I. Background:

Years of experience have taught us that strong and ongoing capacity-building and support for our own staff— as well as our community partners or SAA facilitators—is key to the success of the SAA process.

We, as program/project staff come from different and varied social contexts and our beliefs, attitudes and values are shaped by these contexts and the societies we live in. In fact, we (CARE staff, facilitators) sometimes share the same values and assumptions about gender and social norms with those in the communities where we work.

Our attitudes, beliefs and values, shape how we see the world and others and how we think about things like gender, power, sexuality, fertility, and rights. This in turn influences how we approach our SRMH and gender work.

The Self-Reflection and Challenging process helps prepare staff and SAA facilitators to lead these same challenging processes with communities. In this way, we are co-explorers, not experts or outsiders pushing the “right” messages or answers. This process therefore implies a different way of going about our work!

II. The purpose:

Reflective practice pertains to the critical reflection and dialogue activities CARE Staff or SAA facilitators do themselves. Like reflection with communities, it is an ongoing, participatory and continuous process. Reflective practices contribute to our own learning and to improving the effectiveness of our interventions; it encourages change and adaptation in our own thinking and in the way we work over time.

The Paradigm shift: We evaluate and self-reflect on our own attitudes and beliefs, and how these influence our work in development. We work as partners with the community in exploring and resolving both programmatic and social barriers to SRMH. And we work in a questioning mode—exploring and asking why—we don’t have the answers! ....But we do have a process to facilitate getting to root causes and to promote ongoing, structured learning to understand how to more powerfully support change.
In SAA, the purpose of conducting reflective practice with ourselves/CARE staff/facilitators is three-fold:

1) **At an individual level**: It can be used to explore, reflect upon and recognize our own biases and beliefs and identify how that may influence our work and credibility in the community. It may also increase our comfort talking about sensitive SRMH and gender issues – we can’t facilitate a discussion with a community if we are uncomfortable talking about these topics amongst ourselves. It also provides an opportunity for us to recognize the importance of being open to new perspectives and ideas - learning from others. By requiring us to take off our “expert hat” and put on a “learner’s hat” in our engagement with the community, this process helps us be open to listening to what the community has to say on the issues.

2) **Build our staff, partners and organizational capacity to:**
   - Facilitate the process with others - Practicing with the complex process of reflecting and challenging will strengthen our ability to then facilitate the process with the community without imposing our own beliefs.
   - Utilize SAA tools and activities – again practicing with the participatory tools and activities will help us discover what tools and activities are best suited for each community context to address each issue or theme.
   - Critically analyze how issues of power, sexuality and gender affect us and the communities we work with and may be a barrier to good SRMH – this helps inform the situational analysis and our SAA implementation plans.

3) Reflective practice can also be used to reflect on our work with communities as we are moving through the SAA process; it can help us assess what is or is not working. This allows us to continually refine and strengthen our approaches with communities and partners, including enabling us to explore new themes that arise from community dialogues and refine and strengthen approaches or adapt tools.

**Reflective practice - “A process of periodic reflection, discussion and documentation designed to develop critical thinking skills and enhance learning” – SAA Manual p. 101**

**NB:** Please note that this is not about self-disclosure nor is this suggesting that each of us must change in our personal lives, but rather the objective is self-reflection. It is about making ourselves aware of how our own views, beliefs and opinions may influence our work in the community.

**II. Process:**

The process starts with reflection and dialogue amongst staff as part of the SAA orientation and is then purposefully incorporated into the project’s regular activities both informally and formally. At its best, it should be done in a regular and on-going way: amongst ourselves (staff), with our partners and with the community.
• **Initiating reflective practice**: An initial orientation workshop with CARE staff, or those who will be facilitating SAA with the communities, has been an effective way to initiate critical reflection and dialogue with ourselves and build our comfort and capacity with this process and SAA tools.

• **Maintain ongoing reflective practice**: SAA reflective practice with staff is ongoing, and therefore it will require purposefully incorporating time, space and exploratory and participatory activities into regular activities beyond the initial workshop. A simple way teams can purposefully incorporate reflective practice is to **include time for it in regular meetings**.

**Facilitating for reflective practices:**

1. Identify and **schedule appropriate time and space** to explore and learn within our team, creating relative ‘safe space’ for people to share their ideas and opinions without the fear of negative consequences.

2. **Develop open questions** that encourage people to think about their *thinking and feeling*, as well as what they are *doing in their work*; problems or issues we are trying to address in our programs and how our thinking and attitudes towards them affect our work.

3. **Explore new themes and tools** to maintain motivation and interest – set the discussion theme and tools to use for each session.

4. Share ideas and **reflection with people who may think differently** than we do – encourage participation of those with different ideas on the issue.

5. Continue to use **participatory exercises** amongst ourselves to continue to encourage reflection; and reflect on ourselves as we apply tools to challenge norms in communities.

6. **Incorporate additional knowledge and insights** into our actions for improved health as well as our interventions and activities of our programs and projects.

**NB.** Core elements of transforming staff capacity are: **self-reflection** and **skills for facilitating critical reflection and dialogue (CRD)**. Any themes or discussions generated during staff reflection should be re-explored with **partners and communities** through SAA activities to learn their perspective as well.
### Suggested tools include but not limited to:

<table>
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<tr>
<th>For self-reflection/capacity building</th>
<th>Identifying norms</th>
<th>Reflect on our work/planning &amp; Monitoring</th>
<th>Others</th>
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<tbody>
<tr>
<td>Values clarification</td>
<td>Silent power</td>
<td>Brainstorming</td>
<td>PRNA tools</td>
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<td>Experience being a man or a woman</td>
<td>Problem tree</td>
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<td>Other PLA tools can be adapted and used</td>
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<td>Crossing the river</td>
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<td>Body mapping</td>
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<td>Ideal man/ideal women</td>
<td>Social network/community mapping</td>
<td>PRNA-portfolio review and need assessment</td>
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<td>Four corners</td>
<td>But why</td>
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</table>

**Note:** adapt the tools/exercises or content to fit to the context and the issues to be addressed

For more information visit: [http://familyplanning.care2share.wikispaces.net/Social+Analysis+and+Action](http://familyplanning.care2share.wikispaces.net/Social+Analysis+and+Action)

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