International HIV/AIDS Alliance

FRONTIERS PREVENTION PROJECT

www.aidsalliance.org

Supporting community action on AIDS in developing countries

TOOLS TOGETHER NOW!

100 participatory tools to mobilise communities for HIV/AIDS

What is the International HIV/AIDS Alliance?

The International HIV/AIDS Alliance (the Alliance) is the European Union's largest HIV-focused development organisation. We were established in 1993 as an international non-governmental organisation to support community action on HIV/AIDS. Since then, we have worked with over 2000 community-based organisations in over 40 countries, reaching some of the poorest and most vulnerable communities with HIV prevention, care and support, and improved access to treatment.

Acknowledgements

Organisations and individuals have been developing and using Participatory Learning and Action (PLA) tools over many years and in many countries. The tools featured in this publication are the result of the creativity and enthusiasm of thousands of people. The original source of each tool is therefore rarely known. We would like to thank the Participation Group at the Institute of Development Studies, our country offices and linking organisations for their support in helping us to catalogue these tools.

The following partner organisations helped us to field test them between 2003 and 2005:

Nigeria: Positive Association of Nigeria (PLAN), Oyo, Centre for Development and Health Promotion Activities (CEPHPA), Centre for Rural Family Advancement (CERFA), Multiview Advocacy Network (MANET), Community Health Alliance (COHAL), Youth for Christ (YFC), Life Vanguards (LIVA), Community Health Concerns Group (CHCOG), Women and Development Movement (WADEM), Concerned Group for Neighborhood and Education (CONGRONE), Egbeda Voluntary Health Workers Action Group (EVHWAG), Family Health and Development Initiative (FAHEDI), Ray of Hope (ROHPE), Bijoux Organization, Nigerian Centre for Rural Youth Development (NCRYD), Good Workers International (GMI), The Repairers International (TRI), Life Support Initiatives (LSI), Environmental Development and Family Health Organization (EDFHO), Family Health and Population Action Committee (FAHPAC), Alliance Rights Nigeria (ARN), Project Concerned International (PCI), Life Care Organization, Healthy Africa Foundation (HAF), Femope Foundation, Itunnu Organisation, Family Counselling Center, People Against HIV/AIDS in the Barracks, Positive Support Network (PSN), Life Restoration (LIRO), Good Workers Movement International (GMI).

Mozambique: TRIMODER, MONASO, ASADEC, AMICUMO, KUKHALA, PACO, ASVIMO, ADR, Rudho ni Upenhi, AJULSID, AJAMO, MULEIDE, Luz na Comunidade, Aro Juvenil, AMAP/MTZ, Associação Chigwirizano, Associação Khalanamoyo, Comité de Caridade, RENSIDA, União e Amor, Associação Kulemequezana, DPMCAST (Acção Social) Ponto Focal, IPM, Centro Aberto da Kubatsirana Nherera, AJAF, AFDC, Kurangarirana, Grupo Cultural Kwaedza, AJUDE, Shinguirirai, OMM, MCDR, AFICRIMO WAFUNGUEI Associação TARIRO, FOCAMA, Rudo Kubatana.

Madagascar: Association STOP SIDA, PFED (Plate Forme pour l'Environnement et le Développement), Association MITSINJO, Association MITIA, Association Santé et Développement, AJUSM (Association des Jeunes Universitaires de Sainte Marie)

Ukraine: Eney Club, Step by Step, Donetsk Regional Society for the Assistance to HIV-positive People, Amikus Union, Life Line, Mariupol Youth Union, Virtus, Public Health, Victoria Club, The Way Home, Blagodiynist, UNITUS, Vykhid, Hope and Salvation, Youth Center for Women's Initiatives.

Cambodia: Akphiwath Strey, Community Development Action, Cambodian Vision in Development, Khmer Development of Freedom Organisation, Khmer Women's Cooperation for Development, Men's Health Cambodia.

India: Integrated Rural Development Society (IRDS), MERIBA, WINS, People's Action for Social Service (PASS), STEPS, Mahila Samatha Samithi, Pragathi Seva Samithi, SAMSKAR, SEWS, Action for Girijan Development.

Ecuador: Kimirina and members of the Alliance's Frontiers Prevention Project.

We would also like to acknowledge CAFOD and CARE International for kindly giving us permission to reproduce several illustrations.

The Alliance is grateful for the valuable contributions to this publication by Penny Beardsley, Alex McLean and Sarah Middleton-Lee. The diagrams featured in the tools were reproduced by Alliance staff.

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This publication was made possible by the generous support of the American people through the United States Agency for International Development (USAID), and the Bill and Melinda Gates Foundation. The contents are the responsibility of the International HIV/AIDS Alliance and do not necessarily reflect the views of the above donors or the United States Government.

Contents

Tool	Title	Page
Section A: An introduction to *Tools Together Now!*		**5**
	1.1 Background	5
	1.2 What is the toolkit for?	6
	1.3 How did we develop the toolkit?	6
	1.4 Who is the toolkit for?	6
	1.5 How can you use the toolkit?	6
	1.6 An overview of *Tools Together Now!*	7
An introduction to participatory learning and action		**8**
	2.1 What is PLA?	8
	2.2 The principles of PLA	9
	2.3 Why use PLA for community mobilisation?	14
Facilitating PLA		**16**
	3.1 Who can be a PLA facilitator?	16
	3.2 What are the roles of the PLA facilitator?	17
	3.3 What skills, knowledge attitudes and behaviours does a PLA facilitator need?	17
	3.4 PLA skills	18
	3.5 PLA attitudes and behaviours	19
	3.6 Knowledge of HIV/AIDS issues	20
	3.7 Knowledge of how to use PLA tools	21
	3.8 Working as a team	24
Planning PLA sessions		**25**
	4.1 The objectives of the PLA session	26
	4.2 Which PLA tools to use?	27
	4.3 Where to do the PLA?	30
	4.4 When to do the PLA?	30
	4.5 Resources required to do PLA	31
	4.6 What will we do in difficult situations?	32
	4.7 What are the ethical issues to consider?	33

Tool	Title	Page
Training PLA facilitators		**35**
	5.1 Essential topics to cover	35
	5.2 Style of training	36
	5.3 Preparation	36
	5.4 Sample workshops	38
Section B: Mapping tools		
1	Body mapping	40
2	Broad mapping	42
3	Community mapping	44
4	Focused mapping	46
5	(Gendered) resource mapping	48
6	Health facility mapping	50
7	Household mapping	52
8	Interventions mapping	54
9	Mapping stigma	56
10	Mobility mapping	58
11	Social network mapping	60
12	Transect walks	62
13	Well-being mapping	64
14	Universe map	66
Section C: Time analysis tools		
15	Before and now diagram	68
16	Daily activity charts	70
17	Health journey	72
18	Lifeline	74
19	Seasonal calendar	76
20	Seasonal health and disease calendars	78
21	Trend diagram	80

Tool	Title	Page
Section D: Linkages and relationships tools		
22	Cause and effect diagram	82
23	Circles diagram	84
24	Division of labour chart	86
25	Gender boxes	88
26	Gender roles chart	90
27	Gender myths	92
28	Helping relationship web	94
29	Octopus diagram	96
30	Problem tree	98
31	Road blocks	100
32	Spider diagram	102
33	Services web	104
34	Story with a gap	106
Section E: Experiential tools		
35	Agony aunt letters	108
36	Agree/disagree game	110
37	Buzz groups	112
38	Case studies	114
39	Courage to change	116
40	Community drama	118
41	Debating	120
42	Focus group discussions	122
43	Graffiti wall	124
44	Hot seating	126
45	Ideal images	128
46	Knowledge, skills and attitudes	130
47	Life history	132
48	Margolis wheel	134
49	Negotiation card game	136
50	Participatory IEC production	138
51	Participatory photography	140
52	Participatory video	142
53	Picture codes	144
54	Picture story	146
55	Risk game	148
56	Role play	150
57	Thought shower	152
58	Story telling	154
59	‘Walk in their shoes’ or field immersions	156
60	What is ...? diagram	158
Section F: Prioritisation and quantification tools		
61	Card sorting	160
62	Evaluation wheel	162
63	Matrix scoring	164
64	Pair-wise ranking	166
65	Pie charts (chapatti diagram)	168
66	Ranking line	170
67	Weighted matrix ranking	172
Section G: Action planning tools		
68	Writing aims and objectives	174
69	Action planning	176
70	Measuring empowerment	178
71	Assessment summary matrix	180
72	Desired change diagram	182
73	Activity prioritisation grid	184
74	Feasibility matrix	186
75	Force field analysis	188
76	Impact matrix	190
77	Laws and policies matrix	192
78	Low hanging fruit	194

Tool	Title	Page
79	Most significant change tool	196
80	Output/outcome matrix	198
81	Stakeholder participation matrix	200
82	Problem wall and solution tree	202
83	Project planning timeline	204
84	Risk assessment	206
85	Roles and responsibilities	208
86	Solution/objective tree	210
87	Sustainability matrix	212
88	SWOC analysis	214
89	Targeting	216
90	VEN sorting	218
91	Vision diagramming	220
Section H: PLA training tools		
92	Good vs bad facilitation	222
93	Back-to-front/front-to-back	224
94	Bad/good listening in pairs	226
95	Probing deeper	228
96	Open and closed	230
97	Sensitive subjects	232
98	Saboteur!	234
99	Trust game	236
100	Your own tools	238

Tool	Title	Page
Section I: Appendices		**240**
	Facilitating and planning PLA checklist	241
	PLA session planning form	242
	PLA materials checklist	243
	Ethics checklist for PLA and community mobilisation	244
	Sample PLA note-taking form	246
	Further reading and sources of information	247

An introduction to *Tools Together Now!*

Summary: this section gives an overview of what the toolkit is about, who it is for and how you can use it.

1.1 Background

Today, more than 40 million people are living with HIV/AIDS and many millions more are affected through family members becoming ill or dying. However, the real story of HIV/AIDS is not happening at the global level, but in the streets, settlements, families and communities which make up the world. It is here where action is needed most and counts most.

'Communities are not only at the frontline of the response against HIV/AIDS, they are the frontline.' (Peter Piot, UNAIDS)

The Community Mobilisation for HIV/AIDS set helps communities to become actively and influentially involved in addressing the causes and effects of HIV/AIDS. It consists of two resources published by the Alliance:

- *All Together Now! Community mobilisation for HIV/AIDS*
- *Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS*

Tools Together Now! is designed to help put *All Together Now!* into practice with communities. Used together, these two resources will provide a powerful way for organisations and communities to work more effectively together to address HIV/AIDS.

1.2 What is the toolkit for?

This toolkit provides a selection of 100 participatory learning and action (PLA) tools which you can use for HIV/AIDS programmes. PLA tools are interactive activities which enable communities and organisations to learn together about a HIV/AIDS in their community, develop a plan, act on it and evaluate and reflect on how it went.

The philosophy of this set of publications is that organisations and communities have to work as closely together as possible if they are to address HIV/AIDS successfully.

1.3 How did we develop the toolkit?

The International HIV/AIDS Alliance has over 10 years' experience in supporting community action on AIDS in over 40 countries in the world. A common theme of the Alliance's work has been encouraging community participation in the assessment, design, implementation, monitoring, evaluation and scaling up of HIV/AIDS activities. From this experience the Alliance has developed, adapted from other organisations, and used many participatory tools.

A literature review of the PLA tools the Alliance and other organisations have used for HIV/AIDS was carried out in 2004. All the tools and approaches described in this publication were then developed or adapted by Alliance partner non-governmental organisations (NGOs) with communities. The Alliance and its partners then selected the most helpful tools.

1.4 Who is the toolkit for?

This toolkit is intended to help organisations and community groups mobilise and work together to address HIV/AIDS issues. These issues may relate to HIV prevention, treatment, care and support for people living with HIV/AIDS, or mitigating the negative impact of HIV/AIDS on affected communities. You can use them to assess the local HIV/AIDS situation, plan, act, monitor, evaluate, reflect or scale up HIV/AIDS activities. People working directly with communities affected by HIV/AIDS will find these tools most helpful. However, any organisation working on HIV/AIDS should find these tools useful for their work.

1.5 How can you use the toolkit?

This toolkit was specifically designed for communities and organisations to use alongside *All Together Now! Community Mobilisation for HIV/AIDS* to:

- start together to address HIV/AIDS
- assess the HIV/AIDS situation together
- make a plan together
- implement the plan together
- evaluate that plan together
- decide what they want to do next together
- scale up action on HIV/AIDS together.

If you do not have a copy of *All Together Now!* it can be downloaded from **www.aidsalliance.org**, or ordered from Alliance by sending an email to this address: **publications@aidsalliance.org**.

If there are any terms in this toolkit you don't understand, the glossary in *All Together Now!* should help you out.

1.6 An overview of *Tools Together Now!*

This toolkit is divided into nine sections. We encourage you to read Section A before trying out the tools.

Section A: An introduction to *Tools Together Now!* gives an overview of what this toolkit is about.

An introduction to participatory learning and action (PLA) gives an overview of what PLA is, why it is used and answers frequently asked questions about PLA.

Facilitating PLA offers guidance on the skills, knowledge, attitudes and behaviours required to facilitate PLA tools successfully.

Planning PLA sessions offers guidance on what needs to be planned in order to carry out PLA.

Training PLA facilitators offers guidance on how to train members of communities and organisations to use PLA tools.

Section B: Mapping tools which help communities and organisations to have an overview of how HIV/AIDS affects their community, households and individuals.

Section C: Time analysis tools which help communities to see how situations change over time.

Section D: Linkages and relationship tools which help communities and organisations to have a greater understanding of the causes and effects of HIV/AIDS.

Section E: Experiential tools includes games, exercises and experiences which help communities and organisations to gain a deeper understanding of the causes and effects of HIV/AIDS.

Section F: Prioritisation and quantification tools to help communities and organisations to quantify, measure and rank how HIV/AIDS affects them.

Section G: Action planning tools to help communities and organisations to make plans which can help address the causes and effects of HIV/AIDS.

Section H: PLA training tools to train community members and organisations in PLA.

Section I: Appendices provides a list of useful resources on PLA and HIV/AIDS.

The tools are numbered from 1 to 100 and are referred to in *All Together Now!* for each stage of the community mobilisation process. Used creatively, they can be adapted and sequenced in different ways for use in HIV/AIDS prevention, care, support, treatment and impact mitigation.

An introduction to participatory learning and action (PLA)

Summary: this section gives an overview of what PLA is, why it is used and answers frequently asked questions about PLA. PLA is a growing family of approaches, tools, attitudes and behaviours to enable and empower people to present, share, analyse and enhance their knowledge of life and conditions, and to plan, act, monitor, evaluate, reflect and scale up action on HIV/AIDS. The principles of PLA are: participation, valuing local knowledge and experience, empowerment, group analysis and planning, using visual tools, actively seeking the unheard voice and, most importantly, using the right attitudes and behaviours.

2.1 What is PLA?

PLA in a nutshell: *a way to help people to participate together in learning, and then act on that learning.*

PLA is a growing family of approaches, tools, attitudes and behaviours to enable and empower people to present, share, analyse and enhance their knowledge of life and conditions, and to plan, act, monitor, evaluate, reflect and scale up community action.

Who can use PLA?

Anyone who is willing to give it a go can use PLA. The tools are flexible and adaptable; they can be used with different types of people, in different situations and for different purposes. In HIV/AIDS work, PLA is especially useful for helping those who are most affected by HIV/AIDS. These might be people who are living with HIV or AIDS, their families or friends, people who are involved in preventing, caring for or treating HIV/AIDS, or those who are trying to reduce the social or economic impact of it on communities. Additionally, PLA can also be used by those who wish to influence HIV/AIDS policy.

Although they are most often used with communities, PLA tools can also be used to help communities, organisations and government institutions to analyse, plan, act, monitor, evaluate and reflect together. In this way, PLA provides a very effective means to mobilise communities to address HIV/AIDS.

When can PLA be used?

PLA can be used at every stage of community mobilisation. It can help you to get a community together to address HIV/AIDS, analyse a situation together, decide what needs doing together, make plans, act on those plans, check on how those actions are going, evaluate those actions and reflect on what needs to be done next.

Where can PLA be used?

PLA can be used in both rural and urban setting and rich and poor areas. It has been used in both northern and southern countries.

PLA is best used wherever people feel most comfortable discussing the topic of HIV/AIDS. This may be in formal workshops, offices, church meetings or health facilities, or in informal meeting places such as bars, people's homes or under a shady tree.

How can PLA be used?

PLA is guided by a facilitator, who helps people to use the tools and ensure that everyone is able to participate equally. As such, people facilitating PLA need to adopt the right attitudes and behaviours to become a facilitator. The role of the facilitator is a very important one and is dealt with in more detail in part 3 of this introduction.

PLA activities also need to be carefully planned. Part 3 also covers how to plan and facilitate PLA in more detail.

PLA has been evolving since the 1970s. Many different ways to do PLA have been developed (see table on page 10). These vary according to who they are being used with, where and for what purpose. Although the methods of PLA may change, they all have the same principles. Together, these principles make up the PLA approach.

2.2 The principles of PLA

Participation All people have a right to play an active and influential part in shaping the decisions which affect their lives. Often people affected by HIV/AIDS are not fully included in the process of local action on HIV/AIDS, even though it is they who have to live with the outcomes of a programme. People who use PLA approaches believe that people affected by HIV/AIDS should participate together at every stage of local action on HIV/AIDS.

Those who use PLA also believe that people affected by HIV/AIDS should not just participate actively, but also influentially. This means that the views and opinions of people affected by HIV/AIDS are not just listened to, but also heard. Their voices should have the power to shape and control local actions. There are different types of participation, and not all of these types will allow people to actively and influentially shape decisions which affect their lives (see the table overleaf).

Level of community control	Types of participation	Level of sustainability
High ↑ Low	**Self-mobilisation** – affected communities start action on HIV/AIDS without outside help **Joint decision-making** – affected communities and organisations make decisions together on an equal basis **Functional participation** – affected communities are invited to participate at a particular stage of action to fulfil a particular purpose **Participation for material incentives** – affected communities participate in an activity only because they need the material benefit of doing so, e.g. money **Consultation** – affected communities are asked about an activity by an organisation, but their views may or may not have any influence on it **Information giving** – people are simply informed that an activity will take place and have no say on activity design or management	High ↑ Low

PLA is designed to help people affected by HIV/AIDS to participate in joint decision-making with organisations. It can also help them to self-mobilise to address HIV/AIDS. This increases the level of community control over an activity. It also increases the likelihood that activity will be kept going by the community after the organisation has left.

Valuing local knowledge and experience People living in a particular community in a particular way have expert knowledge of how HIV/AIDS affects their community and way of life. It is this expert knowledge which organisations should use as the starting point for action on HIV/AIDS.

Whose reality counts? A leading thinker on participation suggests that organisations should ask this question when working with local people. Whose reality (or experience of a situation) counts? Ours? Local people's as we *think* it is? Or local people's as they freely express it?

Local people often know a lot more about how HIV/AIDS affects their lives than outside organisations think they do.

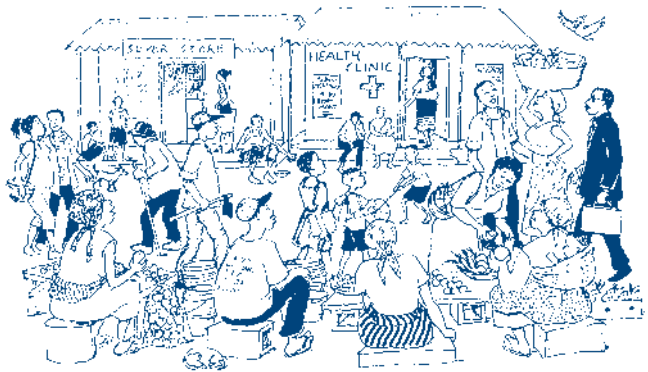
When sex workers from Ecuador carried out PLA assessments in several cities across the country, local health organisations were sceptical about whether they would find out anything new. But instead they discovered many new hot spots where sex workers gather that local outreach organisations were not previously aware of. Additionally, particular behaviour patterns and numbers of some vulnerable groups were very different from what these organisations expected. This led to the organisations designing new activities to address HIV/AIDS within each site.

Health planners far away in capital cities often fail to recognise that people affected by HIV/AIDS can experience HIV/AIDS in very different ways to how the health planners measure it.

How health planners and people affected by HIV/AIDS experience HIV/AIDS differently

• **Health planners often seek HIV/AIDS measures which are:**	• **Affected people experience HIV/AIDS as:**
– Simplified (so HIV/AIDS can be easily measured) – Universal (can be applied to everyone, everywhere) – Standardised (can be applied in any situation) – Quantified (HIV/AIDS prevalence, incidence or CD4 count based)	– Complex (because all people are different, HIV/AIDS affects people in different ways) – Locally specific (people's experience varies according to where and how they live) – Group specific (people's experience varies according to their age, gender, HIV status, sexuality, socio-economic status, etc.) – Multi-dimensional (HIV/AIDS affects people not just in terms of their physical health, but also their social, psychological and economic health) – Holistic (all these different ways in which affected people experience HIV/AIDS happen at the same time; one experience can rarely be separated from another) – Dynamic (always changing; from day to day, year to year) – Ill/well-being (sadness or happiness)

The way affected people experience and measure HIV/AIDS will influence the way they act towards it. For example, a poor, young HIV-positive woman from rural Africa is unlikely to experience HIV/AIDS in the same way as a rich, young HIV-positive woman from urban Africa. And, because their experience of HIV/AIDS is different, they will act differently towards it. Health planners' ideas about HIV/AIDS and how it should be dealt with often do not capture this complexity and diversity of people's experience.



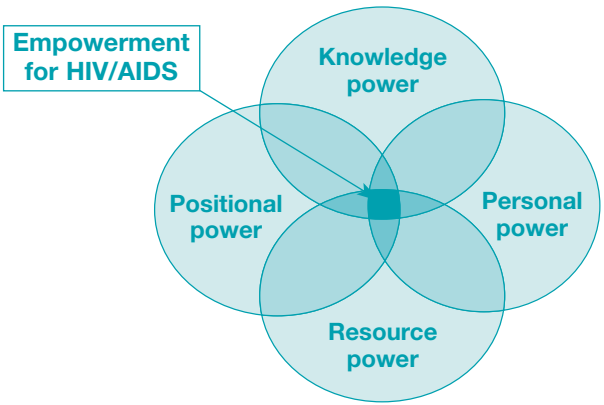
In what ways will people in this community experience HIV/AIDS differently?

Simple, standardised actions on HIV/AIDS applied to everyone will not *work* for everyone. Instead, for actions on HIV/AIDS to work effectively, they need to be tailored to the specific needs of specific people. PLA approaches allow people to express and assess the complex and diverse ways that HIV/AIDS affects them. PLA views everyone's different experiences of HIV/AIDS as valid. From this assessment, it enables communities and groups to design their own actions, which will help address their own experience of HIV/AIDS.

A commitment to empowerment Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes (World Bank, 2003).

In order to feel empowered to address HIV/AIDS, individuals, communities and organisations need to strengthen four types of power:

- **Resource power –** access to, and influence over, resources to deal with HIV/AIDS.
- **Knowledge power –** an understanding of how to cope with HIV/AIDS.
- **Positional power –** the ability to negotiate rights and entitlements, and fulfil responsibilities and obligations to cope with HIV/AIDS.
- **Personal power –** a sense of self-esteem and self-worth, a personal realisation and motivation to claim resource, knowledge and positional power to cope with HIV/AIDS.



All people have at least some power. PLA approaches aim to make full use of the power found in communities and to strengthen it further in order to empower people and organisations to address HIV/AIDS together.

Group analysis and learning It is only through people and organisations working closely together that a full understanding of a situation can come about, and the most appropriate action be taken.

Through people sharing their knowledge and experience of HIV/AIDS in groups, the full complexity of the situation can be understood. Participants can also see both the diversity of experience and knowledge as well as what they share. Group analysis also leads to debate and discussion on HIV/AIDS, and this can increase the group's motivation to take action on HIV/AIDS.

Using a mixture of visual and verbal techniques Through diagrams, drawings and shared experiences, all people are able to take part in complex analyses and learning on an equal basis.

Using visual tools allows people to take part in analysis and planning at a level at which they are comfortable. They allow them to engage in complex analysis regardless of age, gender, culture, literacy level, social or economic status.

PLA also uses performing arts (such as drama and role play) to encourage people to express themselves in a way in which they feel comfortable. Both are accompanied by sensitive questioning and facilitation, and therefore visual and verbal techniques complement each other. What is more important than the tool itself is the way in which people are encouraged to voice their opinions and feel heard.

Actively seeking the unheard voice Those affected by HIV/AIDS and who normally do not have an opportunity to have a say in decisions (for any reason) are actively sought out and included in HIV/AIDS action.

Sometimes people simply don't want to have a voice in certain decisions, and this is OK. But other times people are either intentionally or unintentionally excluded from having a say in decisions which affect their lives. This might be because of age, gender, sexuality, HIV status, class, caste, level of literacy, social or economic status, where they live or any number of other reasons.

It is often those who have least say in decisions affecting their lives who are most affected or vulnerable to HIV/AIDS – for example, the poor, people who live in remote areas, AIDS orphans, women, migrant or displaced people, people who are stigmatised or discriminated against because they are HIV positive, men who have sex with men, injecting drug users or sex workers.

A principle of PLA is that those affected or vulnerable to HIV/AIDS who want to have a say should have a say. So those facilitating PLA will actively try to find out who wants to participate but are being excluded, and then try to include them. In this way, people most affected by HIV/AIDS are able to take action to cope with it.

The importance of the right attitudes and behaviours
For all affected people to participate actively and influentially in HIV/AIDS action, people facilitating PLA must develop attitudes and behaviours that include rather than exclude all people. It is not good enough just to include marginalised and excluded people in HIV/AIDS action. What is more important is *how* we include them.

On the next page is a list of what participants at a PLA training workshop thought were the appropriate attitudes and behaviours required to facilitate PLA.

Some attitudes and behaviours of PLA

- Trust people so that they can analyse, plan, act, monitor, evaluate and reflect.
- Don't lecture or dominate people.
- Listen to people.
- Learn from people and share your own knowledge as appropriate.
- Don't judge people, but do challenge harmful ideas to help people see things in a new way.
- Respect people and be friendly.
- Be honest with people about intentions and expected outcomes.
- Embrace error and learn from mistakes.
- Have fun!
- Don't rush; let things evolve at their own pace.
- Relax with people.
- Don't work for people; work *with* them. Better still *be* with them.

2.3 Why use PLA for community mobilisation?

The PLA tools you will find in this toolkit are aimed at helping organisations, groups and communities to address HIV/AIDS together. In HIV/AIDS, PLA can be used as a way to help individuals, communities and organisations to mobilise jointly towards addressing HIV/AIDS. Because of its commitment to participation and seeking the 'unheard voice', it is also a very effective method to get hard-to-reach or hidden individuals or groups to participate in HIV/AIDS projects.

PLA can also help to:

- **empower people –** to become 'makers and shapers' of their own lives, communities and services; PLA achieves this through increasing people's knowledge power, personal power, resource power and positional power
- **increase the effectiveness of projects –** because they can be tailored by a specific community or group to their own specific needs
- **increase the efficiency of HIV/AIDS projects –** because more minds and materials are brought to bear on an issue
- **increase accountability between stakeholders –** through people being more aware of each other's roles and responsibilities
- **build trust –** between different people and organisations in a community
- **increase ownership and control –** PLA can help give people a sense of ownership of a project and a sense of control over their own lives
- **increase sustainability –** because people learn new knowledge and skills during PLA which allow them to carry on assessing, planning and acting to address HIV/AIDS
- **enable people to claim their human rights –** participation is not just a good thing to do, it is a fundamental human right; PLA can also help people to claim their right to health and development.

What PLA is and what it isn't	
What PLA isn't	**What PLA is**
Tools only	About seeing the right attitudes and behaviours as most important
Assessment only	Used for planning, action, monitoring, evaluating, reflecting and scaling up as well
A one-off event	A capacity-building process which aims to give people the knowledge, resource, personal and positional power to address HIV/AIDS
Just about drawing diagrams	The analysis and discussion, while drawing is often more important than the diagram
Used only with 'low-literate' people	Used with all levels of literacy and education and as a means for all levels to assess, plan, act, monitor, evaluate and reflect together
Collecting data	Empowering
Learned in the classroom	Learned in the field
Used only in communities and local groups	Used by individuals, households, communities, governmental and non-governmental organisations – ideally all together for joint learning and action

Facilitating PLA

Summary: PLA is guided by a facilitator. This section provides guidance on the knowledge, skills, attitudes and behaviours required to facilitate PLA. It covers who can be a PLA facilitator and the roles of a PLA facilitator. It also covers what the PLA tools are in this toolkit and how to use them. The skills required to facilitate PLA are also dealt with. Specifically, these are active listening, effective questioning and the ability to facilitate group discussions. The appropriate attitudes and behaviours required to be a PLA facilitator are also explored.

3.1 Who can be a PLA facilitator?

Who can? You can! Almost anyone can become a PLA facilitator. They can be members of a local NGO, community group or service provider. It doesn't matter what age, gender or socioeconomic status they are. What is more important is that they have the ability to acquire the right knowledge, skills, attitudes and behaviours, and be able to apply these confidently towards HIV/AIDS responses.

Ideally, then, PLA facilitators should be:

- trusted by the members of the community or group they are facilitating
- able to speak the local language of that community
- able to understand the culture of the group or community
- willing and interested in learning from people
- of the same age, gender and sexuality as the group they are facilitating
- committed to addressing HIV/AIDS in their communities
- able to have a basic knowledge of HIV/AIDS issues
- committed to seeking out and working respectfully with vulnerable and marginalised groups such as people who live with HIV/AIDS, the poor, men who have sex with men, drug users or sex workers
- skilled in using PLA tools (or have the potential to be trained in them)
- possess the appropriate attitudes and behaviours to facilitate PLA (or have the ability to acquire them)
- able to plan, monitor and evaluate PLA processes (or acquire these skills)
- literate, so that they can record information which might help to plan and manage community action on HIV/AIDS.

The Frontiers Prevention Project in India, Cambodia and Ecuador aims to mobilise those groups most vulnerable to HIV infection or of passing it on. These include people living with HIV, men who have sex with men and sex workers. In order to do this, members of these groups, with no prior experience, were trained as PLA facilitators. These PLA facilitators then used PLA tools with their peers to assess their HIV/AIDS situation with them. Because they were the same, age, gender and sexuality as their peers, they were quickly able to build up trust and rapport with them. This led to action plans to address the specific HIV prevention needs of these groups.

3.2 What are the roles of the PLA facilitator?

The overall role of the PLA facilitator is to empower individuals, groups and organisations in a community to conduct collectively their own analysis of their lives and conditions and how they are affected by HIV/AIDS. Then the PLA facilitator helps them to make a plan from this analysis, act on that plan, monitor and evaluate it.

In order to do this, PLA facilitators need to perform several roles:

- **Planner of PLA processes –** PLA facilitators need to plan PLA processes which enable people to analyse, plan, act, monitor and evaluate together (see part 4 of this section).
- **Facilitator of PLA processes –** PLA facilitators need to encourage all people to participate equally in their own analysis, planning, action, monitoring and evaluation.
- **Advocate for participation –** PLA facilitators need to promote and ensure the participation of all people affected by HIV/AIDS in PLA processes, especially the most vulnerable and marginalised.
- **Mobiliser of groups –** PLA facilitators need to bring individuals, groups and organisations in a community together and build their capacity and motivation to analyse, plan, act, monitor and evaluate jointly their own actions to address HIV/AIDS.
- **Trust builder –** PLA facilitators need to build trust between people, groups and organisations who may have different viewpoints and priorities.
- **Sharer of information –** PLA facilitators need to be prepared to share accurate information on HIV/AIDS and actions which can effectively address it.

In order to perform all these roles, PLA facilitators need to acquire the right knowledge, skills, attitudes and behaviours. The next sections explain what these are and how to acquire them.

3.3 What skills, knowledge, attitudes and behaviours does a PLA facilitator need?

In order to facilitate PLA well, a PLA facilitator needs:

- active listening skills
- effective questioning skills
- skills in facilitating group discussions
- appropriate attitudes and behaviours which encourage participation, learning and action
- knowledge of HIV/AIDS issues
- knowledge of PLA tools and how to use them
- to be able to work as a team
- knowledge of how to plan PLA sessions.

The next few sections deal with how to develop these skills, knowledge, attitudes and behaviours.

3.4 PLA skills

Active listening This means more than just listening. It means helping people feel that they are being heard and understood. Active listening encourages the participation of people and a more open communication of experiences, thoughts and feelings. In active listening, the person listening:

- uses body language to show interest and understanding; in most cultures this will include nodding the head and turning the body to face the person speaking
- uses facial expression to show interest and reflect on what is being said; this may include looking directly at the person speaking, although in some cultures such direct eye contact may not be appropriate until some trust has been established
- listens to *how* things are said by paying attention to a speaker's body language and tone of voice
- asks questions to show a desire to understand
- summarises and rephrases the discussions to check on an understanding of what has been said and asks for feedback.

Tools 93 (Back-to-front/Front-to-back), 94 (Bad/good listening in pairs) and 48 (Margolis wheel) will help you to acquire active listening skills.

Effective questioning This is essential in facilitating PLA, especially during PLA assessments. Effective questioning increases people's participation in group discussions and encourages their involvement in problem-solving. In effective questioning, the person asking questions:

- asks open-ended questions – for example using the six key 'helper' questions (Why? What? When? Where? Who and How?)
- asks probing questions by following up people's answers with further questions that look deeper into the issue; continually asking, 'But why…?' is useful for doing this
- asks clarifying questions to ensure they have understood, which can be done by rewording a previous question
- asks questions about personal points of view by asking how people feel and not just about what they know.

Tools 95 (Probing deeper), 96 (Open and closed) and 97 (Sensitive subjects) will help you to acquire effective questioning skills.

Facilitating group discussions This skill is needed to increase the participation of people in group discussions and ensure that a range of community perspectives and interests are included. Good facilitation skills help to improve the quality of group discussion and problem solving. They can also help build consensus where necessary, and encourage community ownership of the PLA and community mobilisation process. When facilitating group discussions during PLA, a facilitator:

- introduces themselves and the purpose and nature of the PLA session to participants
- asks each person in the PLA session to introduce themselves to the group
- ensures that everyone is comfortable and can see and hear each other
- agrees with the participants on the aims of the session and how much time is available
- agrees on 'ground rules' with participants, including the need to respect opinions and confidentiality
- agrees with the participants on how the discussion will be recorded and what will happen to this record at the end of the session. Remember, this is their PLA process, not yours, and allowing them to keep the drawings and diagrams from the PLA session increases their sense of ownership in the process. However, taking notes and keeping copies may prove useful later (see 'Sample PLA note-taking form' on page 246)
- helps the participants to remain focused on the agreed aims of the session
- enables all group members to contribute to the discussion by paying attention to who is dominating discussions and who is not contributing (remember that people have different reasons for being quiet – they may be thinking deeply!)
- summarises the main points of the session and any action points that have been agreed
- thanks the participants for their time and contributions and, if appropriate, agrees a time and place for a further meeting.

Tools 92 (Good vs bad facilitation), 98 (Saboteur!) and 1 (Body mapping) will help you to acquire facilitation skills.

3.5 PLA attitudes and behaviours

Perhaps the most important quality of a PLA facilitator is that they develop the appropriate attitudes and behaviours in themselves and others. These are attitudes and behaviours which are empowering rather than disempowering, facilitating rather than dominating, participatory rather than excluding, flexible rather than rigid.

The willingness to treat people with equality regardless of age group, socioeconomic status, HIV status or any other difference is an essential quality of PLA facilitators.

PLA attitudes and behaviours	
Do	**Don't**
• Be humble • Listen to others • Be creative • Work with people • Give people time to come up with their own ideas • Be patient • Respect people's viewpoints • Be tolerant • Be practical • Trust people • Build trust	• Be imposing • Talk all the time • Be rigid • Work for people • Always express your ideas first • Rush • Impose your ideas • Be intolerant (except of intolerance!) • Doubt people • Be arrogant • Ignore people's ideas and priorities

PLA attitudes and behaviours (continued)	
Do	**Don't**
• Be supportive • Share (experiences, tools, ideas, time, food, etc.) • Stand or sit at the same level as people • Focus on the issue not the person • Involve everybody • Let *them* do it (draw, map, count, score, prioritise, discuss, conclude, etc.) • Empathise • Use your best judgement • Embrace error • Have fun	• Keep knowledge, skills and experience to yourself • Physically dominate people • Focus on the person rather than the issue • Exclude anyone • Be distant • Distrust yourself • Feel bad about yourself when things don't go quite according to plan • Be too serious

PLA involves a commitment by the PLA facilitator to actively include and empower the most marginalised and vulnerable of the group.

It is therefore less about what tool you use that counts, but how you use it. You will find that by committing yourself to the principles of PLA, developing the appropriate attitudes and behaviours and skills of the PLA facilitator will come naturally. Tools 98 (Saboteur!) and 99 (Trust game) provide some exercises for practising the appropriate attitudes and behaviours to facilitate PLA. The following is a list of do's and don'ts regarding participatory attitudes and behaviours that participants of a PLA workshop in Albania came up with.

3.6 Knowledge of HIV/AIDS issues

PLA facilitators should be able to provide basic and accurate information on HIV prevention, care, support, treatment and impact mitigation. They should also have an awareness of issues relating to stigma and discrimination against people living with, or affected by, HIV/AIDS. It is beyond the scope of this toolkit to be able to provide detailed knowledge of these issues. However, the 'Further reading' section starting on page 247 suggests free resources which can provide this.

3.7 Knowledge of how to use PLA tools

PLA facilitators need to have a wide knowledge of how to use PLA tools effectively. This means:

- knowledge of a range of tools and which work best in different situations with different people
- knowing how to facilitate these tools effectively.

The tools in this toolkit are divided into seven sections:

- **Mapping tools –** a selection of PLA tools which help communities and organisations to have an overview of how HIV/AIDS and services affects their community, households and individuals
- **Time analysis tools –** a selection of PLA tools which help communities to see how situations change over time
- **Linkages and relationship tools –** a selection of PLA tools which help communities and organisations to have a greater understanding of the causes and effects of HIV and AIDS
- **Experiential tools –** a selection of games, exercises and experiences which help communities and organisations to gain a deeper understanding of the causes and effects of HIV/AIDS
- **Prioritisation and quantification tools –** a selection of tools to help communities and organisations to count, measure and rank how HIV/AIDS affects them
- **Action planning tools –** a selection of tools to help communities and organisations to make plans which can help address the causes and effects of HIV or AIDS
- **PLA training tools –** a selection of tools to train yourself, community members and organisations in PLA.

How each tool is laid out

If you look through the tools, you will see that they are all laid out in the same way.

- **Each tool is numbered from 1 to 100 –** these numbers relate to the numbers of the tools suggested for different activities in this toolkit and are referred to in *All Together Now!* This will help you to find the right tool quickly. The numbering of the tools does not mean that they should be used in this order, though!
- **What is it? –** this gives a brief summary of the tool and what it can be used for.
- **Why use it? –** this gives you an idea of what the tool is most commonly used for. However, we strongly encourage you to adapt the tool to suit your own circumstances and invent new ways of using it.

- **How to use it –** each tool provides step-by-step guidance on how the tool can be used. But it is only guidance, not strict instructions! Remember to be flexible. If something doesn't work very well, we encourage you to use your own best judgment and adapt it to suit your own circumstances. Similarly, the questions used in this section are examples only! The questions you will ask will vary according to who you will be using it with, when and for what topic.
- **Remember!/Facilitators notes –** this provides useful guidance on what to remember when facilitating the tool, or alternative ways in which it might be used. Please feel free to add your own facilitator's notes to help you.
- **Diagram or illustration –** each tool has a diagram or illustration attached to it. These are examples only. You should not aim to recreate exactly the same diagram. Again, your diagram will vary according to who you will be using it with, when and for what. And remember, it is the discussion, learning and action which occurs while drawing the diagram that is more important than the diagram itself. So don't worry if your diagram looks different from the example provided.

Facilitating the tools

As well as applying the appropriate attitudes and behaviours, there are some general points on facilitating the tools.

- Read the tool all the way through beforehand to make sure you understand it.
- Consider what key questions you will ask to help you facilitate it and match your topics with the tool.
- Give clear instructions about how to use the tool. It may be useful to provide an example.
- Tools which involve very detailed analysis, or deal with very personal issues, are best used in small groups.
- Tools dealing with sensitive issues are also best used with peer groups – for example, divide people by age and gender.
- Most of the diagramming tools in this toolkit take an hour or two to complete. Some of the more involved tools, such as participatory photography and community drama, will obviously take much longer to prepare and carry out.
- Let the participants draw the tool on their own and facilitate discussion in key issues.
- Encourage participants to share responsibility for creating the drawing or diagram – for example, by sharing the pen.
- Remind people that the quality of the drawing is less important than the quality of the discussion that the drawing stimulates.
- Think of some key questions to help members of the group discuss the main points related to the issue.
- Make the tools unthreatening by using local materials and encouraging people to work in their own ways.
- Encourage people to make their drawings large so that they can fit in as much detail as possible and so everyone can see what is being drawn.
- Use several tools one after the other to build an empowering sequence (see part 4 of this section for sequences).
- It's a good idea to have a look through and familiarise yourself with as many tools as possible.
- Use the tools creatively and adapt them to suit your needs. Tool 100 (Your own tools) will help you to design your own tool.

Using participatory tools may not always be easy.

- **Some people may feel uncomfortable –** because they feel that they are not 'good' at drawing. Remember that what counts most is the quality of discussion rather than drawing.
- **Some people may feel that such visual tools are 'childish' –** and be unwilling to use them. Remind them of the advantages of visual tools over verbal tools (see part 2) and that adults use visual tools such as maps, signs and computer icons all the time to make life easier!
- **PLA team members may believe that their role is to extract information –** in order for them to design a project, rather than facilitating a participatory process of community discussion, problem solving and mobilisation.
- **Facilitators may be nervous about getting started –** there are several ways to deal with nerves. Firstly, have a plan for your PLA session. This will help you feel more confident. See part 4 for how to plan a PLA session. Drawing up a team contract which explains how the team will react in different situations (see part 4) will also help team members think about how they might deal with difficult situations in advance. Another good idea is to start with a tool that you know will work well. Stepping back and letting participants start to facilitate themselves also takes the attention away from you. And don't forget, PLA should be enjoyable. Start with something fun!
- **Facilitators may be afraid to make mistakes –** many people who use PLA believe that one of its principles is to 'embrace error and fall forwards'. This means viewing mistakes or unexpected events as learning opportunities rather than failures. When something goes 'wrong', think about what lessons you have learned and how you might do things differently next time. When something does not go quite according to plan (and PLA rarely does), be flexible and go with what participants want (it is, after all, *their* PLA session).

Tools to break the ice with communities
Using a tool which you know will work well first time helps you and communities to feel relaxed about the PLA session. Tools which people have found most useful for 'breaking the ice' are usually quick and simple. The same ice-breaking tools also lead to new insights by communities that encourage them to want to learn more and use more tools. Specific tools which work well for breaking the ice include mapping tools, trend diagrams and transect walks.

3.8 Working as a team

Because of the many tasks required to facilitate PLA well, it is helpful to facilitate PLA sessions as part of a team. There are three main roles which need performing by a PLA team:

- **Facilitator –** this person will take the lead role in facilitating the use of the tools to enhance discussion about topics with participants, as described above.
- **Recorder –** their role it is to take notes and record information which will be useful for participants, your team and other stakeholders. This needs to be done in a timely and accurate manner, and presented back to the participants who took part in the session. Having a common form to record both the content and the process of each tool can help stakeholders to review easily information generated in earlier PLA sessions. A PLA note-taking form can be found on page 246.
- **Observer –** the role of this person is to observe the attitudes and behaviours of both the facilitator and the participants. The observer ensures that everyone is able to participate equally and that saboteurs are dealt with appropriately. In the spirit of 'embracing error', the observer also takes the lead role in thinking about what lessons were learned about the PLA process itself. What worked and why? What didn't work and why? What lessons have we learned about how to do and not do PLA? The Sample note-taking form on page 246 also includes space for reflecting on lessons learned.

Team members may take it in turns to perform each of these roles. In addition to these roles, PLA team members also need to divide up the tasks required to plan the PLA session. The next part deals with how the team can plan PLA sessions.

Planning PLA sessions

Summary: This section provides guidance on how to plan a PLA session. It guides you through a process of setting objectives for a PLA session, identifying topics to explore and deciding what tools to use. It also helps you to decide where and when to do the session. Finally it offers guidance on the materials and resources required for a PLA session.

In order to allow people to analyse fully and learn about their situation, several PLA tools may have to be used. When several tools are used together, in a sequence, in one sitting, this makes up a PLA session. PLA facilitators should plan PLA sessions so that participants can get the most out of them. Although it is always good to be flexible in facilitating PLA, it helps to answer as a team the questions opposite in advance.

How to plan a PLA session

- What are the objectives of the PLA session?
- Which PLA tools might we use?
- Who to do the PLA with?
- Where to do the PLA?
- When to do the PLA?
- What materials and resources will be required?
- What are the timetable and budget for the PLA session?
- What are the roles and responsibilities of PLA team members?
- What will we do in difficult situations?
- What are the ethical issues to consider?

The following sections will help you to answer these questions. To help you plan, you may also find it useful to use the PLA session planning form on page 242.

4.1 The objectives of the PLA session

Setting objectives The first thing to ask is: What are the objectives of the PLA session? Having a clear objective will help you to decide what tools to use, how, when, where and with whom. Your objectives will vary according to the issue you are working on: HIV/AIDS prevention, care, support, treatment or impact mitigation.

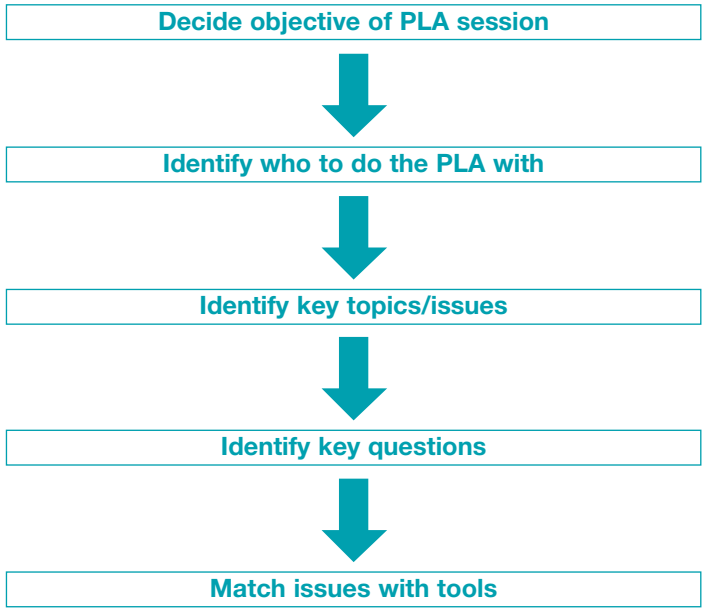
Your objectives will also vary according to the people you are working with on this issue – for example, men, women, young, old and so on. This will be defined by your target population; that is, those who are most vulnerable to, or affected by, HIV/AIDS and how willing they are to participate. Targeting will help you to decide who to work with – see Tool 89 (Targeting).

