For People Like Us

An HIV/AIDS Participatory Learning Assessment Tool
Johns Hopkins University Health Communication Partnership (JHU/HCP)
2005

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JHU Centre for Communication Programmes – Namibia Office

10 Von Eckenbrecher Street, Windhoek
P.O. Box 5588, Windhoek
(+264) (061) 247950
247953
Email: info@jhuccpnamibia.org
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### Acronyms and Abbreviations

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>anti-retroviral treatment</td>
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<tr>
<td>CACOC</td>
<td>Constituency AIDS Coordinating Committee</td>
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<tr>
<td>CAF</td>
<td>Community Action Forum</td>
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<tr>
<td>CBO</td>
<td>community-based organization</td>
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<td>CMA</td>
<td>community mobilization activity</td>
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<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<tr>
<td>JHU/HCP</td>
<td>Johns Hopkins University, Health Communication Partnership</td>
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<tr>
<td>NGO</td>
<td>non-governmental organization</td>
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<tr>
<td>OVCs</td>
<td>orphans and vulnerable children</td>
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<tr>
<td>PCV</td>
<td>Peace Corps Volunteer</td>
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<tr>
<td>PLA</td>
<td>Participatory Learning and Action</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission</td>
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<tr>
<td>RACOC</td>
<td>Regional AIDS Coordinating Committee</td>
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<tr>
<td>STI</td>
<td>sexually transmitted infection</td>
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<tr>
<td>VCT</td>
<td>voluntary counseling and testing</td>
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Participatory Learning and Action Methodology

Introduction

Participatory Learning and Action (PLA) is a blend of several methods and approaches that enable local people to analyze and share their knowledge of life and its conditions, and to plan, prioritize, act, monitor and evaluate based on this knowledge.

This methodology evolved during the late 1980s in response to the need for ways to actively involve local people in development projects being implemented in their communities. This need stemmed from a growing dissatisfaction with the existing ways in which development practitioners and researchers collected and used information for planning, monitoring and evaluation. Often, their approaches imposed an external, ‘expert’ perspective that did not adequately capture, or respond to, local needs.

Most of the methods used in PLA require diagramming and preparation of visual presentations by the local people. Visualization enables the shift from the closed to the more open means of communication. Preparing maps, models, and diagrams, and ranking, enables more people to see and participate in the analysis.

Each PLA process requires clear objectives up front and careful planning to ensure that all participatory exercises are connected to and help to realize those objectives.

Generally the PLA process involves gathering the knowledge, experience, attitudes, opinions and vision of several peer groups in the community who are directly affected by the issue being analyzed. Peer groups can be formed by age, gender, profession, religion, or other common factors.

A participatory process requires flexibility and support. The greatest threat to successfully facilitating a participatory process is inadequate understanding of the kind of long-term support it will require. The peer sessions are only the first of several steps in the PLA process, and this training is for the first part of this process, the needs assessment and community prioritization process.

Excerpts from “Listening to Young Voices: Facilitating Participatory Appraisals on Reproductive Health with Adolescents” – a project in Zambia funded by CARE
JHU/HCP’s use of this tool

Johns Hopkins University Health Communication Partnership (JHU/HCP) uses this unique research tool to facilitate discussion among peer groups in Namibian communities to gain insight into the issues and problems that they are dealing with and how these intersect with the HIV/AIDS problem in a community. This process assists a community in identifying ways of responding to the negative social and cultural norms that are fuelling the HIV/AIDS epidemic. JHU/HCP has been directed by the Ministry of Health and Social Services to perform these assessments in communities where ART services have been established. The assessment is the key activity that lays the foundation for JHU/HCP and the community’s future community mobilization activities (CMA).

Who can use this assessment tool?

This tool can be used by anyone involved in community work/mobilization. In particular program managers in NGOs, CBOs and Ministries will find it useful because through these assessments, the underlying health beliefs around sexual behavior, HIV/AIDS and reproductive health are revealed, as are the attitudes and knowledge levels on issues such as VCT, PMTCT, and care and treatment issues.
Typically, a participatory learning assessment takes approximately 5 months to complete and it involves a series of six steps:

1. **Community leaders meeting**

JHU/HCP holds an initial community leaders meeting with the Regional Governor (Chairperson of the RACOC), community leaders, influentials, community members, other local partners/NGOs, and the regional medical team. This group of people makes up the Regional AIDS Coordinating Committee (RACOC). The purpose of this meeting is to:

   - explain the proposed community assessment process;
   - answer concerns or queries;
   - ask for assistance in selecting participants for the assessment;
   - identify important peer groupings; and ultimately
   - gain ‘permission’ to work in the community.

