

## **Session 3.1 – Participatory methods for behaviour change communication and peer education**

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### **Aim**

To understand that the use of participatory methods of data collection and analysis give insight in perspectives of different sub-groups and that they increase involvement and ownership of the target group with the outcome and strategies developed based on the assessment.

### **Learning objectives**

At the end of this session participants will be able to:

- Facilitate and apply a number of participatory techniques that can be used at different phases in the project cycle
- Distinguish and determine which techniques to use at which phase in the project

### **Key points**

1. Participatory techniques are fun to do and increase insight in the knowledge, attitude and practices of the target groups
2. Techniques are not an aim in itself but a method to develop strategies of intervention that are needs based and gender specific
3. The facilitator of participatory techniques needs to be able to encourage and assist the groups to analyse the outcome well

### **Materials and handouts**

- 3.1.1 Handout: Participatory methods for behaviour change communication and peer education
- 3.1.2 Handout: The Bwana Kiko story and guidelines for discussion
- 3.1.3 Handout: Participatory techniques

## Handout 3.1.1 – Participatory methods for behaviour change communication and peer education

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### What are qualitative and participatory methods for:

- To understand what people think and why
- To understand what people do and why
- To understand what people know
- To understand what barriers and conditions determine behaviour
- To assist people in assessing the above and to facilitate their taking action (empowerment)
- To ensure that future interventions are based on what people know, think, practice and want

### Why are these methodologies used

- Some issues cannot be measured quantitatively
- It gives insight in the reasons behind outcome of quantitative research
- It can make sensitive issues like sexual behaviour discussable
- It can bring to light implied/hidden social/cultural behaviour/attitudes
- It stimulates a holistic approach to development, linking institutional and organizational factors to situations at community level

### Participatory:

- Ownership of the result is shared and can be kept in the community
- It empowers those being assessed in that they can direct the outcome and influence the future process
- It is a learning process where all involved learn from each other
- It helps target groups to think in a structured way about key issues and stimulates self analysis
- Open discussions in focus groups provide credible and relevant information
- Participatory methods yield more information in a short time
- It stimulates multi-sector involvement
- It is gender, target and poverty sensitive and uses tools that can be understood by all
- It can be used as a baseline reference from where community based indicators can be developed
- It stimulates action and commitment

### Differences between quantitative and qualitative survey methods and participatory activities

#### Technical and social survey

Researchers/NGOs:

- Extract information

#### Participatory activities

Stakeholders:

- Stimulate discussion

### **Participant notes: Day 3**

- Analyse information
  - Make generalizations
  - Own information
  - Recommend action
  - Plan intervention
- Analyse information
  - Internalise information
  - Own information
  - Apply lessons
  - Determine own priorities for action

### **Issues**

- It is more difficult to quantify and structure the outcome
- It requires very well trained facilitators
- It takes time
- It needs commitment
- It requires equality and trust
- It requires flexibility
- Tools can be adapted to suit the topic of research
- It is difficult to scale up

## Handout 3.1.2 – Participatory methods: Bwana Kiko story

1



### Bwana Kiko in his home village

- What do you see in this poster?
- What type of lifestyle is shown in the poster?
- What cultural and traditional norms do you recognise in this picture?
- Are the cultural and traditional norms seen in the poster real?
- Who is the gatekeeper of these traditions and culture?

2



### Bwana Kiko leaves for the fishing island, his wife is worried...

- What is happening in this picture?
- What type of worries do you think Mrs Kiko would be having?
  - worries about her husband;
  - worries about herself.

3



### Bwana Kiko enters into a different life environment

This poster shows that Bwana Kiko has entered the life of the fishermen when he enters his fishing boat and when he has changed his clothes. The fishing crew left the lifesaver at the shore as a symbol that risk is to be taken as fishermen.

- What do you see happening in this picture?  
They should mention the lifesaver left on the shore!
- What changes have happened to Bwana Kiko when he is with his friends in their boat?

What behaviour

4



### The risk behaviours of Bwana Kiko while in the fishing island

He has many different women, he drinks alcohol and smokes marijuana and uses hard drugs, and he does not use toilets. The environment is conducive to this behaviour.

- What are the risky/dangerous behaviours that Bwana Kiko is practising?
- Is such behaviour being practised here in this island?
- Why do you think such behaviour is being practised here?
- Are there people with similar behaviour to Bwana Kiko in the island?

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- What could be the effect of that behaviour to such people?

Are such behaviour styles the same in men and women?

### **The influence of ready cash in the lives of fishermen and their partners**

This poster shows the environment of the fish market and emphasises the role of money in the life of fishermen and their partners.

- After selling his fish, how will Bwana Kiko spend the money?
- Who makes decisions in matters of love between a man and a woman?
- Who makes decisions on safe sexual practises between a man and woman?
- Do women have the right to protect themselves during sexual affairs?
- What is your opinion on this issue?
- Can this situation be changed? If so, how?
- Is it easy? If difficult, why?

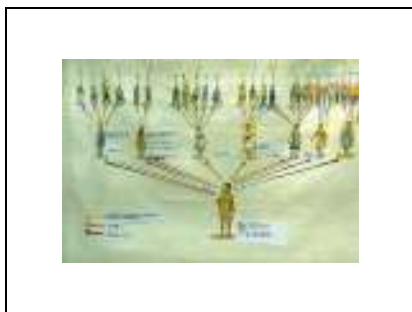
6



### **Bwana Kiko gets sick every now and then** and his colleagues complain about it.

- What do you see in this picture?
- What kind of disease may Bwana Kiko be suffering from?
- Bwana Kiko is sick, what worries do you think he will be having?
- What will immediately happen when Bwana Kiko becomes very ill?
- What support do you think Bwana Kiko will get from his friends?
- Will he get any support from the boat owners?
- Is there any place for sick people to be looked after here on the island?
- How do you feel personally about this situation?
- What should be done concerning this situation?