Lastly, your objective will also vary according to which stage of the community mobilisation process you are at. Are you starting together, assessing together, planning together, acting, monitoring, evaluating or scaling up together? Tool 68 (Aims and objectives) can help you to set objectives for the session.

Identifying topics When you have decided the main objective of the session, you can break this down into smaller topics and issues which need to be covered to achieve the objective. Tools 86 (Solution/objective tree), 57 (Thought showers) and 42 (Focus groups) may help you to do this.

Identifying key questions For each of the separate topics or issues, it is useful to prepare a list of key questions which will help you explore these topics with participants in detail. See part 3.4 of this section – 'PLA skills' – and Tools 95 (Probing deeper) and 97 (Sensitive subjects).

When key questions have been identified, it is now possible to match these up with tools that can help facilitate answers.



4.2 Which PLA tools to use?

Matching tools with topics/issues When you have set the objectives for the PLA session, you need to match the right tools to the issues you will be addressing. There are no rules about which tools can be used for which issue. *All Together Now!* suggests tools you might use for particular issues – HIV/AIDS prevention, care, support, treatment or impact mitigation, for each stage of the community mobilisation process. But these are just suggestions and we encourage you to be creative and adapt the tools to suit your own needs.

Which tools with whom? You also need to consider which tools will work best with the people who will be using them. Some tools work best with people who share the same characteristics – for example, same gender, age group, HIV status and so on. Where this is the case, you will find guidance in the tool's 'Why use it?' section. Are all the participants literate? Although most tools require no literacy, a few do. However, with almost all of the tools, participants can be encouraged to use symbols instead of words.

Some tools work better in large groups, others in smaller groups. As a general guide, tools that require a lot of detailed analysis, or are of a very personal nature, are best used in small groups. The table on page 30 offers a rough guide to whether tools are best used with smaller or larger groups.

Time available You also need to think seriously about how much time you have available to cover all of your objectives. Some tools can deal with lots of issues at once, while others concentrate on just one issue in depth. The table on the next page can be used as a guide to deciding what tools to use with whom and how long each tool takes.

Which tools to use?				
Tool type	**Approximate time tool takes**	**Optimal group size***	**Literacy required?**	**Purpose of tool**
Mapping	¾ to 1 hour	Medium to large	None	To provide an overview of how HIV/AIDS and services affect their community, households and individuals within the community
Time analysis	1 hour	Small	None	To provide an understanding of how situations change over time
Linkages and relationship	¾ to 2 hours	Medium	None	To provide a greater understanding of the causes and effects of HIV and AIDS
Prioritisation and quantification	½ to 1 hour	Small to medium	None	To count, measure and rank the effects of HIV and AIDS
Experiential	½ hour to a week	Medium to large	None	To help gain a deeper understanding of the causes and effects of HIV/AIDS
Action planning	2 to 3 hours	Small to medium	Some	To make plans which can help address the causes and effects of HIV/AIDS
*Small = 2–7 people		Medium = 8–14 people		Large = 14–30 people

Using sequences of tools

PLA tools can be used one after the other to build up an empowering sequence. This can be done by using tools which build upon the learning of the previous one. ***All Together Now!*** suggests tools and sequences that might be used for each topic (prevention, care, support, treatment and impact mitigation) at each stage of community mobilisation.

Case study: Using sequences of PLA in the Frontiers Prevention Project

The Frontiers Prevention Project aims to reduce the incidence of HIV in three countries with emerging epidemics: Cambodia, Ecuador and India. It began with hundreds of members of key populations (those groups most vulnerable to HIV infection or to passing it on) being trained to conduct participatory assessments of the sites in which they lived. These PLA facilitators from key populations then used two sequences of PLA tools with their peers to assess the HIV/AIDS situation and began to mobilise to address HIV.

Sequence 1 – used in the streets with key populations	
Tool	**Issue/topic**
Tool 2 Broad mapping	To identify 'hot spots' within cities where key populations live and could be accessed, and to identify people's knowledge of the locations of HIV/AIDS services
Tool 4 Focused mapping	To estimate numbers and types of key populations in each site and specific locations where they could be found

Sequence 1 – used in the streets with key populations (continued)	
Tool	**Issue/topic**
Tool 65 Pie charts	To further estimate numbers and types of key populations in each site
Tool 10 Mobility mapping	To identify where key populations moved to within and between sites
Tool 21 Trend diagram	To understand how key population numbers fluctuated throughout the year

Sequence 2 – used in safe spaces with key populations	
Tool	**Issue/topic**
Tool 29 Octopus diagram	To identify risk behaviours and HIV vulnerability factors for different key populations
Tool 55 Risk game	To identify key populations' knowledge about HIV risk, and to impart useful information about HIV/AIDS and services
Tool 62 Evaluation wheel	To understand how HIV/AIDS services could be improved within each site
Tool 91 Vision diagramming	To identify how existing services could be improved and what new HIV/AIDS services were required within each site
Tool 69 Action planning	To plan activities to address HIV within each site
Tool 78 Low hanging fruit	To identify activities which would be easiest to do

4.3 Where to do the PLA?

It is important to find a place where people can express themselves freely. Consider somewhere:

- which is not too hot or too cold for participants to concentrate.
- which is easy for all participants to get to. Remember, it is more important for it to be a place which is easy for participants to get to than a place which is easy for you to get to.
- where people feel comfortable talking about sensitive issues – for example, some people may not feel a church is a suitable place to talk about sexuality.
- safe – for example, sex workers may not feel secure talking about unsafe working conditions in their own brothel.
- peaceful and private where participants are unlikely to be distracted or disturbed by other people.

Finding a relaxed setting for PLA
Sex is a taboo topic in the Kingdom of Tonga in the South Pacific, so finding a relaxed place to conduct PLA was very important for people to feel comfortable enough to talk about issues surrounding AIDS. For Tongan men, this meant the ***kava*** circle – a traditional place where men gather together to sing, drink *kava* (a mild narcotic which reduces inhibitions) and discuss issues. For women, it was the *tapa*-making groups. *Tapa* is a barkcloth, and women traditionally sit together while making it and are able to discuss issues without interference from men! The South Pacific Alliance for Family Health conducted nearly a hundred PLAs in these settings to enable Tongans to help design their first national condom distribution programme.

4.4 When to do the PLA?

PLA can be used at any stage of community mobilisation. Deciding when to use PLA is also important in terms of what time of the year, month or even day to use it. At certain times of the day or year, people may be too busy to do PLA. Additionally, the HIV/AIDS situation might change at different times of the year, and conducting PLA when things are at their worst, not their best, is therefore important. Often, these times may not be convenient to you, but what is more important is that the timing is convenient to the participants.

Using Daily activity charts (Tool 16) and a Seasonal calendar (Tool 19) can help to decide on the best time of day or year to conduct PLA. For example, people may be too busy to do PLA during harvest time, or they may have more time available in the evenings or early mornings.

When to do PLA?
In Ukraine, it was difficult finding street-based sex workers during the day – especially during the winter when it snows and people stay indoors. PLA teams therefore went out at night and asked to talk to them in cafés where it was warmer. Cafés were also a safe space for sex workers to talk. Using Daily activity charts (Tool 16) and a Seasonal calendar (Tool 19), PLA teams also found out that weekends, festivals and the summer were busier times for street-based sex workers. During winter it was not so busy, and this was when they were most vulnerable to not using condoms because business was slow. Tuesdays were the slowest days for sex workers, and this was seen as the best time to conduct peer education with them.

4.5 Resources required to do PLA

Time This is the most important resource required in facilitating PLA (see table opposite). Firstly, people most affected by HIV/AIDS are often very busy and suffer from 'time poverty'. Time spent away from their regular livelihood often means a loss of income. People should be adequately compensated for their time. How long a PLA session lasts will depend on how much time you and participants have available. In general, PLA sessions last between two and five hours each. Also, for the full benefits of PLA to be realised, PLA processes should not be rushed. It often takes several PLA sessions for people to begin mobilising themselves to address HIV/AIDS.

In order to take people through a full process of community mobilisation, many separate PLA sessions will be required. Each different group of people you intend to mobilise may require separate sessions. The process may be spread over several months or even several years.

Materials In order to facilitate PLA, people need materials to draw, diagram and present with. The PLA team also needs materials for recording information. However, this does not have to be expensive. Wherever possible, try to use low-cost and familiar materials to conduct PLA. The materials checklist on page 243 provides both high- and low-cost alternatives.

Timetable and budget for a PLA?

The cost of doing a PLA will obviously vary from country to country, and will depend on how many PLA sessions you feel are required. However, here are some of the things that need to be budgeted for in a PLA.

Rough guide to time required to facilitate PLA per target group

Stage of community mobilisation	Minimum number of PLA sessions required per target group	Minimum contact hours required per target group
Starting together	1	3½ hours
Assessing together	3+	10½ hours
Planning together	2+	7 hours
Acting together	Varies according to nature of task	varies
Monitoring, evaluating and reflecting together	3+	10½ hours
Scaling up together	1+	3½ hours
Overall total	10 PLA sessions per target group	35½ hours contact time with target group

Items which need budgeting for a PLA session

- PLA materials (see PLA materials checklist in the Appendices, page 243)
- Administration and PLA facilitators' salaries (should include planning, facilitating and report-writing time)
- Transport for PLA facilitators
- Refreshments for participants and facilitators
- Accommodation and living allowance for facilitators (if staying overnight in the field)
- Transport for participants
- Hiring a venue for a PLA session (if required)
- Compensation for participants' time spent while attending a PLA session
- Adequate funds to allow participating communities and organisations to mobilise and put plans into action
- HIV/AIDS resources for prevention, care, support, treatment and impact mitigation

What are the roles and responsibilities of PLA team members?

As previously mentioned, PLA facilitators usually work in a team. PLA team members need to divide up all the tasks required to plan the PLA session (see above). They also need to decide who will perform which roles when implementing the PLA: who will facilitate the PLA, who will observe and who will record it (see part 3 of this section).

4.6 What will we do in difficult situations?

PLA sessions rarely go exactly to plan. Thinking in advance about the possible difficult situations that might arise and how you will deal with them can give you and your team confidence in your ability to get through the PLA.

One way to do this is to prepare a team contract. A team contract states what you as a team agree to do in various difficult situations. What follows is a list of questions used by Ukrainian PLA teams working with IDUs to develop their own team contract. You can adapt these questions to suit your own situation and come up with your own team contract.

Group contract exercise

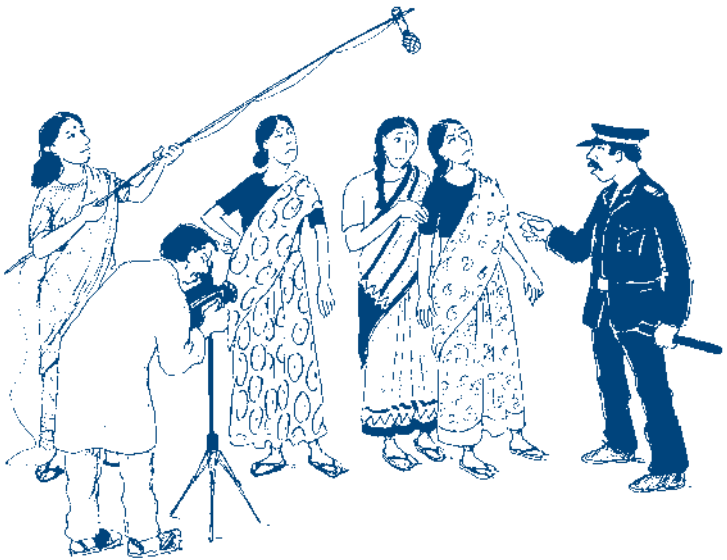
As a team, decide what you would do if:

1. During a mapping exercise people are very quiet and unresponsive.
2. Partway through a discussion, some injecting drug users (IDUs) say that they must leave and attend to other matters.
3. A member of your team is late again for fieldwork and the other members of the team are irritated.
4. A team member is over-enthusiastic and keeps on interrupting the IDUs when they are talking.
5. You arrive at a site planning do to do focused mapping, but you and your team members are nervous about starting.
6. An IDU invites you to have something to eat and drink as you are about to take a break.
7. One of your team members is constantly giving negative criticisms in team discussions.
8. One of your team members wishes to leave the day before you complete the fieldwork.
9. While interviewing an IDU about their life, they become very upset.
10. A very senior member of a local organisation wishes to attend your fieldwork to observe the PLA sessions, but as she knows little of the attitudes required for working with IDUs, you fear she will simply lecture them.
11. After briefing the team on what you are going to do that day, when you arrive at the site, they do not seem to have a good grasp of what to do or where to begin.
12. One of your team members accuses another of making an offensive remark.
13. One of your team members is not participating at all by the end of the day when you are analysing information and writing up your reports.
14. An NGO staff member who has accompanied you on the fieldwork misrepresents the aim of your work.
15. You have asked some IDUs to make a map of their site, but they don't seem to know where to begin.
16. You find that one of your maps has been done entirely by your fellow team members rather than by the people from the site.
17. When talking with a group of IDUs, one seems to dominate the others and not let them speak.
18. One of your team members wishes to work in the evening with IDUs when most are about, but this means that you won't get back home until late.

4.7 What are the ethical issues to consider?

Ethical issues In addition to tricky situations you might come across, there are also broader issues around what you are doing and who will ultimately benefit from it. No activity is neutral, including PLA. All activities will either empower or disempower people in some way. Furthermore, if not properly planned, some activities may make people even more vulnerable to HIV/AIDS or forms of physical and mental abuse.

34 People living with or affected by HIV/AIDS are often already highly stigmatised or discriminated against. People vulnerable to HIV may be discriminated against for many other reasons too: their sexuality, gender, socioeconomic status, age or activities they are involved in (for example, sex work and injecting drug use). If badly planned, well-intentioned activities may actually increase the discrimination and vulnerability of these groups.



Do no harm While many organisations strive to improve the situation of marginalised or vulnerable populations, others go further and adopt a policy of 'do no harm'. A 'do no harm' approach aims to minimise potential harm by considering in advance what risks might be involved in participating in an activity, rather than after they have occurred – see Tool 84 (Risk assessment). The central philosophy of this approach is that even if activities do no good, they should at least do no harm.

Active and influential participation In addition to ethical issues regarding doing no harm, there are also issues to consider regarding how empowering and participatory the activity is. As mentioned previously, PLA should be an activity which allows people to participate actively and influentially in decisions that affect their lives. Careful consideration should be given to ensuring that people are genuinely able to do this, and that their participation is not tokenistic or mainly for the benefit of others. The Ethics checklist for PLA and community mobilisation on page 246 allows you to consider ethical issues in planning PLA and community mobilisation activities.

Training PLA facilitators

Summary: In this section, you will find guidance on how to plan a workshop to train PLA facilitators. It offers guidance on the essential topics to cover, the style of training, workshop preparation and a sample PLA training workshop.

It is recommended that, where possible, all people intending to facilitate PLA should receive some basic training in PLA knowledge, skills, attitudes and behaviours. For training to be effective it must be at least three days long. However, this is a minimum, and the best training is field based and lasts up to two weeks. Unfortunately, people rarely have the time and resources to devote this amount of time to training. But, however long the training is, there are essential topics which should be covered.

5.1 Essential topics to cover

- Introduction to HIV/AIDS prevention, care, support, treatment and impact mitigation.
- What PLA is and why it is used for community mobilisation – see part 2 of this section.
- The principles of PLA – see part 2.
- The role of PLA facilitators – see part 3 of this section.
- Active listening skills – see part 3 and Tools 93 (Back-to-back/front-to -back), 94 (Bad/good listening in pairs) and 48 (Margolis wheel).
- Effective questioning skills – see part 3 and Tools 95 (Probing deeper), 96 (Open and closed), 97 (Sensitive questioning).
- Appropriate attitudes and behaviours – see part 3 and Tools 98 (Saboteur!), 99 (Trust game).
- Facilitation skills – see part 3 and Tool 92 (Good vs bad facilitation).
- Participatory tools – see part 3 and Tools 1–91.
- Planning PLA sessions – see part 4.
- Group contracts and ethics – see part 4.
- Fieldwork practice.

5.2 Style of training

The Alliance's experience suggests that the best PLA training:

- is skills-based and experiential, with opportunities for participants to practise skills in real-life situations
- encourages participants to think about their own attitudes and behaviours (beware of 'expert' trainers who just concentrate on the PLA tools!)
- encourages participants to work together as a team
- uses a mixture of training tools and styles
- is designed specifically to be used by participants in a community mobilisation process in which they are, or will soon be, involved
- is designed and facilitated by people who have prior experience of using PLA in community mobilisation and HIV/AIDS, which can be very beneficial if they are also members of marginalised or vulnerable groups themselves
- is fun!

5.3 Preparation

Before conducting the training:

- form a small training team; it's best to have at least two trainers – it also helps to have someone else to help with workshop logistics
- conduct a training needs assessment of participants
  - what knowledge do they already have and what do they need?
  - what skills do they already have and what do they need?
  - what attitudes and behaviours do they have and what do they need?
  - what are their expectations, hopes and fears?
- read through the first four sections of this toolkit and familiarise yourselves with their contents
- agree aims and objectives for the training with trainers
- bear in mind the purpose of the training and the training needs assessment, agree what topics need to be covered and in how much detail to meet these training needs
- decide which training tools and techniques will be used for which topics
- meet with the training team and decide who will run each topic session
- get together all the materials for the workshop.

Other Alliance publications which may help you with this workshop are:

- *All Together Now! Community Moblisation for HIV/AIDS*
- *A Facilitators Guide to Participatory Workshops with NGOs/CBOs Responding to HIV/AIDS*
- *100 Ways to Energise Groups: Games to use in Workshops, Meetings and the Community*

5.4 Sample workshops

Sample PLA facilitators workshop The topic headings refer to the relevant sections of this toolkit. For example, the topic 'PLA skills' and accompanying training exercises can be found in part 3.4 of this section. Use this sample workshop as a guide and make workshops longer or shorter to suit your needs. For example, the length of time spent on different tools and doing fieldwork can be lengthened or shortened as required. What is important is that all of the essential topics (opposite) are at least touched upon.

Sample community mobilisation and PLA workshop

You may want to expand your PLA workshop to include the topic of community mobilisation. Further essential topics include:

- what community mobilisation for HIV/AIDS is
- the principles of community mobilisation
- the role of community mobilisers
- the community mobilisation process
  - starting together
  - assessing together
  - planning together
  - acting together
  - monitoring, evaluating and reflecting together
  - scaling up together
- community mobilisation for prevention, care, support, treatment and impact mitigation.

Sample PLA facilitators training workshop

	Day 1	Day 2	Day 3	Day 4	Day 5
1	Introductions and ground rules	The principles of PLA	Attitudes and behaviours	Group contracts	Lessons learned from fieldwork
2	Hopes and fears	Principles continued	Facilitation skills	PLA fieldwork	Lessons learned from fieldwork
3	Workshop aims and objectives	Why do PLA?	PLA tools – an overview	PLA fieldwork	What makes a good PLA facilitator?
4	HIV/AIDS and an introduction	What are the roles of the PLA facilitator?	Practising PLA tools	PLA fieldwork	Ethical issues
5	What is community mobilisation?	Listening	Practising PLA tools	PLA fieldwork	Planning PLA sessions for own use
6	What is PLA?	Questioning skills	Planning a PLA session	PLA fieldwork	Personal commitments to action

Sample PLA community training workshop					
	Day 1	Day 2	Day 3	Day 4	Day 5
1	Introductions and ground rules	The principles of community mobilisation continued	What is PLA and principles of PLA?	Community mobilisation tools and activities for care, support, treatment	Fieldwork
2	Hopes and fears	Why do community mobilisation?	Tools for starting together	Community mobilisation tools and activities for impact mitigation	Fieldwork
3	Workshop aims and objectives	Overview of the community mobilisation process	Tools for assessing together	Community mobilisation tools and activities for prevention	Fieldwork
4	HIV/AIDS and an introduction	What are the roles of the community mobiliser?	Tools and activities for planning together and acting together	Community mobilisation tools and activities for care and support	Lessons learned from fieldwork
5	What is community mobilisation?	Facilitation skills	Tools for monitoring, reflecting and evaluating together	Planning a PLA session	Ethical issues
6	Principles of community mobilisation	Listening and questioning skills	Tools for scaling up together	Planning fieldwork	Planning community mobilisation processes for own use

PLA training of trainers workshop One of the best ways to scale up PLA or community mobilisation processes is to train up a group of trainers who are able to train others in PLA or community mobilisation. Using *A Facilitators Guide to Participatory Workshops with NGOs/CBOs Responding to HIV/AIDS,* you can incorporate training skills into a PLA or community mobilisation workshop. The experience of the Alliance is that the best training of trainers workshop is immediately followed by participants planning and conducting their own PLA training with the support of more experienced trainers.

Tool 1 Body mapping

Mapping tools

What is it?

A body map is a picture of the body that can show different things – for example, parts of the body, areas where people feel pleasure or pain, areas where people inject, effects of treatment and so on.

Why use it?

Body mapping is useful to:

- provide a non-threatening way to start a discussion about sensitive subjects, including sex and sexuality, health and illness, HIV/AIDS, drug use and so on
- explore different perceptions that people have about their bodies
- explore different views and beliefs that people have about well-being and illness
- explore gender norms and expectations.

See also

- Tool 45 – Ideal images
- Tool 46 – Knowledge, skills and attitudes

How to use it

1 Ask participants to draw an outline of the body on the ground or paper. Drawing around a participant who volunteers to lie down on the floor is a fun way to get started, or you could draw around their shadow.

2 Agree what to show on the map, depending on the focus of the discussion – for example, reproductive organs, symptoms of illness, areas of pleasure, the effects of AIDS or drug use. Show these features on the map.

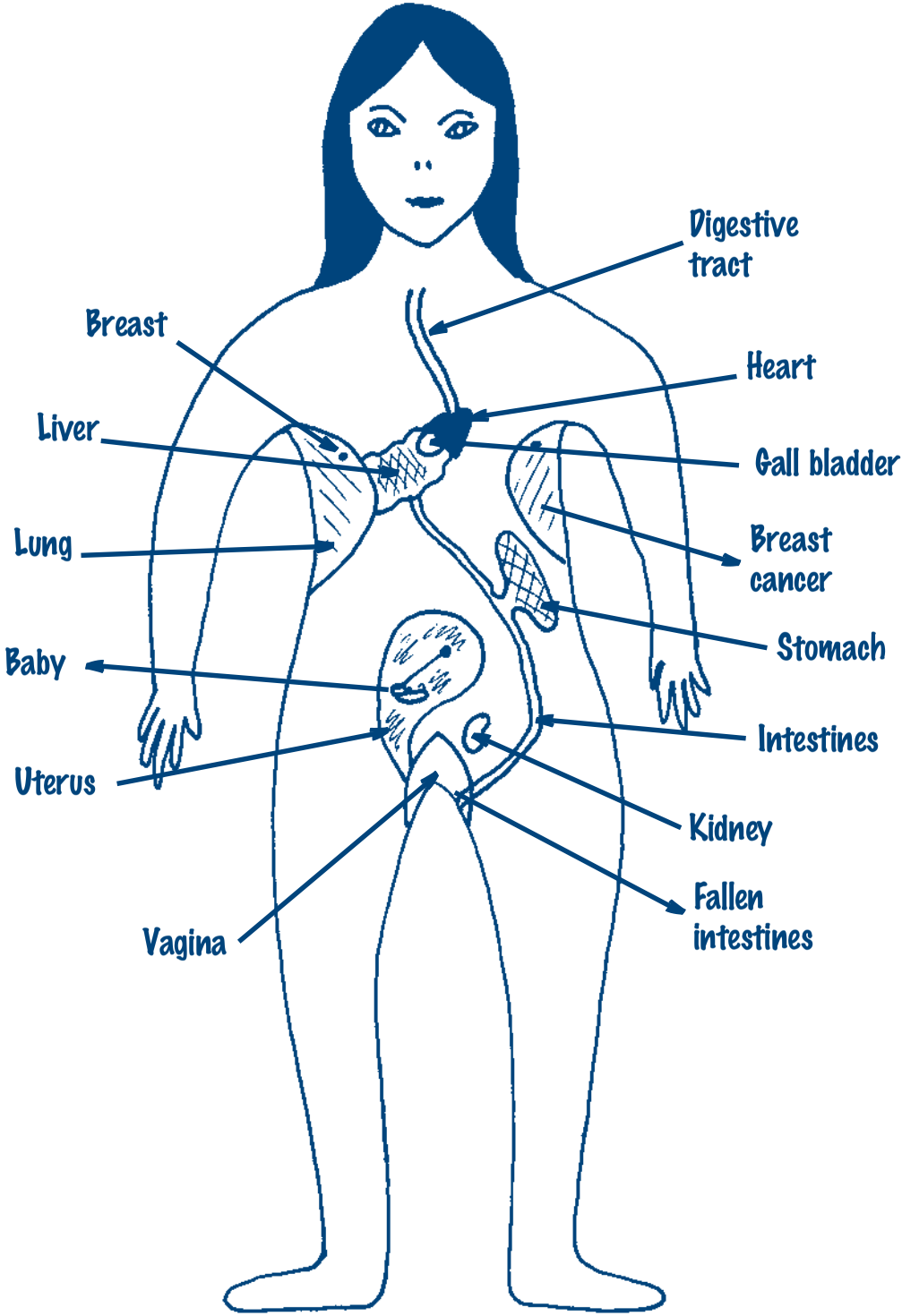
3 Discuss the map and clarify any misunderstandings or myths about the body.

Ideas for useful questions

- *What are people's knowledge and/or views about different illnesses, including STIs/HIV/AIDS?*
- *What are people's views and beliefs about sex and sexuality? What is the relationship between these views and HIV/STI transmission?*
- *What are the effects of drug use on STIs?*
- *Discuss and define violence and abuse, including sexual violence.*
- *Gender norms and relations – what is the 'ideal' woman (or man, or young woman etc.) like? What positive and negative effects do these expectations have on the woman?*

Remember!/Facilitators notes

- Participants are likely to be more comfortable in single sex groups, possibly with people of a similar age or marital status, and in locations with some privacy.
- Be prepared that body maps may raise traumatic memories for some participants – for example, people who have been abused or suffered violence.
- Body maps can also be used as an evaluation tool with comments on what people *learned* placed near the head, and what people *felt* placed near the heart.


Digestive tract
Breast
Heart
Liver
Gall bladder
Lung
Breast cancer
Stomach
Baby
Intestines
Uterus
Kidney
Fallen intestines
Vagina

Tool 2 Broad (or sketch) mapping

What is it?

A broad (or sketch) map is a map showing places where key populations live, and places where there are services for key populations.

Why use it?

- To provide an overview of which key populations live within a community.
- To start exploring views about key populations within the community.
- To start exploring relationships between key populations and other people in the community.
- To identify what services are available for key populations and where they are.
- Broad maps are particularly useful for mapping large areas, such as cities.

How to use it

1 Groups of any size can make a broad map. Larger groups will take less time to map a large location.

2 Draw a general map of the location to be explored, showing key landmarks.

3 Divide the participants into groups of two to four people. It will help if each group includes members of key populations.

4 Divide areas shown on the map among the small groups. The small groups will visit these places to find out more about them.

5 Before the site visits, agree key questions for exploration during the visits. For example, where are there many members of key populations? Where, if at all, are services for key populations available?

6 Each small group visits the allocated areas and explores these key questions by talking to different members of the public, especially members of key populations.

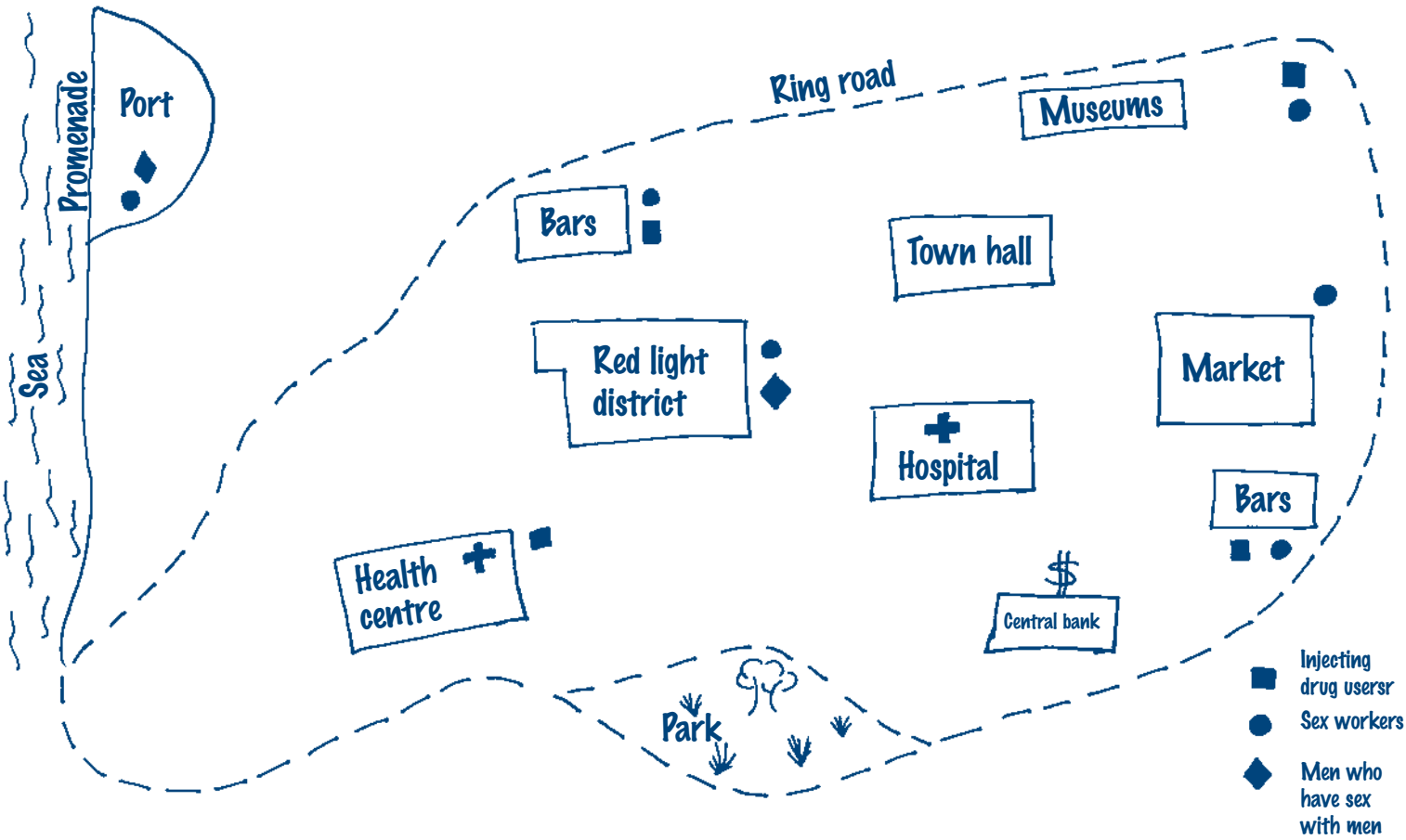
7 Meet together as a large group and share what has been learned. A composite of all the broad maps can then be drawn, if necessary.

Remember!/Facilitators notes

- Members of key populations should be included in the group and in discussions during the visits in the community whenever possible. This will help make sure that their views and knowledge are represented in the map.
- Information from the visits can be recorded on the general map, or groups can make individual maps of the area they visited.
- If practical, small groups may choose to meet at a midpoint during the visits to review progress.

See also

- Tool 4 – Focused mapping


Port
Promenade
Sea
Ring road
Museums
Bars
Town hall
Red light district
Market
Hospital
Bars
Health centre
Central bank
Park
Injecting drug usersr
Sex workers
Men who have sex with men

Tool 3 Community mapping

What is it?

A community map is a map showing important places in a community – for example, churches or temples, markets, health services, schools, bars, places where people meet, places where people socialise, and so on.

Why use it?

Community mapping is useful to:

- provide a non-threatening way to start a discussion about sensitive subjects including sex, HIV/AIDS, drug use and so on
- identify which places (and people) are important in the community, and why
- explore people's concerns about their communities and what they would like to change
- identify services and resources available in a community, and gaps in services
- highlight different groups' views. For example, a group of young people might draw a different things on a map of the same area compared to a group of older people.

See also

- Tool 2 – Broad (or sketch) mapping
- Tool 4 – Focused mapping
- Tool 8 – Interventions mapping
- Tool 10 – Mobility mapping

How to use it

1 Divide large groups into peer groups to make separate maps in order to compare different views of the community.

2 Discuss what sorts of places to show on the map. Ask participants to draw a map showing all the places the participants think are important to them. For example, participants might feel that health centres, markets, places where people go to relax and places where people get information are important.

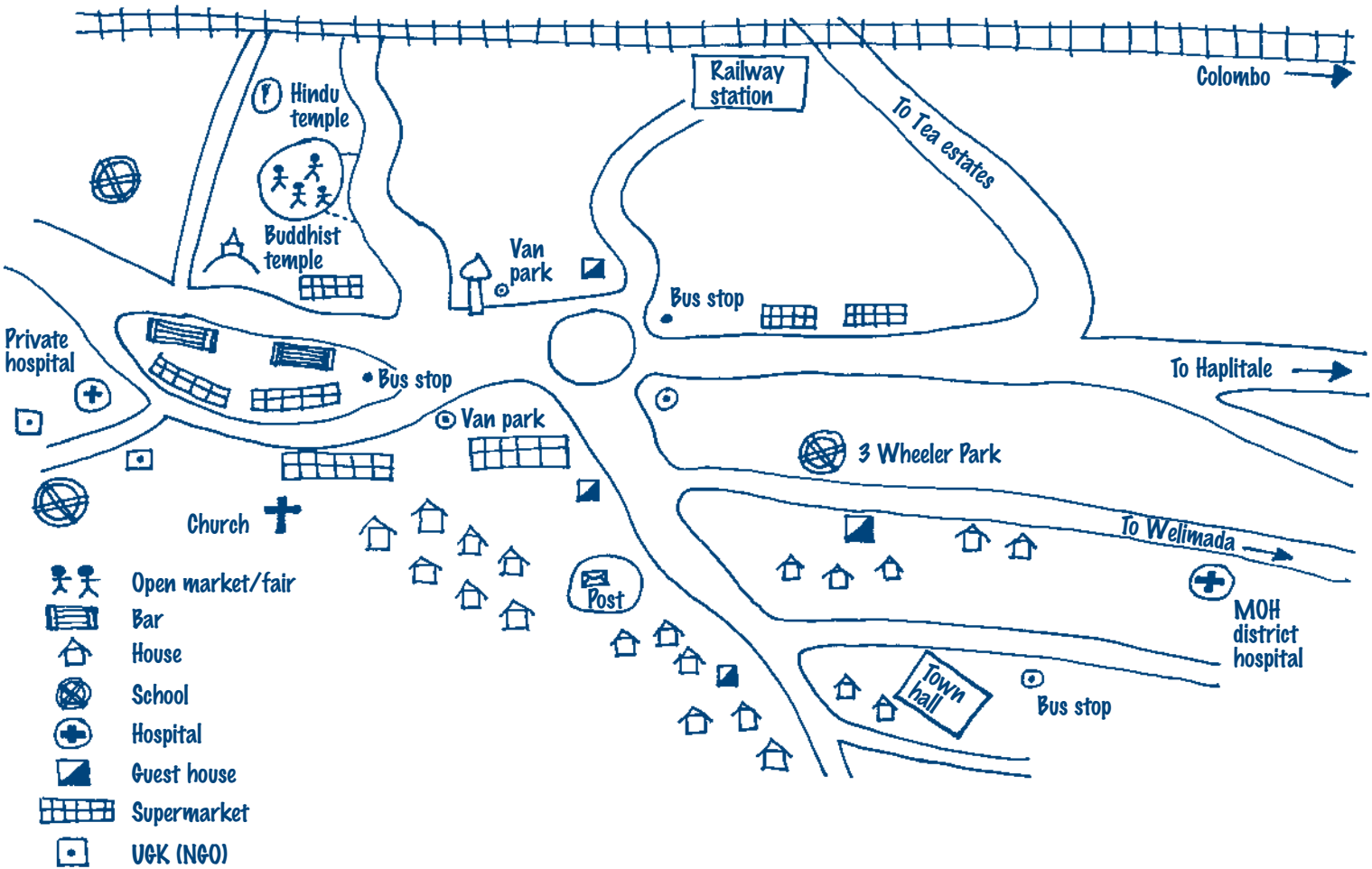
3 If the group has trouble getting started, suggest that they begin by marking where they are right now on the map.

4 Discuss what is shown on the map.

Remember!/Facilitators notes

- If the group is large and uses paper to draw the map, stick several pieces of paper together. Add more paper as the map grows – mapping or modelling on the ground (in which buildings and features are made, not just drawn) is easier, though.
- Different participants may draw very different maps of the same area, and that's OK – it reflects their different views of the community and of the topic discussed.
- Some marginalised groups – for example, drug users – may be concerned that information they put on the map (for example, where they buy or use drugs) will be used to punish them. Agreeing how the map will be used before you start may help people feel comfortable.
- Community maps can show how things looked in the past and/or how people would like a place to look in the future. Discuss how to improve the situation in the community by comparing maps of the present and the future.

Community map drawn by young people in Sri Lanka showing health services, NGOs and places that are important to the community.
Reference: Adapted from PRA Workshop for Sexual Needs Assessment, Alliance Sri Lanka and International HIV/AIDS Alliance, 1997



Tool 4 Focused mapping

What is it?

A focused map is a detailed map of a location where there are high numbers of key populations. Focused maps can show where key populations live and work, and where they access services.

Why use it?

Focused mapping is useful to:

- learn about key populations and the locations where they live and work. Identify places where key populations often go, and why they go there
- estimate numbers of key populations in different areas
- learn about services used by key populations
- identify gaps in services for key populations
- start to identify key concerns and priorities of key populations.

See also

- Tool 2 – Broad mapping
- Tool 3 – Community mapping
- Tool 10 – Mobility mapping
- Tool 16 – Daily activity charts
- Tool 21 – Trend diagram

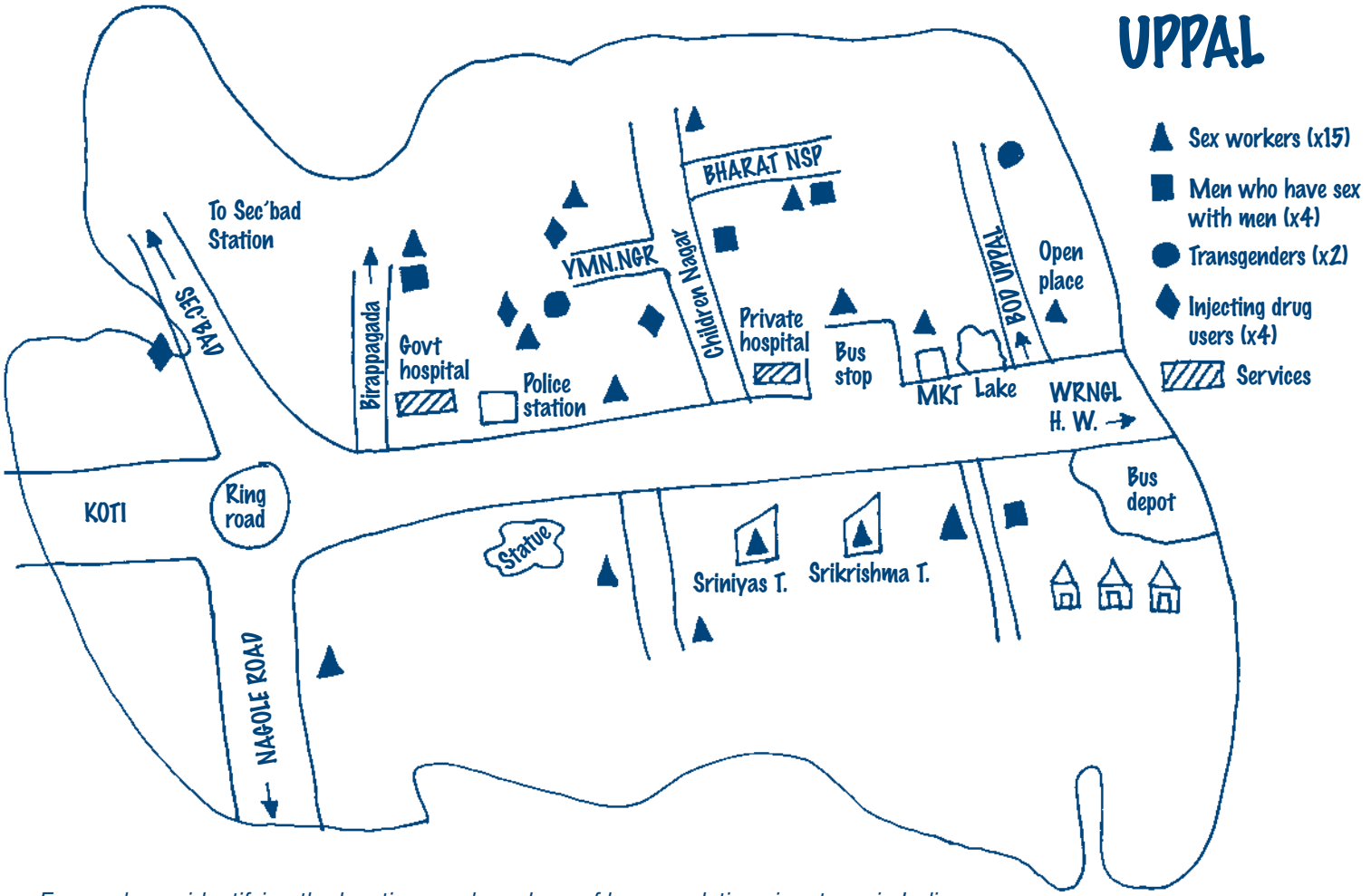
How to use it

1. Groups of two to six people can do focused mapping. Divide large groups to map different areas. It will help if each group includes members of key populations.
2. Identify areas where there are many members of key populations. If appropriate, use broad mapping (see Tool 2) to identify these areas. The groups will visit these areas to find out more.
3. Agree important questions you will ask members of key populations on the visits. For example, where do key populations live and work? What other places do they often visit and why? How many key population members are there in this particular area? What services do they access? What do they think about these services?
4. Visit the areas and ask members of key populations and other people to draw maps of the area. Participants can use counters (such as beans, rocks or seeds) to estimate numbers of key population members in different places.
5. Use the maps to discuss the key questions. Visit people and services shown on the maps to find out more.

Remember!/Facilitators notes

Whenever possible, include members of key populations in each group and in discussions during the visits in the community. This will:

- help ensure the views of key populations are represented
- help the group meet other members of key populations more easily.



Focused map identifying the locations and numbers of key populations in a town in India.
Reference: Adapted from a Participatory Site Assessment in Andhra Pradesh, India, 2003

Tool 5 (Gendered) resource mapping

Mapping tools

What is it?

Resource maps are diagrams that show resources and services available in a community, and who uses them. Resource maps can also show what resources and services different people need.

Why use it?

Resource maps are useful to:

- identify what resources and services are available to different people, and who uses them. For example, what resources and services are available to women? Which are available to men? Can all women and all men use these resources?
- explore different people's views of available resources and services
- understand the reasons why some people have access to resources and services and some people do not
- start to identify strategies for increasing access to existing resources and services.

See also

- Tool 3 – Community mapping
- Tool 6 – Health facility mapping
- Tool 8 – Interventions mapping

How to use it

1 Divide large groups up to look at resource use by different people – for example, girl children and boy children.

2 Agree who to show on the map – for example, orphaned and vulnerable children.

3 Draw a person in the centre of the map – for example, a child, representing orphaned and vulnerable children.

4 Agree what resources and services to show on the map – for example, resources and services children use in connection with orphaned and vulnerable children's education.

5 On the left side of the person, show the resources and services that the person uses at the moment.

6 On the right side of the person, show the resources and services that exist in the community, but which the person does not use now.

7 Underneath the person, show additional resources and services that are needed. These can be resources that the community can provide or which need to come from outside.

8 Discuss and compare what is shown on the maps and how the situation can be improved.

Remember!/Facilitators notes

Another way to do resource mapping is by adding them to community maps (Tool 3). Ideas for useful resource mapping contexts:

- Map resources and services that help a person avoid HIV infection.
- Map resources and services that help a family care for a person with HIV or AIDS at home.
- Map resources and services that help a person stay healthy.

Resource map showing resources and services children use in connection with orphaned and vulnerable children's education. Reference: Building Blocks in Practice: participatory tools to improve the development of care and support for orphans and vulnerable children, International HIV/AIDS Alliance, 2004

Tool 6 Health facility (service) mapping

What is it?

A health facility map is a map of health services available to a community.

Why use it?

Health facility maps are useful to:

- identify what health services exist and are known by different people
- identify what people know about different health services. For example, what illnesses do they treat? When are they open?
- explore who accesses which services, and with what sorts of problems
- explore who does not access health services and why
- understand what different people like and do not like about different services
- understand what services and treatments people consider effective, and for what health problems
- identify strategies for improving access to health services
- identify gaps in health service provision.

See also

- Tool 5 – (Gendered) resource mapping
- Tool 8 – Interventions mapping

How to use it

1 Small and medium-sized groups can make health facility maps. Divide large groups into peer groups to explore different perceptions of health services.

2 Explain the purpose of the tool to participants and ask them to draw a map showing where different health facilities are located; both formal and informal, modern and traditional.

