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Adopting, manipulating, transforming: tactics used by gender practitioners in South African NGOs to translate international gender policies into local practice

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Title:

Adopting, Manipulating, Transforming: Tactics used by gender practitioners in South African NGOs to translate international gender policies into local practice

Abstract:

This paper looks at what is lost and gained through the process of translating international policy from a global to a local space. It does this by sharing results from a multisite ethnographic study of gender practices in foreign-funded South African health organisations. This study identifies a number of tactics used by practitioners to deal with the funding constraints and unique knowledge systems that characterise local spaces, including: using policy to appeal to donors; merging gender with better resourced programmes; and redirecting funding allocations. These tactics point to how practitioners are adopting, manipulating and transforming international policies in order to suit their everyday working realities.

Key words: policy translation, gender inequality, non-governmental organisations, De Certeau, strategies and tactics

Introduction

This paper explores the role of local health organisations in translating international gender policy into local practice, and what is lost and gained in this process of translation. It does this through a study of practitioners tasked with implementing gender policy in foreign-funded non-governmental health organisations (health NGOs) in South Africa. In global health, scholars have long recognised the need to address the way in which gender inequality contributes to poor health outcomes, including a higher prevalence of HIV/AIDS, intimate partner violence, maternal mortality, stress, help-seeking behaviour, and the burden of care on women (Baum & Grunberg, 1991; Connell, 2011; Dowsett, 2003; Doyal, 2001; Dunkle & Jewkes, 2007; Jewkes, 2002). This has led to a plethora of gender policies aimed at addressing health objectives by international NGOs and multilateral donors. Local health NGOs are frequently tasked with implementing these international policies, as donor organisations have come to recognise the role local NGOs play in increasing the reach and impact of health programmes (The Global Fund, 2010). The starting point for this paper, however, is that international gender policy belongs to a global space shaped by the priorities of these international donors, which is vastly different from the local space in which practitioners carry out their work. Practitioners in local health NGOs operate within a space that is defined by the funding constraints of the NGO sector, historical and political power structures, and local knowledge systems, which require them to translate international gender policy into locally relevant, and often quite different, tasks and activities.

Gender is a particularly interesting area for exploring the translation of policy from global to local spaces because of the challenges for translation that arise from different understandings of gender in different social contexts. Gender refers to attributes of masculinity and femininity that have been defined by a particular social, cultural and historical context. As a social category, gender is historically influenced, context-specific and changeable. The challenge for NGOs of translating ideas about gender from the world of international donors into multiple diverse social contexts is well recognised, including the difficulties of translating the word 'gender' itself (Braidotti, 2002; Haraway, 1991). In global health, urgent calls are now being made for research on pathways linking gender to health in specific contexts following evidence of differences in the social, political and economic contexts in which global

health programmes are implemented (Ogden, Gupta, Warner, & Fisher, 2011). The complexities of translating gender into local NGO practice provides a rich case study not offered by other policy issues, for example healthcare provision or wealth distribution where objects of policy are more easily defined.

This study of how practitioners translate international ideas about gender into local practice sits between two bodies of literature, and seeks to bring them together. On the one hand, feminist scholars working in international development have been trying to establish a coherent discourse about the importance of gender for health and development outcomes. In support of this effort, these feminist scholars have focused on identifying organisational factors that can improve the consideration of gender by local NGOs, including the support of management, the 'sensitisation' of staff to gender inequalities, human resources policies, gender sensitive budgets, the surrounding social and political environment, and gender norms both internal and external to organisations (Fonjong, 2001; Howard, 2002; Jahan, 1995; Kardam, 1991; Moser & Moser, 2005; Razavi & Miller, 1995; Tiessen, 2007; Wendoh & Wallace, 2005). This has positioned many local NGOs as 'failing' to meet the gender criteria established at a global level. For instance, studies on the gendered nature of organisations focus on the role NGOs play in perpetuating rather than addressing gender inequalities in their programmes and interventions (Ely, Scully, Foldy, Foldy, & Scully, 2003; Tiessen, 2007). Others attribute the failure by organisations to adopt gender policy to a lack of politics in the approach taken by organisations, and highlight a need to address power relations (Baden & Goetz, 1997; Porter & Sweetman, 2005; Smyth, 2007). The focus of these scholars on the failure of organisations to implement international gender policy recommendations draws on a feminist interest in bringing to the surface the ways in which patriarchal social structures continue to reproduce poor outcomes for women. While patriarchal social structures require attention, this focus on patriarchy as the problem can also essentialise local spaces as static and 'traditional' (Aveling, 2012), and ignore broader challenges that arise during the process of translating 'universal' global policy into local context-specific practices. It also leaves these feminist scholars open to post-colonial feminist critiques that unequal relations of power between former colonisers and post-colonial settings have produced different notions of gender while

maintaining Western notions as the norm (Mohanty, 1984; Oyewumi, 1997, 2004; Spivak, 1990).

On the other hand, anthropological studies of development policy have focused on everyday activities in cultural contexts where policy is developed and implemented, which pays less attention to patriarchy and more to challenges NGOs face when implementing gender policy in different cultural contexts. For example, through detailed case studies of how gender programmes are implemented, scholars have pointed to the role of personal relationships, local politics, and social obligations in practitioners' uptake of gender policy (Rossi, 2006), as well as the role gender training sessions play in shaping 'good' health and development subjects (Shrestha, 2006). Others have convincingly argued that the gender policy of international donors is inappropriate for addressing the specifics of local contexts, including African identity politics and the complexities of femininities (Oinas & Arnfred, 2009; Woodford-Berger, 2004).