7



**The sexual network of Bwana Kiko.** The picture also explains the spread of STDs including HIV. Preferably this picture is shown in stages. That is, the women with whom Bwana Kiko has sexual contacts with should be covered and disclosed one by one. This enables the facilitator to develop the story from every partner separately. Building the picture like that gives a good dramatic effect while it does not overwhelm the participants at first sight.

- Is it possible that Bwana Kiko has seven different sexual contacts as in the picture?
- What did you learn from this explanation?
- Why is it important to get treated at once for

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sexually transmitted diseases such as syphilis and gonorrhoea?

- Is early treatment and proper treatment of STD infection enough by itself?
- Who on this poster is most at risk of getting infected by HIV?
- What should we do in a situation like this?
- Do you have any other questions with regard to the spread of STDs and their consequences?

8



### **After contracting AIDS, Bwana Kiko in search for an explanation**

This poster shows how Bwana Kiko is in search for an explanation for the fact that he is infected with HIV.

- What explanations does Bwana Kiko have in mind regarding his problems and why?
- What explanation do you think is most valid?

9



### **In search for action towards behaviour change**

This last poster is meant to mobilise action towards behaviour and environmental change.

The poster shows a group of fishermen, a group of women and the community at large discussing need for action.

In the end, using the Bwana Kiko poster discussion starters, participants are requested by the facilitator to decide what they want to do in order to protect themselves if they think that is needed:

- What should we fishermen do?
- What should we women in the isles do?
- What recommendations can we make for the community as a whole?
- How are we going to do that?

When are we going to implement these actions?

When do we start?

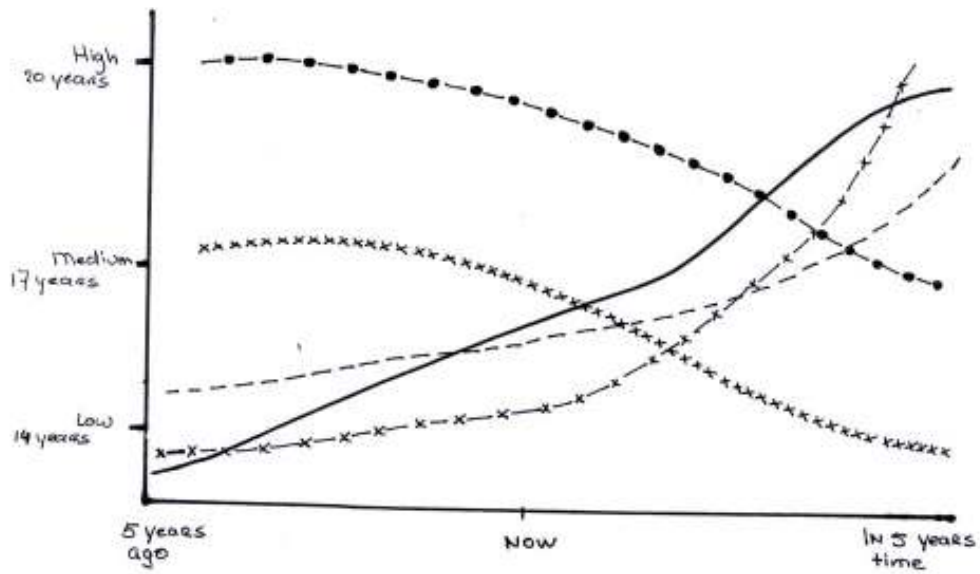
### 3.1.3. Handout Participatory techniques

| 1 Technique: AIDS trend appraisal |                               |   |
|-----------------------------------|-------------------------------|---|
|                                   | <b>Section</b>                | <b>Content</b>  |
| 1                                 | Description of technique      | Participatory methodology to assess changes in relation to different aspects of HIV/AIDS in the community   |
| 2                                 | Level of intervention         | Community level   |
| 3                                 | Stage in planning cycle       | Awareness raising, planning   |
| 4                                 | Purpose and use of technique  | <ul style="list-style-type: none"> <li>• HIV/AIDS conditions continuously change. This exercise enables the community to see the development of different aspects related to HIV/AIDS over time in a systematic way</li> <li>• The exercise is helpful to assess the perception of different groups about the past, it raises awareness on the future and helps to plan for preventing and solving problems to be faced</li> </ul>  |
| 5                                 | Requirements for facilitation | <ul style="list-style-type: none"> <li>• Good knowledge on basic facts of HIV/AIDS to answer questions when these come up during the exercise</li> <li>• Ability to deal with the emotions of the participants when they see discouraging trends</li> <li>• Ability to motivate participants to think of interventions that they themselves can undertake</li> <li>• A non-judgemental attitude</li> </ul>  |
| 6                                 | Duration                      | Approx. 2 hours   |
| 7                                 | Materials required            | <ul style="list-style-type: none"> <li>• flip chart paper</li> <li>• pens/markers</li> <li>• locally available objects like pebbles, leaves etc.</li> </ul>   |
| 8                                 | Methodology                   | <ol style="list-style-type: none"> <li>1. Divide the group into small groups (5-8 people in each group)</li> <li>2. Ask each group to select one or more aspects in relation to HIV/AIDS in the community (for instance: changes in knowledge about HIV/AIDS, number of people in the community who contracted HIV/AIDS or died of AIDS, HIV/AIDS infection in specific community groups, attitude towards condom use, attitude towards PLWA, number of orphans)</li> <li>3. For each of the aspects selected, the group develops a rough measurement scale (high, medium, low or age categories)</li> <li>4. The groups analyse the selected aspect to see what it was like 5 years ago, what it is like now and what it will be like in the next 5 years</li> <li>5. They show the results on paper or on the ground</li> </ol> |