3 If participants have trouble starting, ask them to begin by marking the nearest health facility on the map.

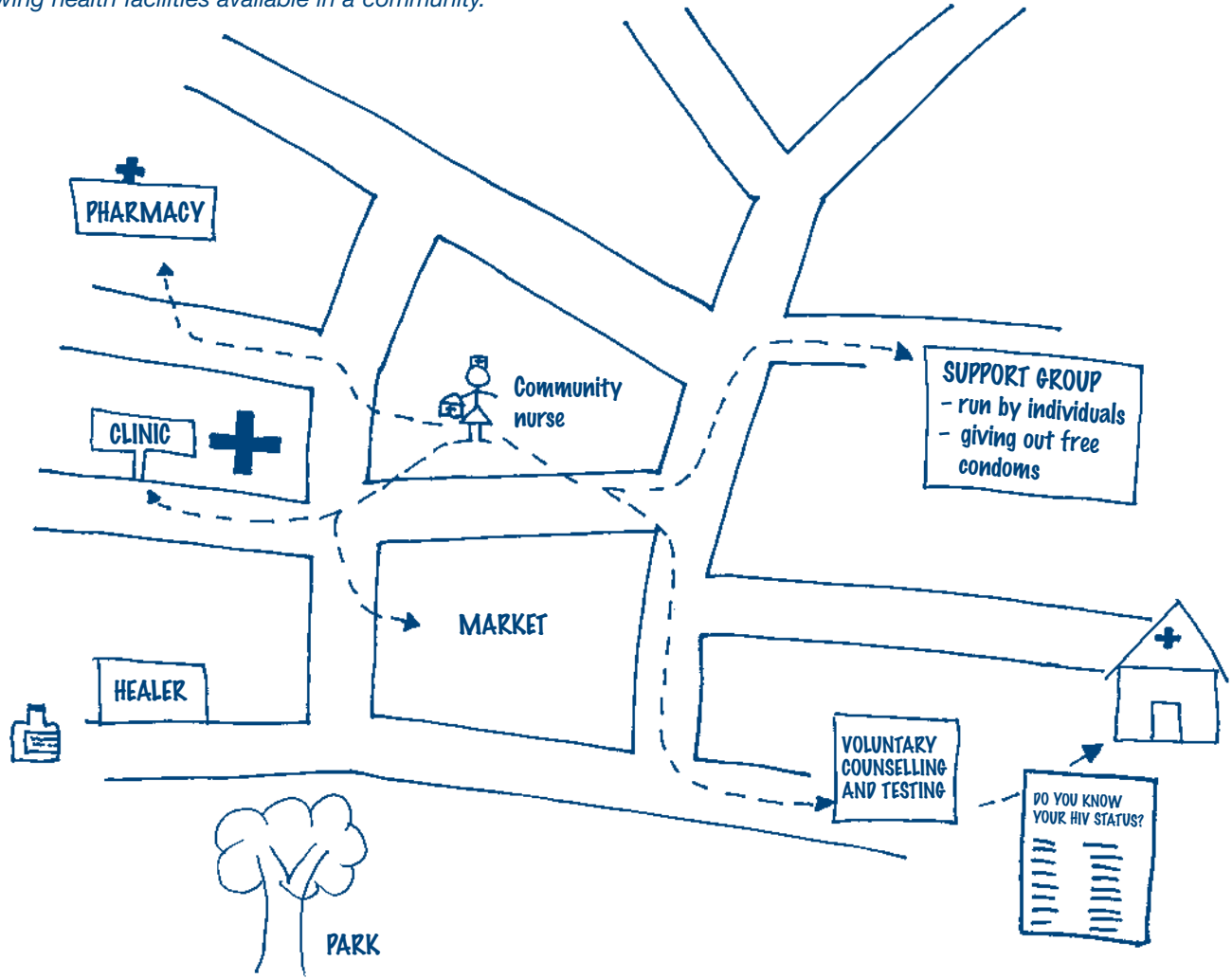
4 Health services can include a range of traditional (for example, traditional birth attendants) and informal services (for example, family support) as well as formal health services, (for example, clinics). Make sure participants do not overlook traditional and informal services.

5 Ask participants which ones they use and don't use, and why. What is good and bad about the services, and why? Which services are most effective? Which services need improving or are missing altogether?

Remember!/Facilitators notes

- Make sure informal and traditional health services are also shown on the map – for example, traditional healers.
- Participants may be more comfortable in peer groups to discuss access to health facilities.
- It may be useful to explore participants' perceptions of relations and referrals between different health facilities and health service providers.
- If an existing health service is not mentioned, it may be useful to explore the reasons for this.
- You can use health facility mapping to discuss health services in general, or to discuss availability of specific services – for example, STI-related services, services related to HIV/AIDS, ARVs, VCT and so on.

Map showing health facilities available in a community.



Tool 7 Household mapping

What is it?

Household mapping helps to explore places in the home where people fear contact with people living with HIV or AIDS. It can also show where people living with HIV or AIDS may be stigmatised or isolated within the home.

Why use it?

Household mapping is useful to:

- identify people's fears about living with, and caring for, a person with HIV or AIDS
- understand the reasons for people's fears about caring for a person with HIV or AIDS
- explore the impact of these fears on people living with HIV or AIDS
- identify strategies for reducing fears about caring for a person with HIV or AIDS at home.

How to use it

1 Explain the purpose of household mapping to participants.

2 Ask them to make a drawing or model of a typical house in the community.

3 Show places where people might be scared of getting HIV through non-sexual contact with a person living with HIV or AIDS.

4 Discuss the effect these fears have on the carer or family member.

5 Discuss the effect these fears have on the person living with HIV or AIDS.

6 Discuss the reasons for these fears. Identify facts about HIV that counter the fears or knowledge gaps – for example, that you cannot get HIV from sharing a toilet.

7 Discuss strategies for reducing fears about caring for a person with HIV or AIDS at home, and how to reduce the effect of these fears on the person living with HIV or AIDS.

Remember!/Facilitators notes

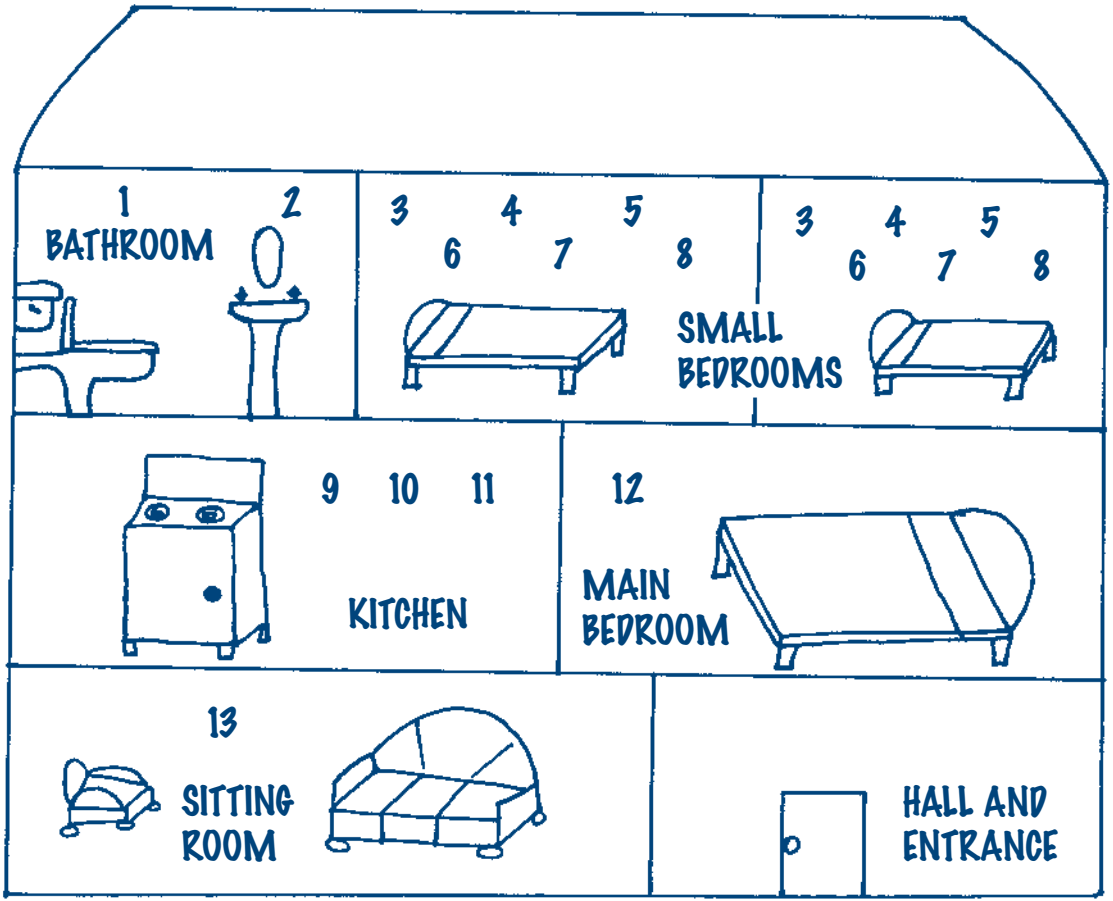
This tool can bring out strong reactions in people. Be sensitive to people's views and seek first to understand their genuine fears about HIV. Only when you have understood these should you attempt to explain the reality of whether those fears are justified or not. If you are unsure of what the risk is, don't guess! Instead, be honest and say that you are unsure but will find out for participants.

See also

- Tool 9 – Mapping stigma

Map identifying possible points of HIV/AIDS-related fear and stigma in the household.
Reference: Adapted from Understanding and Challenging HIV Stigma: toolkit for action, The Change Project and ICRW, 2003

1 Fear of getting HIV while helping to wash/clean person living with HIV/AIDS (PLHA)
2 Fear of sharing facilities
3 Told to stay away from visitors
4 No visitors allowed in here
5 Family prevents children from playing with PLHA
6 Blankets and clothing not shared
7 Made to eat alone with separate utensils
8 Left out of family discussions and decisions
9 Prevented from doing any cooking
10 Fear of accidents/cuts while cutting food, fear of HIV transmission
11 Family eats together, but without PLHA
12 Blankets not shared
13 Minimal contact with visitors – kept in hiding



Tool 8 Interventions (services and activities) mapping

What is it?

An interventions map is a map of services and activities in a community or location – for example, services and activities for HIV/AIDS prevention, or services and activities for orphans and vulnerable children.

Why use it?

Interventions mapping is useful to:

- identify what relevant services and activities are available, and who is responsible for them
- explore people's knowledge and views of different services and activities
- discuss who accesses services and activities and who does not
- identify gaps in services and activities
- explore people's priorities for new services or activities
- identify organisations (and people) to involve in project planning and co-ordination.

How to use it

1 Small or medium-sized groups can draw intervention maps (up to about 12 people).

2 Agree what types of services and activities to show on the map – for example, services and activities relating to community-based care, or services and activities for young people.

3 Draw a map of the area showing relevant services and activities.

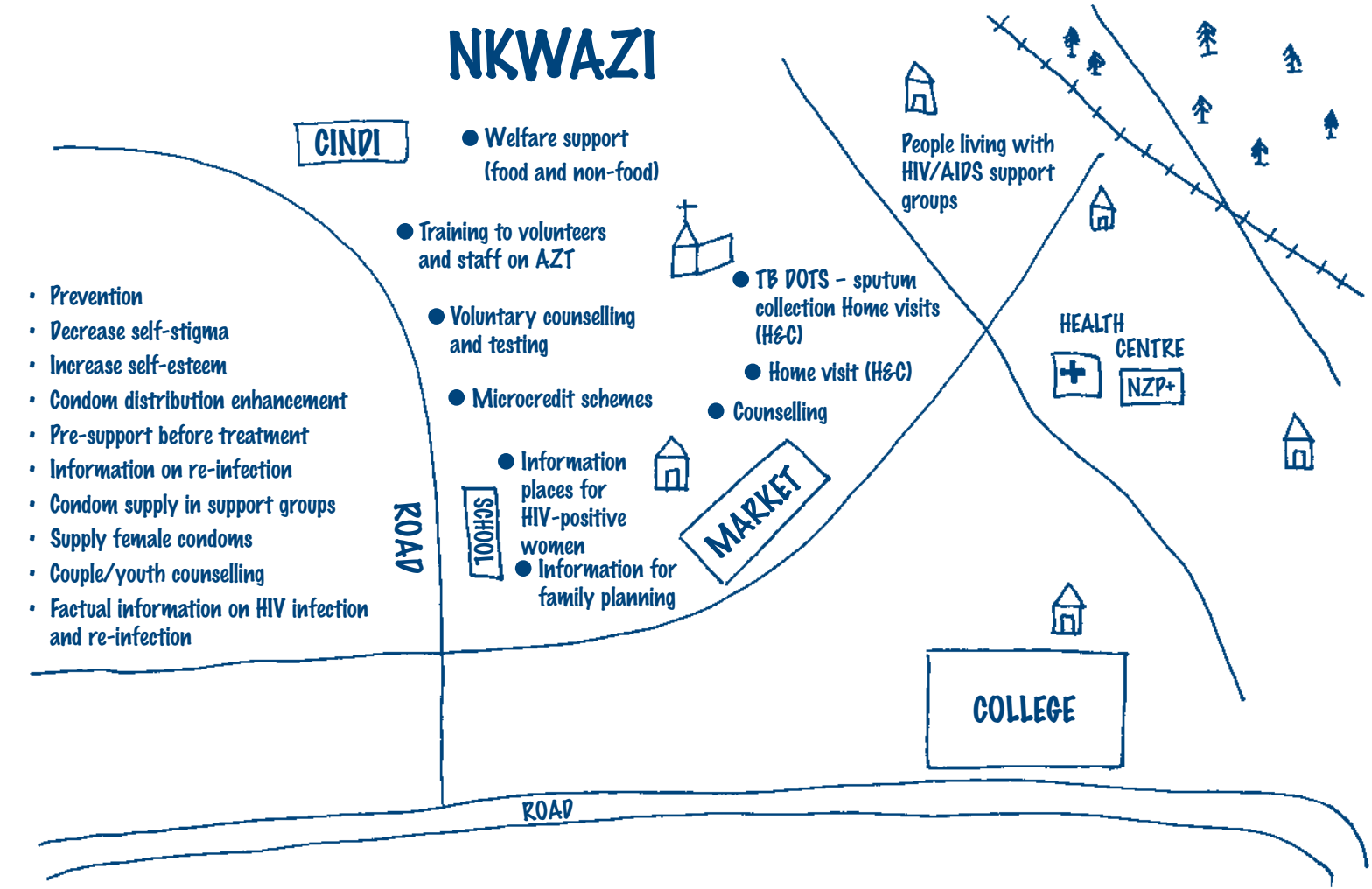
4 Discuss what is shown on the map.

Remember!/Facilitators notes

- Interventions mapping is useful for planning HIV/AIDS work. It provides information about who is already doing what, what else is needed and who to involve in planning and co-ordination.
- Interventions mapping shows participants' knowledge and views about services and activities available locally, rather than a single 'truth'.
- Participants may consider distant services and activities to be important. Enable participants to set their own boundaries for the map.
- Use counters to show how important different services and activities are, or to show which services and activities participants use most often.

See also

- Tool 6 – Health facility mapping



55 *Intervention map identifying existing HIV/AIDS services and activities, and new services needed to implement a comprehensive ARV treatment programme. Reference: ARV workshop, Zambia, the Alliance, 2004*

Tool 9 Mapping stigma

What is it?

Mapping stigma is a discussion that explores stigma faced by people in the community.

Why use it?

Mapping stigma is useful to:

- identify different contexts in which stigma occurs
- explore the reasons for stigma in different contexts
- explore the effects of stigma on different people
- identify strategies for reducing stigma.

How to use it

1 Stigma mapping is best done in smaller groups.

2 Discuss what stigma is. Stigma is an attribute that singles out an individual or a specific group of individuals as different. They are regarded in a negative and judgmental way because they possess that attribute.

3 Discuss what type of stigma to explore – for example, stigma related to being HIV positive.

4 In pairs or threes, participants walk through the community or location looking for places where stigma occurs.

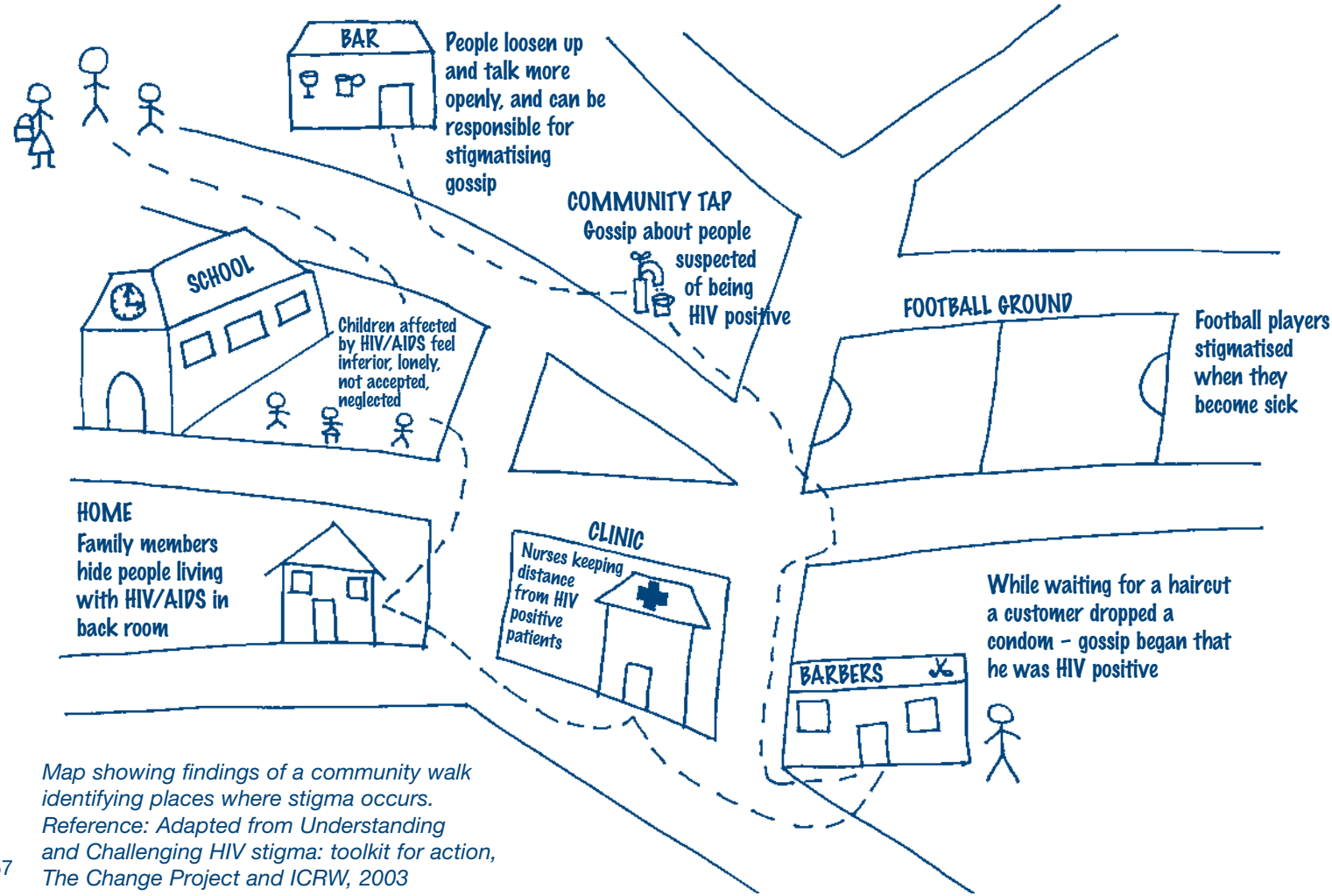
5 Participants may not physically be able to walk around the community or location – for example, the distances may be too great. Participants can also map stigma by looking at a map of the community or location – for example, a community map (Tool 3) – and discussing in small groups where stigma occurs. Alternatively, identify locations in the community (such as the market, bus station and so on) and put up signs representing these locations around the place being used for the session. Participants can then walk around the venue in pairs or threes to discuss where stigma occurs.

Remember!/Facilitators notes

- Debrief participants by asking participants about the reasons for stigma in different places, the effects of it – see Tool 22 (Cause and effect diagram) – and strategies for reducing it.

See also

- Tool 12 – Transect walks
- Tool 22 – Cause and effect diagram



Map showing findings of a community walk identifying places where stigma occurs. Reference: Adapted from Understanding and Challenging HIV stigma: toolkit for action, The Change Project and ICRW, 2003

Tool 10 Mobility mapping

Mapping tools

What is it?

A mobility map is a diagram of places where people go within a community or location that are important to them.

Why use it?

Mobility mapping is useful to:

- identify places where people go in a location or community, and why
- identify when people go to different places
- explore when and where people are most vulnerable, and why
- identify what services people use, and when
- start to explore the impact of HIV/AIDS on where people go and what people do
- identify times and places when it is possible to meet people
- mobility mapping can help plan project activities, such as outreach work. It can help to start a discussion about how HIV/AIDS affects people's lives. For example, are there places in the community where children affected by HIV/AIDS do not go, even though these places are important to them? Why is this?

How to use it

1 Individuals or small groups can draw mobility maps. Divide up groups of more than eight people to draw different mobility maps.

2 Agree whose mobility map to draw. Individuals and small groups can draw maps for themselves or for 'typical' people.

3 Draw a diagram or picture showing the places that people visit that are important to them.

4 Draw lines between the places people go from and to. It can be useful to have a central place to draw the lines from – for example, their homes. Different colours or types of lines (for example, dotted lines) can be used to indicate the different reasons people travel to a place (for example, for work, for shopping and so on). Different line thicknesses can represent the frequency with which they travel there (for example, a thick line means regularly; a thin line means infrequently).

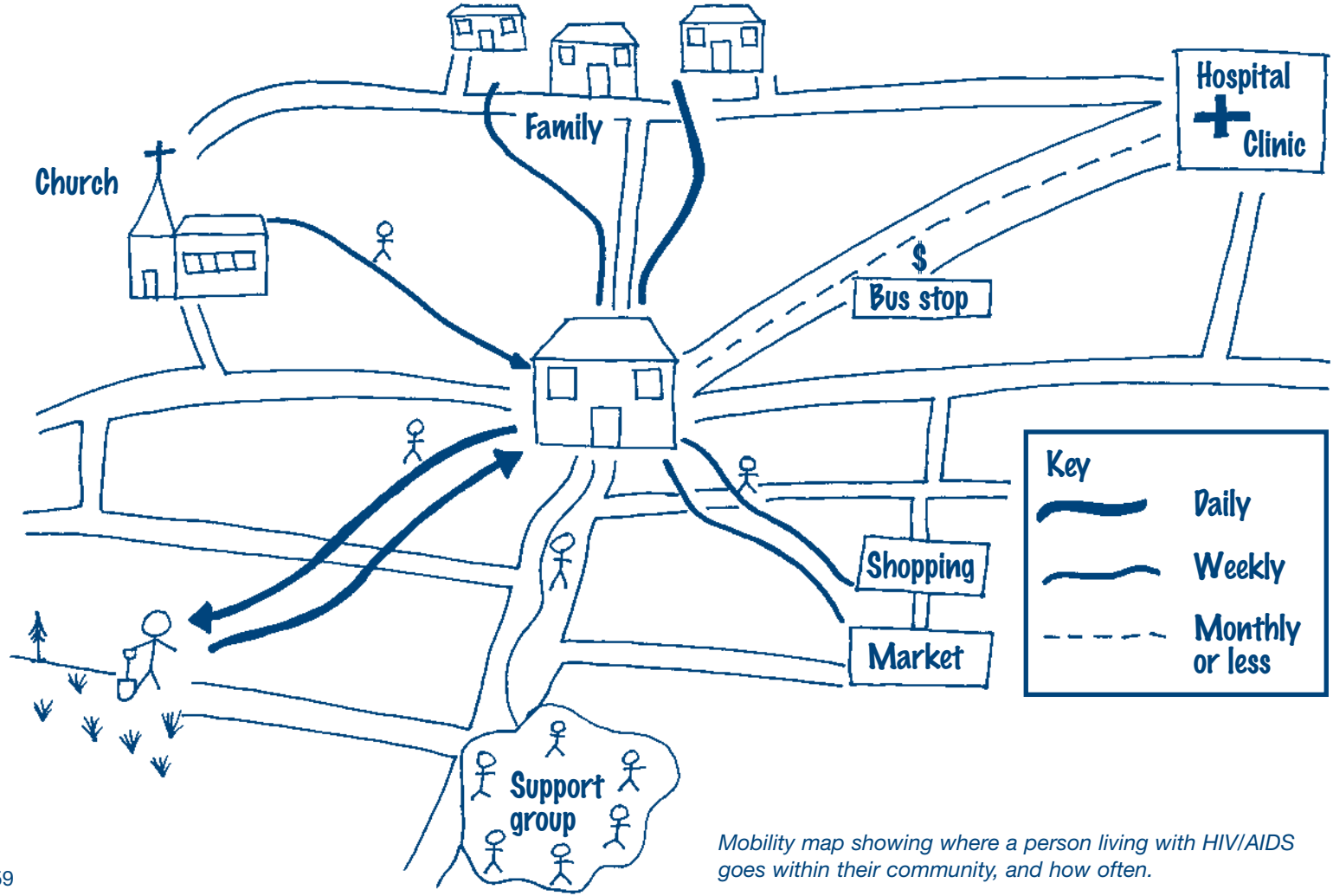
5 Discuss what is shown on the mobility maps.

Remember!/Facilitators notes

- Mobility maps can be used quite early on in a PLA process as they are non-threatening and can be a good way to get to know a group.
- People who are involved in illegal or socially stigmatised activities may worry that information they put on the diagram (for example, where they buy or use drugs) will be used to punish them. Before starting, agree on who will see the diagram and how it will be used.
- Use colours or symbols to show different types of places – for example, places where they feel vulnerable, places where they can get health care and so on.

See also

- Tool 2 – Focused mapping
- Tool 3 – Community mapping



Mobility map showing where a person living with HIV/AIDS goes within their community, and how often.

Tool 11 Social network (relationship) mapping

Mapping tools

What is it?

Social network maps are diagrams that show relationships that are important to a person (or family or peer group) – for example, the important relationships for a family affected by HIV/AIDS.

Why use it?

Social network maps are useful to:

- explore relationships within a community
- understand what is important about these different relationships – for example, do these relationships provide practical help, emotional support, information?
- understand how people communicate within a community, and how information is shared (or not shared)
- explore how different people (or groups) are involved in decision-making
- explore the benefits and risks of different relationships
- understand divisions and isolation within a community – for example, are there some people who have very few relationships?

See also

- Tool 23 – Circles diagram

How to use it

1 Individuals and small groups can make social network maps. Divide larger groups up to make social network maps for different people.

2 Agree whose relationships to map – for example, the relationships of a 'typical' person found in the community, such as a schoolboy, or the social relationships of an actual person or group affected by HIV/AIDS. Show this person at the centre of the map.

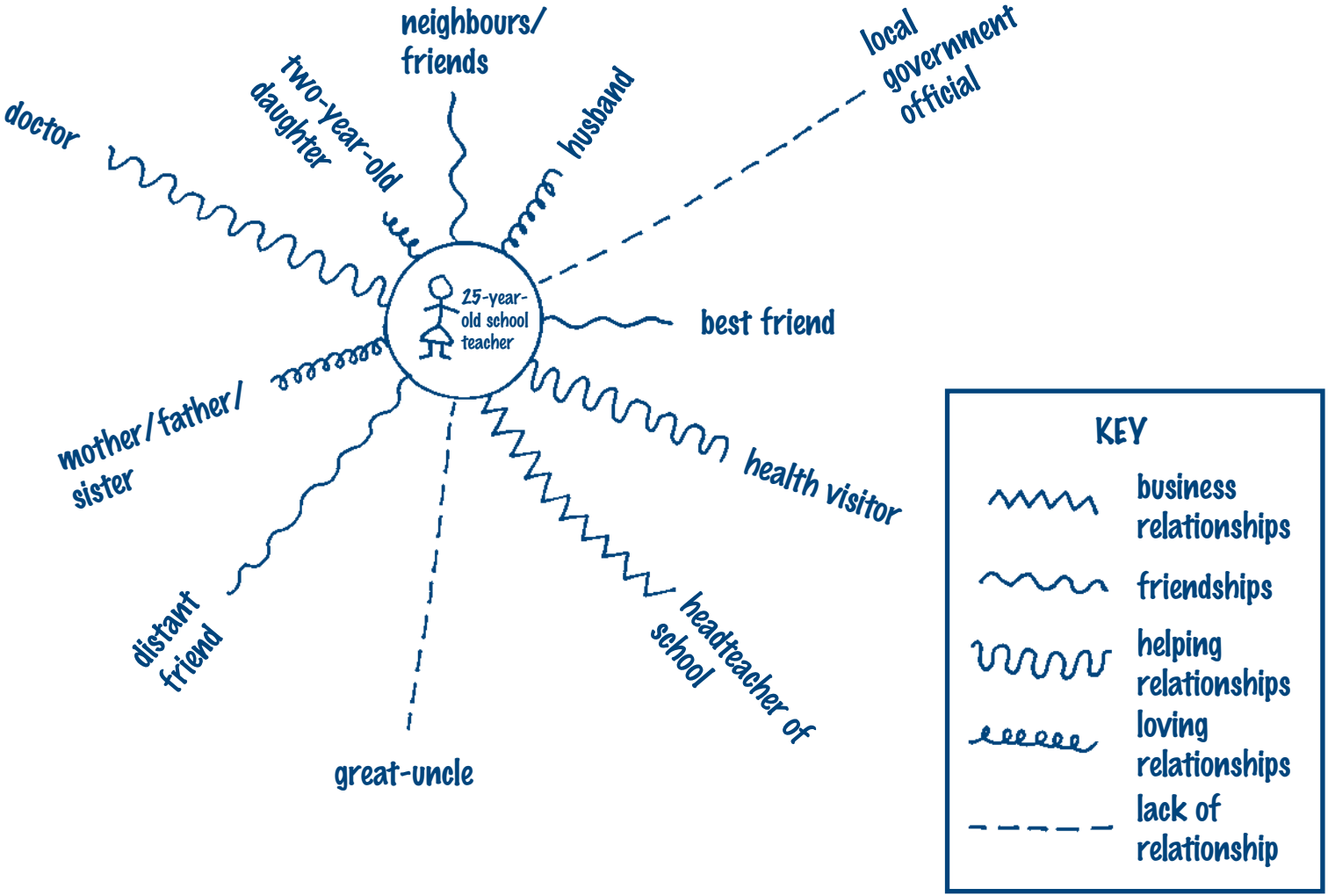
3 Show other people (or households, groups and so on) with whom they have important relationships on the map. Use lines and arrows to indicate relationships. Use different coloured lines, or lines made from different objects, to show different kinds of relationships – for example, 'helping' relationships, friendships, business relationships and so on.

4 Use distance between people and the person cared for on the map to show the importance of the relationship – the closer to the person, the more important.

5 Discuss what is shown on the map.

Remember!/Facilitators notes

- Participants may wish to include organisations they have relationships with, such as churches or temples, as well as people on the map. Alternatively, it may be useful to explore the relationships between different households.
- If the social network map is used to develop a community-level analysis, it is important to involve different groups of people within the community.
- Some social relationships are sensitive – for example, those that relate to illegal or socially stigmatised activities – and participants may feel more comfortable discussing these in smaller peer groups.
- Explore how circumstances affect a person's social network. For example, how is the social network map of an orphan different from that of another child? How does a person's social network change when they find out they are HIV positive?


neighbours/ friends
two-year-old daughter
husband
local government official
doctor
25-year-old school teacher
best friend
mother/father/ sister
health visitor
distant friend
headteacher of school
great-uncle
KEY
business relationships
friendships
helping relationships
loving relationships
lack of relationship

Tool 12 Transect walks

Mapping tools

What is it?

Transect walks are walks through a community or location to identify different places, people and activities regarding HIV/AIDS and the community.

Why use it?

Transect walks are useful to:

- identify what people do and where they do it – for example, places where people meet, work and relax
- provide people with a first-hand knowledge of an area and key locations
- observe how people interact with one another in different places
- observe the environment – for example, sanitary conditions, availability of goods such as condoms, drugs or medicines
- identify where different people in the community or location can be found – for example, street children, community leaders or key organisations
- meet and talk with people in the community or location
- identify places where community action or project activities can be focused – for example, places where condoms could be promoted.

How to use it

1 A location can be divided into sections and shared between several small groups.

2 Explain the purpose of transect walks to participants and together decide on any key issues to be explored, or key areas to be identified, during the walks.

3 Decide on the location to be 'walked'. Plan, approximately, routes to be taken. Keep routes flexible to allow for the unexpected.

4 Decide on any key issues to be discussed with people met during the walk. Keep these plans flexible to enable people in the community to identify issues of concern. Issues identified by people in the community may be different from those expected by the group.

5 Agree a time and location for groups to come back together to share and discuss what they have learned during the walks. If useful, the information can be used to create or add to a community map.

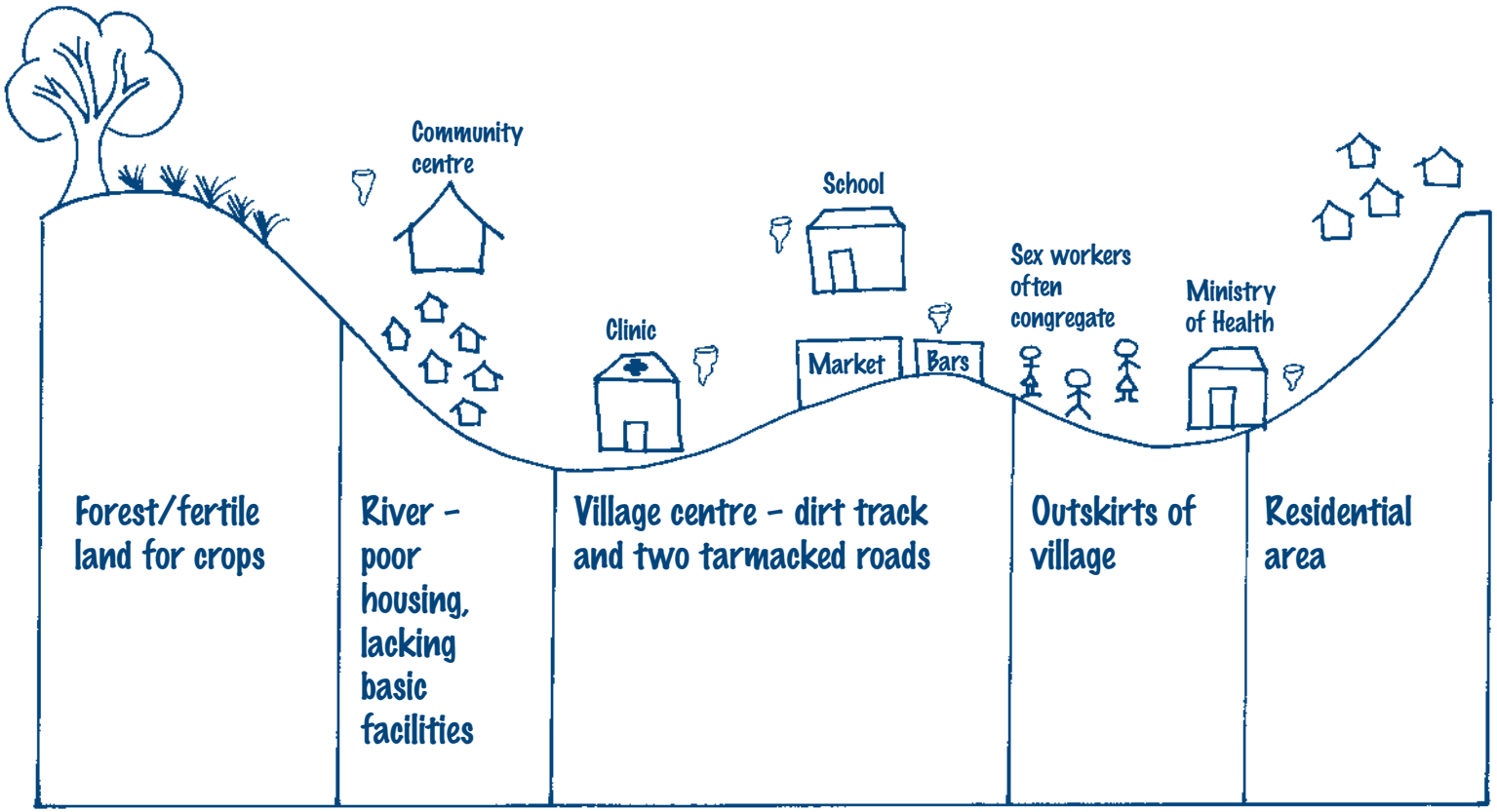
6 A variation of a transect walk is historical transects. These are diagrams showing how the same location has changed over time.

Remember!/Facilitators notes

- The time – of the day, week or season – when a transect takes place will influence what is learned. It may be useful to return to particular locations at different times.
- Transect walks can include periods of observation – for example, when having a drink in a bar – as well as active walking and exploring.
- If cameras and videos are used, remember to ask permission from anyone being photographed or filmed.

See also

- Tool 3 – Community mapping
- Tool 9 – Mapping stigma


Community centre
School
Clinic
Market
Bars
Sex workers often congregate
Ministry of Health
Forest/fertile land for crops
River – poor housing, lacking basic facilities
Village centre – dirt track and two tarmacked roads
Outskirts of village
Residential area

Tool 13 Well-being mapping

What is it?

Well-being maps are maps that show relative well-being in different households in the community. For example, well-being maps can show which households are most affected by HIV/AIDS and the kind of support they need.

Why use it?

Well-being maps are useful to:

- understand different people's views of well-being and problems. For example, what is well-being? What are the problems that most affect people's well-being?
- explore the reasons that people or households experience well-being or ill-being
- identify areas or households where there are many problems – for example, this can help target community action
- explore strategies that people use to improve their well-being.

How to use it

1 Explain the purpose of the tool to participants and ask them to draw a map of their community showing all of the individual households.

2 Ask participants to number each of the households on the map – for example, if there are 50 households, ask them to number them from 1 to 50.

3 Make a card for each numbered household and ask participants to sort these cards into five categories, category one being those households least affected by HIV/AIDS and experiencing relative well-being and category five being those households who are most affected by HIV/AIDS and experiencing relative ill-being. Categories two, three and four will show households which fall in-between those worst and least affected by HIV/AIDS.

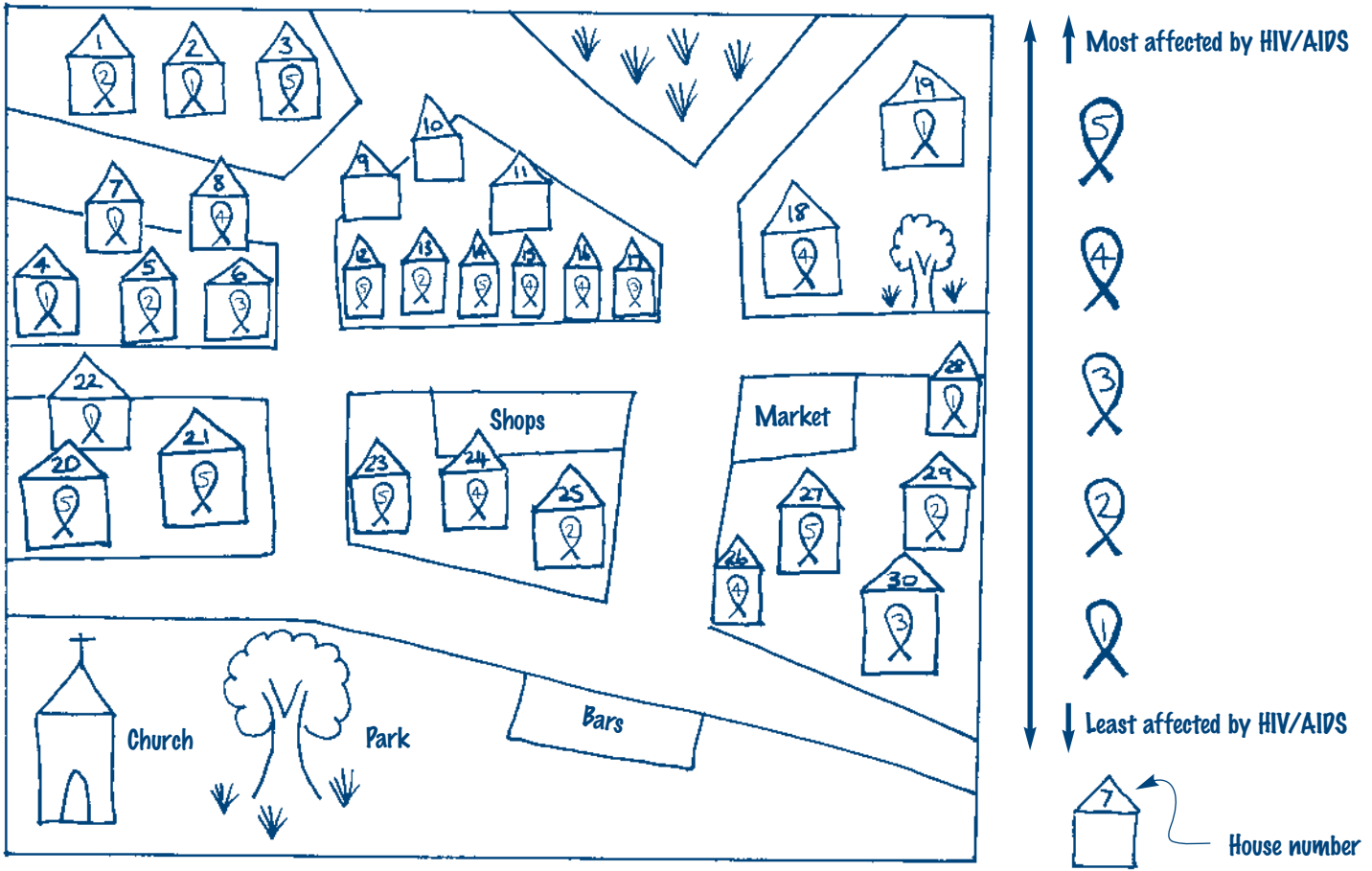
4 For each category, ask participants to think about what makes some households more affected by HIV/AIDS than others. What makes some households experience more ill-being or well-being than others? These may be social, economic or environmental factors, not just health or ill-health factors. List these reasons under each category.

5 Return to the map and indicate on it whether each household is in category one, two, three, four or five, and discuss what is shown on the map.

6 Ask participants to identify which are the worst-off households and what kind of assistance they need to experience more well-being?

Remember!/Facilitators notes

- Encourage participants to think of well-being as broadly as possible, not just in terms of health or material wealth.



Particular problems facing households most affected by HIV/AIDS

- Grandparents looking after orphaned children
- Unemployed adults
- Lack of money
- Lack of food
- Household members caring for relatives with HIV/AIDS
- Lack of care/support for people living with HIV/AIDS – isolation

Tool 14 Universe map

What is it?

This tool involves making a drawing of different things in the universe – such as suns and moons – to represent the people and organisations involved in HIV/AIDS action.

Why use it?

Using the universe map helps to:

- identify the key people and organisations involved in HIV/AIDS action
- explore the relationships between those people and organisations
- start discussions about which other people and organisations could be encouraged to get involved.

See also

- Tool 23 – Circles diagram

How to use it

1 Explain the purpose of the tool to participants.

2 Select an area of HIV/AIDS action to focus on. Examples might include 'HIV prevention with men' or 'access to HIV/AIDS treatment'.

3 Encourage the participants to think of all the different people and organisations that are involved in that area. Examples might include 'NGOs' and 'government'.

4 Draw a universe map showing those different people and organisations. Encourage the participants to use:

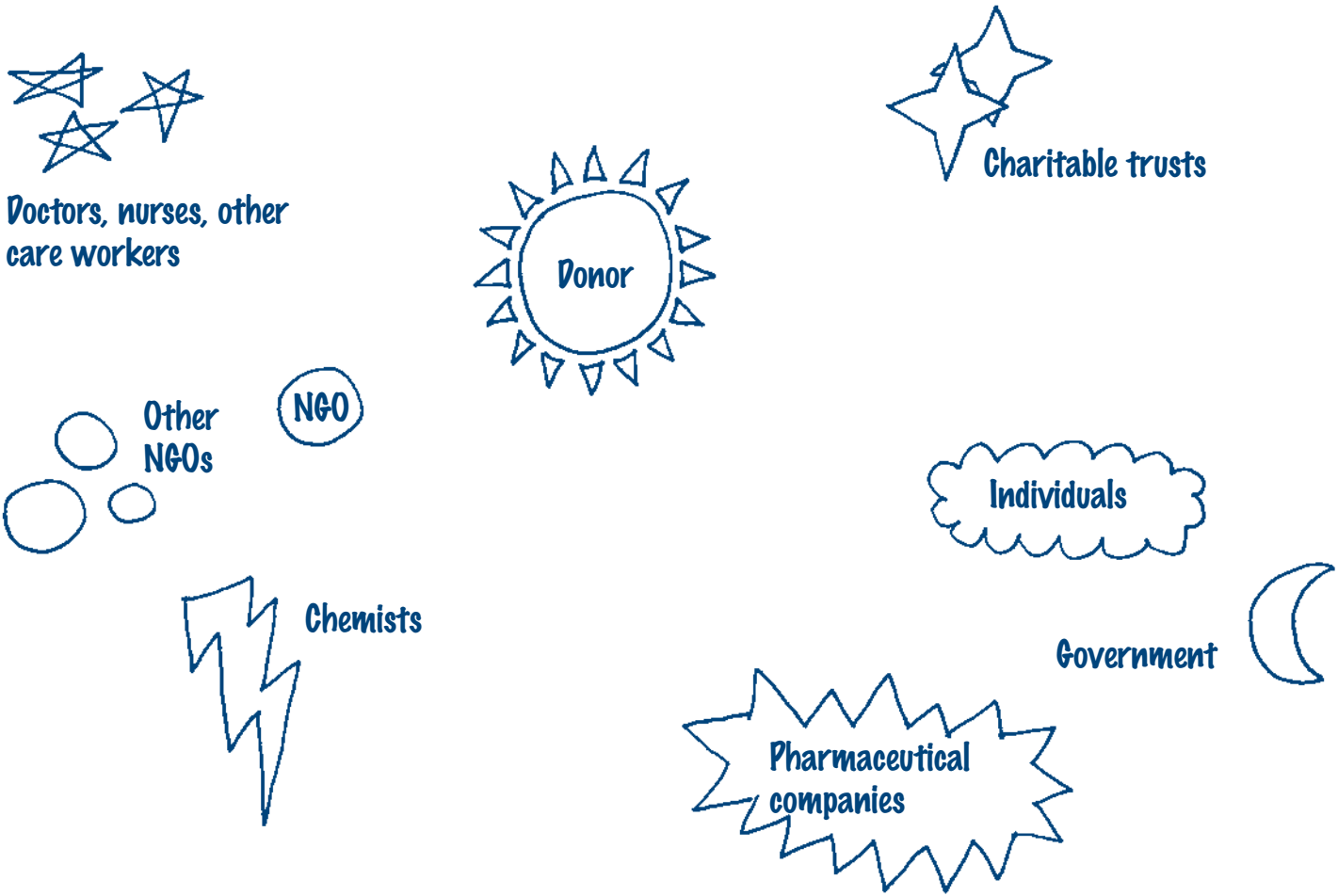
- a symbol of something in the universe to represent each one – for example, an NGO might be a star and the government a sun
- the distance between the symbols to show the relationships involved – for example, if an NGO and the government have a close relationship, they should be drawn close together.

5 When the activity is complete, encourage the participants to discuss what the universe map shows – for example, how many different people and organisations are currently involved in HIV/AIDS action? What type of work are they doing? Do they have good relationships? Are some organisations duplicating the efforts of other organisations? What are the possibilities for some organisations working more closely together on an issue? What other people or organisations need to get involved? How could they be encouraged?

Remember!/Facilitators notes

- Encourage participants to use symbols that express what they really feel about the different people and organisations – for example, if they have very negative views of an organisation, they might draw it as a thunderbolt or something which represents 'bad'.

Universe map showing some of the key people and organisations involved in treatment for women living in slum areas in India. Reference: Adapted from a workshop in India



Tool 15 Before and now diagram

Time analysis tools

What is it?

A before and now diagram is a diagram that shows change. This might be change in a situation since a significant event, such as the start of a community initiative.

Why use it?

A before and now diagram is useful for:

- exploring change over time in a particular situation, and the reasons for change. For example, changes explored might include changes in behaviour, knowledge and attitudes in a community
- exploring the consequences of a particular event – for example, an important change in law
- assessing the effectiveness (impact) of a community initiative
- exploring how significant events have affected people differently.