The result of this initial meeting is the development of a **working group** that assists JHU/HCP with the planning and implementation of the assessment. The selected working group usually consists of representatives of the Constituency AIDS Coordinating Committee (CACOC), a coordinating body at the constituency level, chaired by the constituency counselor who is a political appointee representing a constituency at the regional council.

2. **Selection of trainers**

Based on JHU/HCP’s criteria, the working group guides JHU/HCP in selecting 6 community-based trainers and 12 facilitators who will be responsible for selecting the participants for the peer sessions and facilitating the peer sessions.

3. **Training of trainers and facilitators**

JHU/HCP builds capacity in the community by training the 6 trainers in the use of the participatory learning assessment tool. The trainers then train the facilitators in the use of the tool. Since the introduction of the Peace Corps Volunteers (PCVs), JHU/HCP
trains the PCVs to do the training of trainers and to oversee the implementation of the peer sessions.

4. Peer sessions

This is the data gathering exercise and a critical step in the PLA process because it is during these peer sessions that information is discussed and documented.

One trainer and two facilitators facilitate the peer sessions. There are 6 peer groups:

1. Young women (age 16-25)
2. Women (age 26-45)
3. Older women (age 46+)
4. Young men (age 16-25)
5. Men of (age 26-45)
6. Older men (age 46+)

The peer group sessions include 4 (half-day) meetings during which each identified peer group answers the following key questions:

- What are the main problems for people like you in your community?
- What are the main reasons people like you are getting infected?
- What are the main influences on sexual behavior for people like you?
- What do people like you need to have a healthy sexual and reproductive life?

5. Community feedback meeting

Once the peer group sessions have been completed, a large community feedback meeting is held, at which representatives of each peer group present the results and conclusions of the group’s discussions. Then, through a process of facilitated dialogue, the community identifies the key challenges that it needs to address in order to respond to the most important issues raised in the peer group sessions. This is also a time for the community members to see a ‘snapshot’ of what is happening in their community and to identify the key barriers to HIV prevention and uptake of services. Once a community has this information and understanding, it is in a position to identify, with local partners, the most appropriate channels for interventions focused on HIV/AIDS.

6. Taking action

At the end of the community feedback meeting, community members are usually eager to take action on the problems that the assessment process highlighted, and in most instances they form a Community Action Forum (CAF). The identified problems may not all relate directly to HIV/AIDS. Although we know that unemployment or alcohol...
abuse, for example, contribute to the spread of the disease, these problems are beyond the JHU/HCP’s or any one organization’s capacity to address. The community is therefore encouraged to find ways to tackle these issues through existing community structures. However, JHU/HCP does build the capacity of the CAFs to implement local HIV/AIDS awareness and education activities by means of HIV/AIDS-related training for CAF members, providing resources, tools and materials to the CAFs, and bringing to the communities large-scale, nationally coordinated interventions such as Sports for Life.
Guidelines for Trainers and Facilitators

These guidelines are intended to assist trainers and facilitators in setting up and facilitating the peer groups. It is strongly recommended that these are read and understood before facilitating any peer group session.

1. Remember that to be an effective trainer you should:

   - be able to speak the community’s local language;
   - gain the trust and respect of the people you work with;
   - have a basic understanding of sexuality and HIV/AIDS, including knowledge of your own feelings about these issues and an awareness of your own behavior;
   - be comfortable discussing sexual matters in public, with a frank, unembarrassed, but sensitive approach;
   - have an ability to relate well to people in an understanding, non-judgmental manner;
   - be knowledgeable of the basic facts of HIV transmission and the HIV prevalence in your community;
   - have an ability to use humor appropriately;
   - have an ability and willingness to say “I do not know” and “I am sorry”, and acknowledge and learn from your mistakes;
   - have an understanding of and full respect for confidence; and
   - always plan your sessions well in advance.

   From “Stepping Stones: A training package on HIV/AIDS, communication and relationship skills” by Alice Welbourn

2. Remember that to be an effective facilitator you should:

   - listen without judging;
   - speak the local language;
   - not over-interpret or interrupt;
   - carefully document exactly what is being said;
   - be a good listener;
be patient;
- have good communication skills;
- be able to summarize discussions;
- be able to work in a team;
- be able to elicit additional insights and opinions from peers without steering the conversation;
- be able to assist a peer group in analyzing its visual data;
- be sensitive to HIV/AIDS issues;
- be respectful of others’ opinions;
- be able to translate the notes of the peer groups; and
- be able to help a peer group define its terms, for example what the group means by ‘sexually active’.