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|    | <i>Section</i>              | <i>Content</i>   |
|----|-----------------------------|--|
|    |                             | <p>indicating the changing trend with a fluctuating line.</p> <ol style="list-style-type: none"> <li>6. It is also possible to ask the groups to analyse more than one aspect at the same time.</li> <li>7. The results are presented and the trends of the different aspects analysed are compared to see if there is an interrelationship (for instance migration and HIV infection rates)</li> <li>8. This is followed by a discussion on action that can be taken in the community in prevention and impact mitigation</li> </ol>  |
| 9  | Impact                      | <ul style="list-style-type: none"> <li>• The exercise enables a discussion among community members on the HIV/AIDS situation in their community. People might have different perceptions and by stating these, this could open up a lively discussion whereby a lot of information/data can be subtracted and a first step can be made towards a planning process</li> <li>• A negative impact may be that specific community groups or individuals are 'blamed' for the AIDS situation in the community or that confidentiality is not kept and names of PLWA's are mentioned. The facilitator has to be alert that this is not happening.</li> </ul> |
| 10 | Critical issues for success | <ul style="list-style-type: none"> <li>• The division of the groups has to be done carefully, separating age and gender or mixing these on purpose to encourage discussion within the groups. It is best to discuss this first in the group as a whole and to let them decide.</li> <li>• The facilitator has to encourage the groups to analyse the trends well and to assess the reasons for it by asking questions such as why, when, how and who. This will help the group to decide what they can do in future to change the trend.</li> </ul>  |
| 11 | Source of technique         | <p>AIDS Education Project, Faculty of education, Chiangmai University, 50200 Chiangmai, Thailand, email: <a href="mailto:duongsaa@chmai.loxinfo.co.th">duongsaa@chmai.loxinfo.co.th</a></p> <p>Programme d'Appui au Programme Multisectoriel de Lutte contre le SIDA et les IST (Seydou Kabré or Victorine Yaméogo), 01 BP 6464 Ouagadougou 01, Burkina Faso <a href="mailto:pmls@cenatrin.bf">pmls@cenatrin.bf</a></p>  |
| 12 | Editor's note for learning  | <p>This activity is very useful to assess trends in the community and to assess perceptions on these trends with the different groups. At the same time it gives insight in the level of awareness and knowledge related to HIV/AIDS transmission and prevention. The discussions and analysis can already lead to suggestions for interventions in future. These suggestions have to be noted down to be included in action planning at a later stage.</p>  |

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- Knowledge on HIV/AIDS ————— (measurement high, low, medium)
- Stigma —●—●—●— (measurement high, low, medium)
- Number of orphans —x—x—x— (measurement high, low, medium)
- Condom Use - - - - - (measurement high, low, medium)
- Start of sexual activity xxxxxx (measurement in age category)

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





#### 3 **Technique: Appraisal of risk behaviour**

|   | <b>Section</b>                | <b>Content</b>  |
|---|-------------------------------|---|
| 1 | Description of technique      | A participatory technique that helps participants identify different types of risk behaviour or conditions that may lead to risk behaviour  |
| 2 | Level of intervention         | Community   |
| 3 | Stage in planning cycle       | Situation analysis, awareness raising   |
| 4 | Purpose and use of technique  | <ul style="list-style-type: none"> <li>• To increase awareness that there are many different risk behaviours and that many different (groups of) people are at risk to become infected.</li> <li>• To arrange risk behaviour in order of importance with regard to number of people at risk</li> <li>• To develop targets and target groups for awareness interventions/campaigns using appropriate methods</li> </ul>  |
| 5 | Requirements for facilitation | <ul style="list-style-type: none"> <li>• The facilitator needs to observe the groups, but only explain risk behaviour when participants request clarification (for instance: is there a risk for transmission in having a haircut or going to the dentist?)</li> <li>• Ability to facilitate discussion on sensitive/taboo subjects and norms and values in the community</li> </ul>  |
| 6 | Duration                      | 1 hour  |
| 7 | Materials required            | Paper and pen to note down risk behaviours. Seeds to rank the behaviours.   |
| 8 | Methodology                   | <ol style="list-style-type: none"> <li>1. Divide the group in small groups of 5-8 persons according to relevance (f.i. men, women, youth, different ethnic groups)</li> <li>2. The sub-groups are asked to consider what behaviour in the community leads to contracting HIV. List behaviour on the left side of the paper</li> <li>3. The sub-group discusses the number of people practising each risk behaviour. Objects (f.i. seeds) ranging from 1-10 in number are put behind each behaviour indicating behaviour that is practised by few (1) or by many (10). A division in three types (few, medium, many) is also possible. When discussing who practices what behaviour, the facilitator may ask questions to help: which group of people, which sex and what age are involved in this kind of risk behaviour.</li> <li>4. When all groups have finished, they present the results to each other and discuss.</li> <li>5. The facilitator notices that there are many types of risk behaviour but that not all are equally risky and that not all may be voluntary (such as a wife not being able to demand condom use from her husband who she knows has a girlfriend) Some behaviour is in itself not risky (such as consuming alcohol) but may lead to risk behaviour (unprotected sex).</li> <li>6. The facilitator subsequently discusses which behaviours</li> </ol> |

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| <i>Section</i>                 | <i>Content</i>   |
|--------------------------------|--|
| 9 Impact                       | <p>and which target groups should be addressed in prevention campaigns. Possible target groups may be men, women, expecting mothers, male and female youth, sex workers, drug users.</p> <ul style="list-style-type: none"> <li>• <b>This exercise makes people realise that risk behaviour is not confined to a few people and that HIV is an issue that confronts all.</b></li> <li>• <b>Awareness on different types of risk behaviour is increased and misconceptions on transmission can be redressed</b></li> <li>• The facilitator has to be very alert that certain groups (sex workers, injecting drug users) are not being blamed adding to the already existing stigma</li> </ul> |
| 10 Critical issues for success | <p>The importance of this activity lies in teaching about AIDS (risk behaviour for contracting HIV) not by lecturing but by letting participants discover and learn for themselves</p>   |
| 11 Source of technique         | <p>AIDS Education Project, Faculty of education, Chiangmai University, 50200 Chiangmai, Thailand, email: <a href="mailto:duongsaa@chmai.loxinfo.co.th">duongsaa@chmai.loxinfo.co.th</a><br/>           JSA Consultants Ltd. P.O. Box A408, La, Accra, Ghana. E-mail: <a href="mailto:jsa@africaonline.com.gh">jsa@africaonline.com.gh</a></p>  |
| 12 Editor's note for learning  | <p>The differentiation of groups of people practising risk behaviour is likely to also address increased risk for mobile populations such as students, seasonal labour, truck drivers and the need for prevention campaigns before the mobility takes place.</p>   |