How to use it

1 Explain the purpose of the diagram to participants.

2 Agree what time period is described by 'before'. This might be the time before an important event or development – for example, before an important change in law, before the start of a community initiative, or before HIV in the community.

3 Draw or write about the situation as it was before the event or development. Examples of what participants might want to think about are changes in individuals' attitudes and behaviours, the community, services, policies and laws, the economy or environment.

4 Now ask participants to draw or write about the situation as it is now.

5 Ask participants to compare and present the two drawings or descriptions. Discuss what has changed, what has not changed, and the reasons for this.

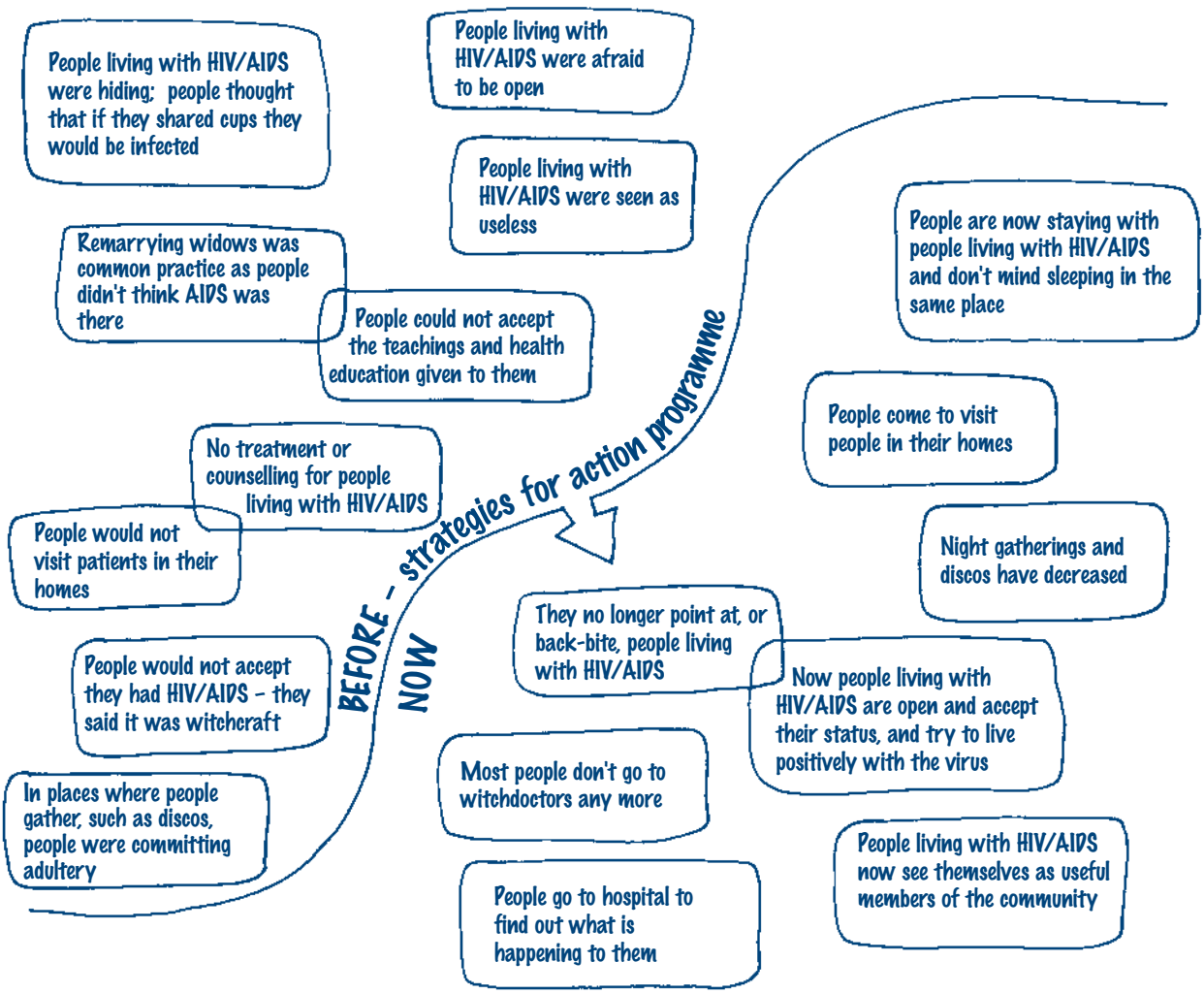
Remember!/Facilitators notes

- When discussing change at community level, it is important to make sure that different views are well represented, as people will have experienced change differently.
- The before and now diagram is a useful tool for monitoring or assessing change – for example, what has changed as a result of community action?
- Encourage a balanced assessment by discussing what has not changed, as well as what has changed.

See also

- Tool 21 – Trend diagram
- Tool 91 – Vision diagramming

Before and now diagram showing changes following a community HIV/AIDS initiative in Uganda. Reference: Adapted from ActionAid, Nurturing a Community-based Response: A special report on the impact of ActionAid's HIV/AIDS work during 1998



Tool 16 Daily activity charts

Time analysis tools

What is it?

Daily activity charts show how people spend their time over the course of a day.

Why use it?

Daily activity charts are useful to:

- explore and compare how different people spend their work and leisure time
- discuss what this means in terms of people's different roles and responsibilities
- explore the factors that influence these differences
- understand the problems and obstacles faced by different people
- identify important times of the day – for example, times when people are particularly vulnerable to risky sexual behaviour, or when they are free to access services
- plan activities by helping to identify the best time to work with particular groups.

See also

- Tool 19 – Seasonal calendar
- Tool 65 – Pie charts

How to use it

1 Individuals and small groups can make daily activity charts. Divide larger groups to make charts for different people.

2 Agree whether to make a circular clock or a line chart to represent time. Decide whether to show time in hours or as parts of the day – for example, morning, afternoon, evening.

3 Agree whose daily activities to chart. Participants can make daily activity charts for themselves or for other types of people they know of in the community.

4 Show the daily activities on the chart at the appropriate time.

5 If appropriate, participants can expand daily activity charts into weekly activity charts. Weekly activity charts may be useful if there is a weekly routine to people's lives, such as education or employment.

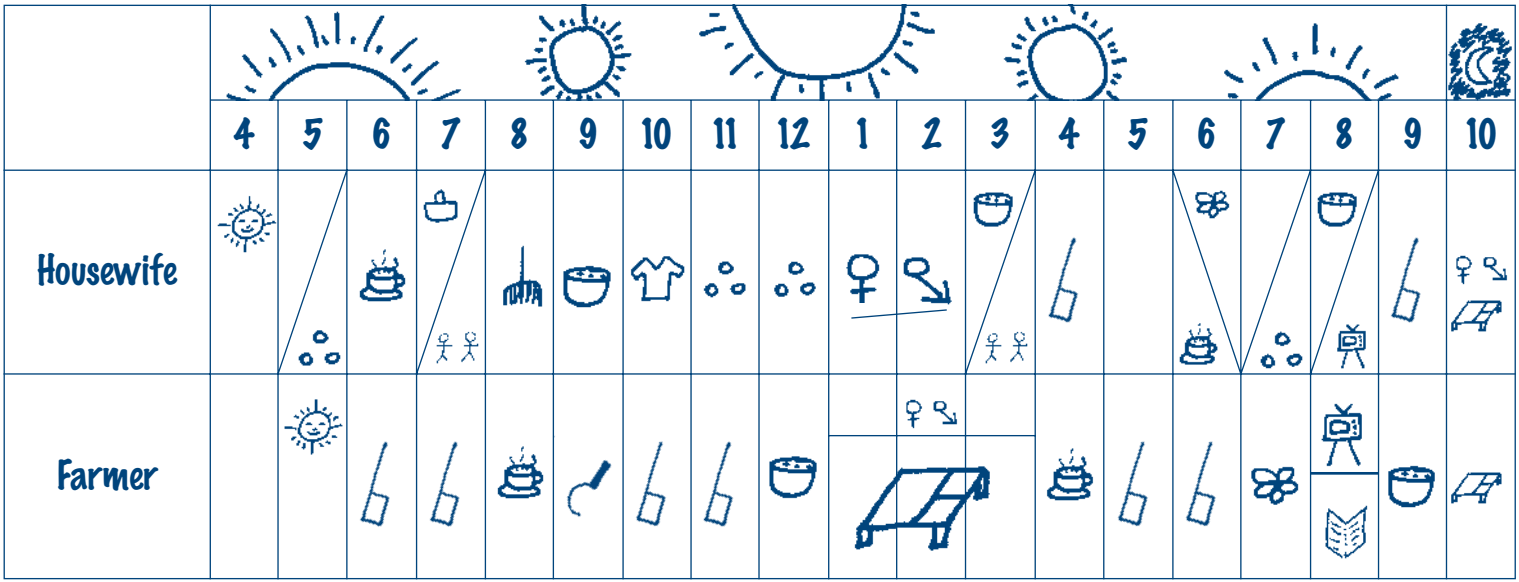
6 Discuss what is shown on the charts. Compare the charts for different people.

7 Questions you might want to ask participants include: 'When might people be particularly vulnerable to HIV infection?' 'When are people free to take part in activities, access services and so on?'.

Remember!/Facilitators notes

- Daily activity charts can also look at the real experience of individual participants. This is a useful non-threatening, rapport-building exercise. However, if participants are involved in illegal activities or activities that are socially stigmatised, they may not feel comfortable talking about them directly. Focusing on the daily activity chart of 'a person they know' can help people to draw on their own experience without making them uncomfortable.
- Discuss how daily routines may change depending on the time of the week or the season.

Daily activity chart showing how a housewife and a farmer spend their day.
Reference: Participatory Rural Appraisal Workshop for Sexual Health Needs Assessments, Sri Lanka, February 1997



Tool 17 Health journey

Time analysis tools

What is it?

This tool involves drawing the story of a person's health over a period of time. It involves marking in the person's health 'ups' and 'downs', identifying the treatment and support that they need and discussing where they might get it.

Why use it?

Using a health journey helps to:

- provide a non-threatening way to discuss sensitive issues about physical and mental health and HIV/AIDS
- identify knowledge and beliefs about HIV/AIDS
- identify common health problems faced by people living with HIV/AIDS
- identify the treatment and support needs of community members
- identify what treatment and support is available to people living with HIV/AIDS.
- discuss who can and who cannot access existing treatment and support
- identify barriers to accessing treatment and support and how these barriers might be overcome.

See also

- Tool 18 – Lifeline
- Tool 47 – Life history

How to use it

1 Health journeys are best done with individuals or in pairs. Explain to participants the purpose of the tool.

2 Ask the participants to think about the different health issues experienced by a person who may have HIV/AIDS or their own health issues.

3 Ask the participants to choose a specific period of time. Examples might include 'A person's health journey in the last month' or 'My health journey since being diagnosed HIV positive'.

4 Encourage the participants to draw the health journey of the person. As the journey progresses, the line goes up when things getter better and down when things get worse (see diagram below). Indicate on the line what made things better or worse at each point.

5 Discuss the health issues that the person may experience during the chosen period of time. These may be physical or mental health issues. Show the health issues on the health journey line.

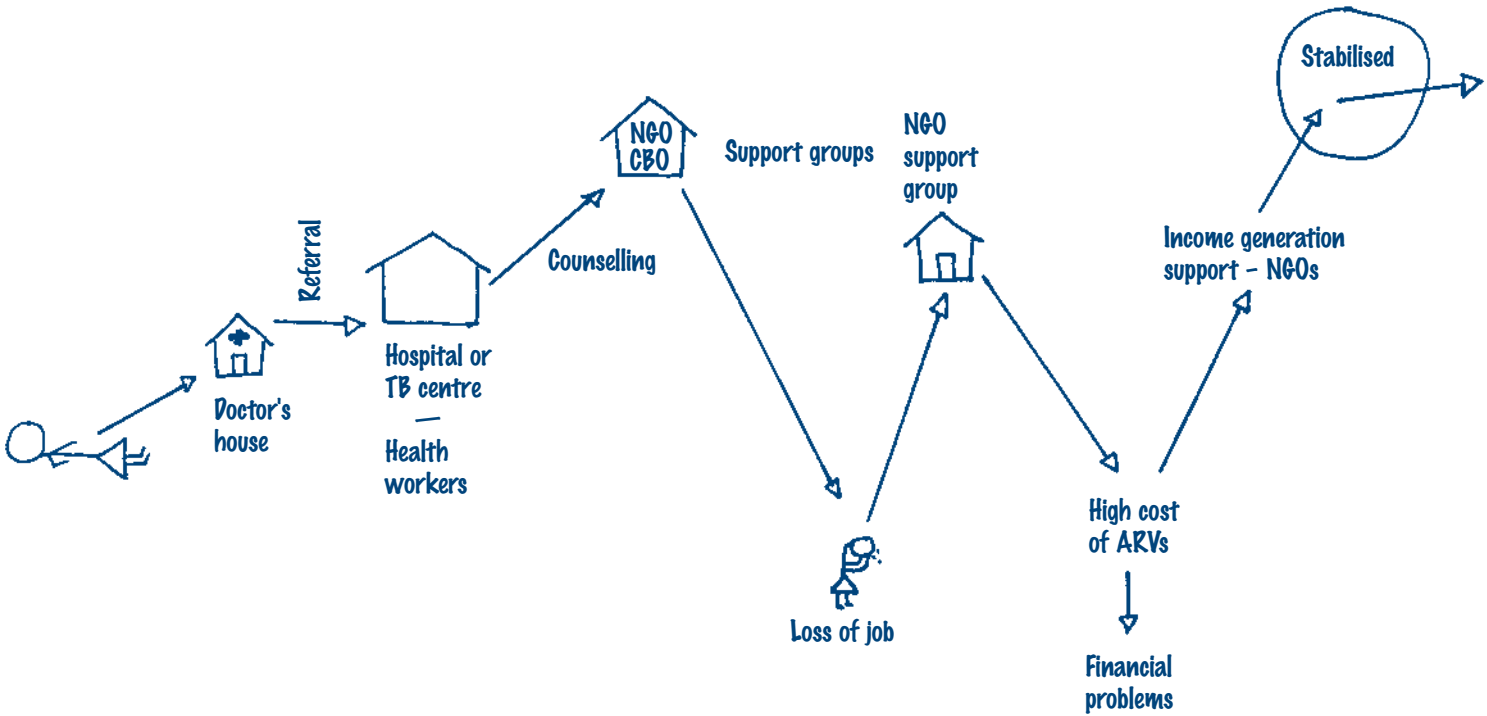
6 Encourage the participants to identify gaps in available treatment and support.

7 Ask participants to present their health journeys, explaining what has helped the person, what has not, and how the health journey could be made easier.

Remember!/Facilitators notes

- If people don't want to draw their own health journeys, ask them to make one up by thinking of the health journey of different people they are familiar with or have heard about.
- Encourage participants to think about informal treatment and support – for example, traditional medicine or psychosocial support from friends as well as 'modern' medicine.
- Participants could draw health journeys for different people – for example, a young man, a young woman, a child – as this helps to explore the variations in health and treatment issues faced by different people.

Health journey showing the progression of someone who goes for voluntary counselling and testing.
Reference: Adapted from a Workshop on Community Mobilisation for Care, Support and Treatment, NELA, Nigeria, 2004



Tool 18 Lifeline

What is it?

Lifelines show events and experiences in the lives of people that are important to them. Lifelines can also show the history of organisations or places.

Why use it?

Lifelines are useful to:

- help people reflect on their own and other people's experience
- organise events and experience in historical order
- develop a case study of a person, organisation or place
- understand how culture, social norms and practices affect individuals, and compare how people are affected differently by these
- explore changes in individual needs over time – for example, the sexual and reproductive needs of females from childhood to adulthood – and ways in which these needs can be met.

See also

- Tool 17 – Health journey
- Tool 47 – Life history

How to use it

1 Lifelines are best done with individuals or in pairs. Explain the purpose of using this tool to participants.

2 Agree whose 'life' to show on the lifeline: a person, place or organisation.

3 Draw a horizontal line (left to right). Mark off the time period (for example, in months or years or decades).

4 Show important events or experiences along the lifeline. Events and experiences may include feelings, attitudes, needs and key people involved in a person's life, as well as actions.

5 You may want participants to focus upon a specific lifeline, such as their sexual and reproductive health lifeline.

6 Alternatively, you can also ask them to show several lifelines together – for example, their work lifeline and their health lifeline – and see how the two relate to each other.

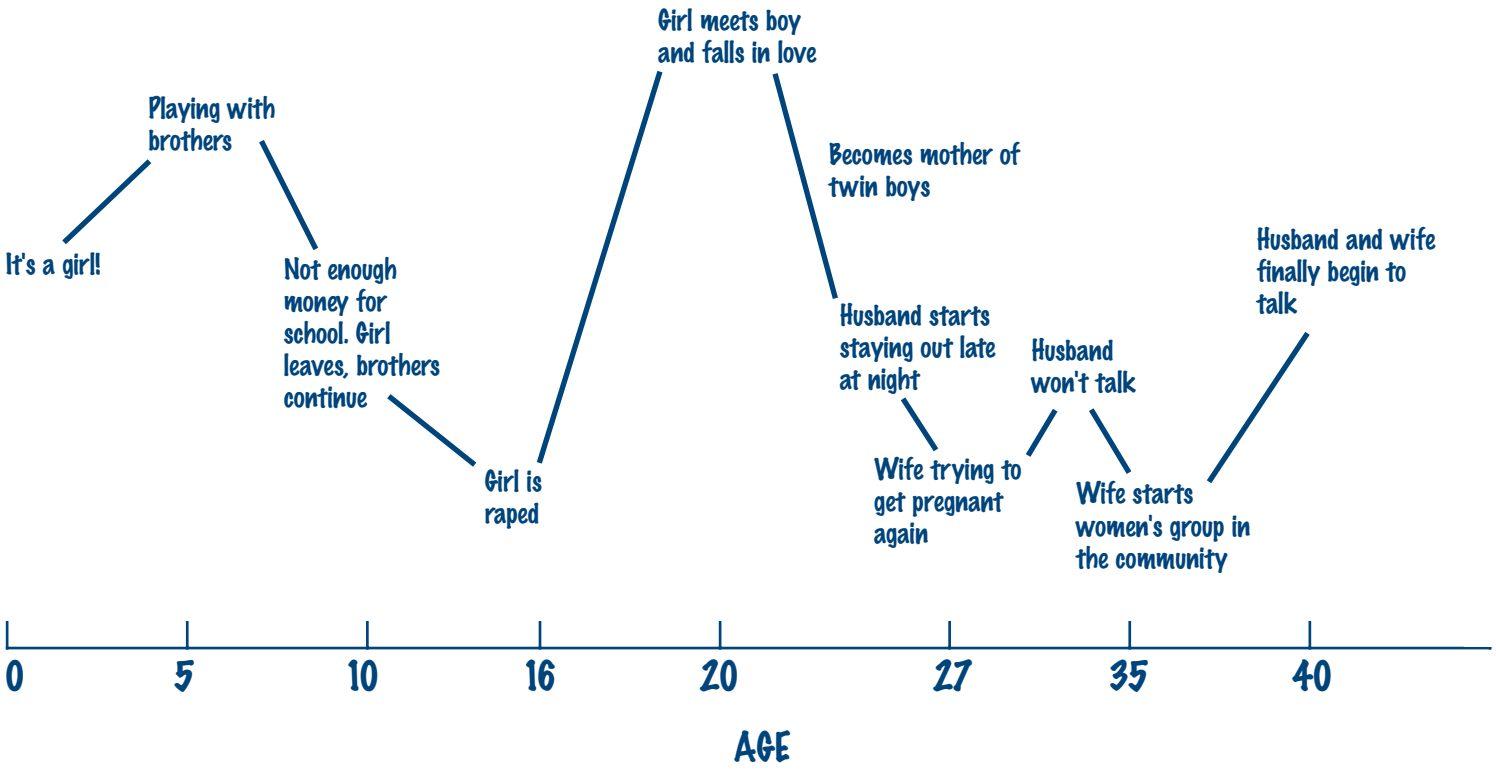
7 Ask participants to get into pairs to share their lifelines and ask them to consider what made things in their lives better and what made them worse?

8 Lifelines often show changing needs. Use them to discuss possible responses to these changing needs.

Remember!/Facilitators notes

- If an individual makes a lifeline of their own life, be prepared for this to raise difficult emotions or memories. People may prefer not to share details of their personal stories. Follow-up of individual lifelines may be more appropriate in one-to-one discussions.
- Lifelines focus on people's feelings and memories or experiences. It is not important to find out the absolute 'truth' about people's lives.
- Mark positive events above the lifeline. Mark negative events below the lifeline.

Lifeline showing how gender and sexuality can affect a person's vulnerability to HIV.
Reference: Adapted from the Gender, Sexuality and HIV/AIDS workshop, PHANSuP and the Alliance, March 1996



Tool 19 Seasonal calendar

Time analysis tools

What is it?

A seasonal calendar is a diagram of changes over the seasons – usually over the period of about 12 to 18 months.

Why use it?

Seasonal calendars are useful to:

- identify seasonal patterns of change – for example, changing availability of resources such as food or income, work and migration patterns
- explore relationships between different patterns of change – for example, the relationship between income levels and movements of key populations for work
- identify when people may be particularly vulnerable
- explore seasonal patterns of well-being and hardship and how different people are affected. For example, when do people have the most income? When do people have free time?
- identify when people are particularly vulnerable to infection – for example, around big festivals
- identify times during the year when people are available for involvement in community action.

How to use it

1 Small/medium groups can make seasonal calendars. Divide larger groups to compare how seasonal changes affect different people.

2 Discuss what calendar and seasonal landmarks are used locally – for example, months, dry or rainy seasons, festivals, religious ceremonies.

3 Draw a horizontal calendar line (from left to right) marking seasonal landmarks.

4 Agree on what activities, events or problems are going to be discussed and mark changes in these along the calendar line. Ideas for useful questions for prevention might include: Seasonal movements of key populations – when are people very vulnerable to infection? When is it possible to reach key populations? Impact mitigation, treatment, care and support – are there times of the year that are particularly difficult for families affected by HIV/AIDS?

5 Participants may find it easier to start by discussing general issues such as climate, economic activity and income. They can score with beans or seeds to show quantitative seasonal change – for example, an increase in income levels can be shown with a lot of seeds placed on the month in which the increase occurs, while a decrease the next month will have just a few seeds on it.

6 Discuss reasons for change and the relationships between the different seasonal events, activities and problems.

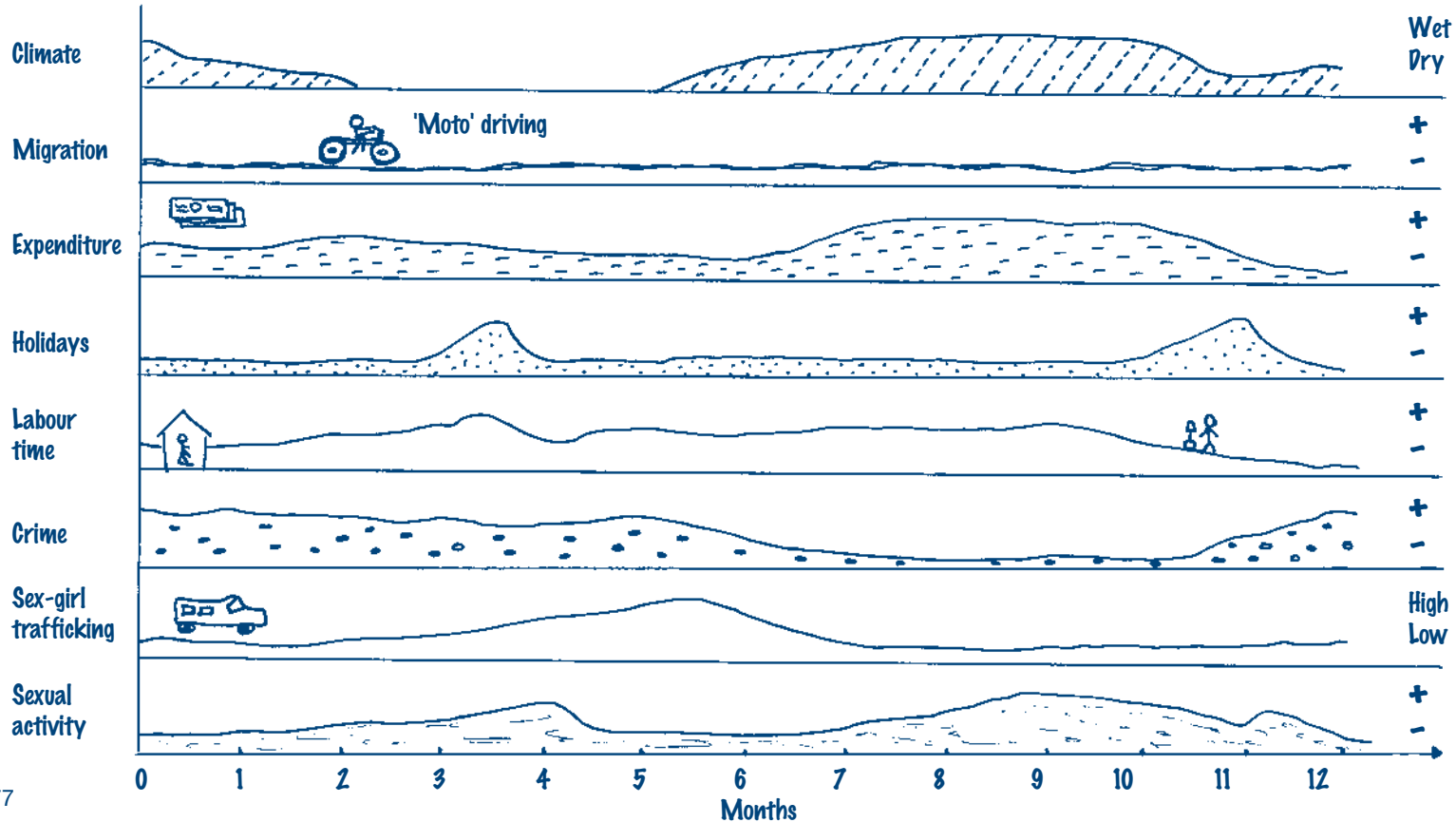
Remember!/Facilitators notes

- It is important to enable participants to use their local calendar and seasonal landmarks if a 12-month calendar is not used locally.
- Different lengths of sticks placed along the calendar can also be used to show increases and decreases over time.

See also

- Tool 20 – Seasonal health and disease calendar

Seasonal calendar illustrating how sexual activity can be linked to holidays and festivals, levels of expenditure and economic activity in a community in Cambodia.
Reference: Adapted from Community Needs Assessment Workshop, KHANA and IHAA Cambodia, November 1996



Tool 20 Seasonal health and disease calendars

Time analysis tools

What is it?

Seasonal health and disease calendars show seasonal patterns of health and illness. The diagrams show when different illnesses are most common.

Why use it?

Seasonal health and disease calendars are useful to:

- identify common illnesses and the relationship between well-being, illness and seasonal changes
- explore different perceptions of illness and health
- identify community priority health concerns
- explore access to treatment and different health-seeking behaviours.

See also

- Tool 19 – Seasonal calendar

How to use it

1 Small or large groups can use seasonal health and disease calendars. Divide larger groups to explore seasonal health and disease patterns for different people, such as men, women and children.

2 Discuss what calendar and seasonal landmarks are used locally – for example, months, dry or rainy seasons, festivals, religious ceremonies.

3 Draw a horizontal calendar line (from left to right) marking seasonal landmarks.

4 List illnesses at the left-hand end of the calendar line and show when each illness is most common. Participants can use counters to score the frequency of each illness.

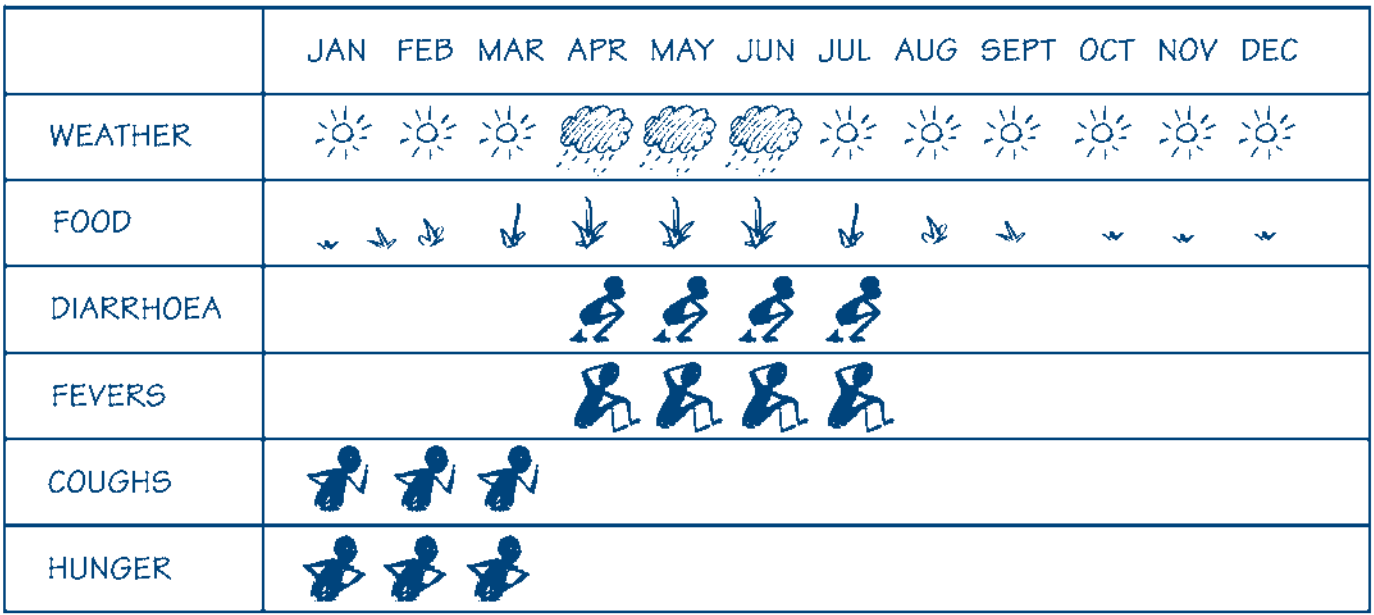
5 Discuss what is shown on the calendar. Discuss what different people do when they become ill.

6 Ideas for useful questions include: When are STIs most common? Why? What do people do for treatment when they have an STI? Are there times of the year when HIV infections are more common? Why? What illnesses are most serious? Are there times of the year when certain illnesses are more common? What do people do when they are ill? Are there times of the year when children are ill more often? What are the reasons for this? How do illnesses at different times of the year affect people and their families – for example, do they stop people working?

Remember!/Facilitators notes

- It is important for participants to use their own local calendar and seasonal landmarks.
- Discussing key signs and symptoms of illnesses can help establish a common understanding of the illnesses that participants talk about. Local concepts of illnesses do not always match biomedical (medical doctors') definitions.

Seasonal calendar showing seasonal patterns of health and disease.
Reference: Building Blocks in Practice: participatory tools to improve the development of care and support for orphans and vulnerable children, International HIV/AIDS Alliance, 2004



Tool 21 Trend diagram

Time analysis tools

What is it?

Trend diagrams are diagrams that show changes or 'trends' over time. Trend diagrams are used to discuss a very wide range of issues – for example, migration patterns, the impact of the HIV/AIDS epidemic on children, changes in attitudes to condom use, access to ARV treatment or support needs in the community.

Why use it?

Trend diagrams are useful for:

- discussing how things have changed over time ('trends')
- discussing why things have changed
- exploring different people's views of change.
- identifying expectations, hopes and fears about the future
- discussing strategies for improving or changing a trend – for example, how can a trend of fewer children completing school be stopped.

See also

- Tool 18 – Lifeline

How to use it

1 Working with mixed groups is a good way to develop a community-wide view of important trends.

2 Agree on what changes, or trends, to explore.

3 Show two or three trends on one diagram. If there are many trends to be explored, divide up a large group to work on different diagrams.

4 Agree on the time period to be discussed and draw a horizontal line (from left to right) to show the passage of time. For example, if the time period is 10 years, mark off the years on this line, starting at the left-hand end of the line.

5 Agree on the scale of the trend and draw this as a vertical (top to bottom) line at the left-hand end of the horizontal line. The type of scale used will depend on the trend to be explored. For example, a trend of children completing school might use a scale of 'none' to 'all'. A trend showing the incidence of different things might go from 'high' to 'low'.

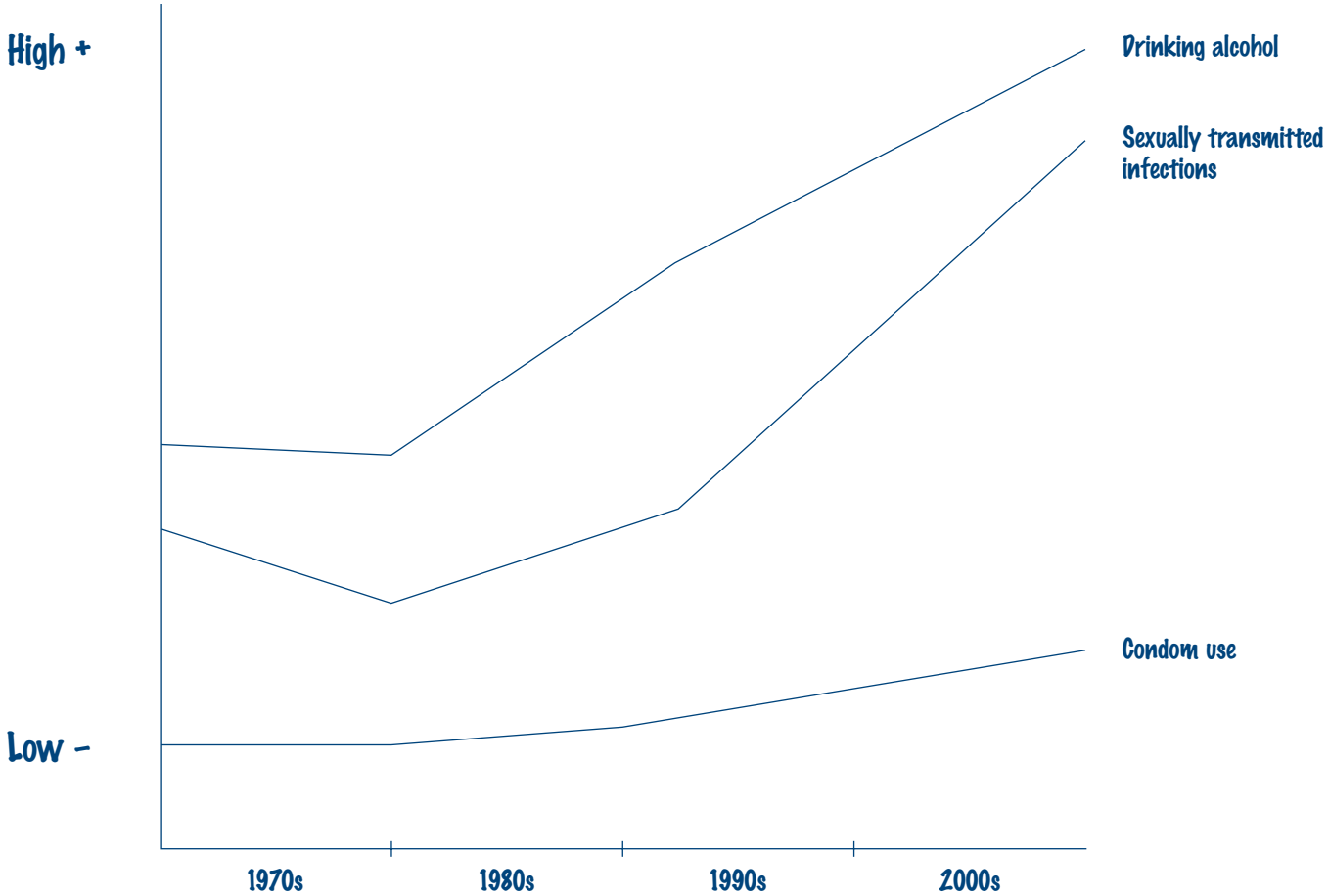
6 Plot the trends on the diagram.

7 Discuss each trend and the reasons for change. Discuss possible relationships between trends.

Remember!/Facilitators notes

- Use trend diagrams to look at changes in attitudes and feelings – for example, attitudes towards drug use – as well as physical or social patterns.
- Trend diagrams rely on people's own views, memories and experiences. It is not necessary to discover the factual 'truth' behind a trend. However, other information, such as government statistics or clinic records, can help participants discuss trends.
- Trend diagrams are useful early on in a process – for example, after a mapping activity – as they can provide a community-wide view of key trends without necessarily touching on personal or sensitive issues.

This trend diagram illustrates the way that changing social trends have affected the sexual health of a Mongolian community since the 1970s.
Reference: Adapted from a Participatory Needs Assessment Workshop, Mongolia



Tool 22 Cause and effect diagram

What is it?

This tool helps to analyse the causes and the effects of a problem relating to HIV/AIDS. Cause and effect diagrams are also called causal flow charts or causal analysis diagrams.

Why use it?

Using a cause and effect diagram helps to:

- provide a non-threatening way to talk openly about a problem relating to HIV/AIDS and identify its root causes
- raise awareness of, and concern about, the effects of a problem
- explore the relationship between the causes and effects of a problem
- begin to identify ways to address a problem.

See also

- Tool 30 – Problem tree

How to use it

1 Select a problem to discuss – for example, 'Stigma about HIV/AIDS', or 'Young men not using condoms'. Draw or write the problem in the middle of the diagram.

2 Encourage the participants to discuss the immediate causes of the problem – for example, one immediate cause of stigma might be fear of being infected by HIV. Draw or write each one on the diagram *underneath* the problem. Use arrows to show how one thing causes another.

3 For each of the immediate causes, encourage the participants to identify the causes behind it. Keep asking: But why does this happen? For example, one cause of young men not using condoms might be cost. Draw or write each of these causes underneath the immediate cause. Repeat the process until all of the possible causes of causes have been identified.

4 Encourage the participants to identify the immediate effects of the problem. Draw or write each one *above* the problem. Keep asking: What happens next? Again, use arrows to indicate how one issue affects another.

5 Follow the same process as before, this time until all of the possible effects have been identified.

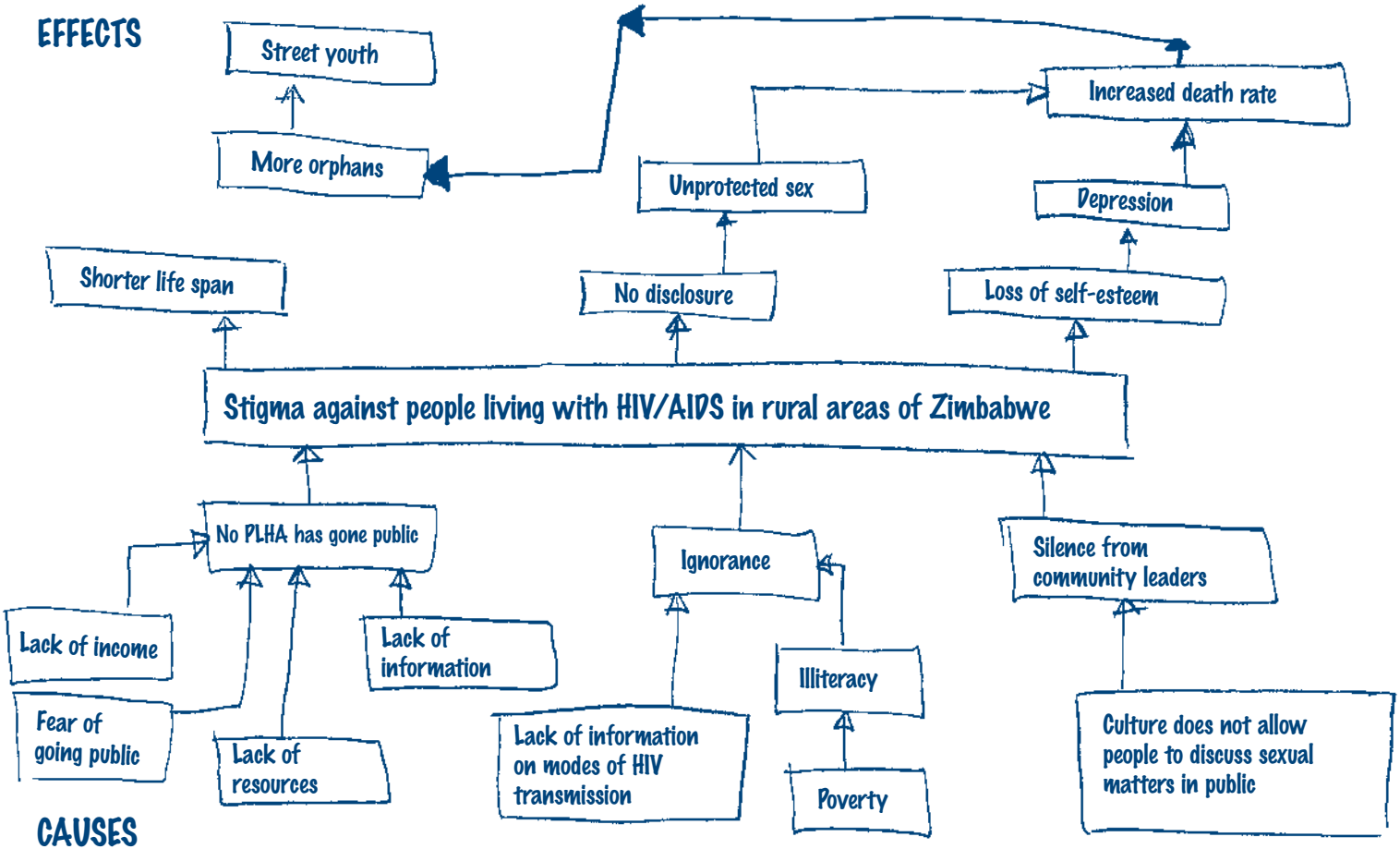
6 Discuss what the diagram shows. For example, how many causes and effects are there for one problem? Which are the most important? What things can we do something about?

7 Ask participants what could be done to address the causes of the problem and lessen the effects.

Remember!/Facilitators notes

- This tool can highlight differences of opinions, even conflicts, within communities. Explain that it aims to share a range of different views, not to decide which are 'right' or 'wrong'.

Cause and effect flowchart on stigma against people living with HIV/AIDS.
Reference: Adapted from an Advocacy Skills-building Workshop for HIV/AIDS by the Alliance, Zimbabwe, 2001



Tool 23 Circles diagram

Linkages and relationship tools

What is it?

This tool involves drawing circles in order to show the relationships between different people, places, organisations or services involved in HIV/AIDS.

Circles diagrams are also called venn, chapatti or pizza diagrams.

ⓘ Why use it?

Using circles diagrams helps to:

- provide a non-threatening and visual way to identify the people, places, organisations and services that matter to people in relation to HIV/AIDS
- compare things about those different people, places, organisations or services, such as how important, effective or accessible they are
- explore the relationships between those different people, places, organisations or services.

Circles diagrams are very useful for identifying and discussing the roles of different stakeholders in a particular issue – for example, HIV/AIDS-related treatment.

→ See also

- Tool 57 – Thought shower
- Tool 69 – Matrix scoring

How to use it

1 Select a subject to discuss. For example, 'People involved in sexual health services' or 'People who should be involved in this project'. Write the subject in the middle of the diagram and draw a circle around it.

2 Encourage the participants to thought shower (Tool 57) all the stakeholders or services that are relevant to the subject.

3 Now rank them according to who is most important and who is least important with regards to the issue – see Tool 63 (Matrix scoring).

4 From sheets of paper, cut out three different sizes of circle – small, medium and large. Explain to participants that each circle represents one of the stakeholders and that the different sizes of circle show how important they are to the issue – for example, a very important stakeholder will have a large circle and a not very important stakeholder will have a small circle.

5 Ask participants to write the name of each stakeholder in either a small, medium or large circle, using the ranking to help them.

6 Now ask participants to place each of the stakeholder circles on the diagram. Place those closely involved with the issue close to the subject circle on the diagram and those not closely involved further away from the subject circle. Where there is close interaction between stakeholders, show this by overlapping circles closely. Overlap them loosely or not at all if there is little or no interaction. For example, in the diagram below, the 'Family' and 'Health department' circles are not overlapping or touching each other. This shows that there is no interaction between these two stakeholders.

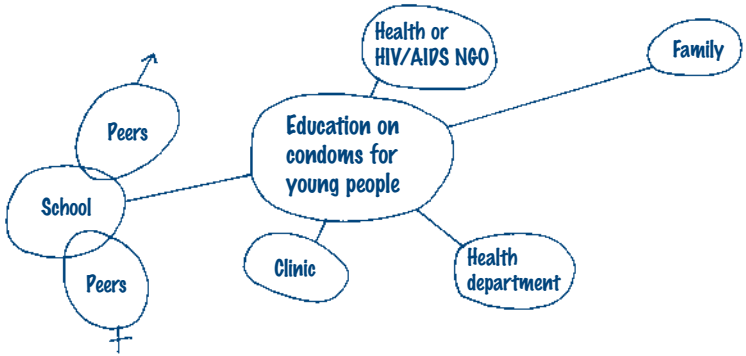
7 When the activity is complete, discuss what the diagram shows. For example:

- How many different stakeholders and services are involved with the subject?
- Which are the most important, and why?
- Which should be more or less important, and why?
- Are there weak or strong relationships between them?
- Which relationships should be stronger?

8 Record the diagram and responses.
9 Now ask participants to move the circles to illustrate how they would ideally like the different stakeholders to be related to each other. Ask participants how this might be achieved.
10 Record this diagram and responses.

Remember!/Facilitators notes

- Circles diagrams can be used to show a lot of different information. For example, the length of lines can also show physical distance and the thickness of lines the strength of existing relationships. Distance between circles can show the strength of relationships between different people, places, organisations or services.
- Participants may decide to add additional information during the discussion – for example, by using different colours or patterns on the circles.
- This activity can get quite complicated! It can help to do several versions of the same diagram. For example, one diagram might use the size of the circles to show the importance of the people, places, organisations or services, while another might use the length of the lines to show how accessible they are.



Circles diagram showing which stakeholders provide information on condoms to young people, and the relative importance of each. Reference: Adapted from Participatory Needs Assessment Training Workshop, the Philippines, August 1997

Tool 24 Division of labour chart

What is it?

This tool involves identifying what activities people carry out at different times of day. In particular, it helps to show how roles and responsibilities are divided between different people, such as women, men and children.

Why use it?

Using a division of labour chart helps to:

- identify how roles and responsibilities are divided between different community members, such as women and men or old people and young people
- explore how different activities link to HIV/AIDS. For example, how does the loss or illness of a household member affect roles and responsibilities or the household income?
- discuss the relationships between different community members (such as men and women) and how they link to HIV/AIDS.

See also

- Tool 26 – Gender roles chart

How to use it

1 Explain to participants the purpose of the tool.

2 Divide participants into groups of the same sex, age, and so on.

3 Ask the participants to identify symbols to represent different stages in the day. For example, a sun might be dawn and a moon might be evening. Draw these symbols down the left-hand side of the chart.