3. Roles of the facilitation team

It is recommended that **teams of three (one trainer and two facilitators)** organize and facilitate the participatory peer group sessions. When facilitating analysis on sensitive subjects, such as sex, it is wise to separate facilitators and peers into same-sex groups – female facilitators with female participants, and the same for males.

Before starting the peer group sessions, decide which people are going to play the various roles during each session. It is recommended that the team members take turns playing the different roles. Rotating the tasks helps the team members to build skills in all three areas, and to maintain focused attention during the 4-hour sessions.

Many facilitation teams find it helpful to create a group contract regarding the way they will work together. This can be done by exploring group norms and writing them up on a piece of flipchart paper. For example, respect each other, come to sessions on time, and turn cell phones off during sessions.
3.1 The three main facilitation team roles

**The facilitator:** This person leads the facilitation and should be confident to handle discussions and conflict, to facilitate the use of visual methods, and to ask probing questions. S/he should also be capable of active listening and reflecting back to peers what they say to confirm the meaning of the discussion.

**The observer:** This person observes the process and group dynamics, and can also support the facilitator and the note-taker in their roles. The observer should give helpful and constructive feedback on the process to his/her team members at the end of each session, and time should be set aside for this purpose.

**The note-taker:** This team member records all discussions and visual analyses carried out by the participants. S/he writes down the key, or definitions, for all visual symbols used in every chart. S/he writes down the main point of each and every discussion, all ranking and prioritizing decisions, etc. The note-taker must be carefully attentive to conversations and discussions, and document key themes that emerge from the group discussions.

4. Why gender- and age-specific peer groups?

To understand the entire community perspective, it is necessary that the views and experiences of the different groups making up the community are shared. People of different genders (male and female) and different ages have different life experiences and different social pressures and expectations.

This process provides a safe space for open discussion and sharing of these various perspectives.
5. The challenge and the freedom of using symbols and drawings

- Important to be sensitive to people who are non-literate.
- Helps people to be more creative.
- Can often express more with a symbol or drawing than with words.
- Easier to chart.
- Challenge of having same symbol mean different things on different charts.

6. Check that you have what you will need

- A copy of this PLA tool.
- Lots of flipchart paper and colored markers.
- Masking tape or cellotape, string, and putty.
- Ring binder and pens.
- A4 paper for drawing key for each chart.
- Hole punch.
- Tube to hold flipchart sheets, or elastic bands.

7. Organization of the sessions

- Time-keeping.
- Keeping the energy of the group alive through the use of energizers.
- Breaks.
- Food!
- Logistics.
- Before and after the sessions, be available to group members who may have questions or problems.
8. Recording and storing information

**NB:** This is a very important part of the peer group sessions. If this is not done correctly, the discussions and information shared will be lost.

- Name and number each chart: session number, peer group number, location and date.
- Ensure that all symbols and drawings are recorded in the notebook.
- Every chart must be translated onto an A4 piece of paper.
- All charts must be stored safely.

9. Hints for translating materials and symbols

Immediately after each peer session, note-takers need to translate their symbol keys and notes into English, and then 'back-translate' to the original language, to be sure that the original meaning has been preserved. The three facilitators should all be in agreement that the translations into English have captured the true meaning of the discussions.

Sometimes a literal, word-for-word translation may not reflect the exact meaning of what has been said. Local expressions may at times be used that cannot be directly translated. Also, there are times when the local use of a word may have a weaker or stronger connotation than it seems to have when translated.

As much as possible, note-takers must try to convey the true meaning of the discussions, even if some translation is not literal or word-for-word. Translating the true and actual meaning of group conversations is the most important goal.

10. Use and purpose of notebooks

- To keep a record of all the peer group’s discussions.
- To record the symbols and keys of each chart.
- To record the actual charts.
Guidelines for Conducting Peer Sessions

Here are some guidelines to help you ensure that the members of the peer group that you facilitate understand the exercise and feel comfortable discussing these topics, and ultimately that everyone has some fun!

