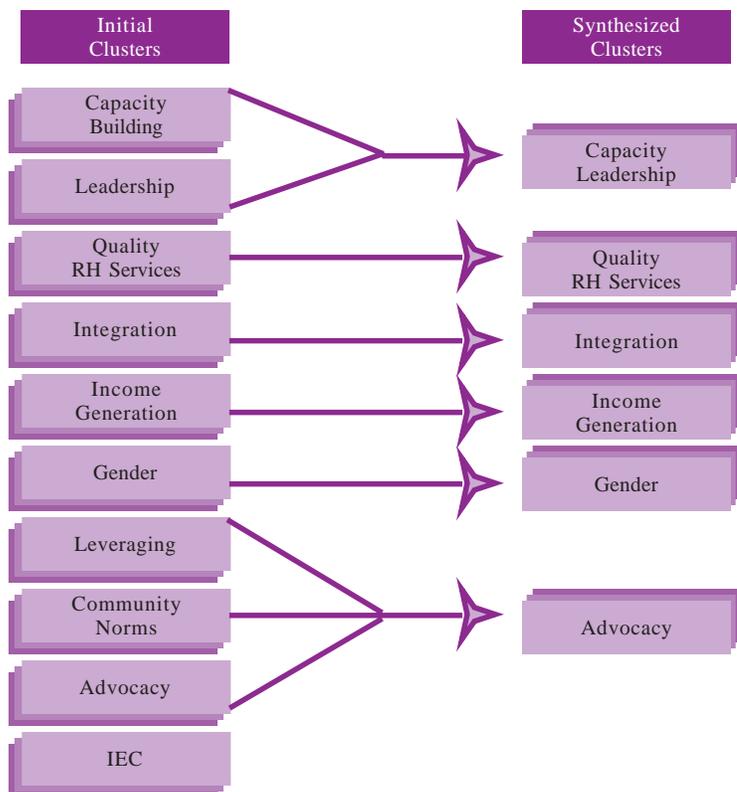
Method:

- 1) After the presentations and roundtables, participants captured key lessons learned by writing them on cards.
- 2) In a large group, the participants clustered the cards by category.
- 3) The clusters were reviewed by the facilitators. The facilitators chose five clusters to be explored in more depth and synthesized by small groups.
- 4) The participants broke into five small groups, each with a large cluster, or two related clusters. Reviewed the clusters and the lessons learned, and synthesized each group into major learnings.



Participants brainstormed lessons learned after the presentation and roundtables by writing their key lessons on cards. In total, more than 100 cards were generated. These lessons were then organized into clusters. See graphic on right for clusterings.

Similar categories were combined. then five key categories were selected by the facilitators and discussed in small groups. The small groups synthesized the cluster of lessons learned and made recommendations regarding the key categories and lessons



REVISING THE FRAMEWORK

Objective:

To review and make modifications to RH Key Elements Framework based on lessons learned from the workshop.

Methods:

- 1) A small group of six participants volunteered to review the framework.
- 2) The group first reviewed each element using the synthesized lessons learned to validate or question each element.
- 3) The group then added additional elements as they felt were indicated.
- 4) The small group reported on the modifications in plenary. The revised framework was discussed by the whole group.

Revising the Framework:

A group of six participants volunteered to review the framework and make recommendations based on the lessons learned.

For several of the categories, such as action learning and capacity building, it was felt that no changes were necessary as these were fundamental elements of all WN programs. However, it was felt that three categories could be more precisely defined. These were integration, gender and special populations.

For integration, it was felt that it was useful to specify the importance of savings and credit activities, sustainable agriculture and natural resource management as they all contributed in different ways to the success of the RH activities.

For gender, rather the broad category, it was suggested that it was more useful to specify sub-elements that appeared to be key to better components. These were couple and family communication, men's involvement in RH, and women's organization and leadership.

With regard to special populations, the group recommended that adolescents be specified, noting the challenges of ensuring access to information and services.

Finally, one new element was added. This was advocacy at three levels, community, regional and national.

See box on right.

PARTICIPANT ACTION PLANS

Objective:

To reflect on lessons learned and describe how they might be applied in participant's own programs.

Method:

- 1) Participants met in country or program teams.
- 2) They identified major lessons learned for application in their programs.
- 3) They used the following format for gallery walk feedback:

Action / Source of Lesson.

Applying Learning to Programs

Participants identified what they felt were the lessons learned most applicable to their own programs, and also took the time to consider resource requirements. An example of the action plan from Southeast Asia follows.