This paper draws on this anthropological literature by taking an actor-oriented approach (Long, 2001) to the process of translating gender policy into daily tasks and activities, referred to throughout this paper as practices. An actor-oriented approach is interested in the perspective of the actor, in this case, the gender practitioners themselves. Gender practitioners in health NGOs are therefore seen as agents capable of making decisions about how gender policy is best utilised for their specific context rather than 'un-sensitised' individuals that are ignorant of gendered relations of power. Previously, feminist scholars have used actor-oriented approaches to analyse the patriarchal nature of NGO culture and the implications this has for practice in specific organisations (Jackson, 1997). This paper builds on the insights gained from this actor-oriented approach by exploring gender-related practices across multiple organisations in a shared policy environment, without a specific focus on patriarchy. This contributes to conceptual understandings of policy 'failures' by examining what gender policy means to a diverse group of practitioners that share a particular context; in other words, by examining what one community of practitioners say they are *doing* when they translate international gender policy into practice.

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Translating international gender policy into local practice

A useful framework for exploring the translation of international gender policy from a global to a local space is the distinction between 'strategies' and 'tactics' delineated by Michel de Certeau in work on practices of everyday life. De Certeau was interested in shifting the focus in cultural studies away from the act of production and product (i.e. policy-making and policy documents), and towards *how* these products are used by social actors in their everyday lives. In light of this project, De Certeau (1984) makes a distinction between 'strategies' as the tools used by institutions, enterprises and governments to enforce their will over a particular social space, and tactics as opportunistic acts that take place within a social space dominated by the strategies of an Other.

De Certeau's understanding of strategies can be usefully applied to policy as a mechanism for defining a space for intervention. Policies provide frames of reference that 'define and bound what forms of knowledge count, and whose versions, claims and interests are legitimated' (Brock, Cornwall, & Gaventa, 2001). These policy frames often come in the form of structured narratives, weaving a story about what the problem is and how it needs to be solved (Roe, 1991). The terms policy frame and strategy are used interchangeably throughout this paper. This points to the specific ways that gender policy is not an apolitical process of telling the 'truth' about how gender inequalities or norms contribute to a particular health issue. Policy strategies are involved in validating the need for particular interventions through defining the health problem to be solved and those responsible for addressing it. In global health, policy strategies are the tools of northern donors and international policy-makers 'who overwhelmingly shape what issues are considered important…and who steer and fund programmes' (Campbell, Cornish, & Skovdal, 2012).

Strategies in this sense are clearly evident in the gender policies of international donors. As I outline elsewhere (Author, 2014), at the time of this study international donors to South Africa were using three overarching policy narratives to frame the strategies needed to address gender inequalities, namely: *instrumentalism*, *women's empowerment* and *social transformation*.

Table 1: Gender policy narratives for South Africa

Narrative frame	Development Instrumentalism	Women's Empowerment	Social Transformation
Implicit understanding of gender	Gender as women <u>and</u> men	Gender as women (who lack power) and men (who do not)	Gender as a form of power relations
Political agenda	Including women in development	Sharing the benefits of development with women	Transforming structural power relations
Policy problem identified	Loss in development potential due to gender inequalities	Barriers that prevent women from reaching their full potential	Harmful masculinities/ subservient femininities Structural relations of power
Policy strategies	• gender mainstreaming • equal participation of girls in education • better representation of women in political leadership	• economic empowerment for women to benefit from development • creating and maintaining legal frameworks that support women	• working with men to show how gender inequalities mirror other inequalities • strengthening the power of women through collective organising
Examples of policy actors that draw on this narrative frame	UK's DFID Germany's KfW Entwicklungsbank Dutch MFA France MAEE Canada CIDA	Germany's BMZ Swedish Sida MFA of Finland Irish AID Belgium MFA South African CGE South African MWCPD Oxfam GB	APC WNSP Sonke Gender Justice Gender at Work Project Empower Justice and Women (JAW) Engender Health Brothers for Life

Instrumentalism defines gender as relevant to both women and men, and strives to rectify the loss of economic potential that results from gender inequalities through strategies such as gender mainstreaming, the equal participation of girls in education, and a better representation of women in leadership. Women's empowerment defines gender as women's lack of power and therefore pushes women-focused strategies such as economic empowerment, and the implementation of legal frameworks to support women's specific needs and rights. Social transformation defines gender as a form of power relations that manifest in attributes of masculinity and femininity and seeks to transform these attributes through working directly with both men and women. The particular strategy each international donor chooses to use in their gender policy guides how funds are allocated to NGOs and for what types of interventions.

Tactics on the other hand are the resources of local actors. To explain these tactics, de Certeau draws on the example of Spanish colonisers in South America and the ways in which aboriginal populations turned Spanish rituals, representations and laws into something different from what the Spanish originally had in mind (1984, p. xiii). This understanding of tactics provides a useful framework for thinking about the ways in which practitioners tasked with implementing gender policy translate the policy ideas of international donors into tasks and activities that might be quite different from the original policy strategy. For de Certeau, tactics can never completely overturn or resist the strategies that define the space in which actions are carried out; they are only ever a partial 'revenge' against the 'power that dominates production'. The tactics of local health practitioners are therefore seen only as a partial translation of the ways in which gender has been conceptualised at a global level.

Methods

The research question guiding this paper is: how is international gender policy translated from a global space (of international donor strategies) to a local one (of health NGO activities and tasks), and what is lost and/or gained in this process? The data for answering this question comes from a multisite ethnographic study conducted between October 2010 and October 2011, which involved 26 foreign-funded South African health NGOs. In contrast to a single site ethnographic approach, the involvement of multiple NGOs in the study helps to 'trace policy connections between organisational and everyday worlds even where actors in different sites do not know each other or share a moral universe' (Shore & Wright, 1997, p. 14). Consistent with this approach, data was also collected from multiple sources, including: 32 semi-structured interviews; relevant policy documents and organisational materials (pamphlets, training manuals and brochures), and participant observation of over 20 meetings within and between organisations.