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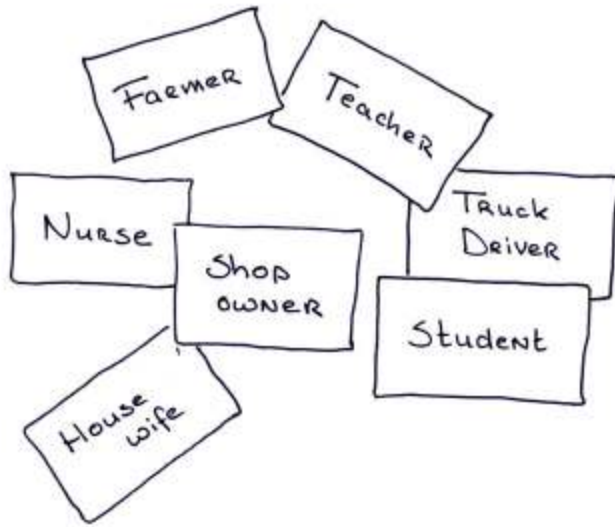
|                                    | Number of people practicing  |
|------------------------------------|--|
| Visiting sex workers               |   |
| Having multiple partners           |   |
| Not using condoms                  |   |
| Sharing razor blades<br>OR needles |   |
| Blood transfusion                  |   |
| Unsafe Medical Practices           |  |

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### 4 Technique: Occupational Risk

|    | <i>Section</i>                  | <i>Content</i>   |
|----|---------------------------------|--|
| 1  | Description of technique        | The risk for HIV/AIDS infection of people in different occupations is discussed  |
| 2  | Level of intervention           | Any group (workplace, community, youth, students, peer educators, teachers, NGOs)  |
| 3  | Stage or area of action (cycle) | Awareness raising, mobilisation  |
| 4  | Purpose and use of technique    | <ul style="list-style-type: none"> <li>▪ Raise awareness that most people are vulnerable to HIV infection</li> <li>▪ Reduce levels of discrimination against groups e.g. PLWHA</li> </ul>  |
| 5  | Requirements for facilitation   | The facilitator must count him/herself as person with risk and know the culture of the people. S/he must have the ability to encourage open discussion and not be judgemental  |
| 6  | Duration                        | 1-2 hour, depending on group size.   |
| 7  | Materials required              | Small cards, markers   |
| 8  | Methodology                     | <ol style="list-style-type: none"> <li>1. Ask the group to mention occupations that are common (as many occupations as there are participants)</li> <li>2. Write these occupations down on cards</li> <li>3. Each person gets a card with an occupation</li> <li>4. Divide the space in two parts, a low risk side and a high risk side</li> <li>5. Each person assesses the occupation on the card</li> <li>6. Each person chooses to sit on the high risk side or the low risk side of the circle</li> <li>7. Discussion guided by facilitator on why occupations are considered high or low risk</li> </ol> |
| 9  | Impact                          | <ul style="list-style-type: none"> <li>• Increased levels of awareness about risk behaviour and vulnerability of all</li> <li>• Reduced discrimination/stigmatization as individuals become more sensitive</li> </ul>  |
| 10 | Critical issues for success     | Only select occupations that are familiar to the group   |
| 11 | Source of technique             | AIDSNet, Chiangmai, Thailand <a href="mailto:aidsetn@loxinfo.co.th">aidsetn@loxinfo.co.th</a><br>JSA Consultants Ltd. P.O. Box A408, La, Accra, Ghana, <a href="mailto:jsa@africaonline.com.gh">jsa@africaonline.com.gh</a>  |
| 12 | Editor's note for learning      | This technique can be used in many different settings. For instance in a training context, in workplace programmes etc.  |

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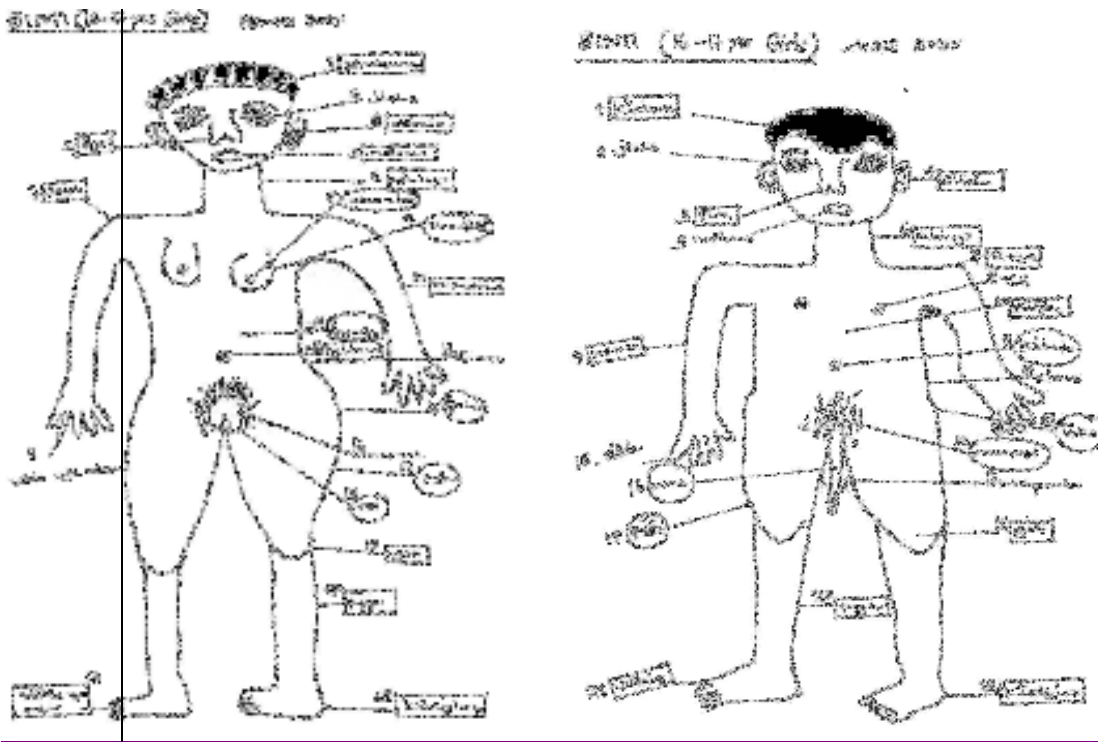
### 6 Technique: Body Mapping