Explain the objectives of the peer sessions:

- To introduce the process and purpose of the 4 half-day sessions.
- To introduce the participants and facilitators to each other.
- To explain the role of the facilitators.
- To give guidance to the participants on what will be expected of them during the assessment.
- To give participants a chance to ask questions and raise concerns and/or anxieties they may have about the process.
- To obtain informed consent.
- To explore some of the main issues affecting the participants as a peer group.
- To explore how and why HIV is a problem for this peer group.

Introduction activities

- **Group Process – Blindfolds and Object**: Everyone feels a central object from a unique perspective, and describes exactly what they are feeling. The point is that none of us has the whole picture; we all have a limited perspective, and we need the whole community’s perspectives to get the whole picture.
- **Participant Self-Introductions – Adjectival Names**: Each person introduces her/himself to the rest of the group using an adjective that starts with the same letter as his/her name, for instance Fantastic Fred and Tiny Tanya.

Participant instructions

- Have fun!
- Be honest!
- You are asked to present people like you, i.e. other men/women of your age and situation. Think about what this means. Be careful not to think about yourself or just one person who is your age and sex, but rather think of the range of different
people in your age group and the issues they deal with. In answering the questions, we would like you to think about what is common, or usual, you for your peers. Discuss the questions together in the group.

- Questions will be asked in the manner “… for people like you”. We are not asking you to disclose information about yourself directly, but rather for your peers in general.
- You may experience different emotions during this assessment. This is normal as we are discussing sensitive, and sometimes painful, issues. Please feel free to share your feelings either with the group or with the facilitator.

Guardian angel exercise

Have the participants stand in a circle and join hands. Place yourself in the middle of the circle. Ask everyone to drop their hands and turn to their right. Each person is to be the guardian angel of the person standing in front of them.

Turn back to center. Explain that the role of the guardian angel is to keep an eye on the person in his/her care, by asking the person at the end of each session, or between sessions, how /she is and whether things are going okay for him/her. This support helps especially if some exercises are difficult for a participant, and it gives everyone an important role to play.

Suggested energizers/ice-breakers

Following are 8 different energizers/ice-breakers for you to use at any time during the peer group sessions. Use the ones you like, or feel free to use others that you know of.

1. Mime the Lie

   *Each person in turn mimes an action, and when asked, says s/he is doing something else. The next person has to mime what the previous person said s/he was doing.*

   Ask everyone to stand in a circle. Start by moving to the middle of the circle and miming an action, such as getting dressed. Ask the person who was next to you in the circle to ask you out loud what you are doing. You reply by saying out loud, for example, “I am digging a hole in the ground.” Next, ask the person who asked you to enter the circle and mime what you said you were doing, and then, when asked by the next person, to say something entirely different from what s/he is really doing. Continue until everyone has been in the middle of the circle.
2. **Fruit Salad / Jungle**

*The person in the middle of a sitting circle calls out fruit names and others have to move their position.*

Stand in the middle of a sitting circle. Everyone but you has to have an established place to sit. Ask the participants to choose three different fruit names. Then go around the circle, naming each participant in turn with these fruit names (“you are a mango, you are a banana, you are an orange”) until everyone has been named including yourself.

Explain that you are going to call out one of the fruit names. Everyone with that fruit name has to jump up and find somewhere else to sit. You are also going to find a place to sit.

The person who doesn not find a new place will be left in the middle and will have to call out the next fruit name.

Add that if someone calls out “fruit salad”, then everyone has to jump up and find somewhere else to sit.

The Jungle variation is to use 3 jungle animal names instead of fruit names.

3. **Sitting on Knees**

*The participants sit on one another’s knees in a circle.*

Ask everyone to stand closely in a circle, yourself included. Then everyone should turn to their right, so that each person is facing the back of someone else.

Ask everyone to put their hands on the shoulders of the person in front of them. Explain that you are going to slowly call out “1, 2, 3, SIT!”, and everyone should join you in doing so. On the word “SIT!”, everyone should carefully sit down on the lap of the person behind them, still holding onto the shoulders of the person in front of them. Afterwards, ask how it felt to do this. Did they think they were going to be able to do it? How does this relate to real-life experience?

4. **Oh, Henry**

*Funny exercise to help people realize the power of the way we express language.*

Stand in a circle. Explain that this game will illustrate how different uses of our voices combined with our bodies can communicate a lot to others.

Find a common name in the community. Using this name, say “oh, …”, showing how you can say it with anger, with fear, with sexiness, or with laughter. Give an example of these first.

Then ask each participant in turn in the circle to say “oh, …” using the same name each time. Ask each person to try to say it in a different way, expressing a different feeling.
After everyone has had a turn, ask participants to analyze what they have learned from this exercise.