The health NGOs included in the study all had operational programmes with the aim of advancing gender equality, and were funded by at least one international donor. Participating organisations were selected first through a systematic analysis of health organisations carrying out gender programming in South Africa using a local directory of non-profit organisations called Prodder.org.za. 44 organisations were identified through this initial process, which was narrowed down to 20 organisations contacted by the researcher for an interview (using criteria including geographic

location, size, and type of gender programme in order to ensure organisational diversity); 15 of which agreed to participate. The remaining 11 organisations were selected via the professional network of practitioners already involved in the study.

Semi-structured interviews (32) were conducted with practitioners from the 26 organisations selected. Each organisation was asked to identify the individual responsible for gender programming within the organisation. The different sizes and organisational structures of the participating NGOs meant that these practitioners held significantly different positions within their organisations, including: designated gender staff (2); field staff working in organisations focused on gender issues (6); executive or country directors of organisations with gender programmes (12); gender programme managers (7); gender researchers within organisations (4); and one independent gender consultant (1) (Appendix A).

In the interviews, participants were asked to explain the gender activities and tasks that were part of their role as practitioners in health NGOs, and to share their opinion of the gender policy of international donors. 108 different activities and tasks were identified using thematic network analysis (Attride-Stirling, 2001). This involved an iterative process of identifying in-vivo codes from the interview transcripts, verifying these codes using other sources of data (including the organisational materials and participant observations), and then abstracting the codes into organising themes. The themed activities and tasks of practitioners were then compared to the three policy narratives of *instrumentalism, women's rights* and *social transformation* in order to understand how these narrative frames and their associated strategies were being translated into local practice. In this way, the research was designed to capture the ways in which different strategies for addressing gender inequalities were being translated into the practices of health NGOs, rather than tracing the pathway of one specific policy.

The site selection and methods designed for this study were also informed by the researcher's involvement as a consultant in a gender project in South Africa at the time of data collection. While this may have impacted some of the interviews (some of the interview participants were well known to the researcher), it also provided clear advantages in terms of establishing rapport during interviews and gaining access to meetings for participant observation. All participants signed a consent form that specified confidentiality and their right to opt out of the study at any time. The

research was granted ethical approval by the London School of Economics and the University of KwaZulu-Natal.

The tactics of local health NGOs

The findings highlight that several tactics were used by health NGO practitioners for translating international gender policy into local practices in South Africa. These tactics each served as a means of 'localising' the strategies of policies developed at a global level by using them for purposes often unrelated to the social benefits thought to arise from the policy process itself, or in de Certeau's words: 'using them with respect to end and references foreign to the system they had no choice but to accept' (1988, p. xiii). Table 2 below outlines these tactics. Tactics describe how NGO practitioners *adopt* global gender policy through using strategies directly (e.g. by repeating policy approaches in gender interventions); *manipulate* global gender policy (e.g. by using policy to achieve strategic objectives different from those found in gender policy); and *transform* global gender policy (e.g. by changing the goals of the programme to something different to those outlined in the policy).

Table 2: Tactics of South African NGOs for translating international gender policy

Relationship to global gender policy	Tactic	Strategic purpose	Example
Adoption	Disseminating information	Improving knowledge about gender issues/ services	Educating women about gender and violence
	Developing skills of women and girls	Empowering women	Teaching women about their rights under South African law
Manipulating	Merging gender with better resourced programmes	Obtaining funding and support (from services and policy)	Merging AIDS with gender-based violence
	Using a more powerful discourse to obtain buy-in	Obtaining funding and support (from communities)	Adopting AIDS discourses
Transformation	Re-defining gender through lived experience	Challenging gender politics (social norms)	Group facilitation; forum theatre; storytelling
	Selectively implementing gender policy guidelines	Challenging gender politics (in organisations)	Transgender and MSM
	Adapting policy frames to include race/ class	Challenging gender politics (using race/ class)	Rejecting gender mainstreaming

Adopting gender policy

Adoption is a tactic because of the way in which it provides practitioners with an opportunity to leverage their local-level interests. The adoption of global gender policy by local health NGOs often served practitioners' interest in appealing to donors. Adopting global policy was a strategic means for practitioners to demonstrate that a programme's objectives were aligned with the frame being used by international funders. While feminist scholars often see this type of alignment as a positive outcome (Moser & Moser, 2005; Ravindran & Kelkar-Khambete, 2008), this finding points to how policy adoption often happened in ways that were counterproductive to gender-related objectives. For example, the executive director of a civil society capacity-building NGO said this:

> I mean we've seen what's happened to women's rights globally but particularly in our region, it was just decimated by lack of funding. Other things have become more important. HIV came along and the smart women's rights organisations got on that agenda and the ones that were sort of holding on and saying 'no, we will remain core to what we've always done', lost out.

The rationale given by this practitioner for adopting of a gender policy frame that is integrated with HIV/AIDS is to gain access to funding. The organisations that choose not to adopt policy in this strategic way – those that maintain their core focus on women's rights instead of gender and HIV/AIDS – are said to be 'losing out'. Adopting policy is necessary for the survival of NGOs in a limited funding environment. However, this also discourages practitioners from asking questions about how to address gender relations through programmes and interventions – questions that may be at the 'core' of what these NGOs have 'always done'. In this way, policy adoption allows practitioners to meet donor requirements, but consideration of what type of policy may be most relevant for their local practice is lost in the process.