|   | <b>Section</b>                | <b>Content</b>   |
|---|-------------------------------|--|
| 1 | Description of technique      | Participatory technique to help people understand their body better in relation to sexual activity and reproductive health   |
| 2 | Level of intervention         | Community, men, women, youth peer educators, adult peer educators  |
| 3 | Stage in planning cycle       | Awareness raising, planning  |
| 4 | Purpose and use of technique  | <ul style="list-style-type: none"> <li>To gain insight in perceptions of people of different sex and age of their sexuality and to increase mutual understanding of these perceptions</li> <li>To discuss differences between biological facts and local beliefs</li> <li>To discuss risks of HIV transmission and ways to avoid this</li> <li>To use the results in planning sexual education activities help plan interventions</li> </ul>   |
| 5 | Requirements for facilitation | <p>Non-judgemental attitude<br/>Knowledge on HIV/AIDS</p> <p>Being comfortable and stimulating in discussing local specific terminology of body parts, sexual behaviour and other sensitive issues</p>   |
| 6 | Duration                      | 1.5 hours  |
| 7 | Materials required            | <p><b>Large sheets of paper</b><br/>Markers/pens</p>   |
| 8 | Methodology                   | <ol style="list-style-type: none"> <li>1. Explain the purpose of the exercise</li> <li>2. Divide the group by age and sex (with youth groups the division in age group may be 10-14 and age group 14 – 17; with men and women, it may be useful to divide married and unmarried people, depending on the local culture)</li> <li>3. Ask each group to draw a figure of a male and a female body and ask them to label the body parts that have a sexual function. They may include the vernacular names for the parts (this helps breaking down barriers)</li> <li>4. Ask each group to indicate the body parts that are vulnerable to HIV transmission</li> <li>5. The groups present their results and explain what they have drawn and why</li> <li>6. This is followed by a discussion that may include implications of different perceptions between men and women, sexuality problems, vulnerability to HIV infection, implications for awareness raising and education</li> </ol> |

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| <i>Section</i>                 | <i>Content</i>  |
|--------------------------------|---|
| 9 Impact                       | <ul style="list-style-type: none"> <li>• Increased understanding and reflection about male and female bodies and sexual practices</li> <li>• Increased ease in discussing sexual issues and differences in perception</li> <li>• Increased understanding of vulnerability and risk</li> </ul>   |
| 10 Critical issues for success | <ul style="list-style-type: none"> <li>• The division of the groups by sex and age is very important because this influences the ease of discussion within the groups</li> <li>• It has to be stressed that the drawing of the body does not need to be 'correct'</li> <li>• If the groups are embarrassed about labelling the body parts that have a sexual function, it may be useful to start labelling all body parts first and only in a second round indicate the parts that have a sexual function (with youth in schools, this may be an easier way to start)</li> </ul>                    |
| 11 Source of technique         | TANESA, P.O.Box 434, Mwanza, Tanzania<br><a href="mailto:tanesa2@africaonline.co.tz">tanesa2@africaonline.co.tz</a><br>ZHECT , P.O.Box E 835, Lusaka, Zambia<br><a href="mailto:zhect@zamnet.zm">zhect@zamnet.zm</a>  |
| 12 Editor's note for learning  | <p>This technique has been used for a long time in reproductive health to map women's perceptions of their reproductive system as this helped to understand attitudes towards anti-conception.</p> <p>In Zambia the technique is used for adult peer educators to map pleasure and danger spots in order to increase mutual understanding of sexual pleasure between the sexes and so increase the effectiveness of the peer educators.</p> <p>The technique is also used in awareness raising for harm reduction whereby the different places for injecting drugs are indicated and discussed.</p> |

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Source: TANESA, Mwanza, Tanzania

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### 7 Technique: Three pile sorting