4 Encourage participants to describe a typical day in the community, including what activities they do at what times. Ask them to write or draw the activities on the chart next to the appropriate symbol.

5 Bring different groups of participants back together and encourage them to compare their division of labour charts.

6 Encourage the participants to discuss what is shown on the charts. For example:

- What activities take up most of their time?
- What activities do they like most or least?
- How do the charts vary – for example, between women and men?
- What activities are connected to HIV/AIDS – for example, which might put people at risk of HIV infection?
- What would happen if roles and responsibilities changed – for example, if a person, or several people, in a household became sick or died and others had to perform their roles?

Remember!/Facilitators notes

- Rather than using symbols, participants can write the hours of the day down the side of the chart.
- The division of labour is likely to vary not only by gender, but also by age, ethnic group, wealth and so on. Sometimes it is useful to draw charts for several different types of people in order to get an overview of the community as a whole.

- It is important to record when people are carrying out several tasks at once. For example, a woman might be working in the fields while also looking after children. This helps to give an overview of people's full roles and responsibilities.
- Sometimes, it is useful to ask participants to do a chart for the 'other' group. For example, you can ask women to do a division of labour chart for men. When each has done this, they can share what each thinks the other does – this usually leads to some humorous discussions!
- This activity can also be carried out by drawing pie charts, either on pieces of paper or on the ground. This involves dividing the pie into different-sized slices to show how much of each day is given to each type of activity. For example, eating might be a small slice, while sleeping might be a large slice.

Time	♀ Women ♀	♂ Men ♂
6:00–6:30	Wake up, bathe, pray	Wake up, bathe, pray
6:30–8:30	Domestic duties (breakfast, housework)	Farm work
8:30–9:00	Food preparation	Farm work
9:00–11:30	Water collection	Rest
11:30–1:00	Farm work	Rest and pray
1:00–2:00	Lunch preparation	Rest
2:00–3:30	Eat lunch, rest, pray	Eat lunch
3:30–5:30	Collect water and firewood	Farm work
5:30–6:00	Farm work	Meet friends in the bar
6:00–7:30	Collect vegetables	Rest
7:30–8:30	Dinner preparation	Rest and pray
8:30–10:30	Bathe, eat dinner, pray	Bathe, eat dinner, pray
10:30	Go to bed	Go to bed

This chart was used to explore the division of labour among men and women in a village in Rwanda. It shows important information: women do most of the work and are in a larger number of different places throughout the day.

Tool 25 Gender boxes

Linkages and relationship tools

What is it?

This tool involves participants placing 'typical' women and men in 'gender boxes' and identifying the roles, qualities and behaviours expected of them. It involves exploring what happens if a woman or man breaks out of their box and does not do what is expected of them.

Why use it?

Using gender boxes helps to:

- provide a non-threatening way to identify the different roles, qualities and behaviours expected of men and women, and how they link to HIV/AIDS
- explore where those roles, qualities and behaviours come from and the pressures that they bring
- identify what happens if people do not follow the expected roles, qualities and behaviours
- begin to identify what roles, qualities and behaviours need to be changed and how that can be done.

Gender boxes are particularly useful for exploring issues related to HIV prevention, such as vulnerability, power and cultural traditions.

See also

- Tool 45 – Ideal images

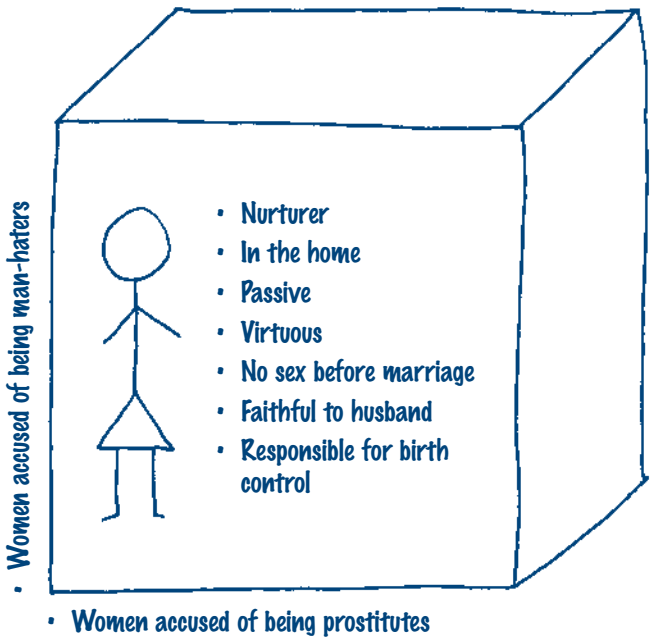
How to use it

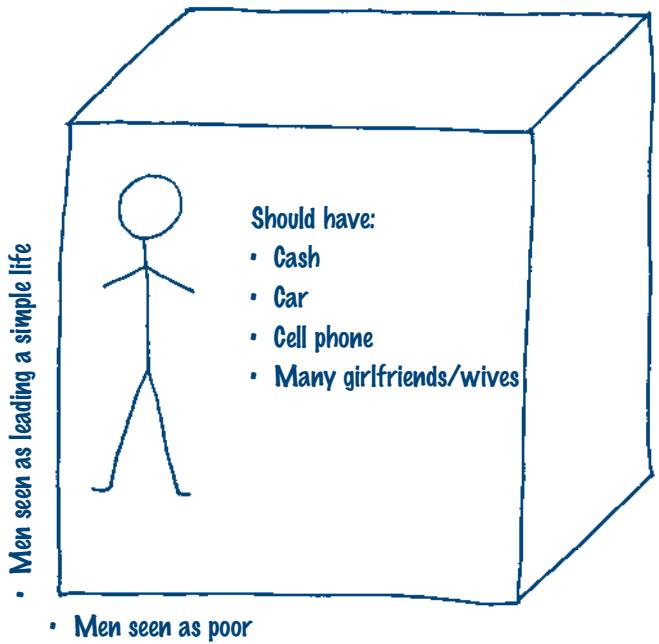
1. Divide the participants into women-only and men-only groups. If they are single sex, ask half of them to work as if they were the other sex.
2. Ask each group to draw a medium-sized square. This is a gender box.
3. Draw a 'typical' woman (for the women's group) or man (for the men's group) inside the box.
4. Discuss the qualities, roles and behaviour that society expects of the 'typical' woman or man, and draw or write the key points inside the box.
5. Ask the participants to discuss where those expectations come from.
6. Ask the participants to think about what happens if the 'typical' woman or man is not how society expects. Draw or write this outside of the box.
7. Bring the groups back together to compare their gender boxes.
8. When the activity is complete, encourage the participants to discuss what the gender boxes have shown. For example, what pressure are people under to stay in their gender box? Where do those pressures come from? How do gender boxes affect HIV/AIDS? What are the advantages of people coming out of their gender boxes in relation to HIV/AIDS? What are the disadvantages? How could people be helped to come out?

Remember!/Facilitators notes

- Instead of doing their own gender box, you can ask women and men to do each other's. These are good ways to open up discussion about how women and men see each other's situation.
- Gender boxes are useful in exploring gender issues with regard to men who have sex with men, and transgender people.

Gender boxes showing 'typical' perceptions of women and men, and what happens if a woman or man breaks out of their box.
Reference: Adapted from an HIV/AIDS training workshop, Zambia





Tool 26 Gender roles chart

Linkages and relationship tools

What is it?

This tool involves participants identifying the different social roles of women and men. It also involves exploring how these different roles affect the lives of women and men, especially in relation to HIV/AIDS.

Why use it?

Using the gender roles chart helps to:

- provide a non-threatening way to discuss sensitive issues about gender, such as cultural traditions, domestic violence and sex work
- identify women and men's different roles in relation to the economy, community, family and sexual relations
- identify how those different roles affect, and are affected by, HIV/AIDS
- begin discussions about what gender roles are changing, or need to change, and why.

See also

- Tool 24 – Division of labour chart

How to use it

1 Gender roles charts work best with groups of up to eight people.

2 Draw a large chart, like the example below. Draw or write the column headings 'Economy', 'Community', 'Family', 'Sexual Relations', and the row headings 'Women', 'Men' on the chart.

3 Discuss what roles women and men play in the economy. Draw or write the key points on the chart. Encourage the participants to discuss the following:

- Why do women and men play those different roles?
- What negative and positive effects do those different roles have on women and men's lives in general?
- What negative and positive effects do those different roles have on women and men's lives in relation to HIV/AIDS?

4 Repeat the process for the other columns – community, family and sexual relations.

5 When the activity is complete, encourage the participants to discuss the information on the chart. For example, how do the different sets of roles relate to each other? (How do men's roles in the economy relate to women's roles in sexual relations, for instance?) Who has most power in the economy, community, family and sexual relations? Where does that power need to be changed? What could be done to change it? How do these gender roles make people vulnerable to HIV?

Remember!/Facilitators notes

- Make sure all participants are clear about the meaning of the different columns, such as economy.
- The chart can also help identify how gender roles vary between different sections of a community – for example, young men and older men, or rural men and urban men.

Gender roles chart showing the different roles of women and men in a village in Zimbabwe.

	Economy	Community	Family	Sexual relations	Positive effects	Negative effects
Women	To provide extra labour in the fields. To earn small amount of extra income (e.g. by selling vegetables in the market).	To provide practical support (e.g. to orphans). To help neighbours who are sick. To share news and information with others.	To do the cooking and cleaning. To provide practical care for children. To nurse members who are sick.	To obey husband's desires about sex. To not express pleasure or pain about sex. To produce children.	Can ensure the well-being of children.	Powerless to control when to have sex. Powerless to control if a condom is used. Double burden of looking after children and working.
Men	To be the main breadwinners. To decide how much money to give to the family. To decide on any big expenditures for the family (e.g. school fees).	To be involved in politics and make decisions. To represent the village. To manage the village. To manage the development committee.	To act as head of household. To provide moral guidance and punishment. To take the family to church.	To decide when, where, how and with whom to have sex. To decide whether to use a condom. To decide to get help or not (e.g. for an STI).	Can have as many sexual partners as they wish.	More partners increases their risk of HIV. Heavy responsibility to provide for family.

Tool 27 Gender myths

Linkages and relationship tools

What is it?

This tool involves discussing myths about how women and men should think, feel, look and behave. It compares gender myths to real life and explores how they link to HIV/AIDS.

Why use it?

Using gender myths helps to:

- provide a non-threatening way to explore the myths about how women and men should think, feel, look and behave
- explore what people think about the gender myths and how they affect their lives, particularly in relation to HIV/AIDS
- begin discussions about what gender myths need to change and how that can be done.

The gender myths activity is particularly useful for exploring issues related to HIV prevention, such as vulnerability, power and cultural traditions.

See also

- Tool 25 – Gender boxes
- Tool 26 – Gender roles chart

How to use it

1 Before the activity, prepare four to six examples of gender myths. These are common views about how women and men are supposed to think, feel, look and behave. Examples might include '*Men are strong; women are weak*' and '*Birth control is a woman's responsibility*'.

2 If the participants are mixed sex, divide them into women-only and men-only groups. If they are single sex, ask half of them to work as if they were the other sex.

3 Read out one of the gender myths. Encourage the participants to discuss whether they agree or disagree with the myth. Encourage them to use a variety of information to explain why. For example, they might use words from a song or stories from the radio.

4 Repeat the process for other gender myths.

5 Bring the groups back together and encourage them to compare their results.

6 When the activity is complete, encourage the participants to discuss what the gender myths tool has shown. For example, where do gender myths come from? Which myths are true or false? What happens if real women or men are different to the myths? How do the myths affect HIV/AIDS? Do any of the myths need to change? How could that be done?

Remember!/Facilitators notes

- Unless the participants are comfortable sharing personal information, encourage them to compare the gender myths to 'typical' people and situations in their community.
- This tool can also be very useful in exploring issues of gender and vulnerability with men who have sex with men and transgender people.
- Participants of different ages may react differently to this activity. Support participants to understand why looking at these issues will help the community to take action on HIV/AIDS.

Examples of gender myths

- 'Men work; women stay in the home'
- 'Women are emotional; men are rational'
- 'Men are strong; women are weak'
- 'Women care for the family; men spend money and drink'
- 'Men have many sexual partners; women are faithful to one partner'
- 'Women are responsible for birth control'

Questions about the gender myths

- Are the myths true to real life?
- Do you know of men and women who do not match the myth? In what way are they different?
- Who benefits, and who loses, from the myths?
- What impacts do these myths have on the lives of women and men and their role in the community?
- How do the myths affect the lives of men and women in terms of HIV/AIDS in the community?
- Which myths need to change? How could that be done?

Tool 28 Helping relationship web

What is it?

The helping relationship web involves participants drawing the web of people and organisations that can provide support to a person in relation to HIV/AIDS, and identifying what makes a helping relationship.

Why use it?

Using a helping relationships web helps to:

- provide a non-threatening way to identify the different people and organisations that can provide support to a person in relation to HIV/AIDS
- explore the best type of help and support for those different people and where it can come from
- identify the type of relationships that exist between people involved in care and support
- explore what makes good, supportive and empowering relationships.

A helping relationships web is particularly useful for identifying the network of support that is, or could be, available to community members with particular needs, such as orphans and people living with HIV/AIDS.

How to use it

1 Explain the purpose of the tool and ask participants to select a type of person to focus on. Examples might include 'A young woman living with HIV/AIDS' or 'Grandmother caring for orphans'.

2 Ask the participants to draw a picture of the person in the centre of the web (diagram).

3 Encourage the participants to think of all of the different types of people and organisations that could provide support to the person. Ask them to write them in a circle around the outside of the person drawn.

4 Encourage the participants to identify which of the people and organisations have links to each other. Draw lines to show those links.

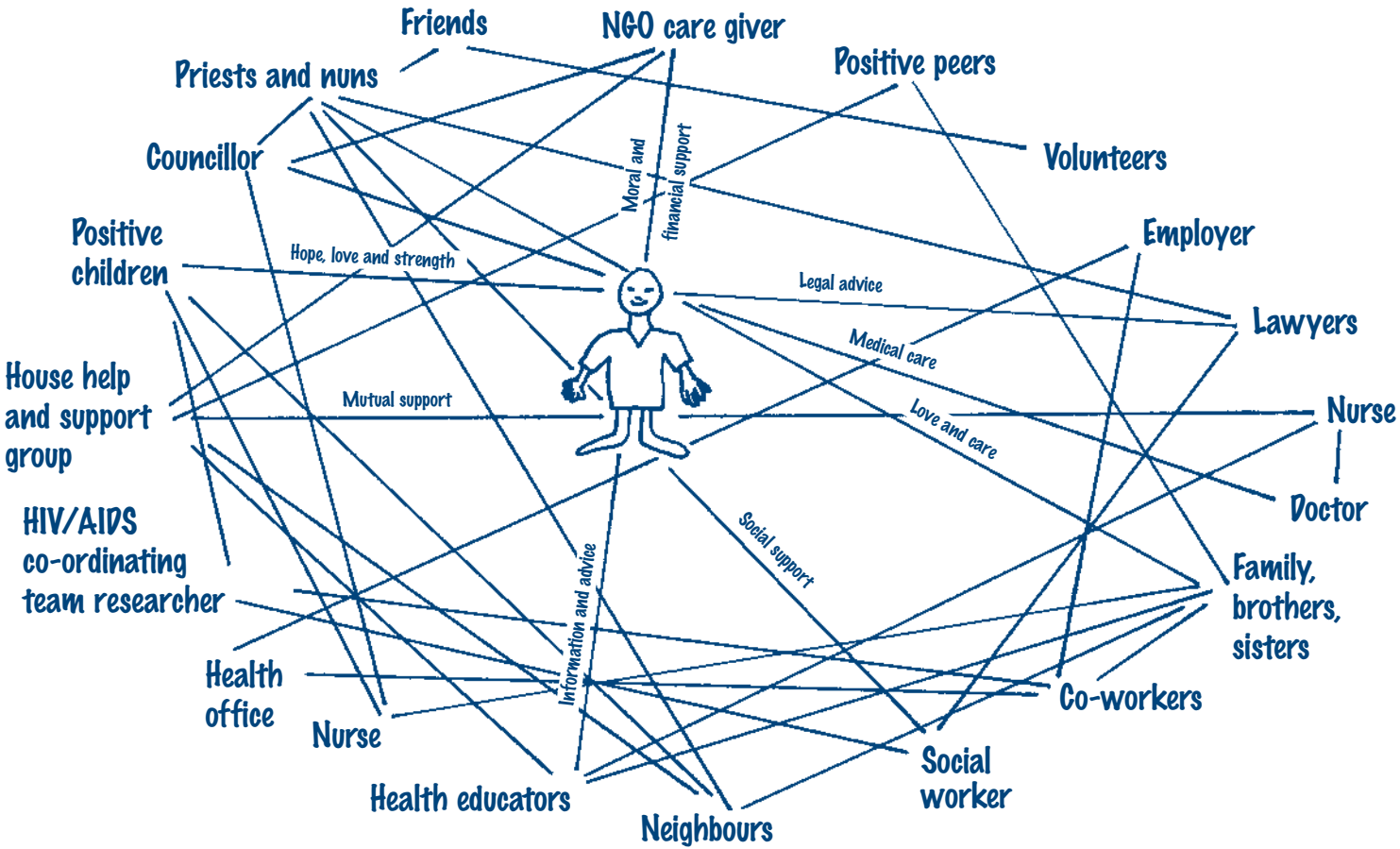
5 On the lines, write what kind of care and support is given and received.

6 When the activity is complete, encourage the participants to discuss what the web shows. For example, how many different types of people and organisations can provide support? How are the relationships between the person and the different types of people and organisations? What are the relationships like among the different types of people and organisations? How can relationships empower people rather than make them dependent?

Remember!/Facilitators notes

- Emphasise that helping relationships are a two-way process. They are about the person and the different people and organisations both treating each other with respect and providing each other with support.
- Encourage the participants to think about different types of links. For example, there might be a formal, professional link between a doctor and a community health worker. But there might also be an informal, personal link between that community health worker and family members.
- An alternative way to do a relationships web is to use a ball and string and pass the string around everyone who is connected.

Web showing the many different types of people that can become involved in helping relationships to improve the quality of life of a person living with HIV/AIDS. Reference: Adapted from a training workshop in the Philippines



Tool 29 Octopus diagram (vulnerability flow diagram)

Linkages and relationship tools

What is it?

This tool involves making a drawing of the head and tentacles of an octopus to show the behaviours that put people at risk of HIV infection and the issues that lie behind them. Octopus diagrams can also be called vulnerability flow diagrams.

Why use it?

Using an octopus diagram helps to:

- provide a fun and visual way to discuss very personal and sensitive information about HIV/AIDS
- identify risks associated with HIV
- identify the factors that put people at risk of HIV infection, as well as the issues that lie behind those factors
- identify people's existing knowledge about vulnerability and HIV prevention, including any myths
- identify ways that people are already trying to reduce their vulnerability to HIV
- begin discussions about other ways that people could reduce their vulnerability to HIV.

See also

- Tool 22 – Cause and effect diagram
- Tool 30 – Problem tree
- Tool 34 – Story with a gap

How to use it

1 Encourage participants to identify risky behaviours for HIV (like unprotected anal or unprotected vaginal sex or sharing needles).

2 Encourage the participants to identify the factors that make them vulnerable to these risk behaviours. Examples might include 'Having sexually transmitted infections' or 'Not having condoms'. These become the start of the tentacles of the octopus emerging from its head.

3 Select one of the factors. Ask participants to identify the issues that make people more vulnerable to taking that risk. Examples might include 'poverty' or 'lack of information'. Draw or write these issues along the tentacle.

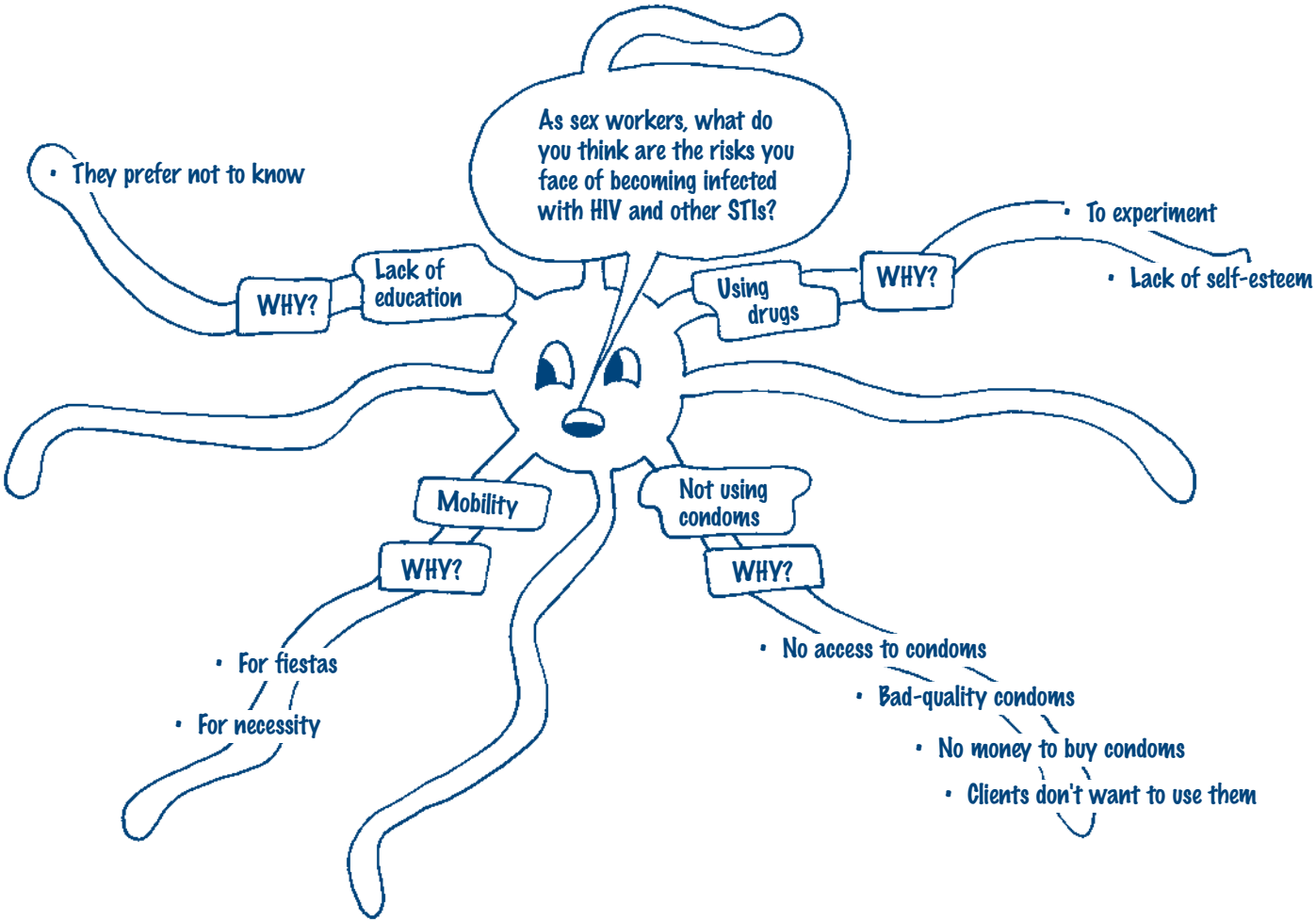
4 Repeat the process for the other factors.

5 Discuss what the octopus diagram shows. For example, what are the factors that make people behave in a way that increases their vulnerability to HIV? Which are the most important ones? Are there common issues that make people vulnerable to HIV? Which are the most important ones? What can be done to address these factors and issues?

Remember!/Facilitators notes

- Drawing an octopus makes this activity fun. However, it is also important to help participants to have open and honest discussions about the serious issues behind people being vulnerable to HIV. You can do this by keeping on asking: But why does this happen?
- It is not essential that the octopus has eight legs. Nor does it have to be an octopus; any animal with a lot of legs will do!
- Discussions around vulnerability may raise deeply held fears and prejudices among participants. Be ready to respond to any negative comments that come up.

Octopus diagram.
Reference: Adapted from an Alliance training workshop for community groups in Ecuador



Tool 30 Problem tree

What is it?

This tool involves participants using a drawing of the trunk, roots and branches of a tree to identify a problem relating to HIV/AIDS, and the causes and effects of the problem.

Why use it?

Using the problem tree helps to:

- provide a visual and non-threatening way to look closely at problems relating to HIV/AIDS
- identify the main causes and effects of the problem
- identify the issues that lie behind the main causes and effects
- begin to identify what can be done to address the causes and reduce the effects.

Remember!/Facilitators notes

- For each cause and effect, keep asking the participants, 'But why does this happen?' until they have run out of ideas. This will help them to identify all of the issues involved, not just the main ones.
- This activity can get complicated! It helps to give clear instructions at each step, rather than providing all of the information in one go.

How to use it

1 Explain the purpose of the tool and ask participants to identify a problem relating to HIV/AIDS. This may have arisen from using a previous tool. For example, 'high levels of sexually transmitted infections among teenagers' or 'low levels of condom use among men'.

2 Make a large drawing of the trunk of a tree and draw or write the problem on the trunk.

3 Encourage the participants to identify all the main causes of the problem. Draw these along large roots of the tree, indicating that they are 'root' problems.

4 Select one of the main causes. Ask, 'Why do you think this happens?' This question will help participants identify the 'secondary' causes. Draw or write the 'secondary' causes as small roots coming off the larger root of the tree.

5 Repeat the process for each of the other main causes.

6 Encourage the participants to identify the main effects of the problem. Ask them to write each effect as large branches of the tree.

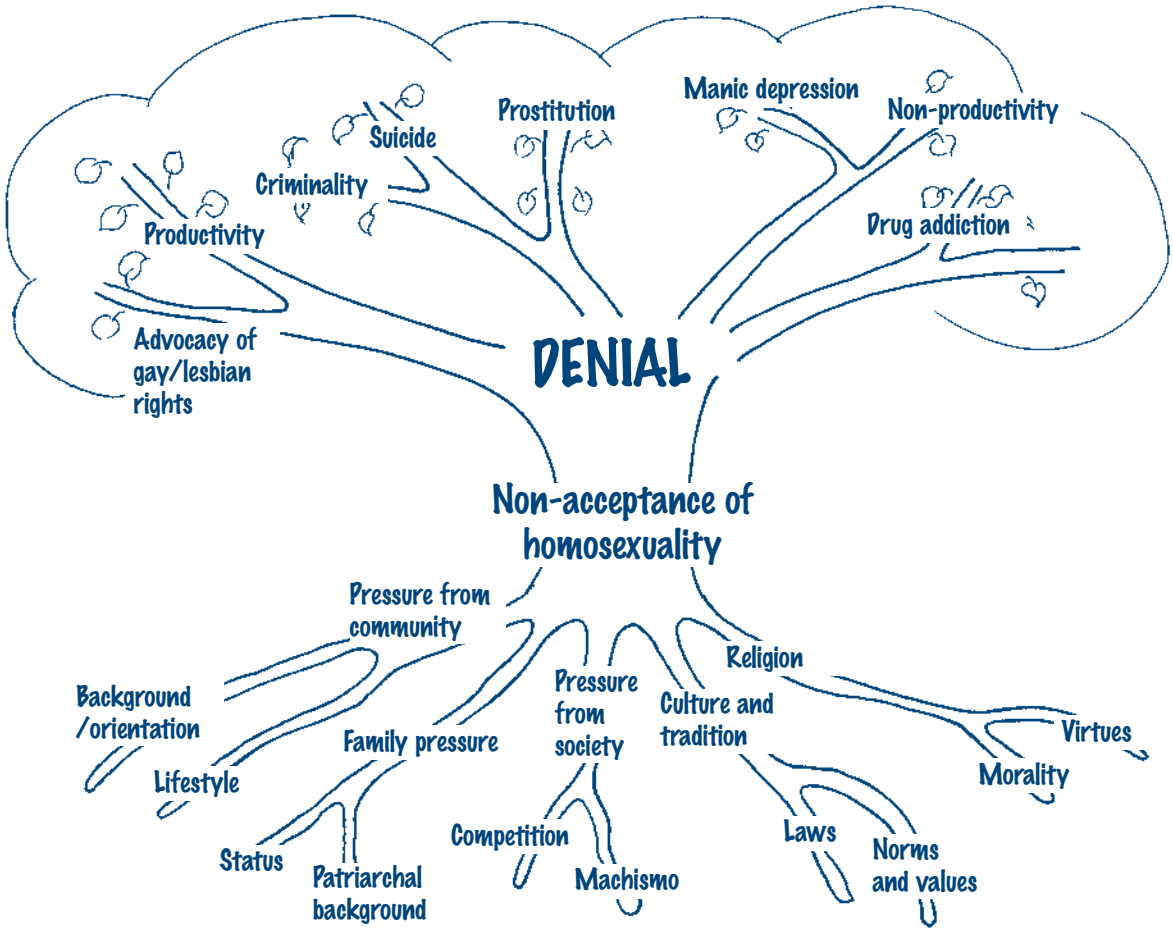
7 Select one of the main effects. Ask the participants, 'Why do you think this happens?' to encourage them to identify the 'secondary' effects. Ask them to write the 'secondary' effects as small branches coming off the larger branch of the tree.

8 Repeat the process for the other main effects.

9 When completed, discuss what the problem tree shows. For example, how do the causes and effects relate to each other? What are the root causes of the problem?

10 Participants can now turn the problem tree into a solution/objective tree (Tool 86) to plan activities.

Problem tree showing the causes and effects of non-acceptance of homosexuality.
Reference: Adapted from PHANSUP partnerships meeting, Philippines, May 1997



Tool 31 Road blocks

What is it?

This tool involves participants identifying the barriers (road blocks) to something, and identifying solutions to the most important barriers.

Why use it?

Using road blocks helps to:

- provide a fun and non-threatening way to discuss difficult issues relating to HIV/AIDS
- identify the different barriers to something
- explore how those barriers can be grouped and how they relate to each other
- begin to identify solutions to the most important barriers.

Remember!/Facilitators notes

- Encourage participants to be specific about the barriers. For example, rather than 'lack of resources', they might write 'lack of condoms', 'lack of ARV pills', 'lack of electricity'.
- This tool can be overwhelming if it results in long lists of barriers. Emphasise that something can be done about every barrier and even small successes can make a big difference.
- This tool can be a useful follow-up to Tool 30 (Problem tree) – use the main problem as the 'barrier'.

How to use it

1 Select a subject in relation to HIV/AIDS which might present barriers – for example, 'funding for our project' or 'access to HIV/AIDS-related treatment'.

2 Ask the participants to identify the different barriers to that subject.

3 Fold pieces of card in half and draw or write one barrier on each piece of card.

4 Place the pieces of card in a row on the floor, so that they look like a series of road blocks.

5 Walk along the road blocks, and discuss why each barrier has been identified.

6 Agree how to group the barriers. Examples of groups might include: organisational barriers, financial barriers, physical barriers (for example, lack of equipment), social barriers (for example, people's attitudes), political barriers and so on.

7 Draw a chart with a column for each group. Place each barrier on the chart under the heading that suits it best.

8 Encourage the participants to identify the most important barrier of those listed. Ask them to write the barrier in the middle of a large piece of paper.

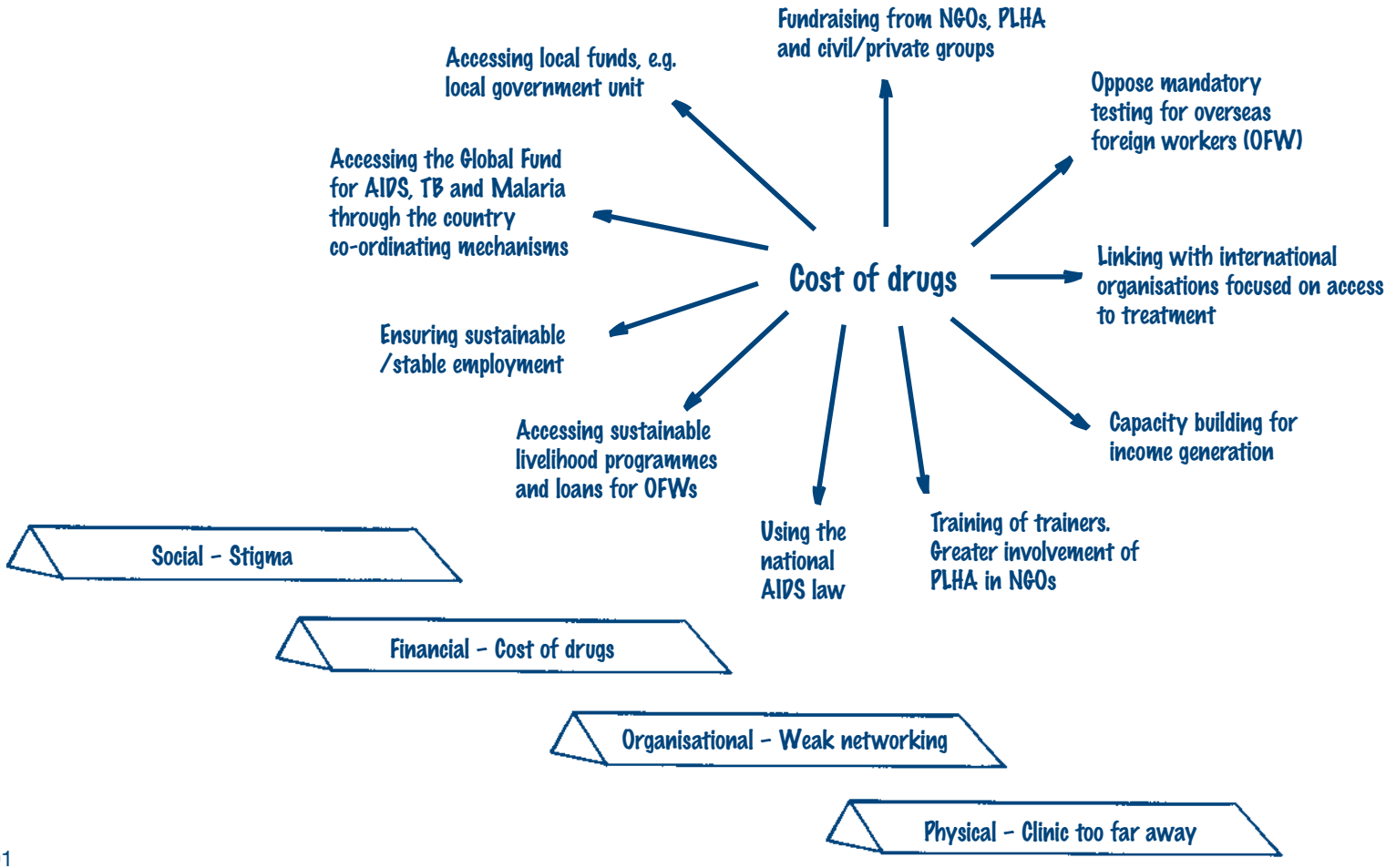
9 Encourage the participants to identify possible solutions to that barrier. Ask them to write those solutions around the outside of the paper, with arrows linking them to the barrier.

10 When the activity is complete, encourage the participants to discuss what they have learned. For example, how do the different types of barriers link together? Which are the largest barriers? Which can be addressed most easily? What type of people and organisations need to address the barriers?

See also

- Tool 30 – Problem tree
- Tool 88 – SWOC analysis

Reference: Brainstorming about barriers to access to treatment at a skills-building workshop



Tool 32 Spider diagram

Linkages and relationship tools

What is it?

This tool involves participants drawing a diagram like a spider to identify the problems or opportunities about a subject relating to HIV/AIDS. This helps with solving problems and identifying solutions.

Spider diagrams are also called sunburst diagrams.

Why use it?

Using spider diagrams helps to:

- provide a non-threatening way to identify the key problems or opportunities about a subject relating to HIV/AIDS
- assess which of those problems or opportunities are most important, and why
- begin to identify how to overcome problems
- begin to identify how to make the most of the opportunities.

See also

- Tool 57 – Thought shower

How to use it

1 Spider diagrams work best with groups of up to eight people.

2 Select:

- *a subject relating to HIV/AIDS* – for example, 'problems facing young people' or 'voluntary counselling and testing'
- *the issues to explore about the subject* – for example, 'problems' or 'opportunities'.

3 Draw a spider's body in the middle of the diagram. Draw or write the subject in the middle of the spider's body.

4 Encourage the participants to discuss the problems or opportunities that affect the subject.

5 Ask the participants to draw the legs of the spider and, at the end of each leg, to draw or write one of the problems or opportunities.

6 Encourage the participants to keep going until they have identified all of the possible problems or opportunities.

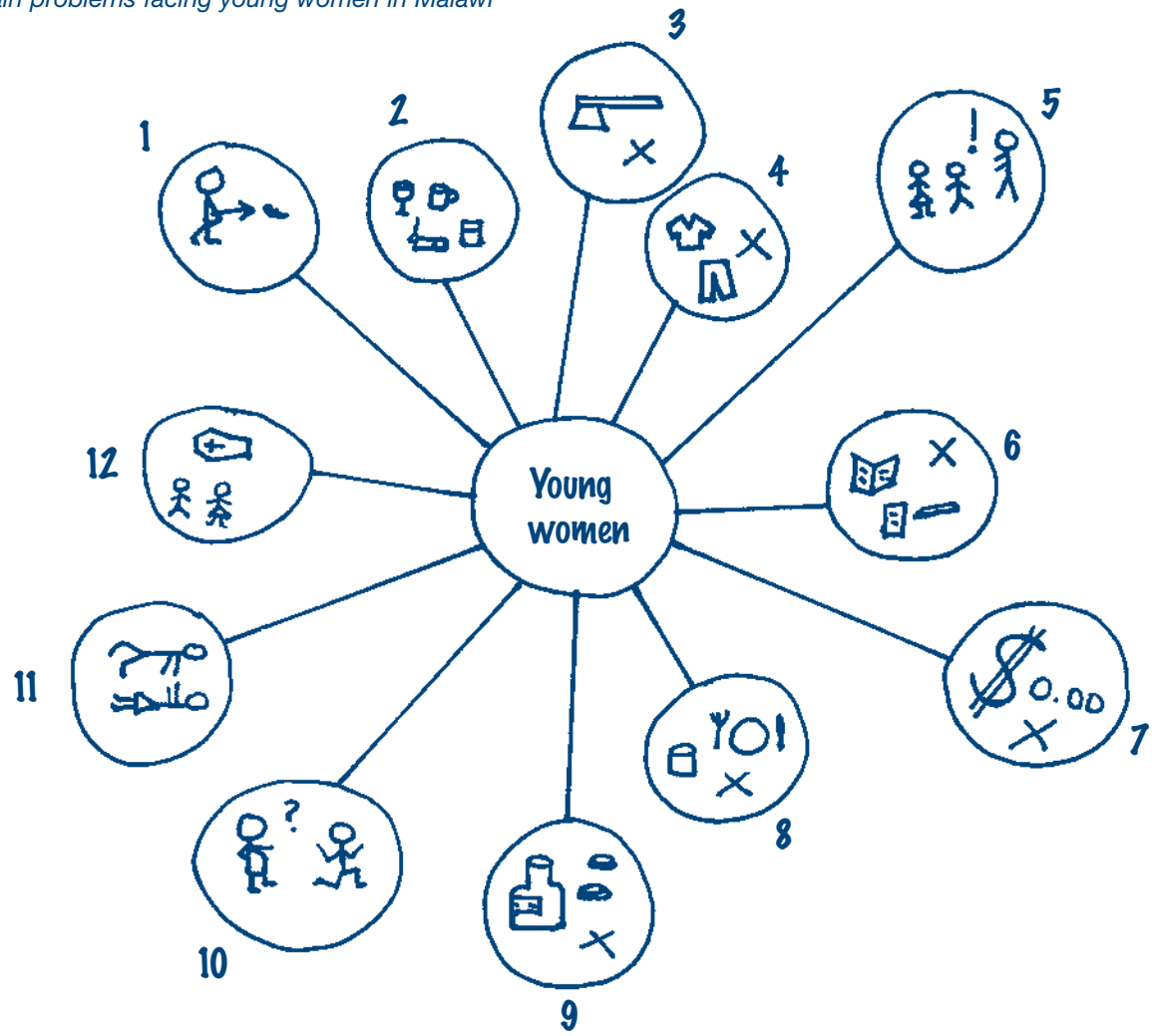
7 Discuss what the diagram shows. For example, how many problems or opportunities are there? Which problems or opportunities are easier or harder to address? What type of action could be taken? Who should take the action? Participants can also mark these on the diagram if they like.

Remember!/Facilitators notes

There are different types of spider diagrams. One is called a sunburst diagram. This involves drawing the smiling face of the sun in the middle of the paper and its rays around it. In general, spider diagrams are best for identifying problems and barriers because spiders are seen as frightening! Sunburst diagrams are best for identifying opportunities as suns are seen as positive!

Spider diagram showing the main problems facing young women in Malawi

1. Abortion
2. Excess alcohol and smoking
3. Lack of employment
4. Lack of clothes
5. Forced into marriage
6. Lack of education
7. Lack of money
8. Lack of food
9. Lack of medicines
10. Men not taking responsibility for pregnancy/refusing to marry
11. Sexual violence/pressure to have sex
12. Child abuse/orphans



Tool 33 Services (interventions) web

What is it?

This tool involves participants mapping the HIV/AIDS activities that do and do not exist in their area. It also involves identifying which HIV/AIDS activities are used by community members and which are not.

Why use it?

Using services web helps to identify:

- what local HIV/AIDS services exist and are accessed by community members
- local HIV/AIDS services that exist, but are not accessed by community members
- what HIV/AIDS services do not exist locally, and why
- what community members think about local HIV/AIDS services, including their strengths, weaknesses and gaps
- what encourages and discourages community members to access local HIV/AIDS services.

See also

- Tool 3 – Community mapping
- Tool 6 – Health facility mapping
- Tool 8 – Interventions mapping
- Tool 14 – Universe map
- Tool 62 – Evaluation wheel

How to use it

1 Explain the purpose of the tool and select an area of HIV/AIDS work – for example, 'HIV prevention with young people' or 'treatment for sexually transmitted infections'. Draw or write it in the centre of the web (diagram).

2 Draw three circles around the area of HIV/AIDS work, each one bigger than the last (see illustration).

3 Encourage the participants to identify the local services for that area of HIV/AIDS work that exist and that are accessed by community members. Draw or write these services in the first circle (the one closest to the centre).

4 Encourage the participants to identify the local services for that area of HIV/AIDS work that exist but are not accessed by community members. Draw or write these services in the second circle.

5 Encourage the participants to identify services for that area of HIV/AIDS work that do not exist locally. Draw or write these services in the third circle.

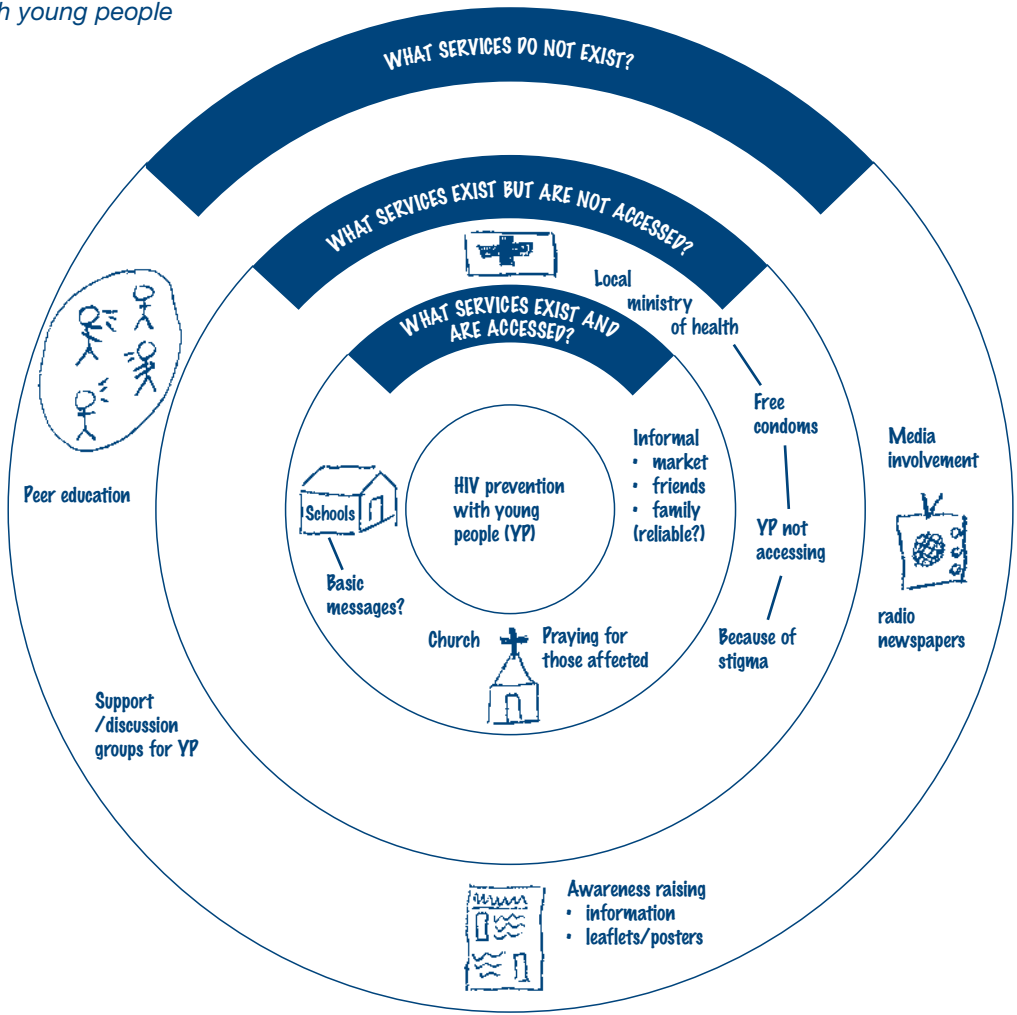
6 If necessary, repeat the activity for one or more areas of HIV/AIDS work – for example, 'social support for orphans' or 'treatment for people living with HIV/AIDS'.

7 When the services web is complete, encourage participants to discuss what it shows. For example, how many services are available locally? What makes services easy or hard to use? What key services are missing? What could be done about that?

Remember!/Facilitators notes

- Encourage participants to focus on what can be done to improve the situation, as well as the gaps and weaknesses in existing services – for example, what type of people or organisations could be encouraged to get involved? This will help participants start to find a way forward.

Services web on HIV prevention with young people



Tool 34 Story with a gap

What is it?

This tool involves community members drawing a series of pictures to tell a story about HIV/AIDS to highlight the issues involved.

Why use it?

Using a story with a gap helps to:

- provide a visual and non-threatening way to explore sensitive situations about HIV/AIDS
- look closely at what those situations involve, including what leads a person to make certain decisions or to behave in certain ways
- identify what choices people have and the factors that affect those choices
- start to identify what would help people to make more positive choices.

Remember!/Facilitators notes

- Encourage participants to think of a typical story rather than an extreme or 'tragic' one. This will help make the activity more realistic and useful.
- Stories with a gap work best when the story leading up to picture 5 takes place over quite a short space of time (for example, hours or days) rather than a long one (for example, months or years).
- If using paper and pens, it may be easier to use separate pieces of paper for each picture rather than one big piece of paper.