Precisely how consideration of the local context is lost becomes evident in examining the two main ways practitioners are adopting policy in South Africa: first, through disseminating information about gender; and second, through developing the skills of women and girls as a means of empowerment. In these examples of policy adoption, practitioners separated their practice from a critical evaluation of what might be an

effective means of addressing gender inequalities in the surrounding social, political and economic context. I discuss this in detail below.

Many of the practitioners interviewed adopted the policy approach of linking gender equality to women's rights, which is inherent in the women's empowerment policy frame drawn on by international donor organisations including Irish AID, Swedish Sida, and the Ministry of Foreign Affairs in Finland. However, this policy tactic hindered consideration of the context facing programme participants. This was shaped by the exclusive focus of these programmes on providing women with information about rights as a means of bringing about empowerment. For example, these practitioners aimed to empower women through sharing information about their legal rights, as explained by the group facilitator for a community-based gender and HIV programme:

> You know, equally important is also intervening on the structural kind of environment; I mean educate women and also empower them... continue to empower them with more information, continuing to empower them with, you know, with knowledge of the availability of laws that protect them.

Here knowledge about rights is taken directly as a means of empowering women. But what happens when women have information about their rights? The social context surrounding these women – including the role played by men, communities and broader social structures in maintaining women's lack of power – are virtually ignored in this approach to teaching women about their rights.

In drawing on a women's empowerment policy frame through educating women and girls about their rights, NGO practitioners are also adopting the exclusive focus on women that rests at the heart of these policy frames. As a result of the focus on women (and girls) within empowerment-focused gender policies, the adopting of these policy frames into practice may, in fact, be counterproductive to bringing about the empowerment that practitioners are trying to achieve. As a result of the exclusive focus on women, the structural environment that makes it difficult for some women to bring about changes in their individual lives is often ignored. For example, what does a woman who knows her rights do if she has contracted HIV from her husband, is in fear of violence or abandonment, and is faced with a local health clinic that insists on disclosing her status to her family and a legal system that is not easy for her to

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navigate? While practices that involve educating women or teaching women about their rights may be 'successful' in putting women's empowerment policies into practice, they may also inherently underestimate the broader social context in which programme participants live out their daily lives and make health-related decisions. As a tactic used by health NGO practitioners, the adoption of gender policy frames may limit the search for more context-specific solutions.

Manipulating gender policy

Practitioners manipulated gender policy by adapting or changing policy in the context of their practice in order to suit strategic objectives different from those outlined in policy. Practitioners discussed manipulating policy frames (particularly those drawing on an instrumentalist frame) in order to gain the resources to maintain the on-going operation of gender programmes or interventions. NGO practitioners in South Africa manipulated gender policy in their practices in order to gain access to resources in two different ways: one, through merging gender with better resourced programmes and two, through using a more powerful discourse to obtain buy-in for gender issues. These tactics provided a means of maintaining attention to gender issues in the face of limited funding at a local, national and international level. At the community level, practitioners also used these tactics to maintain and establish an interest in gender issues among potential programme participants.

In the context of dwindling donor funding for South Africa, and already limited resources for gender activities, practitioners often buried their gender objectives in AIDS-related programmes. This has been framed in the feminist literature as the consequence of limited funding for gender globally (Alpízar, Clark, Pittman, Rosenhek, & Vidal, 2010; Hopenhaym, Carrasco Scherer, & Raaber, 2008; Hopenhaym & Clark, 2008). However, how practitioners circumvent this funding gap is rarely considered. These findings about gender policy manipulation point to some of the funding advantages that other sectors offer gender practitioners. As the sector with the highest amount of funding available for gender-related programming in South Africa, HIV/AIDS provides a valuable resource for practitioners to find funding for gender programmes. Gender programmes were frequently situated within the context of HIV/AIDS in funding proposals, promotional brochures and programme materials. Gender policy was also manipulated by larger organisations

that had decided to merge their AIDS and gender programmes in order to maximize available budgets. The following practitioner belongs to one such large organisation, and explained the need to alter programming to suit funding priorities:

> In terms of our overseas funding for this year, sometimes South Africa is seen as a middle-income country and not such a huge focal point. There's always the flavour of the month; whether it's domestic violence or HIV or whatever is next. So we need to look at how to not be driven by funding priorities, to stay focused on our core business. But within our core business, we need to include what funders are demanding on the outside also.

In this context, the significant funding provided for AIDS in the country provides practitioners with a potential resource for gender programming if organisations are willing to adapt to donors' agendas. Practitioners manipulated policy in programmes and proposals to access these resources instead of focusing on how best to achieve gender equality for their context.

This being said, HIV/AIDS remains a critical issues for South Africa, and gender practice has gained considerably from its alliance with HIV/AIDS resources. These benefits also extend to the community level: HIV/AIDS is an issue very close to the lives of South African, most of whom have experienced intimate contact with the disease either personally or through a family member. As such AIDS is a useful entry point for practitioners to discuss gender issues. Several practitioners manipulated this personal experience of HIV/AIDS to highlight the importance of gender issues in the lives of individuals and communities in South Africa and gain buy-in or permission to undertake interventions. Take for example this excerpt from an interview carried out with the Director of an organisation who talked about how she had approached the traditional leader of a community where she hoped to do a gender intervention.