They may mention loud or soft voices, eye contact, facial expressions, body language, etc.

If you wish, do a second round.

5. **Touch Something Blue**

A game of tag.

Ask everyone to stand up. Then explain that you will call out to everyone to find something blue around them, and to touch it. It could be someone’s blue shirt or scarf, or anything.

Then call out “touch something green!”, and everyone should run to touch a green object.

Or you can call out “touch someone’s ear!”, or “touch a wall!”, etc.

Invite other people to make suggestions about what to touch.

6. **Rhythm Clap**

Full group exercise, with everyone clapping, to create a feeling of unity.

Ask the participants to sit in a circle and close their eyes. They should each begin to beat or clap a rhythm – any rhythm. Join in yourself.

Gradually people will try to change the sound in order to create a more rhythmical sound. Allow the group to enjoy making rhythm together for a few minutes.

This is a useful exercise for winding down, closing a circle, etc.

7. **I’m Going on a Trip**

A memory game, with actions.

Ask the participants to stand in a circle. Start by saying “I’m going on a trip and I’m taking a hug.” Hug the person to your right.

S/he then says “I’m going on a trip and I’m taking a hug and a pat on the back,” and gives the next person a hug and a pat on the back.

Go on around the circle until everyone has had a turn, with each person repeating all that was said and done and adding one new action to the list. If someone forgets the sequence, encourage others to help him/her get it right.
8. Do Like This … I Do, I Do

A humorous, full group exercise where each person chooses a new movement that the group must imitate.

Ask the participants to stand in a circle. The first person must demonstrate a motion, for example waving his/her hands, while saying “Do like this!”. The rest of the group must immediately imitate the motion, while saying “I do, I do!”. The first person repeats the motion and “Do like this!” a second time, and the group also repeats the motion, again saying “I do, I do!”. Then the next person in the circle demonstrates a new motion while saying “Do like this!”, and the group continues to imitate each new motion and respond with “I do, I do!”. Response should continue in a fast-paced, uninterrupted rhythm until everyone in the circle has had a turn.
QUESTION 1: What are the main problems for people like you in this community?

Step 1

Ask the group to think about this question, and as each problem is identified, ask the group if they agree that this is a problem for people like them. Then, ask the group to draw a picture or a symbol to represent this problem. For example, a picture of a bottle could represent a problem with alcohol. Continue this process until the group feels that all the main problems for people like them have been identified and drawn on the paper.

Facilitator: Remember to include a key that explains the symbols and pictures.
**Step 2**

Prioritize the problems by drawing a large chart and listing all the identified problems horizontally across the top of the chart, using the symbols chosen – each problem is the heading of one column (see Chart 1 below).

Then, list the problems vertically down the left side of the chart (each problem is the heading of one row) in reverse order. In other words, if “drug use” is listed first (far left) across the top of the chart, it should be listed last (bottom) along the side of the chart.

Once you’ve done this, fill in the table by recording the symbol of the problem that is a bigger issue for people like them in the community. For example, in the first empty square (top row, left column), you compare Problem A (let’s say alcohol abuse) with Problem F (let’s say rape).

Ask the group to weigh up, of the two problems, which is the greater in the community, then draw the picture that symbolizes the greater problem in the first square of the table. Continue doing this until you’ve filled in the whole table.

<table>
<thead>
<tr>
<th>CHART 1</th>
<th>Problem Symbol of A</th>
<th>Problem Symbol of B</th>
<th>Problem Symbol of C</th>
<th>Problem Symbol of D</th>
<th>Problem Symbol of E</th>
<th>Problem Symbol of F</th>
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<tbody>
<tr>
<td>Problem Symbol of F</td>
<td>Symbol of F</td>
<td>Symbol of F</td>
<td>Symbol of C</td>
<td>Symbol of F</td>
<td>Symbol of F</td>
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<tr>
<td>Problem Symbol of E</td>
<td>Symbol of E</td>
<td>Symbol of B</td>
<td>Symbol of C</td>
<td>Symbol of E</td>
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<td>X</td>
</tr>
<tr>
<td>Problem Symbol of D</td>
<td>Symbol of A</td>
<td>Symbol of B</td>
<td>Symbol of C</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Problem Symbol of C</td>
<td>Symbol of C</td>
<td>Symbol of C</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Problem Symbol of B</td>
<td>Symbol of B</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Problem Symbol of A</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</table>
When you have finished this ranking, count the number of times that each problem appears in the chart, then rank the problem that appears the most as number 1, and so on.