Actions	With more resources	With same resources	Learned from which country
<i>Philippines</i>			
1) Encourage partners to involve more family members - men and women	X		India Nepal
2) Help BANGON leverage funds to integrate RH and NRM		X	SEA
<i>Indonesia</i>			
1) Involve the influential people (village leaders, religious leaders)		X	Burkina Faso
2) Issue-based groups and adolescents		X	India
3) Collective leadership		X	Haiti

REVISED RH KEY ELEMENTS

RH Program Dimensions	Comments	Suggestions for Revising Framework
Capacity Building	Essential to all WN work	Maintain
Action Learning	Essential to all WN work	Maintain
Information and Counseling	<ul style="list-style-type: none"> * May need to be more specific with regard to special groups, i.e. adolescents. * IEC activities linked to social change at community level. 	Maintain
Sustainable RH Services FP/MH/STI	<ul style="list-style-type: none"> * Challenge of providing services to adolescents. * Importance of income activities to access services. 	Maintain
Special Populations	<ul style="list-style-type: none"> * Adolescents emerged as the most important group here. * We discussed that other groups may represent marginalized populations with whom WN works by virtue of purpose statement. 	Replace by <i>Information and Services for Adolescents</i>
Advocacy: Community Regional National	This is a new category. The small group recommended micro, meso and macro levels of advocacy. However, the task force felt that those concepts were not easily understood and preferred to maintain three levels.	Add <i>Advocacy: Community, Regional and National</i>
Gender-Related Issues	<p>The task force felt this was an important area of learning and that the element needed to be more specific. From the presentations three clear areas emerged:</p> <ul style="list-style-type: none"> * Female organization and leadership * Couple and family communication * Men's participation in RH decisions and activities 	Maintain <u>Gender</u> but also specify three elements: <ol style="list-style-type: none"> 1) <i>Female organization & Leadership</i> 2) <i>Couple and family communication</i> 3) <i>Men's participation in RH</i>
Integration	<ul style="list-style-type: none"> * Importance of income generation for access to services and female autonomy * Importance of linking RH with other sectors like sustainable agriculture, CBNRM for reasons of male participation and couple and family communication 	Maintain, but highlight <i>Income Generation</i> and acknowledge <i>linkages with other elements</i>

More Resources On Integration Programs

Evaluating an Integrated Reproductive Health Program: India Case Study

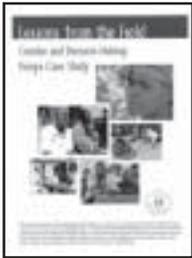


This report details the methods and findings of a participatory evaluation of integrated reproductive health programs in two villages in India, with comparisons to a third village that had no reproductive health programming. The results suggest that the integrated approach used by World Neighbors - India and its partners is effective in achieving high rates of reproductive health knowledge and

positive practice, improvements in women's status, and significant benefits from participation in savings and credit programs.

60 pp; English; \$10.00 plus shipping; 2002

Gender and Decision Making: Kenya Case Study



This report presents the methods and results of a series of workshops focused on gender and decision making at the household level. Conducted by World Neighbors staff with participants from Makueni District, Kenya, the workshops helped community members discuss and analyze how decisions about family resources and childbearing were being made, and what impact these patterns

had on men's and women's well-being. The publication outlines three participatory exercises as well as the results and key lessons learned from the process.

24 pp; English; \$5.00 plus shipping; 2000

"Union Makes Strength":

Building a Peasant Organization in Rural Haiti



This report details the growth of the grassroots peasant association OPD-8, supported by World Neighbors - Haiti. The program and resulting organization were intentionally designed to encourage broad-based participation and democratic decision-making, and to test the theory that strong local organizations are essential to the effectiveness and sustainability of any development Program. This case study shares methods used to improve members' overall well-being by providing tangible benefits in the areas of sustainable agriculture and food production, income and asset building, and community and reproductive health.

52 pp; English; \$10.00 plus shipping; 2002

World Neighbors is a people-to-people, non-profit organization working at the forefront of worldwide efforts to eliminate hunger, disease, and poverty in Asia, Africa, and Latin America.

World Neighbors' purpose is to strengthen the capacity of marginalized 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 recognized as a leader in participatory community development.

Program priorities are sustainable agriculture, community-based health, gender and reproductive health, and capacity building.

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Two-year subscriptions (four issues) to World Neighbors In Action are available to readers in industrialized nations for US\$10. Subscriptions in developing countries are free. When ordering, please specify your language preference (English, French or Spanish).

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