> *Practitioner*: We went in and we were very conscious to tell him that we were working on gender issues. We are talking about gender and women's rights. I was very upfront with it. I'm not going to hide it. It's got to be on the table, that's why we are here.
>
> *Interviewer*: And how did he react?
>
> *Practitioner*: They all listened. I said why it was important and sort of linked it to HIV/AIDS and let them know that it's one of the main drivers of the HIV

pandemic and we are all dying. Which is true, that area has the highest incidence of HIV in the world. And if we don't do something about this in a different way, which is what gender is - this is actually fundamentally about gender and power, and women's inability and men's inability to change – then we are going to die. Do you want to die, or do you want to change?

An analysis of this interview excerpt provides several insights into how policy was manipulated. First of all, in stating the need to be upfront about the proposed intervention being about gender and women's rights, and saying 'I'm not going to hide it', the practitioner infers that gender is something that others may feel the need to hide, and/or that she expected to be rejected by the community leader. Gender was presented in this interview as a 'hard sell' to the community, as something that is often seen as unimportant and that needs to be manipulated in order to obtain buy-in from traditional leaders and communities. In this case, convincing traditional leaders of the importance of taking on gender interventions presented a challenge. HIV/AIDS provided a tactical tool for gaining access to the community.

This manipulation, however, raises a concern for the potential outcomes of the policy process. When policy frames are used for strategic purposes such as obtaining funding or establishing a gender intervention in a community affected by HIV/AIDS, gender-related objectives can become lost in the focus on organisational requirements and procedures. The dominance of HIV/AIDS as a policy domain provides a particular example of how this has happened in the South African context. Gender has become increasingly associated with HIV/AIDS programming as organisations manipulate their policy focus in order to remain operational. However, the result has been a lack of focus on gender relations in other areas of health practice. In sum, by using HIV as the rationale for addressing gender inequalities, the additional ways that gender relations impact our health – through reproductive health practices, care provision, employment discrimination, gender-based violence, etc. – are virtually ignored. Gender is considered within HIV/AIDS programming or in the experience of living with HIV/AIDS, but not something that is understood as integral to the rituals, relationships and experiences of our everyday lives.

Transforming gender policy

In contrast to its adoption and manipulation, the transformation of gender policy begins to embrace a critical perspective on international policy and engage in deeper questions about the role of context in shaping health. NGO practitioners transformed international gender policy in two specific ways: they selectively implemented policy guidelines; and redefined gender through the lived experience of programme participants. These tactics pay attention to the gendered aspects of the social context, transforming the policy in order to suit it.

Many practitioners deliberately transformed international gender policy through selectively picking and choosing from policy guidelines. Some of these practitioners were more forthcoming than others about how they had transformed the gender policy of their donors in practice. A particularly outspoken Advocacy Manager for a transgender support organisation had the following to say about a research programme they were currently implementing:

> There has not been any research about transgender people in South Africa. We are starting the first one next month that's running in conjunction with our HIV programme…they are busy with the questionnaire at the moment and I am thinking they will probably be clever and make it quantitative where we are focusing on more than just people's HIV practices…it is funding for a MSM Programme, which is men who have sex with men, but okay we will take it. Maybe we can change them through the feedback we give to them each month and we can give it to transgender women. It can also focus on transgender men.

In this interview excerpt, the practitioner speaks to the specific transformations the policy of targeting men who have sex with men in the context of HIV/AIDS has undergone in the practices of this transgender organisation: the survey for men who have sex with men will be given to transgender women (who are biologically men) and to transgender men (who identify as men). The population this organisation works with does not fit the simplistic gender categories of the original policy, requiring this organisation to transform the policy to suit the social realities of its practice. While an example of a rather marginalized population within the South African context, the challenges of drawing on gender policy to meet the needs of transgender individuals

is similar to the challenges that face any group that may not fit into neat identity categories. This includes the needs of those who are multiply positioned through other social inequalities in the South African context, including race and ethnicity.

Another tactic used by practitioners to bring about this transformation of gender as it has been defined in policy was to base the conceptualisation of gender within the personal lived experience of programme beneficiaries. The rationale for this transformation was explained by the following practitioner who worked with groups of women on issues related to power:

> For me, for real gender mainstreaming for me to happen I need to understand for myself how I am affected by gender, what gender is for me in the reality of my life. Then I can start to see it elsewhere and to see how I can sort of try and change or try and influence change around me. But if – I guess this is true with a whole lot of things in life, a whole lot of changes – if you don't personalise the change, the change is not sustainable. It becomes fake.

In other words, it is through drawing on personal understandings of gender relations that sustained changes in inequalities can be brought about. Defining gender through personal experience was a tactic used by several practitioners in this study, and represents one of the most prevalent examples of how gender policy was transformed in practice. Distinct types of practice that draw on this tactic were present in the data, including: group facilitation, forum theatre and storytelling. I discuss each of these practices below.

There was a clear methodology around how to make this connection between gender and lived experiences that involved drawing on common experiences. For example, in an interview with an independent gender consultant who had run an HIV awareness programme for a group of 12-year olds, the consultant outlined how she facilitated the discussion of gender inequalities by drawing on children's personal experiences:

> Then I would do HIV and gender and I would do a bit of stats: so, how many women do you think at a clinic are infected with HIV? A public clinic versus a private clinic, that kind of stuff. And then I would do a bit of visualising with them about the first time they experienced things differently because they were a boy or a girl. And then we start talking about the different realities for boys and girls and men and women and why that is.

Similarly, in an interview with the Executive Director of a women's rights organisation, the personal experience of being pregnant figured as a means of discussing gendered power dynamics:

> We worked with a group of women speaking about their experiences of being pregnant and being tested for HIV. And the human rights abuses involved in that experience... And looking at the power dynamics inherent and what it's done in health care and the vulnerability when they're pregnant.