For example, in Chart 1:

1) Problem C = 5  
2) Problem F = 4  
3) Problem B = 3  
4) Problem E = 2  
5) Problem A = 1  
6) Problem D = 0

Chart 1 suggests that Problem C is the biggest problem because it was chosen five times.

**Step 3**

Next, use Chart 2 to identify the groups/organizations/institutions in the community that are trying to help with each of the identified problems:

- List the problems down the left side of the chart.
- Brainstorm the names of the groups/organizations/institutions that are helping with each problem. Then write their names along the top of the chart. (You may need to add a second sheet of paper to fit them all in.)
- Use JKL to indicate whether the group finds these groups/organizations/institutions very helpful (☺☺☺☺☺), somewhat helpful (☺☺☺☺), or unhelpful (☺☺). 

<table>
<thead>
<tr>
<th></th>
<th>The hospital</th>
<th>The church</th>
<th>Specific NGO</th>
<th>Etc.</th>
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<tbody>
<tr>
<td>Problem A</td>
<td>☺</td>
<td>☺</td>
<td>☺</td>
<td></td>
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<tr>
<td>Problem B</td>
<td>☺</td>
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**QUESTION 2:**

From the perspective of people like you, what group in this community is the most vulnerable to HIV?

**Step 1**

Ask the participants to draw on a piece of flipchart paper a picture or symbol of each of the 6 peer groups in this assessment:

- Young women (age 16-25)
- Young men (16-25)
- Women (26-45)
Men (26-45)
- Older women (46+)
- Older men/community leaders (46+)

Facilitator: Remember to include a key that explains the symbols and pictures.

Step 2

Now ask the participants to discuss which of the peer groups is most vulnerable to HIV.

Note-taker: It is important that the note-taker records the details of this conversation. There should be notes detailing the reasons that are given in determining which peer group is most or least vulnerable.

Step 3

Rank the peer groups 1 to 6, with one being the most vulnerable and 6 being the least vulnerable.

QUESTION 3:
What are the reasons for people like you being infected with HIV?

Step 1

In the center of a piece of flipchart paper, ask the participants to draw a picture or symbol to represent their peer group.

Step 2

Ask the participants to reflect upon why and how people like them might be at risk of HIV infection, using symbols.

Step 3

Around the central symbol for the group, draw symbols or pictures to represent the responses. Following is an example of how the diagram might look, though pictures or symbols would replace the “reason” ovals.

Facilitator: Remember to include a key that explains the symbols.
**QUESTION 3.1:**
How common are these reasons for people like you?

**Step 1**

Rank the reasons/problems/factors identified by how common they are, by marking the following next to each one:

- *** = very common
- ** = common
- * = not very common

**Step 2**

Focus on the most common reasons and ask participants to discuss and analyse why they think this problem is happening for people like them.

**Note-taker:** Make sure that you capture the discussion points in detail.

**End of Day 1**

Summarize the day’s activities and provide an overview of what the participants can expect on Day 2.
Day 2
PEER SESSION 2

Session objectives:

To gain insight into the sexual behavior in this community.

QUESTION 1:
Who or what are the main influences on the sexual behavior of people like you?

Step 1

Ask the participants to draw a symbol to represent their peer group, in the center of a piece of flipchart paper.

Step 2

Ask the group to identify the key influences on their sexual behavior (e.g. church, family, school, media, women wearing provocative clothing, alcohol and so on). Around the central symbol or picture for the group, draw symbols or pictures to represent the influences (see example below, but use pictures or symbols in place of the “influence” ovals). The influences can be both negative and positive.

Facilitator: Remember to include a key that explains the symbols.
Step 3

Ask the group to choose the 4 strongest influences. Ask them to discuss the nature of these influences. For example, does the influence encourage people like them to have sex or not to have sex? Does it influence them in a good way or a bad way?

Note-taker: It is important that you record comments from this discussion. For each influence there should be a list of positive and negative components.

QUESTION 2:
Over a lifetime, how many sexual partners do people like you usually have or expect to have?

Step 1

a) Ask the participants to draw a line across a flipchart page and then to add age groups, as follows:

<table>
<thead>
<tr>
<th>Age groups over a person’s lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-16</td>
</tr>
</tbody>
</table>

b) Ask the participants how many sexual partners a person in their peer group would normally have, or expect to have, during each of the given age periods.