How to use it

1 Select a situation relating to HIV/AIDS that community members might face. For example, 'having sex without a condom' or 'going for an HIV test'. This will become the end of the story.

2 On the right-hand side of the page, ask participants to draw this situation. Encourage the participants to show who is involved, where it is happening, what is taking place etc. Label the drawing '5'.

3 Now ask participants to make another drawing at the left-hand side of the page showing how the story started. Label this picture '1'.

4 Now encourage the participants to think about the events that might have led to the situation in picture 5. Ask them to fill the gap in the story by drawing pictures 2, 3 and 4.

5 Starting from picture 1, encourage the participants to identify the choices that were available to the person at each stage of the story. Ask them to identify the factors that led the person to move on to the next stage in the story. Ask them to write those factors below the picture.

6 Repeat the process for pictures 2, 3, 4 and 5 until the story no longer has a 'gap' in it.

7 When the activity is complete, encourage the participants to discuss what the story shows. For example, why do some people have few choices and other people have many choices? How could people be given more choices? What other choices could the person have made? How would those different choices have changed the story? Who has power during each step of the story?

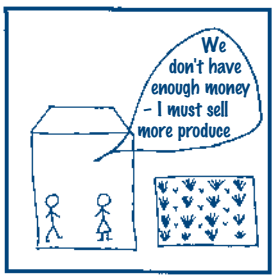
See also

- Tool 54 – Picture story

Picture story discussing the factors affecting HIV risk and vulnerability in the local community.
Reference: Adapted from Participatory Review, Evaluation and Re-Planning Workshop, Philippines, September 1999

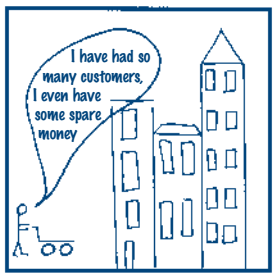
CHOICES

- Other ways to make money
- Sell products locally
- Sell direct to peddlers
- Return home
- Go to movies
- Use condom
- Choose not to have sex



1

2



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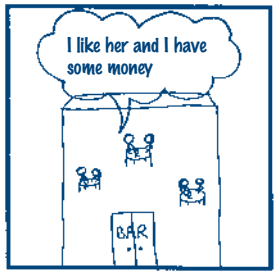


4

5

FACTORS

- Poverty
- Lack of skills for alternative income generation
- Sell in city for greater profit
- Want rest and recreation
- Stay longer for greater profit
- Tempted to spend money to have sex away from home
- Lack of knowledge of STIs and HIV
- Male, macho image
- No condoms available

Tool 35 Agony aunt letters

Experiential tools

What is it?

This tool involves participants looking at a letter from a person, discussing the problems that the letter describes and identifying how to help.

An agony aunt (or uncle) is a person who replies to problem letters usually sent to magazines, newspapers and radio programmes. The person has good experience and knowledge, and can provide sound, practical advice.

Why use it?

Using agony aunt letters helps to:

- provide a non-threatening way to talk about typical, real-life problems related to HIV/AIDS, without focusing on particular individuals
- explore the issues that lie behind people's problems
- begin to identify the type of advice and support that can help people with their problems.

Agony aunt letters are particularly useful for working with children and young people.

How to use it

1 Explain the purpose of the tool to participants.

2 Before the activity, prepare:

- A problem letter from a 'typical' community member. For example, it might be from a young man who is worried that he is still a virgin or a girl who is under pressure to sleep with a man without using a condom.
- A list of four to six questions to help the participants to discuss the letter and compose a joint response as if they were the agony aunt. Example questions might be, 'What is the problem the person is experiencing?' 'What type of emotions is the person feeling and why?' 'What options does the person have?' 'What would be bad advice?' 'What is the best advice an agony aunt could give?'

3 When the activity is complete, encourage the participants to discuss what the activity has shown. For example, do other community members have similar problems? Is it easy to ask for help when you have a problem? What happens if people do not ask for help? What type of advice and support is most useful? Where can people get that type of advice and support?

Remember!/Facilitators notes

- If you can find some that are appropriate, you can use examples of real agony aunt letters from magazines or newspapers.

This problem letter, list of questions and agony aunt letter were included in a training guide for young people in Zimbabwe. Reference: Adapted from 'Auntie Stella: teenagers talk about sex, life and relationships on page 19 of Young People We Care training guide, John Snow International

Dear Auntie Stella

I am a 17-year-old boy. My problem is this: I know many girls, but none of them will make love with me. All my friends boast when they speak about their sexual experience. I am afraid that I am getting so old that when I finally find a girlfriend she'll laugh at my failure to do it well. Please help me!

Titus

Questions:

- Do you think a lot of boys are in Titus's position?
- Do you think his friends are telling the truth about their sexual experiences?
- If they are, what dangers do they risk?
- What should Titus do?
- What kind of girlfriend should he look for?

Dear Titus

Where have you been all this time? It seems the girls you talk about know much more about life and the hazards along the way than you do. You must have heard about HIV, other STDs and unwanted pregnancy? If a girl will sleep with you easily without a condom, what makes you think that she has not slept with other boys as well?

Be thankful you have nothing to worry about yet. Stay happily single until the right girl comes along. Lack of experience won't bother you then, because you'll both be learning together.

Auntie Stella

Tool 36 Agree/disagree game

Experiential tools

What is it?

This tool involves participants standing next to different statements relating to HIV/AIDS to show if they agree or disagree with the statements.

Why use it?

Using the agree/disagree game helps to:

- provide a lively and non-threatening way for people to explore their attitudes about key issues relating to HIV/AIDS
- identify whether people have similar or different attitudes, and why
- understand the possible consequences of people's different attitudes in relation to HIV/AIDS.

The agree/disagree game is particularly useful for exploring attitudes about gender, cultural traditions and stigma.

See also

- Tool 55 – Risk game

How to use it

1 Before the activity:

- develop four to six statements of attitudes and beliefs about HIV/AIDS – for example, 'You can catch HIV through kissing' or 'You should only use a condom with a sex worker'
- draw or write three signs – 'I agree', 'I disagree' and 'I am not sure'. Place these signs on walls or trees in different parts of the space where you are working.

2 Read out one of the statements. Ask the participants to go and stand by the sign that says how they feel. For example, if they strongly agree with the statement, they should stand by the 'I agree' sign; if they are unsure, they should stand somewhere in the middle near the 'I am not sure' sign.

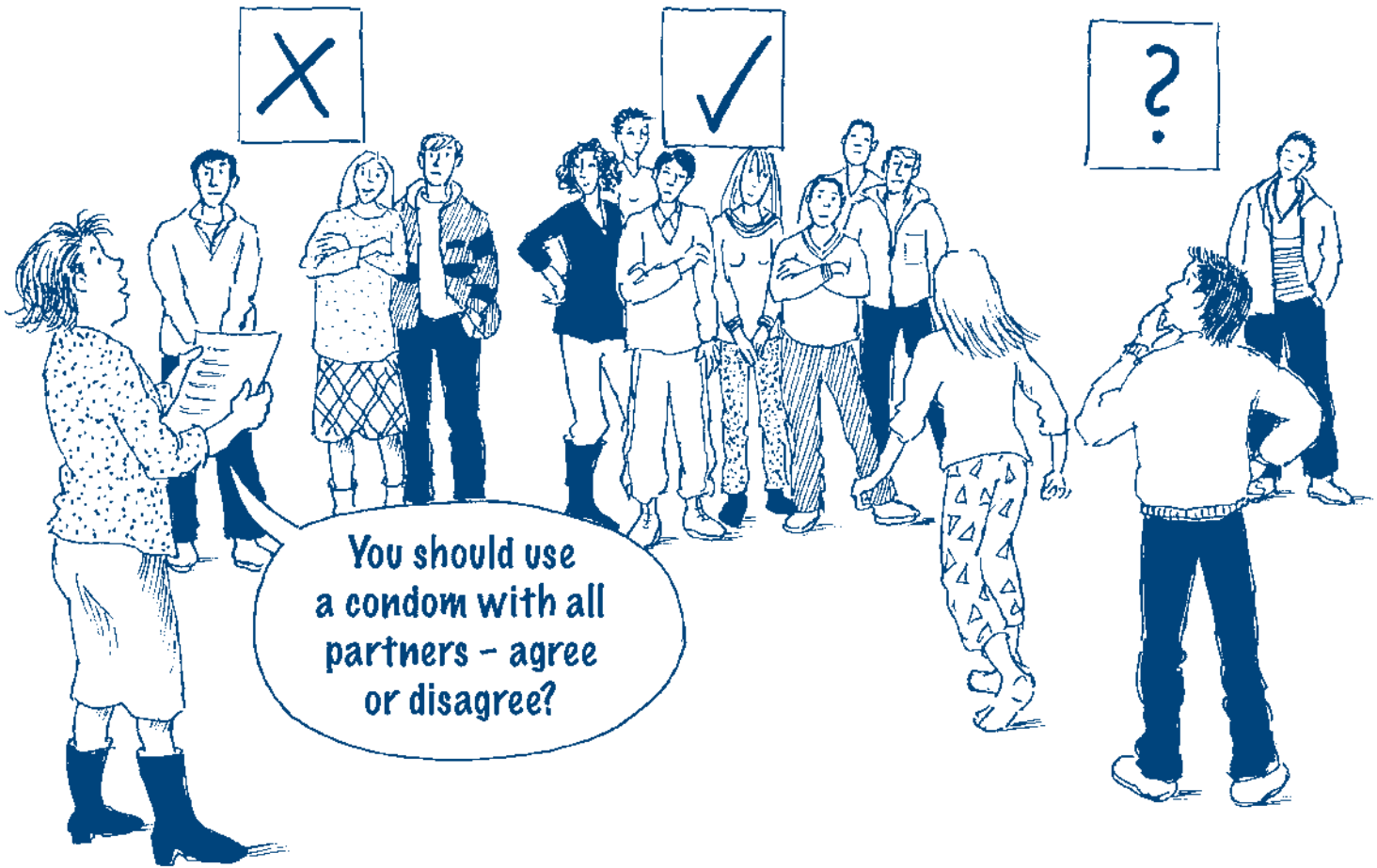
3 Ask the participants to explain why they are standing by their different signs. Encourage them to try to persuade each other to change their minds. Participants who change their minds can move if they wish to.

4 Bring the group back and repeat the process until all of the statements have been used.

5 When the activity is complete, encourage the participants to discuss what the game has shown. For example, where was there most agreement and disagreement? Why do people have different attitudes? How do those attitudes link to behaviour and HIV/AIDS?

Remember!/Facilitators notes

- Choose statements about which people will have different opinions. This makes the game more lively and useful.
- Welcome disagreement among the participants and allow enough time for everyone to participate fully. Don't move on to the next statement too quickly.
- It is important not to let your own attitudes influence the activity.


X
✓
?
You should use a condom with all partners – agree or disagree?

Tool 37 Buzz groups

What is it?

Buzz groups are small group discussions. They are called buzz groups because the discussion is usually very lively. There is a 'buzz' in the group.

Why use it?

Using buzz groups helps participants to:

- discuss sensitive issues that are difficult to talk about in a large group
- develop their ideas and their confidence in small group discussions. This can help them take part in a large group discussion
- produce a lot of ideas and information for feedback to a larger group.

How to use it

- Select a question to be discussed. For example, '*What kinds of violence happen in our community?*' or '*What are the strengths and weaknesses of the treatment programme?*'
- Divide participants into pairs to discuss the question.
- Each pair agrees what can and cannot be shared with other participants. For example, a woman may not want to tell other people that her husband beats her. Instead, she may prefer to say that one kind of violence is when a husband beats his wife.
- Each pair meets up with another pair to form a buzz group of four people. These four people share what they have discussed. Draw or write each thing that is discussed.
- The buzz groups share what they have discussed with the large group.

Remember!/Facilitators notes

- It is important that participants are not forced to share everything discussed in the pairs or buzz groups if they do not wish to do so.

See also

- Tool 57 – Thought shower

Tool 38 Case studies

Experiential tools

What is it?

A case study is a true story about a real situation or person. Sometimes, the actual person featured in the case study tells the story themselves.

Why use it?

Using a case study helps to:

- start discussion about sensitive topics relating to HIV/AIDS
- explain how HIV/AIDS affects the lives of real people, communities or organisations
- reflect on what lessons can be learned from other people's experiences
- provide an opportunity for people to reflect and talk about their own situations.

See also

- Tool 47 – Life history

How to use it

1 Case studies work best with small groups of participants. Case studies may also be of organisations as well as people.

2 Before the activity, prepare a case study from real life. You can do this in several ways: summarise an oral life history (Tool 47) or write an account of a real-life situation you are aware of.

3 Explain to participants why you are giving a case study.

4 Ask a participant to read out the case study. Alternatively, if there are several case studies, divide participants into groups and ask each group to read through a different case study.

5 When this is done, encourage the participants to discuss the case studies. For example, what do the participants feel about the situation in the case study? What are the main issues in the case study? What helped the situation? What caused problems? How does this relate to their own situation? Would participants have acted the same way in this situation? What options are available to deal with the situation? What other support would have improved the situation?

Remember!/Facilitators notes

- Always gain permission to use the case study from the person or organisation it is about. They must be informed about how the case study will be used and agree to this.
- Sometimes, the person in the case study tells the story themself. If a person tells their own story, it is important that they understand the possible consequences beforehand. For example, participants may say things or ask questions that the person finds difficult or upsetting.
- Participants may find it useful and helpful to share their own personal experiences that are similar to those illustrated by the case study. However, do not pressure people to discuss personal issues if they do not want to.

Reference: Article 'Me Go for a Test? No Way' by Gregory Kelebonye in Mmegi Monitor (Botswana), 29 April to 5 May 2003

Fears about disclosure

Ask participants to read the case study below.

The funeral took place a week after her husband's death, followed by a week of being insulted by her in-laws for bewitching their only son and brother.

As she watched the coffin being lowered into the grave, she whispered to herself, 'If you had only listened to me, you would still be alive, I would not have to take so many insults from your family.'

As she tried to stand up to throw soil into the grave, she fainted. Her husband's family would say that it was her guilty conscience for killing her husband so that she could inherit the big house he had just finished building.

While she knew her husband had died of AIDS, Naledi decided to keep it to herself. Even if she told them, they would never believe her. If anything they would say she had infected him with it.

Her problem started two years earlier when she decided to go for an HIV test. Her husband refused to go with her. When her test results were positive, her husband would not accept it.

'He kept denying the fact that I had the virus and that he might also have it. He even insisted that we should not use condoms, until it reached a point where we fought over condom use. He still refused to go for a test when he started to lose weight, claiming that he was on a diet. He finally agreed on his deathbed that he could be tested for AIDS. He died knowing that he had the virus, and that he was beyond redemption. But he was my husband, and I will love him always. That is why I will keep his secret.'

Tool 39 Courage to change

What is it?

This tool involves participants standing at different points along a line to show how easy or hard it is to make changes relating to HIV/AIDS.

Why use it?

Using courage to change helps to:

- provide a non-threatening way to identify the changes that people need to make in their lives and community in relation to HIV/AIDS
- assess how people feel about those changes, including which changes are easy or hard and why.

The courage to change activity is particularly useful for exploring what individuals need to do to reduce their vulnerability to HIV and what communities need to do to reduce stigma about HIV/AIDS.

How to use it

1 Mark a line on the ground. State that one end means 'easy' and the other end means 'hard'.

2 Ask the participants to identify a way in which individuals or the community need to change in relation to HIV/AIDS. Examples might include 'We all need to use a condom with all partners' or 'We all need to treat people living with HIV/AIDS with respect'.

3 Ask a volunteer to stand on the line that you have drawn, according to how easy or difficult they think it would be for individuals or the community to make the change.

4 Ask the volunteer to explain why they have chosen to stand where they are. Ask them what support individuals or the community would need to make the change easier. Ask the other participants if they agree.

5 Ask the participants to identify another way in which individuals or the community need to change. Repeat the process for another six to eight changes.

6 Record what is easy and what is hard to change in a way that all participants can see.

7 When the activity is complete, encourage the participants to discuss what courage to change has shown. For example, what makes changes easy or hard? What sort of support do individuals or the community need to make changes easier? How could that support be provided? By whom?

Remember!/Facilitators notes

- Talking about changes that need to be made can be difficult. Help participants to feel comfortable by agreeing that all information is confidential. Remind participants that the activity is about the changes that people like them *can* make. It is not necessarily about the changes that they, personally, *must* make.
- Instead of a line, you can use a 'secret vote'. This involves participants having voting cards and using a scale of one to five dots to show how easy or hard a change is. For example one dot (•) would show that it was very easy and five (•••••) that it was very hard. Read out an example of a change that is needed. Ask the participants to vote by putting dots on a card and putting it into a box or basket. Count up the votes and discuss what the total says about how easy or hard the change is.

easy
hard

Tool 40 Community drama

What is it?

This tool involves participants acting a drama to highlight the issues and challenges faced by real people in relation to HIV/AIDS.

Why use it?

Using community drama helps to:

- provide a fun and non-threatening way to explore difficult and sensitive issues about HIV/AIDS
- highlight real-life issues and challenges that community members face in relation to HIV/AIDS
- start discussions about what can be done about those issues and challenges.

How to use it

1 Divide the participants into three or four groups.

2 Describe three or four different community members whose lives are affected by HIV/AIDS. For example, 'child caring for sick parent' or 'community health worker'.

3 Give each group a description of one of the four different community members. Ask each group to develop a short drama about a day in the life of that person. Give them an hour to do this. Encourage participants to use the drama to show what happens to the person at home and in the community, who they see, what challenges they face and so on.

4 Ask each group to perform their drama.

5 When the activity is complete, encourage the participants to discuss what the dramas revealed. For example, what pressures and challenges were shown by the dramas? Which community members faced the most pressures and challenges, and why? What type of support would the community members need? What can be done to increase that type of support?

Remember!/Facilitators notes

- There are many other ways to do community drama. Some examples include:
  - Tell the participants a short story about a community member. Ask them to add their own details and to act out the story.
  - Divide the participants into three or four groups. Tell each of them the same story, but with a slightly different ending. Ask them to act out the story and to compare their dramas.
- Encourage participants *not* to act out their personal experiences as this can be too difficult and emotional. Instead, ask them to develop stories about 'typical' people and situations in their community.
- Drama can be good fun. But it can also bring out emotions in people, including anger and hurt feelings. Be aware of this and provide plenty of time for discussion and debriefing.

See also

- Tool 56 – Role play

Tool 41 Debating

Experiential tools

What is it?

A debate is a discussion between two individuals or groups of people who take on opposing views about a subject.

Why use it?

Debating is useful to:

- provide a non-threatening way to start a discussion about sensitive subjects, including sex, HIV/AIDS and drug use
- highlight different groups' or individuals' views
- highlight common views
- highlight extreme views
- highlight key issues about the subject.

See also

- Tool 36 – Agree/disagree game

How to use it

1 Decide on a motion to debate (a motion is a statement about a subject which is likely to create discussion). For example, 'People living with HIV/AIDS should not be stigmatised' or 'Antiretroviral treatment should be free for everyone'.

2 Ask for four volunteers. Two volunteers will defend the statement. The other two will challenge it and say that the statement is incorrect. It does not matter whether they agree or disagree with the statement personally; their role is just to try to defend or challenge the statement.

3 Give the four people time to prepare an argument by thinking of all the reasons why the statement may be correct or incorrect. It may help them to write down a small speech.

4 Ask for two other volunteers to chair the debate. Their role is to make sure that only one person talks at a time and that the debate does not turn into an argument!

5 The role of the remaining participants is to listen to each of the debaters in turn and consider the merits of each argument.

6 Once ready, each debater presents their argument in a five-minute speech – first a debater who supports the motion, then a debater who challenges the motion.

7 After all the arguments have been presented, the other participants are now allowed to comment on what they have heard, one by one.

8 After a period of time (say, 30 minutes) the chair should call the debate to a close and ask people to vote with their hands on whether they agree or disagree with the motion.

9 Discuss what people learned from the debate. Who changed their minds?

Remember!/Facilitators notes

- The debaters do not have to agree with what they are saying, they just have to pretend that they agree or disagree with the motion.

Always have people to chair the debate to make sure that only one person speaks at a time!

Tool 42 Focus group discussions

Experiential tools

What is it?

This tool uses four or five prepared questions to encourage discussion. The focus group is usually made up of six to ten individuals who are of similar social status, sex, age, marital status and education.

Why use it?

Using a focus group discussion helps to:

- provide a non-threatening way to explore issues related to HIV/AIDS
- explore local experience and cultural traditions
- identify the feelings and understanding of different groups about a topic
- begin to identify priorities for action.

See also

- Tool 37 – Buzz groups
- Tool 57 – Thought shower

How to use it

1 Before the activity, prepare four or five broad questions about the topic for discussion. For example, questions relating to care and support might cover, problems and issues, strategies for coping, services, needs and priorities for action.

2 Ask the first topic question. Encourage participants to take part by asking open-ended questions such as, 'What do you think?' 'Do you agree or disagree with what has been said and why?' 'Would you like to share a similar experience and can you tell us about it?'

3 Keep people focused on the question. When the discussion about a particular question is finished, either summarise the discussion yourself or ask a participant to do this. Ask participants whether they agree or disagree with the summary. Do participants want to add anything? Change anything?

4 Repeat the process for each of the topic questions.

5 Summarise the main points from the discussion.

Remember!/Facilitators notes

- Start with a general question to help people relax. For example, 'Tell me about any groups in the community involved in …?'
- Prepare prompt questions to encourage discussion. For example, questions for a discussion about the quality of service might include asking what people like and dislike about the services, or which illnesses the services are best at treating.
- Avoid closed questions that have just a 'yes' or 'no' answer.
- Avoid ambiguous questions, which could be interpreted in several ways.
- Try to avoid one or two people dominating the discussion. Ask quieter people for their thoughts.

Tool 43 Graffiti wall

What is it?

This tool involves participants decorating a wall by writing or drawing all of their opinions, feelings and ideas about an HIV/AIDS topic on it.

Why use it?

Using a graffiti wall helps to:

- provide a non-threatening way for people to express their opinions, ideas and feelings about HIV/AIDS
- allow participants to explore new ideas about HIV/AIDS
- identify where there is agreement or disagreement about issues relating to HIV/AIDS.

See also

- Tool 57 – Thought shower

How to use it

1 Graffiti walls work well with large groups of young people, but adults can do them too.

2 In a workshop setting, get participants to cover a whole wall with flipchart paper.

3 Distribute drawing and painting materials to participants.

4 Ask them to identify a topic they would like to express their thoughts, feelings and opinions about, then just let them express anything and everything they like on the wall.

5 Outside of a workshop setting, identify a wall people would like to decorate. Think about where people's thoughts, ideas and feelings about HIV would be most noticed. This might be a public place, like a school playground wall, a bus stop or a hospital waiting room.

6 Gain permission from the owner or authorities to decorate the wall.

7 Again, let participants express any of their thoughts, feelings and opinions about their topic on the wall.

8 When complete, discuss what the graffiti wall means to them.

Remember!/Facilitators notes

- Graffiti walls aim to help people to express themselves freely and openly, so it is important to create a 'safe space' where people will not be judged for what they say.
- If in a workshop setting, make sure that there are no gaps in the paper on the wall and that the pens you use don't go through the paper. Otherwise you will end up getting marks on the actual wall!
- If doing it outside, make sure you have permission to write on the wall first!

GIRLS HAVE THE RIGHT TO SAY NO TO SEX
NO
WE CAN FIGHT AIDS
TOGETH
PLEASE HUG ME I HAVE AIDS
NO CONDOM NO SEX

Tool 44 Hot seating

Experiential tools

What is it?

This tool is particularly effective for getting people to put themselves in others' shoes and think through the implications and pressures faced in different HIV/AIDS situations.

Why use it?

Using hot seating helps to:

- provide a lively way to explore sensitive and complex issues about HIV/AIDS
- identify what people already do and don't do about HIV/AIDS
- explore how people feel about issues relating to HIV/AIDS
- address myths and misunderstandings about HIV/AIDS
- explore different strategies to address HIV/AIDS issues.

See also

- Tool 38 – Case studies
- Tool 56 – Role play

How to use it

1 Before the activity, prepare four case studies for people to explore. These should be real-life dilemmas, written in the first person. For example, if you are exploring HIV prevention a case study could read, 'I am a man who is pressurised to go to a brothel after work each day by my work colleagues.' Alternatively, ask participants to think of dilemmas.

2 Ask for a volunteer to sit in the 'hot seat'. This means to sit down in a chair or on the floor in front of all the other participants.

3 Ask the person to read out the case study as if they were the person in the case study.

4 Invite the rest of the participants to ask questions addressing the person in the case study as if they are that person's friend – for example, 'Why do you feel pressurised to go to the brothel?'

5 Where questions require information that is not provided in the case study, encourage the volunteer in the hot seat to fill in the details.

6 Repeat the activity with other volunteers and other case studies.

7 When the activity is complete, encourage the participants to discuss what they have learned. For example, why was it easy or difficult to respond to the questions? What choices did the person have? What did the responses show about people's knowledge and attitudes? How do these affect a person's risk of HIV? Clarify any misunderstandings that people may have about HIV/AIDS.

Remember!/Facilitators notes

- Encourage a relaxed atmosphere. It can be less threatening if two people take the hot seat at once – for example, both the man who feels pressurised to go to the brothel *and* one of the work colleagues who is pressuring him to do so.
- Stress that the case study does not necessarily reflect the experience of that person.
- Don't pressurise people to take the hot seat if they don't want to.

And what do you think would encourage you to get an HIV test?

Tool 45 Ideal images

Experiential tools

What is it?

This tool involves identifying the characteristics of 'ideal' community members and comparing them to the reality. This enables participants to assess how such ideal images affect their lives, particularly in relation to HIV/AIDS.

Why use it?

Using ideal images helps to:

- provide a non-threatening way to identify ideal images of community members and how these compare to real people. Ideal images means how a 'perfect' person is supposed to look, feel, think and behave
- explore how these ideal images affect the way we look, feel, think and behave with regard to our sexual health
- identify the good and bad effects of trying to live up to these ideal images.

Ideal images are particularly useful for looking at issues about gender, including how expectations and roles are different for women and men, and how these affect them differently.

How to use it

1 Explain the purpose of the tool to participants.

2 Ask participants to select two types of community members to compare. Examples might include 'adult woman and adult man' or 'young woman and elderly woman'.

3 Encourage the participants to draw the ideal image of the two community members. For each one, ask them to think about how that person should look and behave.

4 Then ask the participants to draw or write their points in two columns on a flipchart (see illustration).

5 When the activity is complete, encourage the participants to discuss what the chart shows. For example, where do ideal images come from? How do they compare to real people? What pressures do ideal images put on people? How do ideal images change – for example, depending on a person's wealth, peer group, age group or HIV status? What are the differences between men's and women's ideal images and what do they have in common? If people all lived up to these ideal images, how would it affect HIV? If we fall short of these images, how does it affect HIV? How do they affect people's situation in relation to HIV/AIDS? What aspects of ideal images need to change to fight HIV/AIDS?

Remember!/Facilitators notes

- It can be useful to do this activity with different combinations of participants. For example, you can ask men to draw the ideal woman and women to draw the ideal man, or both men and women to draw either an ideal man or ideal woman. This way, differences in ideals can be explored.
- Participants can use drawings, photographs, cuttings from magazines or words from songs to make their ideal images clearer and more interesting. Asking people to role-play ideal images is also very effective.

This activity was carried out by Mongol Vision, an NGO working with the military in Mongolia. It shows that ideal images have both positive and negative sides and can have many effects on people's lives and behaviours, including in relation to HIV/AIDS. Reference: Adapted from Participatory Needs Assessment Workshop, National AIDS Foundation and International HIV/AIDS Alliance, Mongolia, May 2000, on page 15 of PCA/Project Design Toolkit # 2

Ideal woman		Ideal man	
✔ Bright ✔ Tidy and accurate ✔ Healthy ✔ Honest ✔ Good care and love with family ✔ Good behaviour at any time	✔ Nice body shape ✔ Smart ✔ Merciful ✔ Good communication with others ✔ Self-confident ✔ Faithful ✔ Submissive	✔ Athletic body ✔ Well-educated ✔ No bad habits ✔ Hard working ✔ Merciful ✔ Brave ✔ Good personality ✔ Confident	✔ Tidy ✔ Bright ✔ Courageous ✔ Honest ✔ Cheerful ✔ Lots of girlfriends

Tool 46 Knowledge, skills and attitudes

What is it?

This tool involves participants identifying the knowledge, skills and attitudes for a person involved in action on HIV/AIDS.

Why use it?

Knowledge, skills and attitudes diagrams are particularly useful for deciding what kind of person can best carry out a particular role or action with regard to HIV/AIDS.

- *Knowledge* means a person's understanding and information about key subjects, such as HIV/AIDS prevention or community politics.
- *Skills* means a person's practical, technical and 'people' skills, such as good listening or project design.
- *Attitudes* means a person's feelings and approach, such as being empowering and non-judgemental.

How to use it

1 Explain the purpose of the tool to participants. Select a person who should be involved in action on HIV/AIDS. Examples might include 'home-based care volunteer' or 'a woman needing to protect herself against HIV'.

2 Draw a large picture of a person. Ask participants to think about the knowledge that person should have and write these around the head. Then get them to repeat this with skills written on the arms and attitudes on the body.

3 If participants leave out important knowledge, skills, behaviours or attitudes, contribute ideas yourself and explain why they are important.

4 When the activity is complete, encourage the participants to discuss what the diagram shows. For example, was there agreement about the knowledge, skills and attitudes? Which ones are most important? How do knowledge, skills and attitudes link together? How does the person compare to real people involved in action on HIV/AIDS? What support would help people to improve their knowledge, skills and attitudes? Where can it come from?

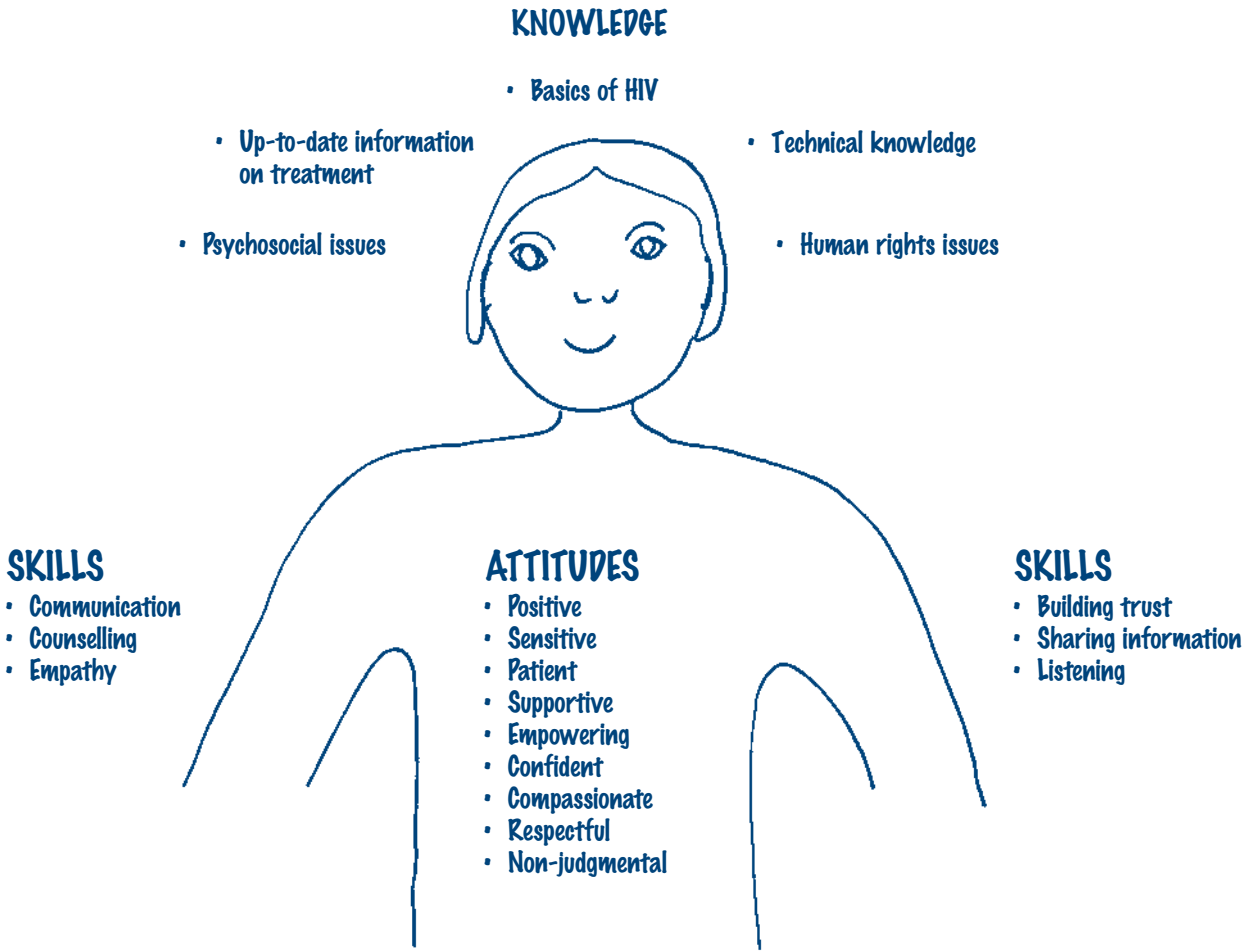
Remember!/Facilitators notes

- Encourage participants to see that a balance of knowledge, skills and attitudes is needed for action on HIV/AIDS to be effective. For example, a doctor might have a lot of knowledge about HIV/AIDS drugs, but without good listening skills their work will not be successful.

See also

- Tool 1 – Body mapping

Diagram showing the knowledge, skills and attitudes of an 'ideal treatment provider'
Reference: Workshop on Access to HIV-related Treatment, India, February 2001



Tool 47 Life history

Experiential tools

What is it?

This tool involves a person telling the story of their life, or a period of their life, in order to identify events, behaviours and attitudes that are relevant to HIV/AIDS.

Why use it?

Using a life history helps to:

- provide a personal and non-threatening way for people to learn about their lives, particularly events, behaviours and attitudes related to HIV/AIDS
- enable people to feel listened to and understood
- identify risky behaviours and gaps in information that need to be addressed as part of action on HIV/AIDS.

See also

- Tool 18 – Lifeline

How to use it

1 A life history activity is carried out one-to-one between a facilitator and a participant.

2 Explain the purpose of the life history and agree with the participant how long to spend on the interview.

3 Reassure the person that their names will be kept strictly confidential.

4 Explain that you would like the participant to tell you the story of their life. Ask them to describe key events, people, situations and challenges.

5 Ask the participant to start to tell their story, beginning with their childhood or the period of their life under review.

6 Throughout the interview, take notes of the key points or use a cassette recorder to tape them.

7 When the activity is complete, encourage the participant to discuss what the activity has made them think and feel. For example, what did it feel like to talk about their life? What have been the main challenges in their life? How has HIV/AIDS affected their life so far? How might HIV/AIDS affect their life in the future?

Remember!/Facilitators notes

- If the participant does not talk freely about something, use open-ended questions to encourage them. An example is, ‘How did that make you feel?’ or ‘But why?’ If the person still does not open up, move the discussion on. For example, ask, ‘Can you tell me what happened next?’
- Gently encourage the participant to talk about issues that are related to HIV/AIDS. Be aware that this can bring up sensitive issues, so do not force the person to discuss things they are not comfortable with.
- Be aware of your own reactions and body language during the interview. Try to show that you are listening, interested and supportive at all times.

This is part of a life history of a woman living with HIV/AIDS in Zimbabwe. Later on, she shared how becoming a member of an HIV/AIDS support group helped her to get practical help and to live positively.
Reference: 'Our Voices, Our Lives', Sarah Middleton-Lee Mashambanzou, Zimbabwe, 1993

'I was born in Mutare. My parents are dead and I grew up as an orphan. My childhood wasn't very happy because we didn't have our parents and had to live with our uncle. He was a very harsh and unkind man, but we were forced to stay with him because we had nowhere else to go.

I was the oldest sister in the family and wasn't educated at all. I had to go to work for our uncle in the fields. We started working when we were very young – at the age of ten we were busy selling vegetables and clothes. Our uncle was very unkind and ill-treated us. He had the money to send us to school, but he didn't.

I was taken to stay in the rural areas. I found life much easier there because we could plough the fields and grow our own crops. I stayed until I was fifteen years old, when I got married. In that first marriage, I had three children who live with me now and are all well and healthy.

I got divorced from that husband and re-married. I became pregnant and gave birth to a child who was infected with the virus. The child was a little boy and he died.

After the death of my son, I became pregnant again. During the pregnancy I was always being ill and when I gave birth the child was also ill. Me and my child were given blood tests at the hospital. They confirmed that we were both HIV positive.'

Tool 48 Margolis wheel (carousel)

What is it?

A margolis wheel involves participants consulting one another to find solutions to problems.

Why use it?

Using a margolis wheel can:

- help come up with new ideas about a topic
- give participants the opportunity to discuss real problems that they face
- help participants who prefer to discuss problems in smaller groups
- give participants the opportunity to find solutions to problems by talking to people who share their experiences and challenges
- show that everyone in a group has something to contribute.

See also

- Tool 69 – Action planning
- Tool 94 – Bad/good listening in pairs

How to use it

1 This exercise works best with about eight to twelve people in each margolis wheel. So first divide participants up into groups of about this size.

2 Now divide each group into two equal halves, with an ‘A’ half and a ‘B’ half.

3 Have the ‘A’ half sit in a tight circle facing outwards.

4 Have the ‘B’ half sit in a wider circle around the ‘A’ half, with each person from the ‘B’ half directly facing another person in the ‘A’ half.

5 Ask each person to think of an issue that they are having difficulty with.

6 Instruct the ‘A’ half that they are going to be advisors to the ‘B’ half’s different issues. They will have three minutes to listen to the issues of the ‘B’ half sitting opposite them and offer any advice.

7 When all of the ‘B’ half has decided on their issues, they can start explaining them to the ‘A’ half opposite them and the ‘A’ half can offer their advice back.

8 After three minutes, shout ‘Change!’ Ask all the participants on the outside circle (the ‘B’s) to move around one place to the right. The ‘A’s stay still where they are in the centre. Everyone should now be sitting opposite someone new.

9 Now repeat step seven and give participants another three minutes to explain their issues and offer advice to each other. Then shout ‘Change!’ again and repeat step eight.

10 Repeat steps seven and eight until everyone from the ‘B’ half has received advice from everyone in the ‘A’ half.

11 When this is done, reverse the whole process, with the ‘B’ half becoming the advisors and the ‘A’ half explaining their issues.

12 Ask participants to put their ideas into an action plan (Tool 69).

Remember!/ Facilitators notes

- The inside circle stays still while the outside circle moves around!
- If the group agree that the discussion is about private problems, make sure that there is no discussion after the work in pairs. Do not discuss problems in the large group.
- This exercise works well when participants have already had discussions of problems and constraints in a large group. Break up discussion by using the margolis wheel. This helps participants who prefer discussing ideas in private.
- It is important to record solutions, unless discussion is about private problems.

Tool 49 Negotiation card game

Experiential tools

What is it?

This tool involves using cards (with drawings of 'typical' people) to identify the different types of skills and strategies that are needed during sexual situations.

Why use it?

Using the negotiation card game helps to:

- provide a lively and non-threatening way to explore power within sexual situations
- identify the type of skills and strategies that people need in sexual situations
- identify which of those skills and strategies people already have
- identify which skills and strategies need to be improved and how that could be done.

Remember!/Facilitators notes

- If a sexual situation is unimaginable between the two people shown on the cards, put one of them at the bottom of its pack and turn a new one over to replace it.
- This activity is a good opportunity to discuss sexual situations that people often deny or ignore, such as sex between adults and children or between people of the same sex. If this happens, encourage participants to focus on the reality of such situations, rather than judge the people involved.

How to use it

1 Before the activity, make 20 large playing cards. Make a list of 10 'typical' community members. Make two playing cards for each 'typical' person, using pictures and symbols to show what they are like (for example, their gender, age, HIV status, profession and social status).

2 Divide the cards into two packs of 10 cards, so that each pack contains a full set of 'typical' people. Mix the cards up so that they are in a different order in the two packs.

3 Put the two packs side by side and turn them face down so that you cannot see the drawings.

4 Turn over the top card of each pack and show the participants the 'typical' community members.

5 Ask the participants to imagine a sexual situation involving those two people. Encourage them to think about which community member would have the most power, and why.

6 Ask the participants to identify the skills and strategies that the person with less power would need to protect their sexual health. Then ask them to do the same for the person with more power.

7 Put the cards on the bottom of the packs. Then turn over two new cards and repeat the activity.

8 Keep repeating the activity until all of the cards have been discussed.

9 When the activity is complete, encourage the participants to discuss what the negotiation card game has shown. For example, what types of people tend to have more power in sexual situations? Why is that? What type of skills and strategies are the most important for people with less power? What could be done to improve those skills and strategies?

These two cards were used in a negotiation card game by Polianpur Tarun Kirishi Club, Bangladesh. They led to a discussion about how differences in power affect people's ability to negotiate in sexual situations.
Reference: Adapted from a Gender and Sexual Health workshop, Bangladesh, August 1999

Urban employed male

'Who has more power in a sexual situation involving these two people?'

Rural female homemaker

Tool 50 Participatory IEC production

Experiential tools

What is it?

This tool involves participants producing their own information, education and communication (IEC) materials about HIV/AIDS by themselves and for themselves and their peers. IEC materials aim to inform, educate and communicate specific knowledge, skills or attitudes to people. This tool is particularly effective with key populations.

ⓘ Why use it?

Participatory IEC helps to:

- produce effective IEC material for specific groups or communities
- build new skills, knowledge, confidence and social capital in individuals and groups
- increase understanding between stigmatised groups and other stakeholders
- raise awareness of legal and human rights
- advocate for changes – for example, a reduction in violence, stigma or discrimination
- provide general health information.

→ See also

- Tool 40 – Community drama
- Tool 47 – Life history
- Tool 51 – Participatory photography
- Tool 52 – Participatory video
- Tool 53 – Picture codes
- Tool 58 – Storytelling

How to use it

1 Ensure everyone understands what IEC materials are and why they are used. Show examples.

2 Discuss the purpose of the IEC material the participants are about to produce, and thought-shower (Tool 57) the following questions:

- **Audiences –** who will be the specific audience for the IEC product?
- **Topics –** what specific issues and topics should the IEC products cover? Which specific prevention, care, support, treatment or impact mitigation issues?
- **Medium –** what form of product would be most appropriate for that audience and topic?

3 Record the results in a table. See the example below.

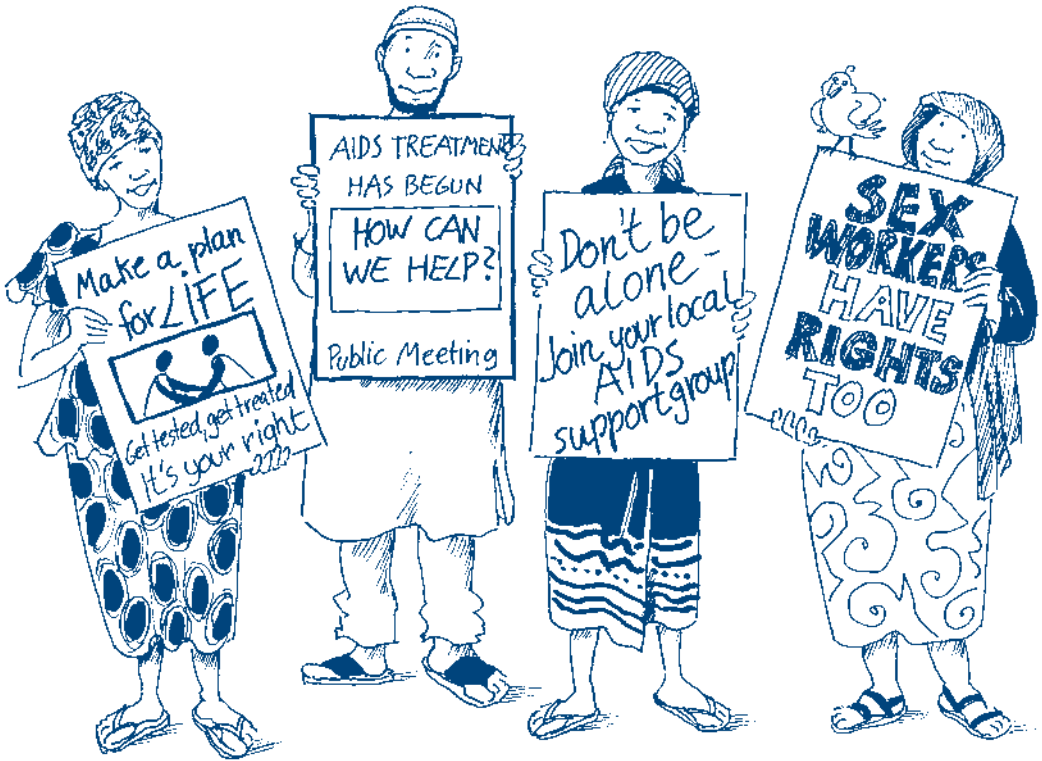
Audiences	Issues/topics	Medium/possible products
Sex workers	Safe sex tips How to avoid violence How to recognise STI symptoms Where to access health services The value of solidarity and self-organisation	Posters Flipcharts Audio or video testimonies Pamphlet Condom packet Dance performance A mural for drop-in centres

4 Split the groups up into teams to plan the content of each product in detail: the exact message, roles and responsibilities, materials required and where the activities will take place. Facilitators should ensure that the messages are technically accurate.

5 Produce the material by writing (Tools 58 and 47), drawing posters or pictures (Tool 53), filming (Tool 52), community drama (Tool 40), photographing (Tool 51) and so on.

6 Display, reproduce and disseminate the products:

- Products can be displayed or performed for an invited audience.
- Visual products can be professionally reproduced for wider distribution.
- Video and audio products can be put on CD, DVD or VCD for targeted distribution that may include television and radio stations, NGOs, government agencies and so on.



Remember!/Facilitators notes

- The IEC products belong to the participants who produced them, not the organisation who facilitated or paid for the process. Ask participants for permission to use any IEC materials, and respect their wishes.
- Experience has shown that participatory IEC materials do not need to be further field-tested if they have been produced by the same cross-section of a specific group who will use them.

Tool 51 Participatory photography

Experiential tools

What is it?

This tool involves people learning how to use cameras to illustrate how HIV/AIDS affects their lives.

Why use it?

Using participatory photography helps to provide:

- a non-threatening way for people to express their opinions, ideas and feelings about HIV/AIDS
- a powerful way to allow people affected by HIV/AIDS to show the reality of their daily lives.

See also

- Tool 50 – Participatory IEC production
- Tool 52 – Participatory video

How to use it

Participatory photography usually has five phases:

1 **Training in using cameras** People are trained in how cameras work and how to compose a picture. They can start by looking at photographs from newspapers and magazines, and discussing what makes a good or bad photograph. Good photographs usually tell a story all by themselves.