Both of these excerpts draw on the commonality of personal experiences in order to engage individuals in broader discussions about power dynamics and the impacts of gender inequalities on their daily lives. This was a means for the practitioners to make connections between these lived experiences and gender.

In the case of forum theatre, gender is left open to be defined by the individuals involved in the intervention, and/or the audience. This type of approach runs counter to the need for policy to define strategies for achieving specific outcomes by leaving the outcomes themselves undefined. Even the problem itself is often left open to interpretation in order to provide an opportunity for recipients to define this for themselves. In talking about how he raises gender issues without actually defining gender for his school-based programme, a Group Facilitator told the following story:

> There was a session where we were talking about decision-making, and there was a little scenario that was used, a story that brought out a lot of gender issues and how decisions are made. It talked about a young girl who was in love with a young man who lived in another village across the river. For them to see each other one of them had to cross the river, and one day the river was flooded. The girl wanted to go and see her boyfriend, so she asked a man who owned a boat in the village to take her across. The man said, 'I can only take you across if you sleep with me', and eventually the girl agreed. She slept with him, and he kept his word and took her across the river. When the girl told her boyfriend what had happened, the boyfriend became very angry and that was the end of their relationship. There was a lot of discussion at the end of that story. The learners were asked to rate who was the good character, who was the bad character, and give reasons for each. This brought up a lot of gender issues.

This storytelling technique leaves the definition of gender open to the audience's interpretation. Gender policy is transformed here in the context of practice itself, and the role of the practitioner is to let this transformation take place. This particular form of transformation is not about fitting gender policy strategies to the needs of the programme recipients (as with the selective implementation of policy guidelines), but about allowing programme recipients to define gender for themselves in the context of a particular group setting.

In some ways the tactic of drawing on lived experience is similar to the social transformation policy frame, namely in its attention to power dynamics between men and women. However, this similarity does not take away from the transformative nature of this tactic. The nature of policy is to create narratives of problems and solutions in order to justify action, and provide clear frameworks (i.e. around gender) so that these actions will bring about specific outcomes. For social transformation policies this narrative is around the power inequalities between men and women and the need to address this unequal relationship through development intervention. In contrast, practitioners that focused on lived experience questioned the very idea that gender relations could be defined at all. Instead they were ambivalent about the type of change that might take place, and emphasised the need for a personal process of transformation on the part of participants. This ambivalence was most evident in an interview with one practitioner from a gender organisation that specialised in forum theatre:

> We always work from the premise of the self, it starts with the self. And so there's a huge personal development aspect to the way we work. So that, at the end, regardless of what is done, the engagement with the self by the participant gets elevated and results in some kind of personal transformation.

This practitioner makes no claim about what personal transformation should look like at the end of the intervention. Gender is defined by the individuals involved in the intervention, or by the audience in the case of forum theatre. This type of approach runs counter to the need for policy to define problems and the solutions that will bring about specific outcomes by leaving the outcomes themselves undefined.

Conclusions

This paper has explored the translation of international gender policies shaped by a global space into the local space where South African practitioners are implementing gender programmes. In drawing on an actor-oriented approach, this study highlights the ways in which practitioners are not just powerless implementers of international policies, but often play a central role in shaping policy for their local context. This is most evident in findings of how gender policy is transformed by practitioners. When gender policy is too rigid in its approach (the categories of women/men for example), it is changed into a different type of practice. This transformation of gender policy is a means for practitioners to shift and adapt policy strategies in order to suit the needs they themselves have identified as important for the surrounding context. However, tactics of transformation should not be seen as a magic bullet for policy translation. Even these tactics, which hold the most promise for aligning international policies with relevant power structures and local knowledge systems, are constrained by the strategies of the international donors who have first defined the need for local intervention.

Returning to De Certeau's assertion that the tactics of local actors are only ever partial alterations of the strategies that dominate a particular social space, the tactics used by practitioners are reactions to the policy environment established by international donors in the first place. Tactics such as the adoption of gender policy by practitioners in order to appeal to international donors works within current funding structures, rather than challenging the constraints put on funding allocations by international donors. In the same way, tactics of manipulation only change the way policies are used in practice at a local level without changing the way that donors perceive their policies or their successes. As shown, the consequence of using tactics to translate gender policy into local practices that do not challenge the 'truth' or authority of the policies of international donors is a systemic blindness to the potential influence of local context. Practitioners that focus on working within the current structures defined by international donors may miss the need to adapt international policies for the specificities of their local social, cultural and economic environment. Within current structures of funding and resources, tactics of transformation may provide the best possible means of ensuring the strategies of international gender policy are translated into practice in ways that are relevant for local spaces.

Drawing on de Certeau's concept of tactics in this paper has added a certain complexity to feminist analyses that suggest that gender policy 'failures' are largely the result of patriarchal power structures. While gender inequalities within organisations have had an impact on the ways in which gender policy is implemented in many settings (Moser & Moser, 2005; Razavi & Miller, 1995; Tiessen, 2007), findings of the adoption, manipulation and transformation of gender policy in South Africa also highlight the broader challenges that arise in translating concepts developed at a global level into locally-relevant ideas that resonate with health practitioners and programme participants. The aim of this study has been to acknowledge these challenges, and to point to the need for research that pays attention to the experiences of local practitioners in the push for more and 'better' global health policy.