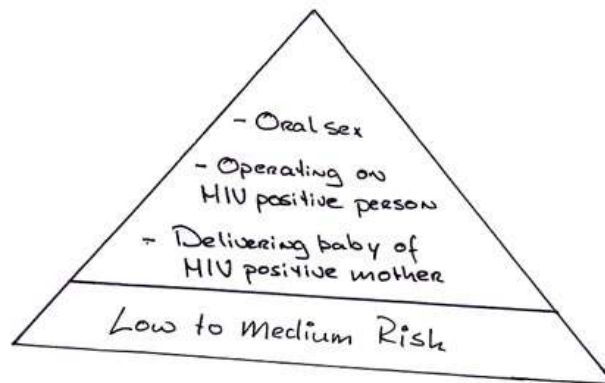
|   | <b>Section</b>                | <b>Content</b>  |
|---|-------------------------------|---|
| 1 | Description of technique      | Participatory methodology to assess the level of knowledge on HIV/AIDS transmission among participants  |
| 2 | Level of intervention         | Community level   |
| 3 | Stage in planning cycle       | Awareness raising, mobilisation   |
| 4 | Purpose and use of technique  | <ul style="list-style-type: none"> <li>To assess the level of knowledge of participants on HIV/AIDS</li> <li>To clarify basic information about HIV/AIDS, modes of transmission and prevention.</li> <li>To dispel AIDS related myths.</li> </ul>   |
| 5 | Requirements for facilitation | <ul style="list-style-type: none"> <li>knowledge on HIV/AIDS transmission &amp; prevention</li> <li>non-judgemental attitude</li> <li>ability to encourage discussion among participants</li> </ul>   |
| 6 | Duration                      | 45 minutes to one hour  |
| 7 | Materials required            | <ul style="list-style-type: none"> <li>Prepare beforehand about 20 statements on sexual behaviour and behaviour related to living with and caring for PHA. Include behaviour with high, low or no risk of infection. (e.g. unprotected sex with a woman who is menstruating, breastfeeding by a positive mother, sharing a cup, kissing)</li> <li>Three large cut-out circles, each approx. 2 feet in diameter, labelled 'high risk', 'low to medium risk' and 'no risk'</li> <li>A bowl for the pieces of paper</li> </ul>   |
| 8 | Methodology                   | <ol style="list-style-type: none"> <li>Ask the participants to divide themselves into teams</li> <li>Place the three large circles in the centre of the floor and explain their labels</li> <li>Show the bowl with pieces of paper and explain that each paper has a different behavioural statement written on it, presenting different degrees of risks</li> <li>Pass the bowl around and each team takes one piece of paper</li> <li>Each team decides in which of three circles it the behaviour belongs (high, low, no risk)</li> <li>The choice is presented and justified to the rest of the group.</li> <li>In the discussion other participants can agree or disagree</li> <li>The presenting team can transfer the piece of paper to another circle if it changes its mind on the basis of the groups' discussion</li> <li>Participants set aside the pieces of paper that may require further investigation if there is no consensus or a need for more information</li> </ol> <ul style="list-style-type: none"> <li>The facilitator does not take sides or act as a final judge</li> </ul> |

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| <i>Section</i>                 | <i>Content</i>  |
|--------------------------------|---|
|                                | in the case but encourages the participants to critically examine their points of disagreement by raising appropriate questions for further reflection  |
| 9 Impact                       | <ul style="list-style-type: none"> <li>• The discussions increase the level of knowledge with participants on transmission of HIV</li> <li>• The discussions sharpen the ability of participants to distinguish facts from myths and misconceptions</li> </ul>  |
| 10 Critical issues for success | Participants have to have some level of knowledge on HIV/AIDS to be able to participate in the exercise.  |
| 11 Source of technique         | KIT, P.O. Box 95001, 1090 HA Amsterdam<br>(m.wegelin@kit.nl)<br>Corporacion Kimirina<br>Ramirez Davalos 258 y Paez, Quito, Ecuador<br>kimirina@quik.com.ec  |
| 12 Editor's note for learning  | This technique can be very useful at the onset of a workshop or a community session on HIV/AIDS to assess the level of knowledge from the participants. On this basis a decision can be made to give further information about basic facts or to continue with other activities.<br>An alternative to increase the participants' involvement, would be for one group to prepare the statements on paper for another group to do the sorting.<br>In Ecuador, the statements are divided in two piles, true or false. The facilitator acts as a final judge, correcting or giving more information as necessary |

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### Participant notes: Day 3



## Participant notes: Day 3

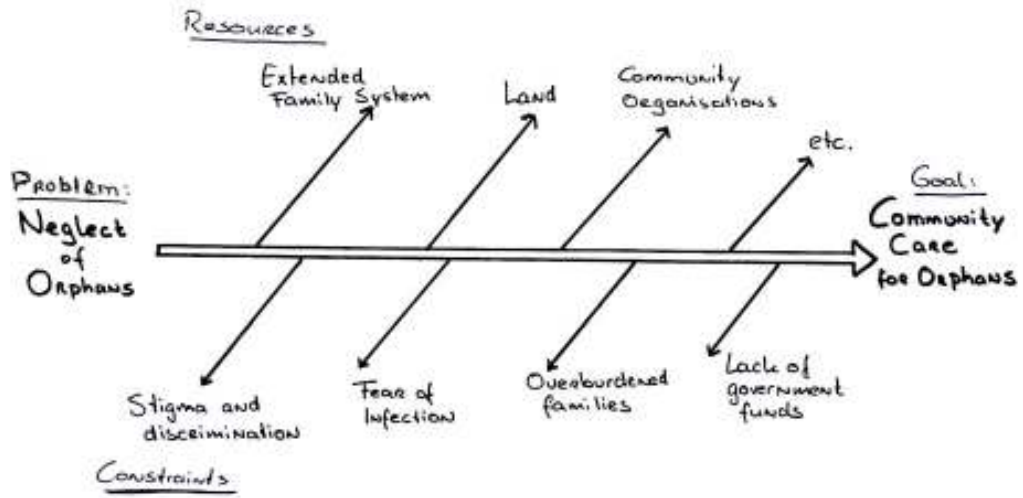
### 14 Technique: Force field analysis

|   | <b>Section</b>                | <b>Content</b>   |
|---|-------------------------------|--|
| 1 | Description of technique      | A participatory technique that helps participants identify constraints and resources in achieving a desired situation  |
| 2 | Level of intervention         | District level   |
| 3 | Stage in planning cycle       | Planning   |
| 4 | Purpose and use of technique  | <ul style="list-style-type: none"> <li>To analyse resources available with different stakeholders in the district to reach a set goal</li> <li>To analyse constraints of different stakeholders in reaching the goal</li> <li>To plan on how to use the resources to overcome the constraints</li> <li>To lead participants to the planning process</li> </ul>   |
| 5 | Requirements for facilitation | <ul style="list-style-type: none"> <li>Ability to guide the participants through the analysis of resources and constraints</li> <li>Ability to ensure that resources and constraints of different stakeholders are taken into account</li> <li>Ability to help participants to relate resources and constraints to achieve the goal</li> </ul>   |
| 6 | Duration                      | 1-2 hours  |
| 7 | Materials required            | Flip chart paper<br>Markers  |
| 8 | Methodology                   | <ol style="list-style-type: none"> <li>The participants select a problem that they want to address (see technique: problem ranking, transect walk).</li> <li>The participants agree on a goal to be achieved with respect to the identified problem within a given time span.</li> <li>On a large piece of paper, an arrow is drawn with the problem put on the left, at the beginning of the arrow, the goal to be achieved on the extreme right at the point of the arrow.</li> <li>Small arrows pointing in the direction of the goal represent the resources or helpful forces that assist in achieving the goal. Add the label 'resources' above the arrows.</li> <li>Small arrows pointing in the direction of the problem represent constraints and forces that are hindering achieving the goal. Add the label 'constraints' below the arrows</li> <li>Divide the group in sub-groups (depending on the situation inter-sectoral and multilevel stakeholders may be put in a mixed group, or separated in different groups). Each group receives a copy of the chart.</li> <li>In the groups the participants discuss the resources</li> </ol> |