2 **Deciding what to photograph** Here photographers plan who or what they will photograph, where and how they will photograph and who they will present them to.

3 **Photographing** Photographers go out into the community and photograph according to their plan.

4 **Sharing and reflecting on the photographs taken** Photographers develop their photographs and allow each other to show what they have photographed and why. Photographers share what their photographs mean to them as individuals, identify the common themes emerging, and lessons they have learned about how HIV or AIDS affects their community.

5 **Presenting the photographs to others** This can be done in different ways. For instance, an exhibition can be given in a public place like a school, hospital or workplace, or a book can be made of the photographs and sold to raise funds for the cameras or HIV/AIDS projects.

Remember!/Facilitators notes

- Photography can be quite an art, although children and adults can use them quite easily. For the best results, asking a local professional photographer to train participants is a good idea.
- Always ask permission before taking someone's photograph and ensure that the person knows what that photograph will be used for.
- Cameras can be expensive, but cheaper cardboard cameras are now available in most big cities. Alternatively, people can share cameras.

DISCO

Tool 52 Participatory video

What is it?

This tool involves people learning how to use video cameras, storytelling and role play to illustrate to others how HIV/AIDS affects their lives.

Why use it?

Using a participatory video helps to provide:

- a non-threatening way for people to express their opinions, ideas and feelings about HIV/AIDS
- a powerful way to allow people affected by HIV/AIDS to show the reality of their daily lives
- a fun way for people affected by HIV/AIDS to make their own information, education and communication materials.

See also

- Tool 40 – Community drama
- Tool 50 – Participatory IEC production
- Tool 51 – Participatory photography
- Tool 54 – Picture stories
- Tool 56 – Role play
- Tool 58 – Storytelling

How to use it

Participatory video usually has seven phases:

1 **Training in using cameras** People are trained in how video cameras and sound equipment work, and how to make a film. Video making can be quite a skill. For the best results, asking a local professional video maker (like a wedding cameraman) to train participants is a good idea.

2 **Training in writing film scripts** Participants are trained in how to write scripts and scenes – see storytelling (Tool 58) and picture stories (Tool 54).

3 **Deciding what to film** Here participants plan:

- the key messages they want to show.
- who or what they will film and why (participants may act in it themselves, make a diary of their lives or film aspects of other people's lives).
- where and how they will film it.
- who they will present the film to.

4 **Filming** Participants make and edit their video according to their plan.

5 **Sharing and reflecting on the film taken** Participants premiere their film to an audience of key stakeholders to show what they have filmed and why.

6 Copies of the film are made and distributed to organisations.

7 The film is shown to key groups and communities who may benefit from the film. This is a good way to start a discussion about the issue shown.

Remember!/Facilitators notes

- Always ask permission before recording someone on film and ensure that the person knows what that film will be used for.
- Video cameras and editing equipment can be very expensive to buy, but it is possible in many places to hire or borrow this equipment.

Indian sex workers rehearsing a scene about police intimidation.

Tool 53 Picture codes

What is it?

Picture codes allow participants to look at a picture of a familiar problem about which they have strong feelings, to analyse its root causes and how to address it.

Why use it?

Using picture codes helps to:

- provide a non-threatening way to identify how HIV/AIDS affects individual community members
- enable people to share their different knowledge of, and attitudes towards, HIV/AIDS
- identify the issues behind situations relating to HIV/AIDS
- begin discussions about what can be done to address those issues.

How to use it

1 Select a common problem relating to HIV/AIDS – examples might include 'stigma against orphans' or 'lack of information about HIV prevention'.

2 Before the activity, prepare a picture of a familiar HIV/AIDS situation. You can draw it yourself, get a local artist to do it for you or copy it from magazines and newspapers. For example, if you are looking at 'stigma against orphans', you might have one picture showing an orphan who is being excluded by their community. Some examples of picture codes on issues facing orphans and vulnerable children are shown on the page below.

3 Split participants up into small groups and distribute the picture codes. Ask in turn:

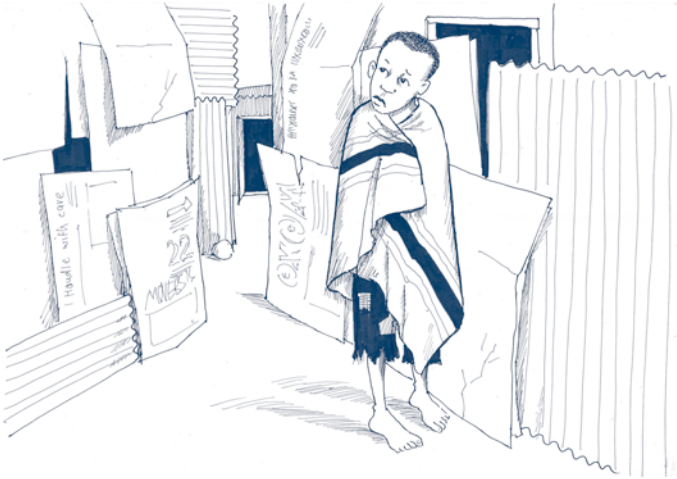
- what does the picture show?
- how do you feel about the situation?
- what might have caused the situation?
- how does this situation relate to real life?
- what might be the effects of the situation?
- what are the root causes of the issue?
- what can be done about the situation and the root causes?

4 When the activity is complete, encourage the participants to present their ideas and discuss what the activity has shown. For example, how could the situations in the pictures be improved? Who would need to take action? How easy or difficult would that action be?

Remember!/Facilitators notes

- The picture codes do not have to be perfect drawings. Show a familiar scene simply and clearly, and avoid distracting details. Show just one issue per picture. Try to appeal to people's emotions.

Reference: Adapted from Understanding and Challenging HIV Stigma: toolkit for action. The Change Project and ICRW, 2003



Tool 54 Picture story

What is it?

This tool involves participants drawing a series of pictures to tell the story of a 'typical' community member and a situation related to HIV/AIDS.

Why use it?

Using a picture story helps to:

- provide a non-threatening way to identify the challenges and options that community members face in relation to HIV/AIDS
- explore how those challenges and options are or are not the same for all community members
- begin to identify what can be done to address the challenges.

See also

- Tool 34 – Story with a gap
- Tool 58 – Story telling

How to use it

1 Explain the purpose of the tool and divide large groups up to draw different picture stories.

2 Describe different 'typical' community members – for example, a '14-year-old girl from a poor rural family', a '30-year-old married, male teacher in a village' or a '19-year-old man working in a factory'.

3 Select three or four sexual health issues that might affect all of the 'typical' community members. Examples might include 'having a symptom of a sexually transmissible infection (STI)' or 'wanting to get condoms'.

4 Ask participants to choose one of the sexual health issues. Ask them to draw pictures telling the story of what might happen to the community member if they tried to address the sexual health issue. For example, they might show where the person would go, who they would talk to, how they would be treated and how much they would have to pay.

5 Repeat the activity for the other sexual health problems.

6 Repeat the process for different 'typical' community members (or ask different groups to draw stories about different 'typical' community members).

7 When the activity is complete, encourage the participants to discuss what the picture stories show. For example, which community members have the most options for seeking help? Who has the least? How are different people treated when they try to get help? Why is that? What could be done to improve the situation?

Remember!/Facilitators notes

- Remind participants that the quality of their drawing does not matter. The activity is about sharing ideas and learning.
- Encourage the participants to spend only a short time drawing their pictures so that they have much more time to discuss what the pictures mean.

MAKE
POVERTY
HISTORY

Tool 55 Risk game

What is it?

This tool involves participants standing in different places along a line to show the levels of risk involved in behaviours relating to HIV/AIDS.

Why use it?

Using the risk game helps to:

- provide a non-threatening way to explore issues about behaviour and risk in relation to HIV/AIDS
- explore people's knowledge and attitudes about levels of risk
- identify areas of risky behaviour that might be priorities for future action.

A risk game is particularly useful for raising awareness about HIV prevention among the general community. However, it can also be used to focus on levels of risk faced by specific groups, such as sex workers or people living with HIV/AIDS.

How to use it

1 Explain the purpose of the tool to participants.

2 Before the activity, make a list of about 15 true and false ways that HIV can be transmitted. Examples might include 'having sex without a condom' or 'sharing a cup with a person living with HIV/AIDS'. Draw or write each one on a separate piece of card.

3 Draw a line on the ground. Explain to the participants that this is a risk line. One end is 'No risk of HIV infection' and the other is 'High risk of HIV infection'.

4 Ask for a volunteer. Give them one of the cards and ask them to read it out. Ask them to place the card on the line according to the level of risk they think is involved in the behaviour.

5 Ask the volunteer to explain their decision. Encourage the other participants to say if they agree or not. Explain to participants the true level of risk and why it is at that level. If they do not agree, write a question mark ('?') on the card and leave it where it is.

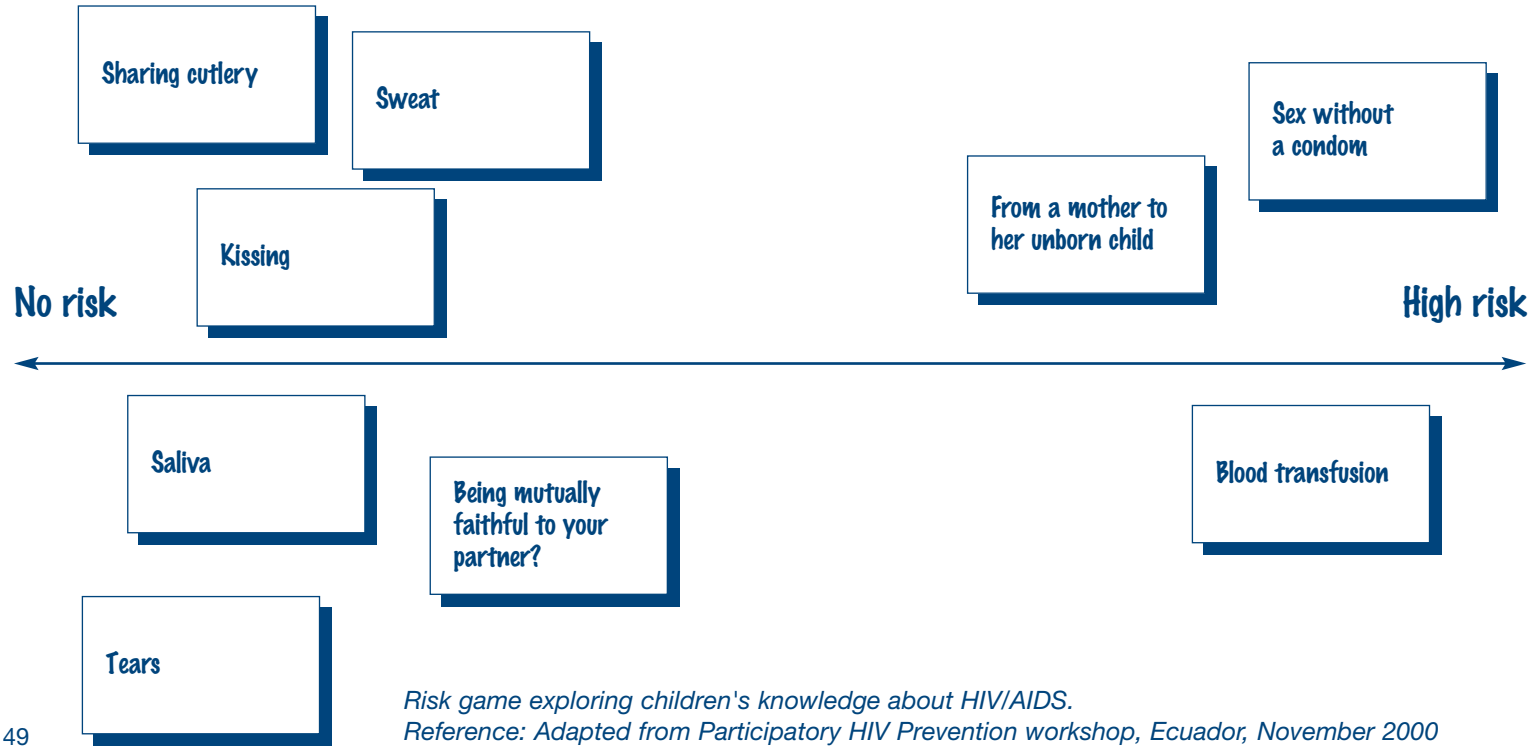
6 Repeat the activity until all the cards have been placed on the risk line.

7 Return to any cards marked with a question mark or put in the wrong place on the line. Give participants information about the true level of risk involved in the behaviour and why it is at that level.

8 When the activity is complete, encourage the participants to discuss what the risk game has shown. For example, were there any surprises, such as behaviours that participants thought were low risk that are actually high risk? What were the main areas of disagreement? What effect does false information have on people's attitudes and behaviours about HIV/AIDS? What does the line show about the level of risk in people's real lives? What action could be taken to reduce people's level of risk?

Remember!/Facilitators notes

- Participants may be anxious about risky behaviour they have experienced in the past. Be aware of this. Allow enough time for discussion and questions.
- This is an important opportunity to share accurate information about HIV transmission. If a participant puts a card in the wrong place (for example, putting 'sharing a cup' as high risk), you should first encourage them to talk about their decision, but you should also give them the correct information – for example, explain in a supportive way that 'sharing a cup' is actually low risk.
- If you do not know the answer to any questions – such as exactly why a behaviour is high risk – be honest and offer to find out more information.



Risk game exploring children's knowledge about HIV/AIDS.
Reference: Adapted from Participatory HIV Prevention workshop, Ecuador, November 2000

Tool 56 Role play

Experiential tools

What is it?

Role play involves participants acting out a situation that might happen in real life and discussing the issues that have been raised.

Why use it?

Using role plays helps:

- provide a fun and non-threatening way to explore real-life situations about HIV/AIDS
- use those situations to help people explore their feelings and share what they really feel about HIV/AIDS
- practise new skills or improve existing ones. For example, in a role play people can practise their negotiation skills or how to persuade a partner to use a condom.

A role play is particularly useful for raising issues around ethics, stigma, discrimination, HIV testing, benefits of ARV treatment and bad practice.

See also

- Tool 40 – Community drama

How to use it

1 Be clear about the objectives of the role play. Ask participants to prepare an outline of a common situation they would like to role play. Alternatively, write a situation beforehand, and include brief details of the roles and situation for participants to act out.

2 Ask for volunteers to act out the role play and give them 15 minutes to prepare their role play.

3 Ask the volunteers to do the role play. Encourage the other participants to watch and listen carefully.

4 After the role play, ask the volunteers what it was like to act the parts, what they learned and how they felt. Then ask the audience what it was like to watch, what they learned and how they felt.

5 When the activity is complete, encourage the participants to discuss what they have learned. For example, what were the challenges of the situation? Who had the most power in the situation? What might have been the effects of the situation? What could have made the situation better?

Remember!/Facilitators notes

- Chose enthusiastic and appropriate volunteers to act out the parts. Encourage them to be creative (for example, making up costumes) in order to bring the situation to life.
- Encourage the volunteers to develop a realistic, everyday story rather than an extreme one. This will help you to use the role play to discuss real-life situations and issues.
- Role plays are not just about what people say, but what they do. Pay attention to the body language of both the volunteers and the audience.
- It can be useful to 'pause' a role play at an interesting point and have a discussion. You can then restart the story afterwards. Alternatively, audiences can suggest different actions or endings at this point.

- Role play often involves fun. This helps people to relax and talk openly. But sometimes the fun can take over and the point of the role play can get lost. Watch out for this and remind the group that the activity has a serious aim.
- Role plays can bring up a lot of emotions. People might be reminded of their own painful experiences or the experiences of family and friends. Be aware of that and provide plenty of time for discussion.
- It can be useful to have a series of role plays that focus on the same situation but are slightly different. For example, in the second role play the key characters might be women rather than men, have positive rather than negative attitudes, or be counsellors rather than clients.

It's always important to debrief participants after a role play.

Tool 57 Thought shower

What is it?

This tool involves participants sharing their opinions, feelings and ideas about HIV/AIDS. Thought showers are also called brainstorms or ideas showers.

Why use it?

Using a thought shower helps to:

- provide a non-threatening way for people to express their opinions and feelings about HIV/AIDS
- allow participants to explore new ideas about HIV/AIDS
- identify where there is, or is not, agreement about issues relating to HIV/AIDS.

How to use it

1 Divide the participants into four groups and give each group a different coloured pen.

2 Think of four challenging situations relating to HIV/AIDS in the community. Examples might include 'neighbours ignore people living with HIV/AIDS' or 'grandparents have to care for many orphans'.

3 Write each of the situations on the top of a large piece of paper. Put the pieces of paper up on walls or trees in different places in your work area.

4 Ask each group to stand by a piece of paper. Ask them to write down as many ideas as possible about how to improve the challenging situation. Before they start, stress to participants that at this stage any and all ideas should be written down without anyone judging them.

5 After five minutes, shout out 'Change!' and ask each group to move to another piece of paper. Ask them to add to the ideas written by the previous group.

6 After five minutes, shout 'Change!' again. Repeat the process until all of the groups have added to all of the pieces of paper.

7 Bring the participants back together. Read through what they have written on the pieces of paper and ask them to explain anything that is unclear.

8 When the activity is complete, encourage the participants to discuss what they have learned. For example, how difficult was it to think of ideas? Did the groups have similar or different ideas? Which of the ideas could be put into practice quickly? What resources would be needed?

Remember!/Facilitators notes

- Thought showers aim to help people to express themselves freely and openly. So it is important to create a 'safe space' where people will not be judged for what they say.
- If some participants have difficulties with writing, ask all participants to use symbols instead of words.
- There are many other ways of doing thought showers. Some examples include:
  - Buzz groups: see Tool 37
  - Unfinished sentences: ask participants to suggest a way of finishing a provocative sentence; for example, 'One thing our community could do to improve the situation is ...'
  - Picture galleries: ask each participant to draw a picture of what a particular HIV/AIDS issue means to them. Display the pictures on the wall or on trees. Encourage people to ask each other about what they have drawn and why.

➔ **See also**
• Tool 37 – Buzz groups

Tool 58 Storytelling

Experiential tools

What is it?

Storytelling involves participants discussing 'typical' stories about HIV/AIDS in order to identify the issues involved and what can be done about them.

Why use it?

Using storytelling helps to:

- provide a non-threatening way to identify the types of real-life situations and issues that affect people in relation to HIV/AIDS
- explore how people feel about those situations and issues
- begin to identify how to take action on those situations and issues.

How to use it

1 Before the activity, prepare a 'typical' story about HIV/AIDS in the community. For example, it might be about the 'spread of HIV in our community' or 'stigma against people living with HIV/AIDS in our community'. Make sure that the story includes lots of detail (about the people, places and situations involved), but leave it without an ending.

2 Share the story with the participants. Encourage them to listen carefully.

3 Ask the participants what they think about the story. For example, is it realistic? How does it make them feel? What issues does it highlight?

4 Divide larger groups of participants into groups of eight or less. Ask each group of participants to come up with an ending to the story. Encourage them to use speaking, singing, drawing and/or acting to communicate it.

5 Ask the groups to share their endings.

6 When the activity is complete, encourage the participants to discuss what the story showed. For example, what did the story show about relations between people in the community? What did it show about people's attitudes? What did it show about the biggest challenges facing the community? How could the HIV/AIDS situation be improved?

Remember!/Facilitators notes

- The storyteller can dress up and use props or different voices to make the story more lively.
- There are many different versions of this tool. For example, you can:
  - Ask participants to make up their own 'typical' story about HIV/AIDS in their community. Encourage participants to include lots of detail about the situation, people, places and attitudes involved.
  - Share the first two to three sentences of a 'typical' story about HIV/AIDS in the community. Then ask a volunteer to suggest the next two to three lines. Then ask another volunteer to suggest the next two to three lines. Keep going until the story reaches an end or has covered several important points.
  - Divide a 'typical' story into three parts. Share the first part with the participants. Then stop and ask questions, such as, 'How is the character feeling?' 'What do you think about what is happening?' Then repeat the process for the next two parts.

See also

- Tool 34 – Story with a gap

Tool 59 'Walk in their shoes' or field immersions

Experiential tools

What is it?

This tool involves development professionals concerned about HIV/AIDS learning directly from encounters with people affected by HIV or AIDS by living with them (taking 'a walk in their shoes') and reflecting on the experience.

Why use it?

This tool helps to:

- provide a non-threatening way for people affected by HIV or AIDS to express their opinions, ideas, feelings and reality of their daily lives to development professionals
- provide a non-threatening way for staff of international agencies, diplomats, parliamentarians, government officials, NGO staff, academics or other development officials to understand the daily reality of people affected by HIV or AIDS
- create personal learning and change through inductions for new staff or a new posting or as part of staff development
- ground professionals' work in reality either as part of a workshop or in preparation for developing a strategy or policy.

See also

- Tool 69 – Action planning

How to use it

There are generally six stages of field immersions:

1 **Preparation** In this stage 'professionals' or 'visitors' are prepared by a facilitating organisation to live with people affected by HIV and AIDS. Practical issues to consider include the choice of location, duration of immersion, number and profile of participants, interpreters, means of transport, privacy, the level of support to be provided to the visitors, health and security. Other issues to consider include identifying clear objectives for the immersion and agreeing codes of behaviour with all participants.

2 The people affected who will host the visitors prepare themselves for their arrival. Practical issues to consider include payment for hospitality or other costs. Ethical issues to consider include ensuring expectations about potential outcomes are realistic.

3 **The experience** Visitors live with people affected by HIV/AIDS and take part in their daily routines and activities. They carefully listen and take note of people's concerns and hopes in a diary. This stage usually lasts from two to five days, with visitors staying overnight with the hosts.

4 **Reflecting on the experience** The visitors meet to share and reflect on what they have learned using other participatory analysis and presentation tools.

5 **Conclusions and action** The visitors decide how what they have learned informs their own work. They make an action plan (Tool 69) to incorporate what they have learned into their work.

6 **Review** Visitors meet again after several months to see whether they have put into practice what they have learned and created an action plan. This should act as feedback to hosts.

Remember!/Facilitators notes

- Visitors often feel a burden on their hosts, as if they have to be looked after all the time. This can be reduced by them fully participating in daily activities and chores.

Tomorrow you can help us sell some food in the market

Tool 60 What is...? diagram

What is it?

This tool involves making a drawing about a subject relating to HIV/AIDS to identify people's understanding of the subject and discuss the key issues, people and organisations involved.

Why use it?

Using a what is…? diagram helps to:

- provide a non-threatening way to share different views and ideas about important subjects relating to HIV/AIDS
- identify the key people and organisations involved in the subject
- explore relationships with and among the key people and organisations.

How to use it

1 Explain the purpose of the tool to participants.

2 Select a subject – for example, 'community', 'HIV/AIDS treatment' or 'stigma'.

3 Encourage participants to ask themselves What is…? and to discuss the selected subject – for example, 'What is community?'

4 Encourage the participants to identify the stakeholders (the important people and organisations) involved in the subject.

5 Make a drawing about the subject showing the stakeholders, where they are and what they are doing.

6 Encourage the participants to develop four to six short statements to summarise their drawing – for example, 'Community is a group of people with the same culture'.

7 When the activity is complete, encourage the participants to discuss what the diagram shows – for example, how many different stakeholders are involved in the subject? What roles do they play? What are the key points in the subject?

8 Clarify any misunderstandings or myths about the subject.

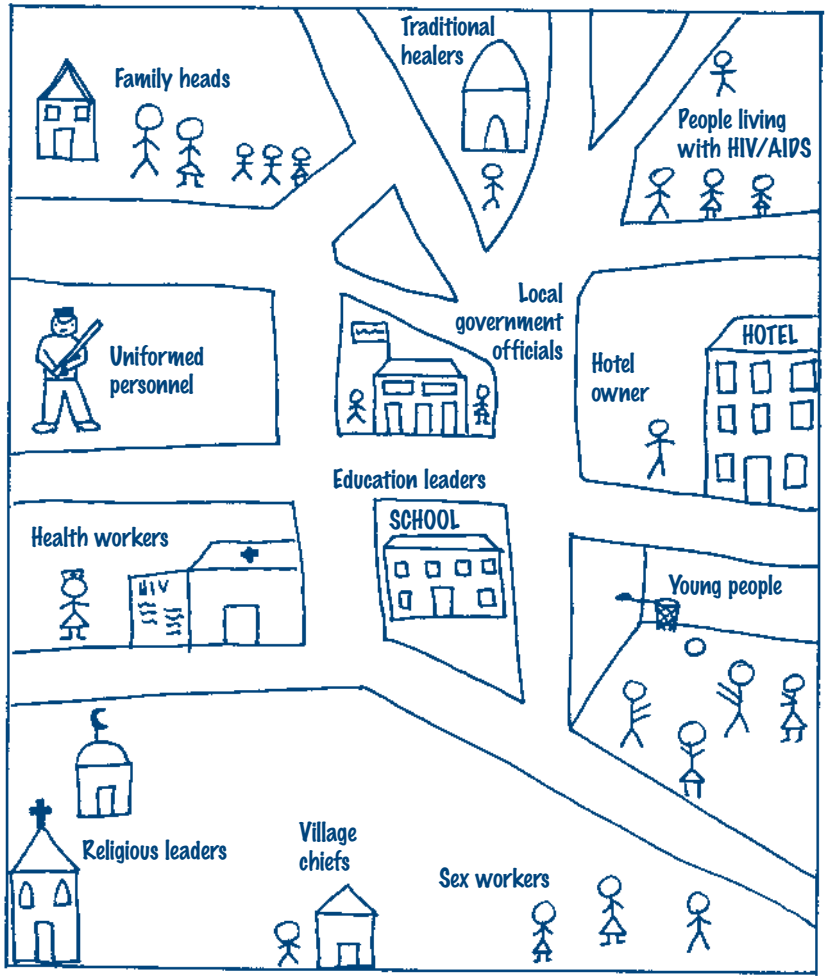
Remember!/Facilitators notes

- Encourage the participants to draw in whatever way they feel comfortable – for example, with paper and pens or with sticks and stones on the ground.
- Remind participants that the quality of the drawing is not important. It is the information that matters.

See also

- Tool 57 – Thought shower

What is... Community?
Reference: Adapted from workshop on Community Mobilisation for Care, Support and Treatment, Nigeria, NELA/Alliance, 2004



- A group of people who share a geographical identity, or a group who identify themselves with each other (for example, men who have sex with men, or injecting drug users)
- A group of people who share the same norms and cultural values
- A group of people who share resources
- Community includes individuals, households and groups, and also public and private services
- A group of people with different priorities within and between them, depending on age, gender, social or economic status

Tool 61 Card sorting

What is it?

This tool is a simple way to sort issues when there is a lot of information.

Why use it?

Using card sorting can help to sort and organise information into categories. This might include:

- organising information gained during an assessment into manageable quantities
- sorting activities according to how feasible (do-able) they are
- examining which activities have a risk of HIV infection and which activities have less risk.

How to use it

1 Card sorting works best with smaller groups of people.

2 Agree the issue to be explored – for example, what helps some orphans and vulnerable children to lead a better life?

3 Ask participants to write down or draw on separate cards all of the different things which relate to the issue – for example, things which 'help orphans and vulnerable children to lead a better life'.

4 Ensure all the cards are face up so that all the cards can be seen by all the participants.

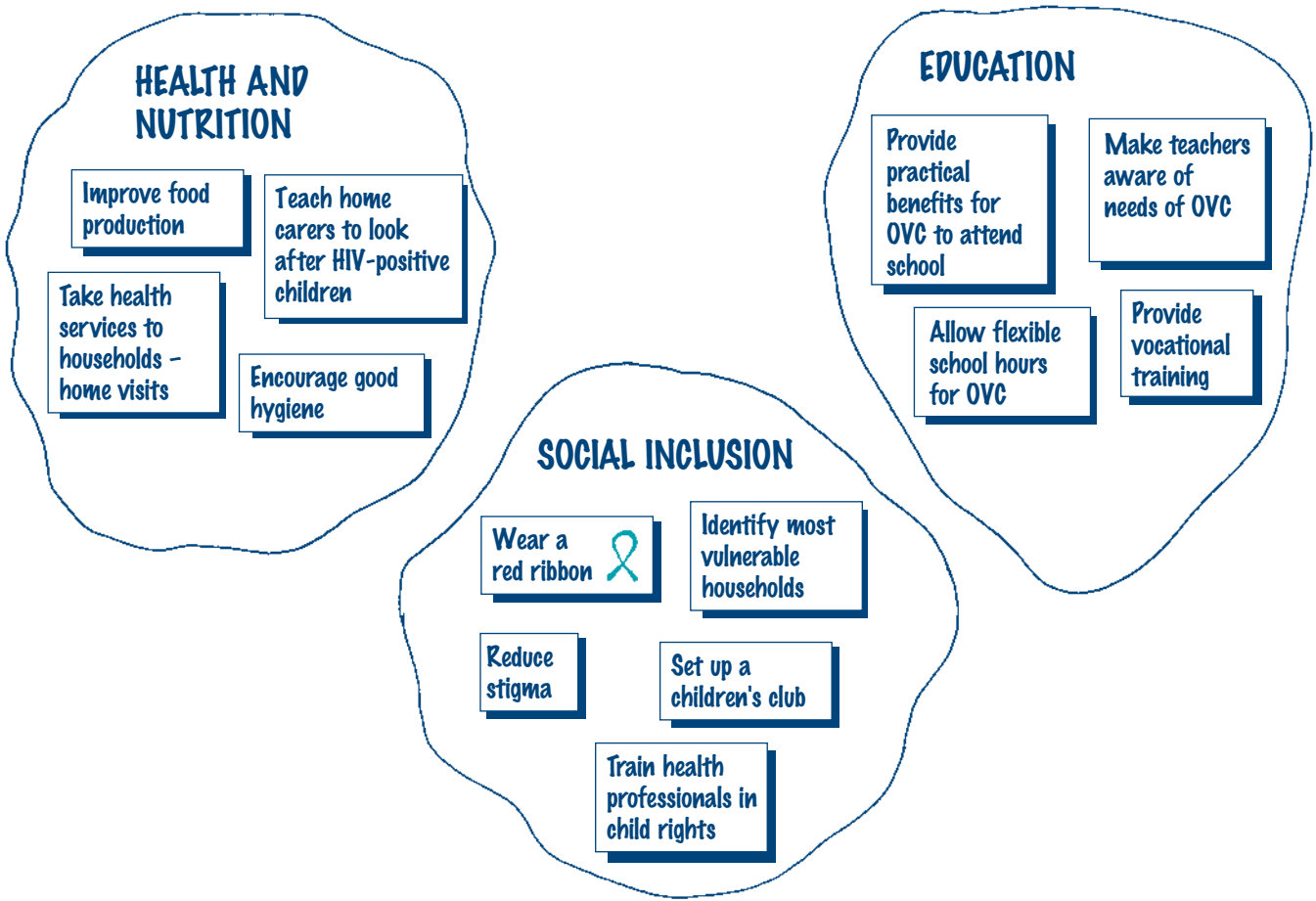
5 Now ask participants to sort the cards into different categories according to their own criteria about the issue to be explored. For example, categories of things which help orphans and vulnerable children to lead a better life might include good health, social support, education, economic support and so on.

6 When the activity is complete, discuss what it shows. For example, what is in each category and why? Why did people use these categories? Discuss how to use the information.

Remember!/Facilitators notes

- For information gathered from participatory assessments, participants can use the same technique to sort information by the assessment objectives – for example, people's knowledge about HIV, their attitudes towards it and their behaviour towards it.
- For assessing feasible (do-able) activities, participants could sort them into different categories, from easy to very difficult.
- For assessing HIV risk, different activities can be sorted into categories, from high to low risk. The number of ways card sorting can be used is limitless. Think how you could use it.
- Allow participants to come up with their own categories if these have not been established yet. This may look very disorganised and slow at first, but have trust that they can do it!

Results of a sorting exercise showing things that help orphans and vulnerable children (OVC) to lead a better life.
Reference: Adapted from Building Blocks in Practice: participatory tools to improve the development of care and support for orphans and vulnerable children, the Alliance, 2004



Tool 62 Evaluation wheel

What is it?

An evaluation wheel shows proportions by using a picture of a wheel – for example, it can show the extent to which different services meet the needs of people living with and affected by HIV/AIDS.

Why use it?

Using an evaluation wheel helps to:

- discuss what has been done
- discuss ideas about what should be done
- identify which needs are met and which needs are not met
- show progress made towards objectives
- compare an actual situation with a potential situation – for example, how much people actually know about how to prevent HIV infection compared to how much they would like to know.

How to use it

1 Discuss the items or issues to be evaluated – for example, the extent to which available services meet the needs of people living with and affected by HIV/AIDS.

2 Draw a large circle. Divide this circle into sections according to the number of items or issues to be evaluated – for example, have one section for each service for people living with and affected by HIV/AIDS. See diagram below.

3 Label each section of the wheel.

4 For each issue or item, shade in the section of the wheel to show how much has been done. Start shading at the centre of the wheel and move outwards. If something is fully done or a need is fully met, shade in the whole section. The unshaded area shows how much has not been done, or how much the need is not being met.

5 Discuss the results of the activity and what they mean. Discuss how to use the information.

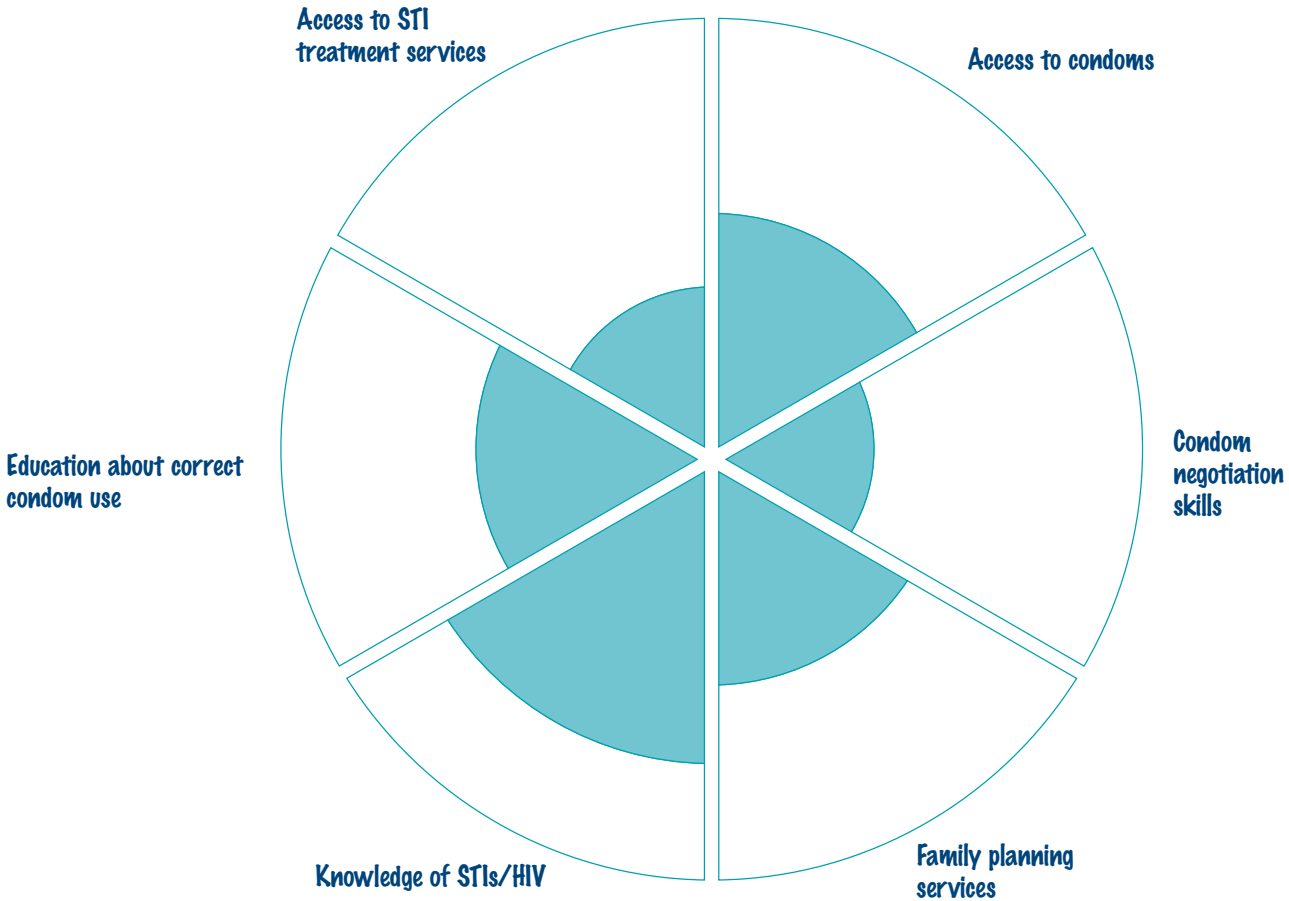
Remember!/Facilitators notes

- The sections of the wheel can be of equal size. Alternatively, the sections can be used to show how important each piece of information is by being different sizes like a pie chart (Tool 65).
- Different people in the community may have very different views about the size of the unshaded sections. That is OK; draw several evaluation wheels and find out why people's views are different.

See also

- Tool 65 – Pie charts

Evaluation wheel identifying sexual health needs of sex workers and the degree to which these needs were being met by the local community.
Reference: A workshop on Participatory Programme Development, Talikala Inc (NGO), Philippines



Tool 63 Matrix scoring (direct matrix ranking)

What is it?

This tool uses a grid to compare and list things in order of importance. For example, if a community is collecting information about different HIV prevention strategies, this tool can help show the different prevention strategies and the criteria for choosing one prevention strategy over another.

Why use it?

- Matrix scoring provides a way to score and compare different things against the same criteria.

Remember!/Facilitators notes

- The selection of criteria for scoring is a very important part of this process. Help the participants take enough time to discuss and agree the criteria.
- The criteria for scoring must be either all positive or all negative, because they are to be scored and added up. For example, if the participants are talking about ways to prevent HIV infection, 'more safe' is a positive reason and 'more dangerous' is a negative reason.
- Using beans or stones to score allows participants to make changes easily during discussion and provides an automatic visual indication of what the scores are.

How to use it

1 Agree on what subject and options to discuss. For example, 'How can people prevent the sexual transmission of HIV?' Examples of options might include, using a condom, non-penetrative sex, one faithful partner, abstinence from sex or masturbation.

2 Draw or write each option on a separate card. This is called an options card.

3 Draw a matrix – a big rectangle with rows and columns. The number of columns is the same as the number of options cards.

4 Put one option card at the top of each column. Do not put a card at the top of the left-hand column.

5 Agree on criteria for prioritising the options. This will depend on what is important to the participants. For example, criteria for prioritising ways of preventing HIV transmission might be: 'Easier to do', 'More safe', 'More satisfying', 'Less expensive', 'Easily accessible' and 'Less negotiation'.

6 Draw or write the criteria in the boxes in the left-hand column of the matrix. Do not write in the top box of the left-hand column.

7 Agree a scoring method – for example, numbers 1–10, where 1 is very low and 10 is very high.

8 Give each option a score for each of the criteria. Show each score on the matrix. Participants can use beans or stones to do this. It is OK to give the same score to different options.

9 Add up the scores for each option.

10 When the matrix is finished, encourage the participants to discuss what the matrix shows. Talk about whether the matrix makes sense or whether there should be further discussion.

11 Discuss how to use the information on the matrix.

See also

- Tool 67 – Weighted matrix ranking

Matrix scoring grid showing the different strategies people can use to prevent the sexual transmission of HIV.
Reference: Adapted from PRA workshop for Sexual Health Needs Assessment, Alliance Lanka and the Alliance, Sri Lanka, 1997

	Using a condom	Non-penetrative sex	One faithful partner	Abstinence from sex	Solitary masturbation
Easier to do	𝍸 𝍸 𝍸	II	III		𝍸
More satisfying	𝍸 III	𝍸 I	𝍸 II		IIII
More safe	𝍸	II II	𝍸 I	IIII	𝍸 I
Less expensive	II	I	III	𝍸 III	𝍸 𝍸 I
Easily accessible	I	III	IIII	𝍸	𝍸 𝍸 II
Less negotiation	I		IIII	𝍸 II	𝍸 𝍸 III
TOTAL	32	16	27	24	51
Rank	2nd	5th	3rd	4th	1st

Tool 64 Pair-wise ranking

What is it?

This tool uses a matrix to compare and prioritise different options.

Why use it?

Pair-wise ranking helps to:

- compare and rank similar options in order to make choices
- sort information gained during an assessment.

Remember!/Facilitators notes

- Pair-wise ranking is often used after techniques such as mapping.
- It is often used before a more detailed ranking tool, such as matrix scoring (Tool 63) or weighted matrix ranking (Tool 67).
- The discussion people have about why they choose one option over another is just as important as the result. Reasons why people choose one option over another should be recorded.

See also

- Tool 63 – Matrix scoring
- Tool 66 – Ranking line

How to use it

1 Discuss the subject to be explored – for example, 'What different activities can support orphans and vulnerable children in the community?' Agree on the options or choices to be compared.

2 A list of six to eight options works well for this tool. If there are more than eight options on the list, encourage the participants to remove some options.

3 Draw or write each option on two separate cards. Divide the cards into two separate (identical) sets.

4 Place one set of cards in a line, from bottom to top.

5 Place a blank card at the top of the list.

6 Place the second set of cards in a line from left to right next to the blank card. See example opposite.

7 Cross out all the matrix squares that have the same pair of options in both of the rows. Half of the other boxes on the bottom will also be crossed out because they repeat what's on the top. See example below.

8 Compare the first option at the top of the left-hand column with the first option of the top row. Encourage participants to discuss which option they would choose. Draw or write the chosen option in the box on the matrix.

9 Continue this process by working along the first row from left to right. Then work along the other rows until all of the options have been compared.

10 At this point, all the boxes in the matrix that were not crossed out should now be filled in (excluding the top row and left-hand column).

11 Count the number of times each option appears in the matrix and add these up.

12 Rank the options in order according to how many times they appear. The option chosen the most number of times will be ranked first.

13 Discuss the results of the activity. Discuss how to use the information.

Pair-wise ranking of strategies for working with young people.

	Participatory group discussions	Leaflets and posters	Peer educators	Youth-friendly services	Youth groups	Drama	Services for orphans and vulnerable children
Services for orphans and vulnerable children	Participatory group discussions	Services for orphans and vulnerable children	Services for orphans and vulnerable children	Youth-friendly services	Services for orphans and vulnerable children	Services for orphans and vulnerable children	
Drama	Drama	Drama	Drama	Youth-friendly services	Drama		
Youth groups	Participatory group discussions	Services for orphans and vulnerable children	Youth groups	Youth-friendly services			
Youth-friendly services	Youth-friendly services	Youth-friendly services	Youth-friendly services				
Peer educators	Participatory group discussions	Peer educators					
Leaflets and posters	Participatory group discussions						
Participatory group discussions							

Rank	Activity	Number of times occurring
1	Youth-friendly services	= 6
2	Services for orphans and vulnerable children	= 5
3	Drama	= 4
3	Participatory group discussions	= 4
4	Peer educators	= 1
4	Youth groups	= 1
5	Leaflets and posters	= 0

Tool 65 Pie charts (chapatti diagram)

What is it?

This tool involves drawing a circle and dividing it into different-sized sections. The size of the various sections shows how important different things are relative to each other. Big sections of the circle show things that are very important. Smaller sections show things that are less important.

Why use it?

Using a pie chart helps to:

- provide a non-threatening way for people to discuss an issue relating to HIV/AIDS
- compare the importance or significance of different things
- break down a big topic into smaller topics. This can help guide discussion.

See also

- Tool 16 – Daily activity charts
- Tool 62 – Evaluation wheel

How to use it

1 Pie charts work best with smaller groups.

2 Select a topic – for example, how orphans and vulnerable children make a living.

3 Demonstrate how a pie chart is made up of different-sized sections. Agree what the sections will show – for example, the biggest section will show the most important way that orphans and vulnerable children support themselves.

4 Make a circle.

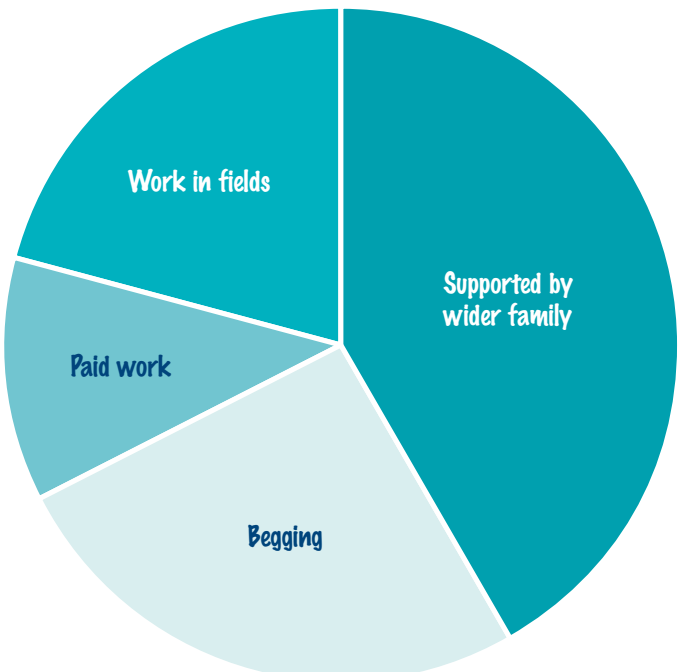
5 Discuss the topic and identify the different issues. Ask participants to divide the circle into different-sized sections according to how important various things are. Use pictures or words in each section of the chart to show what each section represents.

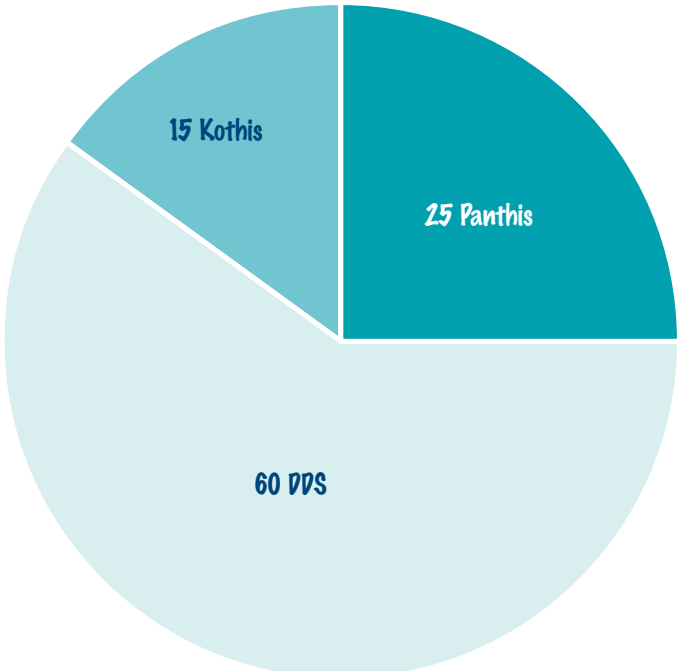
6 When the activity is complete, encourage participants to discuss what the pie chart shows. For example, what are the positive and negative impacts on orphans and vulnerable children of supporting themselves in each of these ways? How is it different for girls and boys? How can the situation be improved? Who needs to be involved? What are the first steps to take?