Step 2

a) Write down the number range they give for each age group.

b) Ask the group what the average number of partners would be for people like them in each age period, and write the average numbers in brackets under the number ranges.

For example, if the group says that young men in the age group 21-30 would have between 2 and 8 sexual partners, but that most would have about 3, you would write “2-8 (3)” for the age group 21-30.

Please make sure that the numbers in the range of sexual partners are not added up – a mistake that some peer groups have made in the past. In other words, using the example above, groups must not add 2+8 and say that people aged 21-30 would have 10 partners.
QUESTION 3: Who are people like you having sex with?

**Step 1**

Ask the group to brainstorm a list of all the categories of people with whom people like them have sex. On a piece of flipchart paper, draw symbols to represent these categories of sexual partners.

**Step 2**

Once the group has identified all the different categories of sexual partners with whom people like them have sex, draw the following chart (Chart 3), using symbols or drawings instead of words.

*Facilitator: Remember to include a key that explains the symbols.*

In the left-hand column, draw the symbols representing the different categories of people with whom they have sex. Then write the following five questions along the top of the chart:

1. Who is most socially acceptable to have sex with?
2. Who do you prefer to have sex with?
3. Who is most available to have sex with?
4. Who uses the most force in sexual relations?
5. Who gives the most reward for sex? are to be listed horizontally, along the top of the chart.

*Note that the question “who gives the most reward for sex” can refer to material rewards and/or emotional rewards. In answering this question, it is helpful if the note-taker records what type of reward (material or emotional) the group discusses.*
### Step 3

For each group, record the rating for each question on a scale of 1 to 5, with 1 meaning “least/worst/little association” and 5 meaning “most/best/greatly associated”.

For example, for the first group listed in the chart above, you would ask:

“On a scale of 1 to 5, How socially acceptable are businessmen? How preferable are businessmen? How available are businessmen? How forceful are businessmen? How much reward do businessmen give?”

Repeat these questions for each category of people listed in the left-hand column.

When all the questions have been answered, ask the group to look at the chart and reflect on what it tells them about the sexual behavior of their peer group.

**Note-taker:** It is important that you record the key points of this discussion.

### End of Day 2

Summarize the day’s activities and provide an overview of what the participants can expect on Day 3.
PEER SESSION 3

Session objectives:
- To explore the sexual and reproductive health needs of the peer group and the services needed to address them.
- To explore attitudes of people like you towards behaviors related to getting infected with HIV, sex, drugs and alcohol, and domestic violence.
- To explore your knowledge and understanding of HIV and AIDS and the sources of information on these.

**QUESTION 1:**
What services do people like you need to have a healthy sexual life?

*Step 1*

Ask the participants to draw a picture or symbol representing their peer group in the center of a piece of flipchart paper. Then ask the group to brainstorm all the different things they feel they need to have a healthy sexual life. These include, for instance, information about how the body works, love and support from the family, access to family planning, access to STI treatment, VCT and so forth.

*Step 2*

Once the group has identified their needs, ask the participants to use the following matrix to identify the availability and acceptability of the services or support structures identified in Step 1.

### CHART 4

<table>
<thead>
<tr>
<th>Service</th>
<th>Exists</th>
<th>Easily accessible for people like me</th>
<th>Is it helpful? No/Yes</th>
<th>Out of all of you in the group, how many have used these services?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol for Service 1</td>
<td></td>
<td></td>
<td></td>
<td>e.g. 4 out of 15</td>
</tr>
<tr>
<td>Symbol for Service 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symbol for Service 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTION 2:
What is your understanding of the following HIV/AIDS issues?:

- How to prevent HIV infection
- Voluntary counseling and testing for HIV
- Family planning methods
- How to prevent HIV infection from an infected mother to her child
- How to care and support orphans and vulnerable children (OVCs) or a person living with HIV/AIDS
- What medicines are available for a person living with HIV/AIDS

Step 1

On a piece of flipchart paper, draw a tree.

The trunk of the tree represents the issue, e.g. the ways to prevent HIV infection.

Along the tree’s branches, ask the participants to draw the symbols of the ways they know to prevent HIV infection.

Along the roots of the tree, ask them to write where they got this information from.

Step 2

Ask the participants to mark the most important source of information on each issue with a star.

Step 3

Ask the participants how important it is for people like them to know about each issue and write the answers on a piece of flipchart paper.

Step 4

Draw a new tree for each issue so that by the end of this exercise you have 6 trees.