## Participant notes: Day 3

| <i>Section</i>                 | <i>Content</i>   |
|--------------------------------|--|
|                                | <p>and constraints to reach the goal and fill these in at the arrows. It may be necessary to differentiate between stakeholders.</p> <p>8. Each groups subsequently assesses how they can use the identified resources to overcome the identified constraints. It may be necessary to differentiate between stakeholders.</p> <p>9. Each group reports back in plenary and the results of the sub-groups are discussed</p> |
| 9 Impact                       | <p>The activity helps people to become aware of the different resources and constraints of each stakeholder and therefore improves mutual understanding.</p> <p>The activity may also lead different stakeholders to combine their resources to overcome the constraints to reach a common goal.</p>   |
| 10 Critical issues for success | <p>The goal or desired situation has to be realistic and sufficiently attainable to avoid an unsatisfying result and frustration.</p> <p>It may be possible that the analysis leads to the identification of competing interests of different stakeholders. In such case, a discussion needs to be held to find a way out of this conflict.</p>  |
| 11 Source of technique         | <p>KIT, P.O. Box 95001, 1090 HA Amsterdam, The Netherlands (<a href="mailto:m.wegelin@kit.nl">m.wegelin@kit.nl</a>)</p> <p>Adapted from UNDP 'Tools for Community Participation' by Lyra Srinivasan, 1990. PROWESS/UNDP Technical Series. 304 East 45th Street, New York, NY 10017, USA</p>  |
| 12 Editor's note for learning  | <p>This technique can be used to start the action planning process: each constraint is separately analysed and steps are identified to address the constraint making use of the resources available. If needed, a strategy to obtain resources from elsewhere may be developed.</p>  |

### Participant notes: Day 3



## **Session 3.2 – Rapid assessment**

### **Aim**

To understand the elements that need to be covered in developing an assessment of the intervention area and target group for peer education and behaviour change communication, based on the draft aim and objectives of the programme

### **Learning objectives**

At the end of this session participants will be able to:

- List the different elements for which data need to be gathered in the assessment
- Identify sources of information
- Understand what methods to use for different types of data needed
- Develop a strategy for a rapid assessment

### **Key points**

1. There is a wide range of sources of useful data
2. Rapid assessment methods can be used to collect and assemble these data
3. It is always necessary to check data obtained from one source with data from another source (triangulation)

### **Materials and handouts**

3.2.1 Handout on steps in an assessment

## **Handout 3.2 – Rapid situation assessment**

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It is important to get detailed information on the target community, to understand patterns of behaviour, the processes and factors that influence or shape these behaviours and what the behaviour means to the community to be able to plan and design an appropriate intervention for behaviour change. We need to understand the context and significance of behaviour or ways of life of the people themselves. This information is subjective and therefore can be collected and understood only through close interaction with the community. This interaction and understanding involves building a relationship of trust and knowing the special vocabulary that is used by the community.

**Begin by listing the essential information you need on the community:**

- 1. Situation of risk behaviour and vulnerable groups:**
  - What people in the community are at high risk or vulnerable (numbers, sex)
  - What are the socio-demographic characteristics (age, sex, marital status, occupation)
  - Perceptions of risk and risk behaviour
  - Knowledge on HIV, STIs, and AIDS transmission and prevention (condoms), the factors of influence
  - Risk situations, showing how decisions are made in different situations, including what influences the decisions and settings for risk
  - Sexual (risk) behaviour
  - Reasons for risk behaviour and why people may be motivated for change
  - Influences on behaviour such as barriers and benefits
  - Insights of opinion leaders
  
- 2. Identifying services available to the target groups:**
  - Services available (health care, STI services, harm reduction services)
  - Patterns of service use and opinions about these services (health seeking behaviour)
  - Health care seeking behaviours
  - Perceptions of stigma and discrimination in the services
  - Availability and accessibility of prevention methods (condoms, needles and syringes)
  
- 3. Social, economic, political and legal context:**
  - What is the context (social, economic, political and legal) in which the target group has to operate
  - What other stakeholders/actors are of influence on the target population (police, organisations, brothel owners, syndicates, factories) in the area

### **Participant notes: Day 3**

- What is the interest with these stakeholders for behaviour change interventions. What is needed to get their support?

#### **4. What problems are being faced related to the target group (drug use, sex work etc.)**

- STI prevalence
- Abortions
- Injecting drug related wounds
- Sexual violence
- Police harassment

#### **5. What are current responses to these problems**

#### **6. What interventions are presently carried out:**

- What interventions
- What funding
- What organisations
- What target group
- What impact

#### **7. Sources of information**

- Documented sources: government statistics (statistical material about characteristics of the target group (number, age, gender, ethnic background, seroprevalence), clinic and treatment centres records, documentary sources such as newspapers, reports of NGOs and community organisations,
- Key informants: people with particular knowledge on the issue (drugs, sex work etc) or the target group such as health officials, informal health providers, rehabilitation staff, local police, journalists, nightclub owners, existing organisations. A key informant provides information on how local networks and communities make decisions and on the structures and processes they use. Key informants are an important source of information as they have knowledge about the topic or may have in depth information on some aspects of the issue (such as injecting practices).
- Community leaders/gate keepers – people who have some kind of control or influence over access to the target community; maybe staff at relevant institutions, local police, drug sellers, pimps
- Community members
- Target group members

#### **8. Methods to use for the assessment:**

- Interviews
- Focus group discussions
- Participatory methodologies

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### **See for further information:**

Developing HIV/AIDS work with drug users. A guide to participatory assessment and response. International HIV/AIDS Alliance

[www.aidsalliance.org](http://www.aidsalliance.org)

## **Session 3.3 – Defining target groups and target areas**

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### **Aim**

To understand that target groups and target areas are not homogeneous and that messages and interventions need to be adjusted to those that are to be reached.