Acknowledgements

Appendix A: Characteristics of study participants by organisational type, position, identity and age

	Organisation type	Position	Location of interview	Gender identity	Age	Cultural/ religious/ group identities (if and as mentioned)
1	Advocacy	Executive Director	Johannesburg centre	Woman	30-40	Black African
2	Legal	Executive Director	Pietermaritzburg	Woman	40-50	
3	Drama for Development	Executive Director	Berea	Man	40-50	
4	Community-based	Executive Director	Essenwood	Woman	30-40	Xhosa
5	Medical NGO	Programmes Manager	Mount Edgecombe	Woman	30-40	
6	Gender equality CBO	Co-Director	Durban centre	Woman	30-40	Zulu
7	Gender equality CBO	Programme Lead	Durban centre	Woman	30-40	Zulu
8	Gender equality CBO	Co-Director	Durban centre	Woman	40-50	
9	Education & Development	Researcher	Glenwood	Woman	30-40	
10	Health & Development	Director	Durban centre	Woman	40-50	
11	Health & Development	Programme Lead	Durban centre	Man	30-40	
12	Microfinance	Executive Director	Pietermaritzburg	Man	40-50	Afrikaans
13	Faith-based organisation	Gender & HIV Manager	Pietermaritzburg	Woman	30-40	
14	Advocacy	Gender & Women's Rights Programme Manager	Johannesburg centre	Woman	30-40	
15	Technology & Development	Programme Lead	Johannesburg centre	Woman	20-30	Northern Sotho/ Rasta
16	Gender-based violence/ HIV	Counsellor Supervisor	Johannesburg centre	Woman	30-40	Jewish
17	Gender-based violence/ HIV	Programme Director	Johannesburg centre	Woman	30-40	Pedi
18	Legal	Researcher & Policy Analyst	Johannesburg centre	Woman	40-50	
19	Men's organisation	Field worker	Johannesburg centre	Man	20-30	

	Organisation type	Position	Location of interview	Gender identity	Age	Cultural/ religious/ group identities (if and as mentioned)
20	Gender-based violence	Programme Lead	Glenwood	Woman	30-40	
21	Gender-based violence/ HIV	Advocacy	Via phone (Johannesburg	Woman	20-30	
22	Women's Support services	Executive Director	Bloubergstrand	Woman	30-40	Afrikaans
23	Rural women's project	Executive Director	Stellenbosch	Woman	40-50	
24	Gender-based violence	Crisis Supervisor	Manenberg	Woman	20-30	
25	Research	Gender Researcher	Westville	Man	20-30	
26		Independent Consultant	Glenwood	Woman	40-50	
27	Men's organisation	International Programmes Coordinator	Durban centre	Man	30-40	
28	Research	Gender (men/ masculinities) researcher	Westville	Man	20-30	
29	Gender identity/ Intersex	Advocacy Manager	Manenburg	Man	30-40	Trans-gender man
30	Drama & Development	Programmes Manager	Pinelands	Woman	30-40	
31	Organisational Development	Country Director	Cape Town centre	Woman	40-50	
32	Communication	Country Director	Rondebosch	Woman	40-50	

References

Alpízar, L., Clark, C., Pittman, A., Rosenhek, S., & Vidal, V. (2010). *Trends in Bilateral and Multilateral Funding* (No. Brief 1) (p. 38). Toronto, Canada: Association for Women's Right in Development (AWID). Retrieved from http://www.awid.org/Library/Brief-1-FundHer-Research-Update-Brief-Series

Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative Research*, *1*(3), 385 –405.

Aveling, E.-L. (2012). Making sense of 'gender': From global HIV/AIDS strategy to the local Cambodian ground. *Health & Place*, *18*(3), 461–467. doi:10.1016/j.healthplace.2011.06.008

Baden, S., & Goetz, A. M. (1997). Who Needs [Sex] When You Can Have [Gender]? Conflicting Discourses on Gender at Beijing. *Feminist Review*, (56), 3–25.

Baum, A., & Grunberg, N. E. (1991). Gender, stress, and health. *Health Psychology*, *10*(2), 80–85. doi:10.1037/0278-6133.10.2.80

Braidotti, R. (2002). The Use and Abuses of the Sex/Gender Distinction. In G. Griffin & R. Braidotti (Eds.), *Thinking differently* (pp. 285–307). Zed Books.

Brock, K., Cornwall, A., & Gaventa, J. (2001). *Power, knowledge and political spaces in the framing of poverty policy* (Working paper No. 143) (p. 41). Brighton, UK: Institute of Development Studies.

Campbell, C., Cornish, F., & Skovdal, M. (2012). Local pain, global prescriptions? Using scale to analyse the globalisation of HIV/AIDS response. *Health and Place*, *18*(3), 447–452.

Connell, R. (2011). Gender, health and theory: Conceptualizing the issue, in local and world perspective. *Social Science & Medicine*, *(in press)*, 1–9.

De Certeau, M. (1984). *The Practice of Everyday Life*. Berkeley: University of

    California Press. Retrieved from

    http://en.wikipedia.org/wiki/The_Practice_of_Everyday_Life

Dowsett, G. (2003). Some Considerations on Sexuality and Gender in the Context of

    AIDS. *Reproductive Health Matters*, *11*(22), 21–29. doi:10.1016/S0968-

    8080(03)02290-0

Doyal, L. (2001). Sex, gender, and health: the need for a new approach. *BMJ*,

    323(7320), 1061–1063. doi:10.1136/bmj.323.7320.1061

Dunkle, K. L., & Jewkes, R. (2007). Effective HIV prevention requires gender-

    transformative work with men. *Sexually Transmitted Infections*, *83*(3), 173 –

    174.

Ely, R. J., Scully, M., Foldy, E. G., Foldy, E., & Scully, M. A. (2003). *Reader in

    gender, work, and organization*. Oxford: Wiley-Blackwell.