End of Day 3

Summarize the day’s activities and provide an overview of what the participants can expect on Day 4.
Day 4
PEER SESSION 4

Session objectives:

- To help the peer group reflect upon changes over time in their community.
- To help the group members to develop a collective vision of where they would like to be in 2 years' time and 5 years' time.
- To identify the 5 key changes that would have to be made for this vision to be achieved.

Younger peer groups may only be able to comment on changes from 1995 onwards, which is fine.

QUESTION 1:
What have been the significant changes that people like you have experienced over the past 20 years?

_step 1_

Tape 4 pieces of flipchart paper together to make 1 large sheet of paper.

_step 2_


_step 3_

Then ask the group to choose a symbol to represent each of the following issues:

- Violence between men and women
- Relationship to church and religion
- Levels of employment
- Use of alcohol and drugs
- Access to education
- Presence of illness/disease in the community
- Inter-racial tension

Once they have chosen the symbols, ask the participants to draw them down the left-hand side of the chart.
CHART 5:
Example of Time Chart

<table>
<thead>
<tr>
<th>Symbol representing violence between men and women</th>
<th>10%</th>
<th>20%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symbol representing relationship to church and religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 4**

Once the chart has been prepared, ask the participants to reflect on how people like them experienced each issue during each of the different time periods. Ask, for example, “Thinking back to 1980, can you remember what was happening? Was there a lot of violence between men and women? Were there enough jobs?”

Discuss each issue for each time period, and write down a percentage from 0% to 100% to indicate the severity of the problem at that time in history. The chart above shows, for example, that violence between men and women has gradually increased over time.

The severity of social problems might increase over time, or decrease, or remain the same.

**Step 5**

When the chart is complete, ask the participants to stand up, look at the chart and reflect upon what it might be telling them. What ‘story’ is the chart telling people like them?

Draw a colored circle where the participants have seen a significant change (both positive and negative).

**Note-taker:** Remember to write down in detail the discussions that the group has about the ‘story’ this chart tells.
QUESTION 2:
What changes would you like to see in 3 years’ time in this community for people like you, particularly in relation to HIV and AIDS?

Step 1
Ask the participants to look at the time chart they produced for Question 1 in this session and to focus on their present year of life.

Step 2
Ask them to prepare a drama to illustrate all the issues identified on the time chart. Each participant should think about what character s/he will play, and the whole group should decide what scene (or scenes) will be dramatized.

Step 3
Ask the participants to start the drama. As the drama develops, say “Freeze!” to form a living picture of what it is like for people like them to live in this community.

Step 4
During the freeze, ask the participants to say what each character represents, and to describe what each character is doing.

Note-taker: Write down who the different characters are and what they are doing.

Step 5
Once you have a good understanding of what the freeze picture is conveying, ask the participants to remain where they are and to discuss how they would like this situation to change within the next three years.

Step 6
Ask the participants to develop another drama to demonstrate the change they would like to see. Then ask them who they represent and what they are doing. Ask how this change happened. Once you are clear about what the group is trying to convey, ask the participants to brainstorm the significant changes.

Note-taker: Write down the significant changes mentioned.
Wrap-up and preparation for the community feedback meeting

Step 1

Ask the participants to sit in a circle, and to briefly review what they did in each session over the past 4 days. Congratulate them on how much they achieved and how much information they now have about their community. Thank them for their effort.

Step 2

Explain that the next part of the assessment process will be a community feedback meeting. This is where all the peer groups share their information with the broader community. Ask each group to nominate 2 or 3 members to present the information at the meeting.

JHU in partnership with the trainers and community leaders will set a date for the community feedback meeting. Before the meeting takes place, JHU will meet with the trainers and peer group presenters to help them prepare for the presentations.

Remind the participants that the community feedback meeting will be the last step in the community participatory assessment, but the first step in a phase of action to address the problems identified by the peer groups.

Encourage the group members to meet together occasionally on their own if they enjoyed meeting and working together.

Ending

Ask the participants to stand and form a circle.

Invite the participants in turn to say what they enjoyed about the experience and what they found challenging, and ask them to mention something that they liked about their peer group.
“Even if we could not read or write, we could freely express ourselves through symbols.”

“We’ve never had this opportunity to express ourselves in this way through symbols.”

“HIV/AIDS is killing our communities – this process will help us talk more openly about it and break stigma.”

“We participated freely and the process has helped us come up with our own solutions to our problems.”