### **Learning objectives**

At the end of this session participants will be able to:

- Identify primary and secondary target groups for their interventions
- Identify primary and secondary areas for their interventions
- Define key behaviours that need to be addressed
- Understand how to develop core messages for each of the key behaviours for the target groups

### **Key points**

1. Defining target groups and areas of operation allows intervention programmes to focus and be more effective
2. Being very specific in defining target groups and areas enables a programme to start small and then build up to more extensive work

### **Materials and handouts**

3.3.1 Defining target groups and target areas

3.3.2 Worksheet on target groups

3.3.3 Example of selection criteria for target area for intervention

## Handout 3.3.1– Defining target groups and target areas

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### Segmenting target groups

No intervention programme (BCC or peer education) can expect to be successful if it does not know with whom it is communicating. One of the tasks of the assessment is to determine who the targets of the intervention should be. It is necessary to divide primary (and secondary) audiences into sub-groups with similar needs to ensure that the intervention (be it peer education or BCC) is meaningful and effective. The assumption is that the segments in the target group are different enough from each other to require the development of different messages, use different methods to convey messages and use different forms of media.

After the assessment, we already know who is carrying out the risk practices (injecting drug users, sex workers, clients of sex workers, truckers etc.), but there may be differences within the groups carrying out the risk practices. There may be different risk behaviours but also other characteristics that are different and can be used for segmentation.

Population segments are often defined by psychosocial and demographic characteristics. Psychosocial characteristics include the knowledge, attitudes and practices demonstrated by a given group or audience; or by their role in society, their formal and informal responsibilities and their level of authority. Demographic characteristics include age, place of residence or work, place of birth, religion and ethnicity. In addition, structural factors and settings (workplace, risk settings, border settings) should also be considered. For example, sex workers can be grouped more specifically according to work location (brothel based, street based, home based)

People do not act in isolation. They are members of a whole group, of a family, of a community who have great influence on what they do. These groups in turn are influenced by people in authority, religious, political and traditional leaders and agencies and institutions. All of these groups need to be involved to create an enabling environment. They will also need communication, based on their roles and influences versus the primary target group.

Target audiences can be defined on the basis of a number of criteria including:

**Demographic indicators** age, sex, income, occupation, location

**Reference groups:** race, language, sexual orientation

**Organisations:** churches, health care facilities, cooperatives, schools, institutions

**Risk behaviour:** multiple sexual partners, MSM, IDU etc.,

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Target audiences should also be accorded priorities. Which group needs accurate information most urgently, which group is most at risk. Which group is the most important to reach programme objective.

Primary audiences are those that are expected to adopt a practice or for which the services or products of a programme are intended. Secondary audiences are people who influence the primary audiences and whose informed involvement is necessary.

#### **Deciding on target areas:**

Interventions best start small and ideally should be selected according to the sustainability, feasibility and chances of success of the intervention. In the early phase of an intervention we need to demonstrate success and ensure recognition for the project. To do this, we need to start with vulnerable groups where the possibility of behaviour change is greater and the point of entry in the community relatively easy. This will ensure that the process of behaviour change gains momentum and will make it possible to deal with the more difficult groups to reach in future interventions.

In the CARE Bangladesh intervention project with sex workers, a table was developed to select intervention areas (see handout 3.4.3)

## Worksheet 3.3.2– Defining target groups and target areas

Intervention: FSW/ IDU/ Vulnerable youth

| Primary target group   | Selection criteria | Key behaviour to be addressed/changed |
|------------------------|--------------------|---------------------------------------|
|                        |                    |                                       |
|                        |                    |                                       |
|                        | Etc.               | Etc.                                  |
| Secondary target group | Selection criteria | Key behaviour to be addressed/changed |
|                        |                    |                                       |
|                        |                    |                                       |
|                        | Etc.               | Etc.                                  |
| Target area            | Selection criteria |                                       |
|                        |                    |                                       |
|                        |                    |                                       |

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Handout 3.3.3: Example of selection criteria for target area for intervention

Table 2 :A comparison of brothels to determine feasibility based on selected criteria

| Brothel     | Need for Intervention | Sexual activity (No. of Sex Workers x No. of Clients) | Brothel structure | Stability       | Mobility of Commercial Sex Workers | Relative economic independence of Commercial Sex Workers | Incidence of Violence | Existence of community culture in brothel | Feasibility of reaching clients in the area | Existence of NGOs in the area | Possibility of early success |
|-------------|-----------------------|---|-------------------|-----------------|------------------------------------|--|-----------------------|---|---|-------------------------------|------------------------------|
| Daulatdia   | Small (+)             | Low (+)   | Favourable (+)    | High +          | ?                                  | High (+++)   | +                     | +   | +++   | -                             |                              |
| Kandu Patti | Small (+)             | Low (+)   | -                 | +-[both signs?] |                                    | ++   | ++                    | +   | +   | +                             |                              |
| Tanbazar    | Large (+++)           | High (+)++  | -                 | +               |                                    | ++   | +++                   | +   | +   | +                             |                              |
| Tangail     | Small (+)             | Low +   | ++                | ++              | High +                             | +  | +                     | +++                                       | ++  | -                             |                              |

+ = Favourable    ++ = Unfavorable

• Why do you think Tangail was selected as the intervention site?