Fonjong, L. (2001). Fostering women's participation in development through non-

    governmental efforts in Cameroon. *Geographical Journal*, *167*(3), 223–234.

Haraway, D. (1991). 'Gender' for a marxist dictionary: the sexual politics of a word.

    In *Simians, Cyborgs and Women: The reinvention of nature* (pp. 127–148).

    London: Free Association Books.

Hopenhaym, F., Carrasco Scherer, L., & Raaber, N. (2008). *FundHer Brief 2008:

    Money Watch for Women's Rights Movements and Organizations* (p. 47).

    Johannesburg: Association for Women's Right in Development (AWID).

    Retrieved from http://www.awid.org/eng/Issues-and-

    Analysis/Library/FundHer-Brief-2008-Money-Watch-for-Women-s-Rights-

    Movements-and-Organizations

Hopenhaym, F., & Clark, C. (2008). *Funding to fight HIV/Aids through the promotion of women's rights: A case study from South Africa* (p. 32). Johannesburg: Association for Women's Right in Development (AWID). Retrieved from http://www.awid.org/eng/About-AWID/AWID-Initiatives/Where-is-the-Money-for-Women-s-Rights/What-s-new-from-this-initiative/Funding-to-fight-HIV-Aids-through-the-promotion-of-women-s-rights-A-case-study-from-South-Africa

Howard, P. L. (2002). Beyond the 'grim resisters': towards more effective gender mainstreaming through stakeholder participation. *Development in Practice*, *12*(2), 164–176.

Jackson, C. (1997). Actor orientation and gender relations at a participatory project interface. In A. M. Goetz (Ed.), *Getting Institutions Right for Women in Development* (pp. 161–175). London: Zed Books.

Jahan, R. (1995). *The Elusive Agenda: Mainstreaming Women in Development*. London & New Jersey: Zed Books.

Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, *359*(9315), 1423–1429.

Kardam, N. (1991). *Bringing women in : women's issues in international development programs*. Boulder: L. Rienner Publishers.

Long, N. (2001). *Development sociology: actor perspectives*. London; New York: Routledge.

Mohanty, C. T. (1984). Under Western Eyes. In T. L. A. Russo (Ed.), *Third World women and the politics of feminism* (pp. 51–80). Bloomington: Indiana University Press.

Moser, C., & Moser, A. (2005). Gender mainstreaming since Beijing: a review of success and limitations in international institutions. *Gender and Development*, *13*(2), 11–22.

Ogden, J., Gupta, G. R., Warner, A., & Fisher, W. F. (2011). Revolutionising the AIDS response. *Global Public Health*, *6*(sup3), S383–S395.

Oinas, E., & Arnfred, S. (2009). Introduction: Sex & Politics—Case Africa. *Nordic Journal of Feminist and Gender Research (NORA)*, *17*(3), 149–157.

Oyewumi, O. (1997). *The Invention of Women: Making African sense of western gender discourses*. Minneapolis: University of Minnesota Press.

Oyewumi, O. (2004). Conceptualising gender: Eurocentric Foundations of feminist concepts and the challenge of African epistemologies. In S. A. B. B.-Y. E. W. K. D. L. O. O. F. C. Steady (Ed.), *African Gender Scholarship: Concepts, Methodologies and Paradigms* (pp. 1–8). Dakar: Council for the Development of Social Science Research in Africa.

Porter, F., & Sweetman, C. (2005). Editorial. *Gender and Development*, *13*(2), 2–10.

Ravindran, T. K. S., & Kelkar-Khambete, A. (2008). Gender mainstreaming in health: looking back, looking forward. *Global Public Health*, *3*(1(Supp.)), 121–142.

Razavi, S., & Miller, C. (1995). *Gender Mainstreaming: A Study of Efforts by the UNDP, the World Bank and the ILO to Institutionalize Gender Issues*. Geneva: UNRO.

Roe, E. M. (1991). Development narratives, or making the best of blueprint development. *World Development*, *19*(4), 287–300.

Rossi. (2006). Aid Policies and Recipient Strategies in Niger: Why donors and recipients should not be compartimentalized into separate 'worlds of knowledge'. In D. Lewis & D. Mosse (Eds.), *Development Brokers and*

Translators: The Ethnography of Aid and Agencies (pp. 27–50). Bloomfield: Kumarian Press.

Shore, C., & Wright, S. (Eds.). (1997). *Anthropology of policy: critical perspectives on governance and power*. London: Routledge.

Shrestha, C. H. (2006). 'They Can't Mix Like We Can': Bracketing differences and the professionalization of NGOs in Nepal. In D. Lewis & D. Mosse (Eds.), *Development Brokers and Translators: The Ethnography of Aid and Agencies* (pp. 195–216). Bloomfield: Kumarian Press.

Smyth, I. (2007). Talking of gender: words and meanings in development organisations. *Development in Practice*, *17*(4-5), 582–588.

Spivak, G. C. (1990). *The Post-Colonial Critic: Intervies, Strategies, Dialogue*. (S. Harasym, Ed.). London: Routledge.

The Global Fund. (2010). *Community Systems Strengthening Framework* (p. 81). Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria. Retrieved from www.who.int/tb/dots/comm_hss.pdf

Tiessen, R. (2007). *Everywhere/nowhere: gender mainstreaming in development agencies*. Bloomfield: Kumarian Press.

Wendoh, S., & Wallace, T. (2005). Re-thinking gender mainstreaming in African NGOs and communities. *Gender and Development*, *13*(2), 70–79.

Woodford-Berger, P. (2004). Gender mainstreaming: what is it (about) and should we continue doing it? *IDS Bulletin*, *35*(4), 65–72.