Remember!/Facilitators notes

- Use scoring to show more information on a pie chart. For example, the size of each section might show how common a health problem is. But a score in each section might show which of the health problems is most serious.
- Seeds poured on to a plate can also be used to make the circle. This can be useful, as people can easily make divisions in the seeds to show proportions, and if they change their mind they can easily change the size of each division in the seeds.

This pie chart shows the different ways in which orphans in one community support themselves, and the relative importance of each of these ways.





This pie chart shows the proportions of different types of men who have sex with men in a single community in India. The numbers show how many of each.

Tool 66 Ranking line

What is it?

This tool involves drawing a line and placing things on it in order of their importance.

Why use it?

Using a ranking line helps to:

- put things in order of importance and show the reasons for the order
- explore the concerns and priorities of different people
- explore which problems are most serious or most common, and why
- sort out information gained during an assessment
- select strategies according to agreed criteria – for example, the strategies that are most feasible, or the strategies that are likely to have most impact.

Remember!/Facilitators notes

- Ranking lines often focus on problems. Be aware that participants may feel overwhelmed, so allow enough time for discussion at the end of the activity.
- Allow a maximum of three or four criteria.
- Different objects, instead of paper or cards, can be used to represent different items on ranking lines. Alternatively, participants can stand along a line to represent different items.

How to use it

1 Agree what issues to rank – for example, sexually transmitted infection (STI) treatment options.

2 Draw or write each of the items to be ranked on separate papers or cards. These are called ranking cards. For example, STI treatment options might include visiting a traditional healer, hospital, health centre, pharmacy or private doctor, finding herbs yourself or doing nothing.

3 Agree the first reason for ranking these items. For example, the first reason for ranking STI treatment options could be how effective participants think each option is.

4 Draw a long line. Use drawing or writing to show what the line represents – for example, effectiveness of different STI treatments. One end of the line should represent 'very effective' and the other end 'ineffective'.

5 Discuss each ranking card and decide where to place it on the line. For example, if participants are ranking the effectiveness of different STI treatments, the most effective treatment option will be placed at one end of the line. The least effective treatment option will be placed at the other end of the line. Cards of equal ranking can be put beside each other.

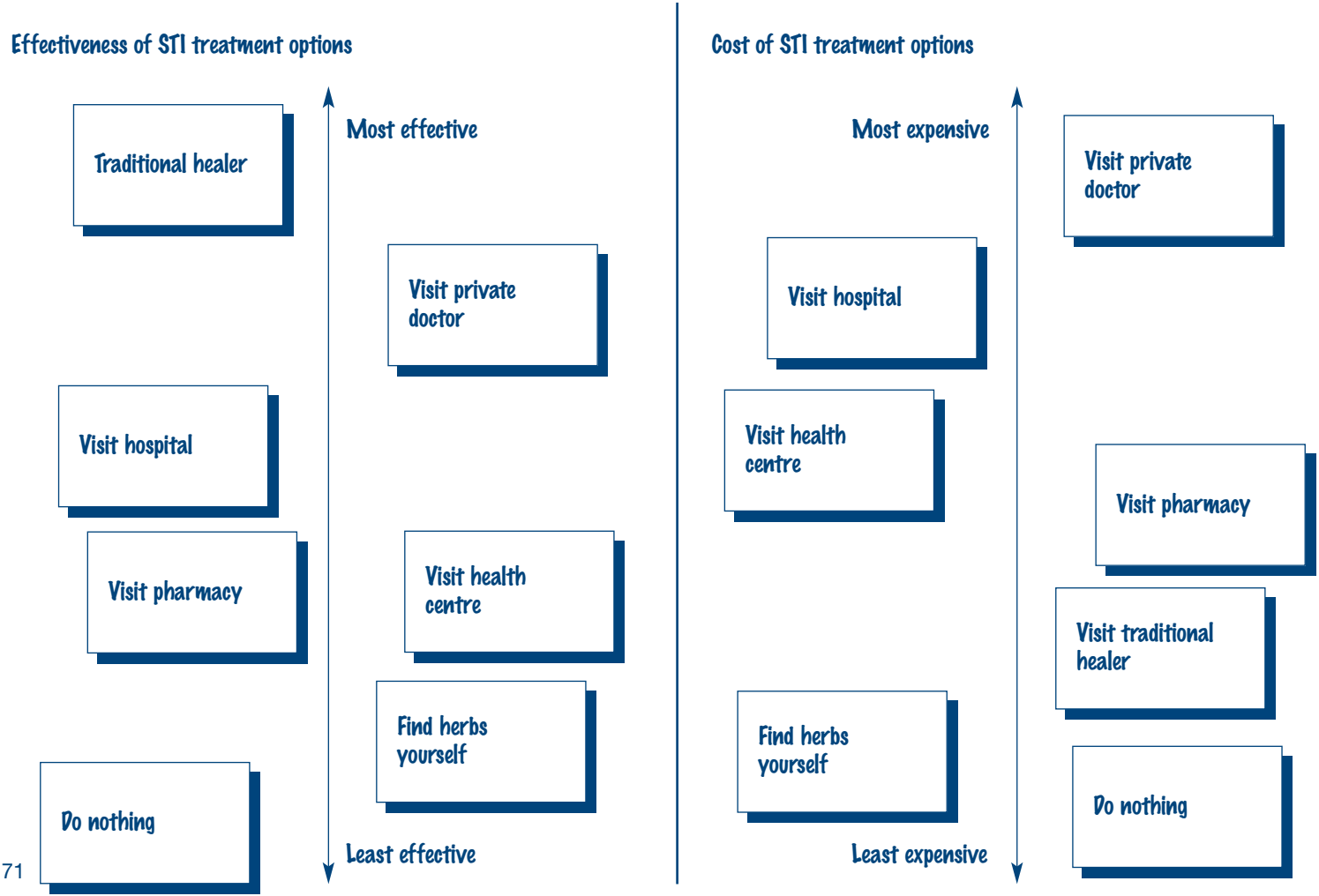
6 Repeat the process for other criteria. Draw a new ranking line for each criterion.

7 When the activity is complete, discuss what the ranking lines show. For example, compare where items have been placed on different lines. Are there items that always appear high or low on the ranking lines? How can the information shown by the ranking lines be used?

See also

- Tool 63 – Matrix scoring

Effectiveness and cost of different STI treatment options.



Tool 67 Weighted matrix ranking

What is it?

This tool is a version of matrix scoring (Tool 63). Weighted matrix ranking uses a grid to compare and list things in order of importance. Each thing on the list is scored according to agreed criteria. Weighted matrix ranking is different from matrix scoring because it shows how important each criterion is. This helps prioritise things according to the criteria that participants think are most important.

Why use it?

Using weighted matrix ranking helps to:

- put things in order of importance and show which reasons for choosing are most important
- organise information gained during an assessment
- review priorities that were decided by using a previous matrix scoring activity
- look at the different criteria people have for their choices
- explore which of these criteria are the most important and which are the least important
- select strategies that respond to identified needs. For example, if community members have identified three important issues about a sexual health problem, weighted matrix ranking can help to decide which issues to address first.

How to use it

1 Agree on what subject and options to discuss – for example, how people can prevent the sexual transmission of HIV? Examples of options might be 'using a condom', 'non-penetrative sex', 'one faithful partner', 'abstinence from sex' or 'masturbation'.

2 Draw or write each option on a separate card. These cards are called options cards.

3 Draw a matrix – a big rectangle with rows and columns. The number of columns is the same as the number of options cards.

4 Put one option card at the top of each column. Do not put a card at the top of the left-hand column.

5 Agree on criteria for prioritising the options. This will depend on what is important to the participants. For example, criteria for prioritising ways of preventing HIV transmission might be: 'easier to do', 'more safe', 'more satisfying', 'less expensive', 'easily accessible' and 'less negotiation'.

6 Draw or write each criterion in the boxes in the left-hand column of the matrix. Do not write in the top box of the left-hand column.

7 Discuss which criteria are important and which are less important.

8 Give participants 50 stones (or beans or other local materials).

9 Ask participants to divide these stones among the criteria according to which criteria are most important. For example, the most important criteria will have the most stones and the least important will have the fewest stones.

10 The number given to each criterion is its 'weight' or importance.

11 Agree a scoring method for scoring the option cards – for example, numbers 1 to 10, where 1 is very low and 10 is very high.

12 Give each option a score for each of the criteria. Show each score on the matrix. Participants can use beans or stones to do this. It is OK to give the same score to different options.

13 Multiply the score for each option by the 'weight' of the criteria. For example, if 10 stones represent the numbered 'weight' of the criteria, multiply the option score by 10.

14 Add up the scores to find the weighted totals.

15 When the activity is complete, discuss what it shows. Which options have scored highest? What options have scored lowest? How can we use this information?

Remember!/Facilitators notes

- The selection of criteria is a very important part of this process. Help the participants to take enough time to discuss and agree the criteria.
- Weighted matrix ranking is most useful if there are many criteria and some are much more important than others. If there are only three or four criteria of roughly equal importance, matrix scoring will be more useful (Tool 63).
- The criteria for scoring must be all positive or all negative because they are to be scored and added up. For example, if the participants are talking about ways to prevent HIV infection, 'more safe' is a positive reason and 'more dangerous' is a negative one.
- Using beans or stones to score allows participants to make changes easily during discussion.

→ See also

- Tool 63 – Matrix scoring

Criterion	Relative weight	Using a condom	Non- penetrative sex	One faithful partner	Abstinence from sex	Solitary masturbation
Easier to do	*12	15 180	2 24	3 36	0 0	5 60
More satisfying	*14	8 112	6 84	7 98	0 0	4 56
More healthy	*8	12 96	5 40	5 40	0 0	3 24
More safe	*10	5 50	4 40	6 60	4 40	6 60
Less expensive	*2	2 4	1 2	3 6	8 16	11 22
Easily accessible	*4	1 4	3 12	4 16	5 20	12 48
Less negotiation	*6	1 6	0 0	4 24	7 42	13 78
Total	-	452	202	270	118	348
Rank	-	1st	3rd	4th	Last	2nd

Weighted matrix ranking grid showing the preferred methods for preventing sexual transmission of HIV. Reference: Adapted from PRA workshop for Sexual Health Needs Assessment, Alliance Lanka and the Alliance, Sri Lanka, 1997

Tool 68 Writing aims and objectives (goal and sub-goal)

What is it?

The tool helps to write aims and objectives for a project.

Why use it?

Writing aims and objectives help to:

- identify and summarise the purpose of a project or activity
- identify and summarise what a project hopes to achieve
- provide a framework for planning
- provide information for monitoring and evaluation.

Remember!/Facilitators notes

- It is important to be as precise as possible in the wording of objectives. However, this is often very difficult in practice.

How to use it

1 Review the set of problems identified during a previous activity.

2 Discuss the meaning of the word 'aim' (the overall purpose of the project).

3 Look at all the problems. Discuss and agree the overall improvement that the project hopes to achieve by addressing these problems. Ask a participant to turn this into a short sentence. Ask other participants if they agree with this. Once agreement is reached, record this as the project aim.

4 Discuss the meaning of the word 'objective' (a statement about specific activities of a project and what a project will achieve through these activities).

5 Explain how objective writing helps to answer the following questions:

- **What** will change as a result of the activity?
- **Who** will be most involved in the activity? Who will benefit most from these changes?
- **How** much will the activity change a problem?
- **When** will the activity be completed?
- **Where** will the activity take place?

6 Explain that objectives should be SMART: specific, measurable, achievable, relevant and time-bound:

- **S**pecific – an objective should say exactly what will be achieved, with who, how, when and where.
- **M**easurable – so you are able to tell exactly when the objective is achieved.
- **A**chievable – it must be realistic given the circumstances you are working in and time you have available.
- **R**elevant – it must relate to the problem being addressed.
- **T**ime-bound – it must be achieved by a certain date and not go on and on.

7 Take one problem at a time. Using the 'What?' 'Who?' 'How?' 'When?' 'Where?' questions, decide on an objective that would address the problem.

8 Ask a participant to put the objective into a short sentence. Ask other participants if they agree with this. Record this as one project objective.

9 Repeat this process for each problem until a list of objectives is created.

10 Read out the objectives one by one. Make sure that each objective will contribute towards achieving the aim.

Examples of objectives

- A project addressing health problems associated with sex work may have as one objective: 'Within two years in Ulaanbaatar, Mongolia, 75 per cent of sex workers and clients will use condoms consistently.'
- A community introducing a home-based care project with volunteers who have no training may have as one objective, 'Within one year all home-based carers in the community will have received basic training related to the physical, emotional and spiritual well-being of people who are sick.'
- An objective for a PLA session might be, 'Within one week young women will have assessed the quality of HIV/AIDS services in the district and made an action plan of how they can be improved to better suit their sexual and reproductive health needs.'

Tool 69 Action planning

What is it?

This tool uses a simple matrix to plan who will do what, by when and with what resources. It is especially useful for planning with communities and groups of individuals.

Why use it?

Action planning helps to plan:

- which activities to do
- who will implement the activities
- when the activities will be done by
- what resources will be required to implement the activities.

It is an especially useful tool to use after objectives have been set.

See also

- Tool 68 – Writing aims and objectives
- Tool 82 – Problem wall/solution tree
- Tool 86 – Solution/objective tree

How to use it

1 Draw an action planning matrix (see opposite).

2 Ask participants to identify solutions and objectives to address a problem.

3 Ask participants to think about potential activities which will make those solutions come about, and put these in the left-hand column.

4 For each activity, ask participants who should carry it out. Should it be done by them alone? With others? Or by other people or organisations? Write the names of each person or organisation in the appropriate column.

5 Now ask participants when each activity should be done by. Should it be done straight away (now)? Soon (within weeks/a few months)? Or later (a few months later)? When they have decided broadly when it will be done by, ask them to write a specific date in the appropriate column.

6 Now ask participants to consider what resources will be required to implement each activity successfully. These could be physical (for example, condoms, transport), financial or environmental resources. Write these resources in the last column.

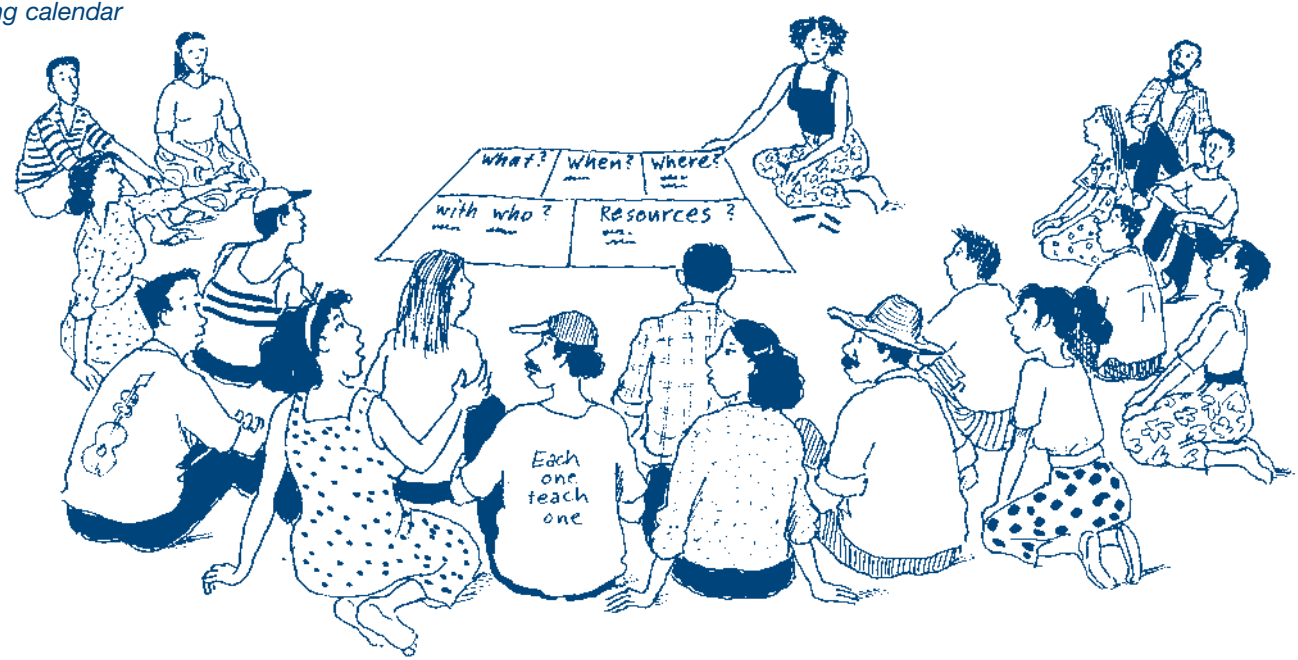
7 Agree with participants which individual people will take the lead responsibility for each activity to make sure it is done. Write the names of these people next to each activity.

8 Ask participants to look at the action plan as a whole. Does it make sense? Is anything missing? Is it realistic?

Remember!/Facilitators notes

- It is important to be very specific when discussing activities. Help participants to break down large activities into small ones.
- Remember, if a stakeholder is not present when their roles and responsibilities are being discussed, they must be fully consulted before plans are finalised!

Project planning calendar



Activity	By who?			By when?			Resources required
	On our own	With others	By others	Now	Soon	Later	
Activity 1							
Activity 2							
Activity 3							
Activity 4							

Tool 70 Measuring empowerment

What is it?

This tool uses a trend line to allow people affected by HIV/AIDS to monitor their levels of empowerment during the course of a project.

Why use it?

This tool helps people affected by HIV/AIDS to:

- understand what empowerment means to them
- see how much power they have and how it changes over time
- identify specific project activities or events that give them power and those that take it away
- identify how different types of power influence each other
- identify where power needs to be increased, or perhaps decreased
- identify opportunities and constraints for increased empowerment
- identify participatory indicators for monitoring and evaluating empowerment in a project.

How to use it

1 Explain to participants that we are empowered when we have sufficient levels of four different types of power: knowledge power, resource power, positional power and personal power (see 'A commitment to empowerment' on page 14); and that we all have some power to address HIV/AIDS.

2 Ask participants to think of examples of each type of power with regard to HIV/AIDS, to ensure they understand the different types.

3 With regards to HIV/AIDS, ask participants to think of examples from their own lives of when they felt extremely empowered or disempowered with regard to each of the different types of power.

4 These two extremes then become the limits of the 'perceived degree of power' axis on their individual trend diagrams (see diagram below).

5 Participants are then asked to think how much of each type of power they had before the project with regard to HIV/AIDS. This is marked on the trend diagram (1).

6 From the time before the project to the present, ask them to draw a trend line for each type of power, indicating when their level of empowerment went up or down relative to the two extremes.

7 Suggest that they should mark critical incidents when that power increased (2) or decreased (3) up to the present moment (4).

8 Now ask them to consider what happened in each incident and why they felt the way they did. What was the situation? Who and what was involved in making them feel that way? The situation should be drawn on a post-it and added to the diagram.

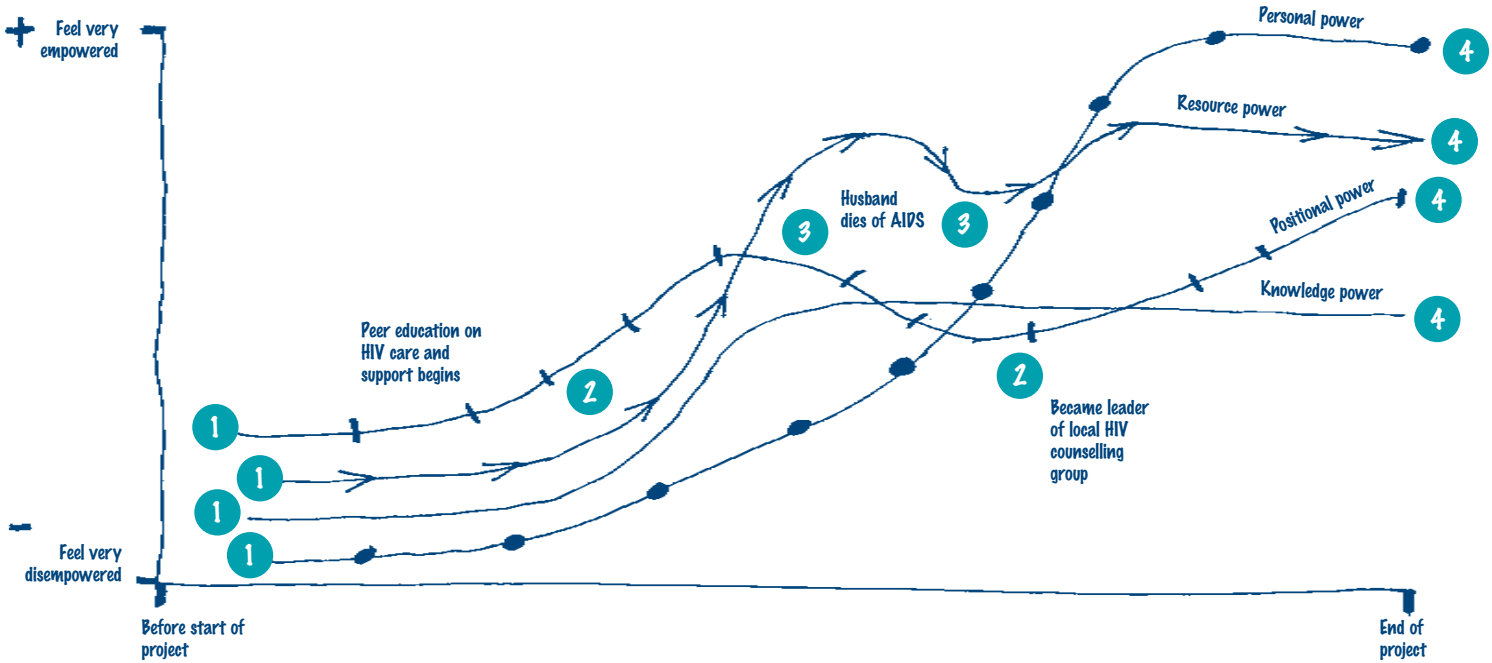
9 Ask participants to pair up and share their diagrams. Ask them to think about and report back on the following:

- What things made your sense of empowerment increase or decrease during the project?

- How do the different types of power relate to each other?
- What are your hopes and fears for each of these types of power?
- What things could strengthen or weaken each type of power for you?

Remember!/Facilitators notes

- This can be a very sensitive exercise and bring up painful memories. Be prepared to deal with these tactfully and adequately.
- By carrying out this exercise at the start of a project, people's own criteria for what empowers them to address HIV/AIDS can be used as project objectives or indicators.



Empowerment trend diagram for a female participant of a peer care and support project.

Tool 71 Assessment summary matrix

What is it?

An assessment summary matrix organises all the information from an assessment.

Why use it?

The assessment summary matrix helps to:

- organise information from a participatory assessment into manageable quantities
- summarise information from a participatory assessment
- analyse information from a participatory assessment.

Remember!/Facilitators notes

An assessment may have a number of parts or may have one part. For example, a prevention assessment may have four different parts, such as:

- one part assessing the situation and needs at community level
- one part assessing the situation and needs at group level
- one part assessing the situation and needs relating to supplies and services
- one part assessing the situation and needs relating to laws and policy.

It is easier to make a different assessment summary matrix for each part of an assessment. If information overlaps between the different parts, it can be written on more than one matrix.

How to use it

1 Decide which part of the participatory assessment to concentrate on (see left, 'Remember!/Facilitators notes').

2 Use Tool 61 (Card sorting) to organise information collected during the participatory assessment by issues and topics.

3 Draw a matrix with six columns. The number of rows is the same as the number of issues that were looked at during the assessment.

4 Explain the column headings (see example below). Write or agree symbols for the column headings.

5 In the left-hand column, write or draw all the different issues that were looked at during the assessment (see example below).

6 Work through one row at a time, answering the questions at the top of the column headings.

- What questions were discussed?
- Which tools and methods were used?
- Who were they used with?
- What problems and needs were identified?
- What suggestions for action were made?

7 When the activity is complete, look at the matrix. Include any information that is missing. Discuss whether further information is needed.

8 Repeat steps two to seven for the other parts of the assessment.

See also

- Tool 61 – Card sorting

Matrix to summarise information from an assessment of services.

Issue	What questions were discussed?	Which tools and methods were used?	Who were they used with?	What problems and needs were identified?	What suggestions for action were made?
Needs and services					
Options for services					
Accessibility of services					
Barriers to services					
Quality of services					
Improving services					

Tool 72 Desired change diagram

What is it?

A desired change diagram is a picture that shows the changes that people would like to see in the future.

Why use it?

A desired change diagram is useful to:

- identify different people's hopes for change in the future
- identify different people's expectations of community action or project activities
- health evaluations – it can provide a base-line (information about the situation at the moment). This can be used in the future to see if that change has been achieved or not
- explore how well the objectives of a project or community initiative match the priorities of different people. For example, the project aims to improve health services, are people in the community also hoping for improvement in health services?
- start identifying strategies for change.

See also

- Tool 79 – Most significant change tool

How to use it

1 Small or large groups can make a desired change diagram. Divide large groups into peer groups.

2 When this tool is used to develop a community-level analysis, it is important to make sure that different views are well represented, as people are likely to have different ideas about what changes they would like.

3 Agree on the time period to be discussed – for example, 'two years' or 'by the next rainy season'.

4 Ask participants to draw pictures showing important changes they would like to see at the end of the time period.

5 Discuss what is shown in the pictures.

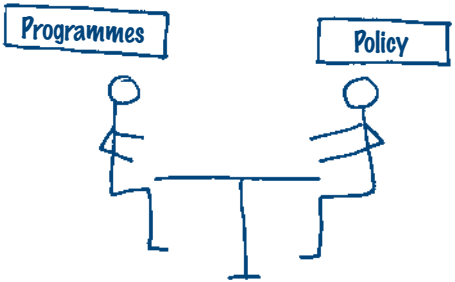
6 Looking at what people desire to change, agree what the objectives of a project should be.

7 Discuss the pictures again after a period of time to see which of these changes have happened.

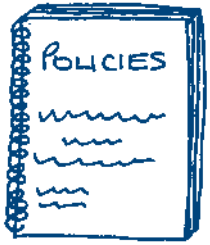
Remember!/Facilitators notes

- Describe time periods according to local calendars. For example, people may measure future landmarks in terms of seasons, festivals or holidays rather than months or years.
- You can also use the desired change diagram to start a discussion about what strategies will bring about the desired change.
- Participants will usually identify some desired changes that are not related to project activities. This helps show how relevant project activities and objectives are to different people's priorities. To focus on changes related to project activities, discuss project objectives with participants before starting.

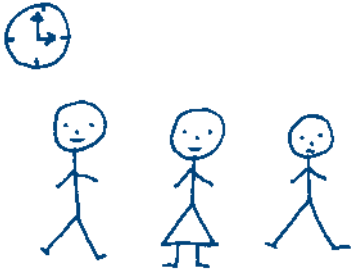
Desired change diagrams showing desired changes over two years of women and men working for an HIV/AIDS programme.



Better communication between programme and policy staff



Clear policies and strategies for developing further programmes



Time for quality discussion and consultation with partners

Desired change diagram showing the different priorities of male and female participants

	MEN	WOMEN
Addressing communication between programme and policy staff – listening/ time/real partnership	✔	✔
Clear policies and strategies communicated to all staff		✔
Quality time for discussion and consultation	✔	
Restructuring programme		✔

Tool 73 Activity prioritisation grid

What is it?

This tool uses a matrix to prioritise different tasks according to their relative importance and urgency.

Why use it?

Using an activity prioritisation grid helps to:

- prioritise activities to be done
- decide which tasks are important and urgent
- decide which tasks are important but not urgent
- decide which tasks are urgent but not important
- decide which tasks are neither urgent nor important.

Remember!/Facilitators notes

- Make sure that participants are clear about the meaning of the different headings on the grid and how to place the tasks on the grid.
- Instead of putting numbers for tasks on the grid, you can draw or write each task on a separate card. Then tasks can be more easily read and moved around the grid as they become more or less important and urgent.

How to use it

1 List all the tasks that a group needs to carry out and number them.

2 Draw the activity prioritisation grid (see illustration below). Write or agree a symbol for the headings with participants.

3 For each task, decide how important and urgent it is.

4 Place the number of each task on the grid as follows:

- Tasks that are important and urgent should be placed towards the top right of the grid. Deal with these tasks first.
- Tasks that are not so important, but urgent, should be placed towards the bottom right of the grid. Deal with these second.
- Tasks that are important, but not urgent, should be placed towards the top left of the grid. Deal with these tasks third.
- Tasks that are neither urgent nor important should be placed towards the bottom left of the grid. Deal with these last.

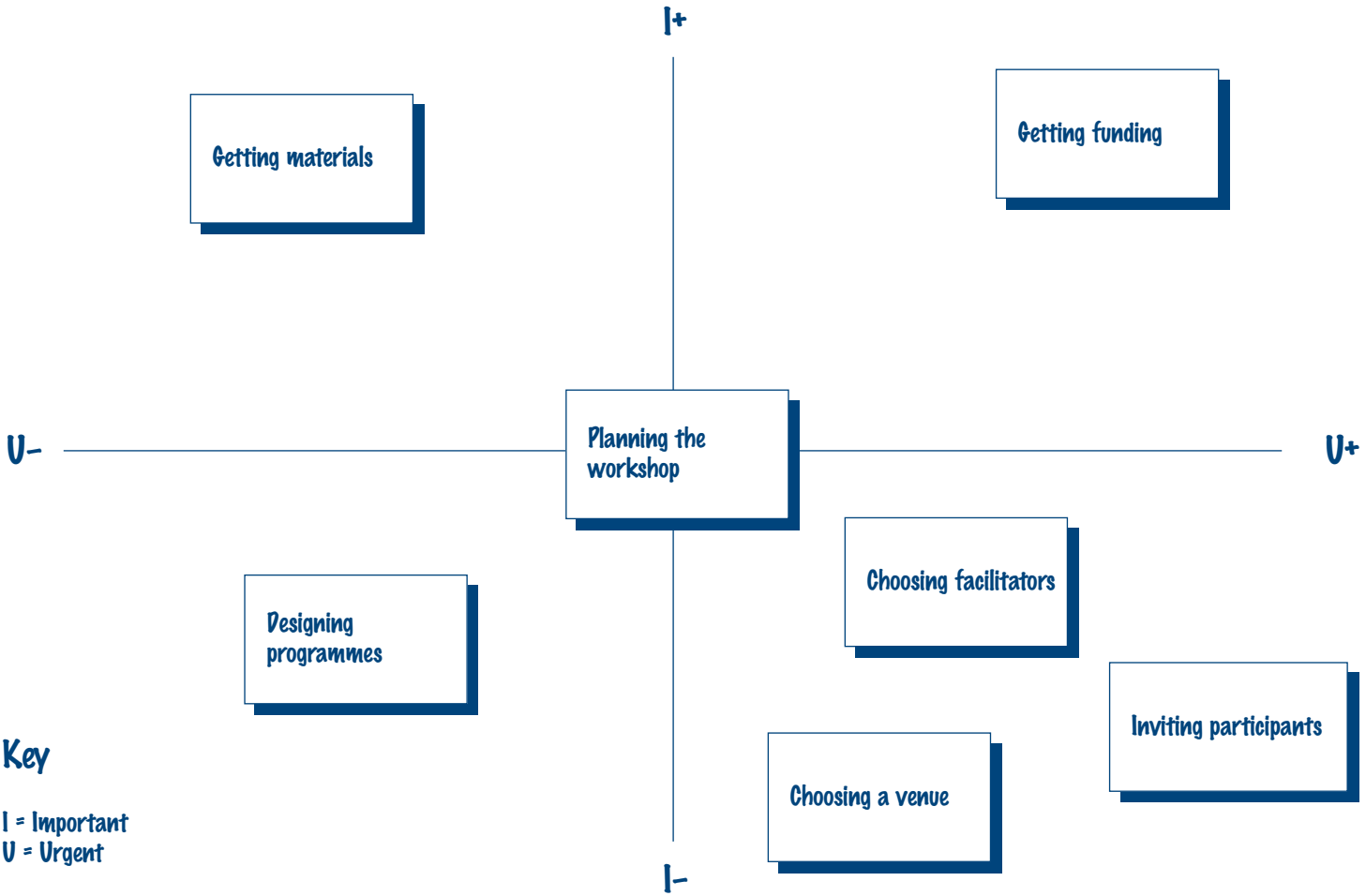
For example, in the illustration, the task of getting funding is both important and very urgent. It is therefore placed in the top right-hand of the grid. The task of choosing facilitators is not very important but it is urgent, so will go in the bottom right-hand corner of the grid. Planning the workshop is quite important and quite urgent and is, therefore, in the centre of the grid. The task of getting materials is quite important but not very urgent and is, therefore, in the top left of the grid.

5 Decide who needs to be involved and in what order to do the tasks:

- Tasks that are important and urgent should be done first.
- Task that are not so important, but urgent should be done second.
- Tasks that are important but not urgent should be done third.
- Tasks that are neither urgent nor important can be done last.

6 If possible, keep the activity prioritisation grid where everyone in the group can see it. This helps people to prioritise their work. Cross off each activity as it is done, and add more activities as they arise.

Activity prioritisation grid showing how important or urgent different tasks are in organising a workshop on home-based care in the community.



Tool 74 Feasibility matrix

What is it?

This tool involves drawing a matrix to assess how realistic or practical it is to carry out a strategy or plan. It usually follows on from using a tool that has produced solutions or strategies to a problem.

ⓘ Why use it?

Using the feasibility matrix helps to:

- compare how feasible (realistic and practical) different activities or strategies are
- discuss ways to make it easier to carry out each strategy
- identify any activities or strategies that are not practical enough to carry out
- select which activities or strategies to use according to how feasible they are.

How to use it

1 Discuss the meaning of the word 'feasibility' (realistic, practical, do-able).

2 Select a problem and possible activities or strategies that the group have identified already.

3 Draw a matrix with four rows and four columns. Draw or write the column and row headings, as in the example opposite.

4 Explain that for an activity or strategy to be feasible, it must be both internally and externally feasible.

- **Internal feasibility –** refers to how do-able or realistic the activity is in terms of factors relating to your organisation or community. Does it have the human, physical and financial resources to carry out the strategy or activity?
- **External feasibility –** refers to how do-able or realistic the activity is in terms of how acceptable the activity will be to the group or groups of people you wish to work with.

5 Take one activity or strategy at a time. Decide what its internal feasibility is: high, medium or low. Now decide what its external feasibility is: high, medium or low. Write the activity in the corresponding box in the matrix. For example:

- activities which are highly feasible both internally and externally will go in the top left-hand box
- activities which are not very feasible both internally and externally will go in bottom right-hand box.

6 When all the activities are in place, look at the whole matrix. Talk about whether the matrix makes sense or whether it should be changed. Look at the whole matrix and discuss:

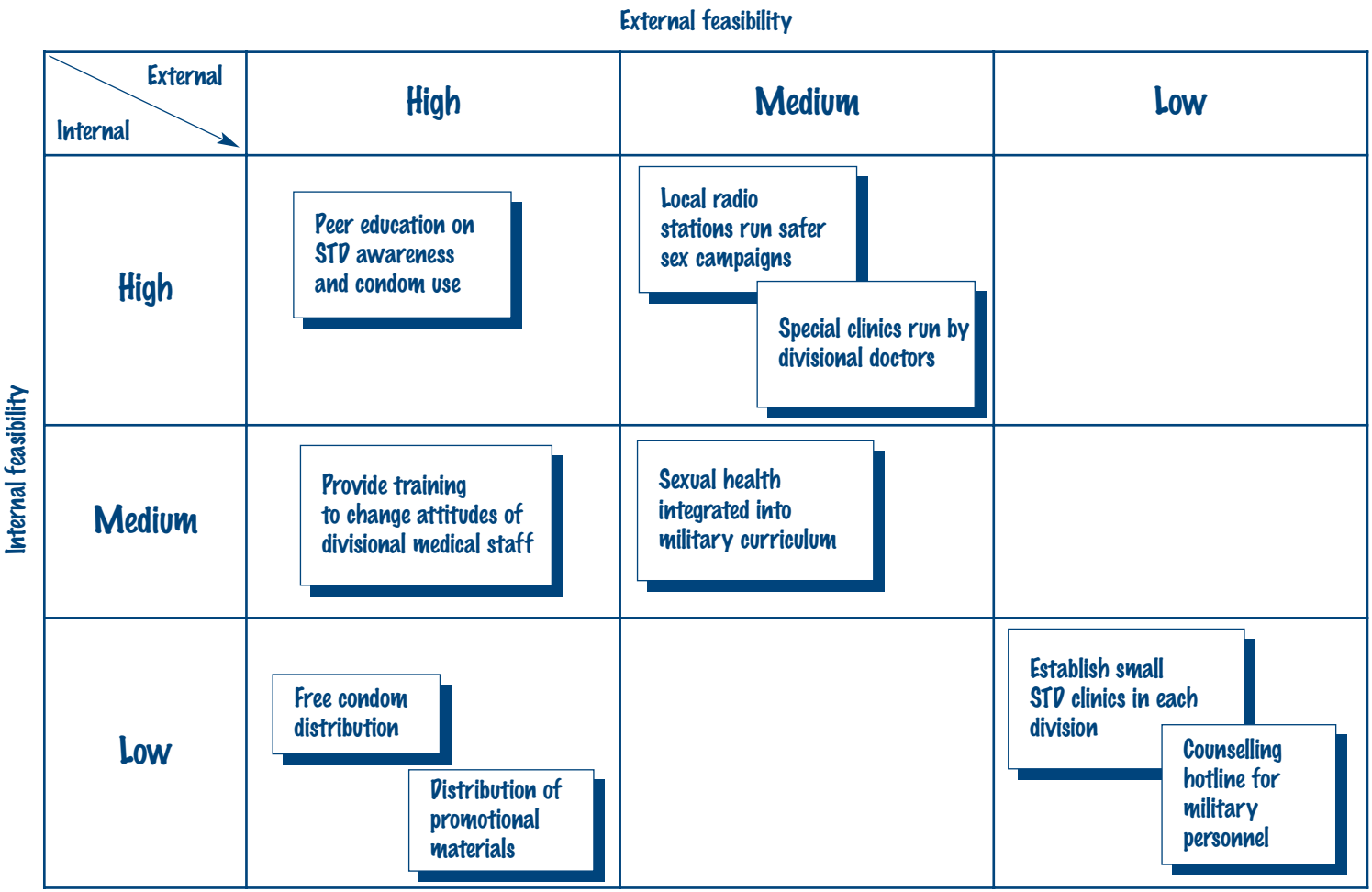
- Are there any activities that are in the 'low' part of the matrix that need to be changed or improved?
- Do any strategies need to be removed because they are not feasible?
- Do we have enough financial, physical and human resources to carry out all the highly feasible activities at the same time?

7 If it is not practical to carry out all the activities, agree which activities to remove.

→ See also

• Tool 76 – Impact matrix

Matrix comparing the feasibility of different strategies for reducing STIs amongst the military in Mongolia.
Reference: Adapted from Project Design Workshop, Ulaanbaatar, Mongolia, August 2000



Tool 75 Force field analysis

What is it?

This tool looks at who or what can help bring about change. These are the 'supporting' factors. It also looks at who or what may prevent change. These are the 'resisting' factors. A force field analysis also looks at the strength of 'supporting' factors and the strength of 'resisting' factors.

Why use it?

Using this tool helps to:

- see the positive and negative sides to any situation
- identify the real issues which may prevent a group from reaching its goal
- identify who or what may help a group to reach its goal.

See also

- Tool 88 – SWOC analysis

How to use it

1 Explain the purpose of the activity. Explain the difference between 'supporting' factors (things that can help bring about change) and 'resisting' factors (things that may prevent change from happening).

2 Draw the force field as a vertical wavy line. Label the space on the left 'supporting factors'. Label the space on the right 'resisting factors' (see example below).

3 Agree the topic to be discussed – for example, anti-stigma action.

4 Discuss the supporting factors and resisting factors. For example, a group undertaking anti-stigma action may identify a supporting factor as 'Faith-based groups carry out home visits'. A resisting factor to this may be that 'People who are HIV positive are frightened about the action. They do not want to be identified'.

5 Draw or write each supporting and resisting factor on a separate card.

6 Take one card at a time. Discuss the strength of the factor on the card. For example, the fact that faith-based groups carry out home visits may be a strong supporting factor.

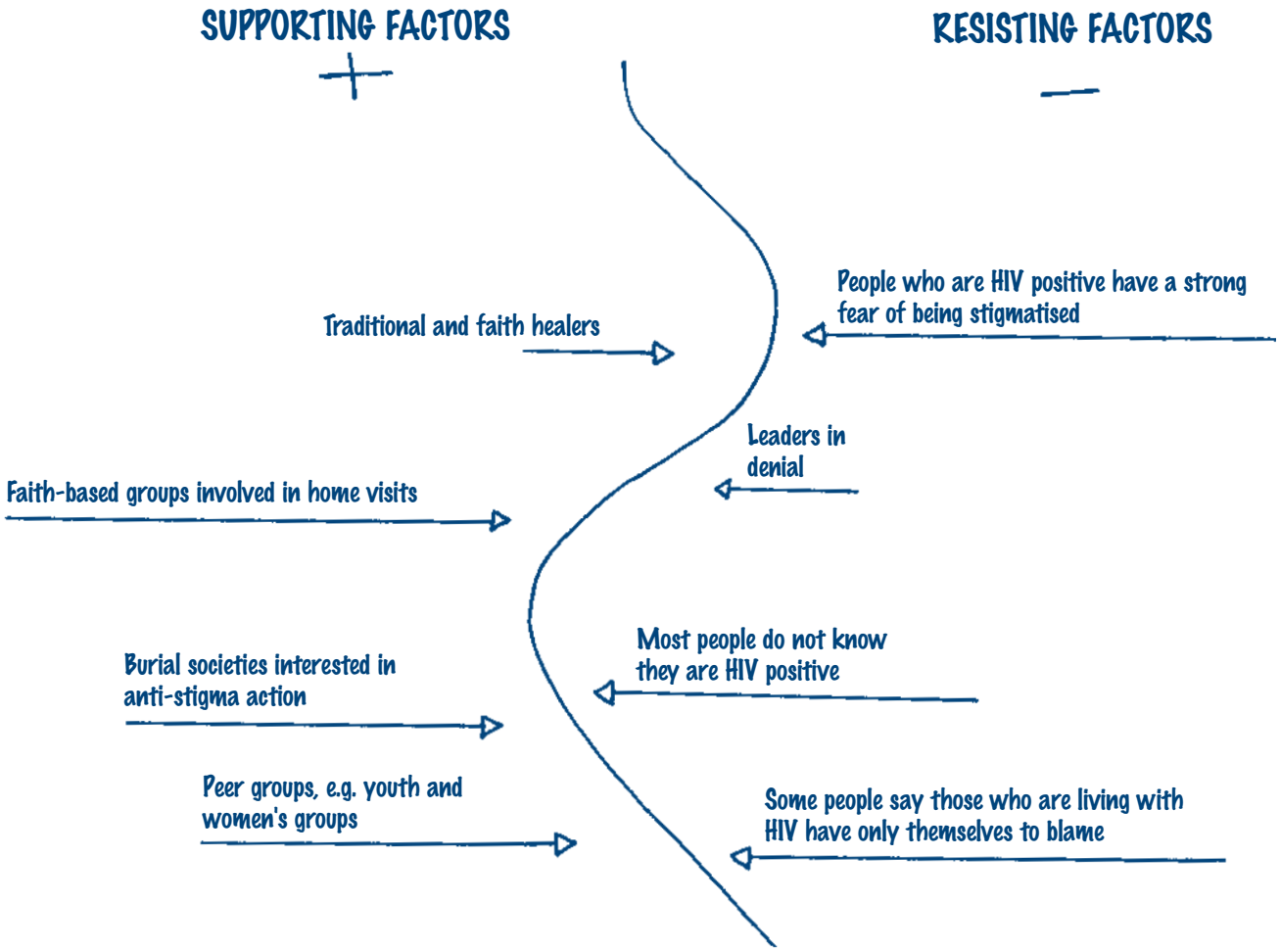
7 Place each card on the force field. Draw a line from the centre of the force field to each factor. The length of the line shows the strength or weakness of each factor. The longer the line, the stronger the factor. The shorter the line, the weaker the factor.

8 When the activity is complete, discuss what the force field shows. For example, how can the group build on the supporting factors? What can the group do to overcome the resisting factors? Which resisting factors are within the group's control? Which factors are outside the group's control?

Remember!/Facilitators notes

- Participants may find it difficult to be open about supporting or resisting factors. A participant may not want to identify a person or group who is a resisting factor. Try to build an atmosphere without blame when using this tool, to help participants talk openly.

Force field analysis showing the supporting and resisting forces in a project on anti-stigma action.
Reference: Adapted from Understanding and Challenging HIV Stigma: toolkit for action, The Change Project and ICRW, 2003



Tool 76 Impact matrix

What is it?

This tool involves drawing a matrix to show what impact a strategy or activity is likely to have.

Why use it?

Using an impact matrix helps to:

- Identify the likely impact of a strategy or activity. For example, it looks at:
  - **the coverage of an activity** – activities that reach many people are likely to have more impact than those that reach only a few people
  - **the intensity of an activity** – activities that work with the same group of people over a long period of time, using participatory techniques, are likely to have more impact than one-off activities which do not fully engage with people
  - The balance between the numbers of people reached and the intensity of the project
- Discuss how to improve the likely impact of a particular strategy or activity
- Identify any activities or strategies that are unlikely to have an impact and therefore should not be done.

See also

- Tool 74 – Feasibility matrix

How to use it

1 Explain the meaning of the words 'impact' (the likely result of a project), 'coverage' and 'intensity'.

2 Explain that the likely impact can be judged according to coverage of that activity or strategy multiplied by the intensity of that activity or strategy. (Impact = coverage x intensity.)

3 If the group has not already identified potential activities and strategies to that problem, do this now.

4 Draw a matrix with four columns and four rows (see example below). Draw or agree symbols for the column headings.

5 Take each activity or strategy in turn. Decide with participants the number of people the strategy will reach – high, medium or low coverage.

6 Discuss how intense the activity or strategy is: high, medium or low intensity.

7 Write the name of the activity or strategy in the corresponding box of the matrix:
- high coverage and high intensity activities should be placed in the top left-hand box of the matrix
- low coverage and low intensity activities should be placed in the bottom right-hand box of the matrix.

8 Look at the whole matrix. Talk about whether the matrix makes sense or whether it should be changed. Move cards if necessary.

9 Discuss:
- if strategies that are in the 'low' part of the matrix need to be improved
- if any strategies need to be removed because they may have little impact.

Remember!/Facilitators notes

- It is essential to look at the intensity of the activity as well as the number of people it will reach. An activity that works with people once or twice may have less impact than an activity that involves the same people over a period of time.

Impact matrix comparing HIV prevention strategies for intensity and coverage in Livingstone, Zambia.
Reference: Adapted from Project Design Workshop, Kabwe, Zambia, April 2000

Numbers reached / Intensity	High	Medium	Low
High		Group discussion	Voluntary counselling & testing
Medium	Peer education	Community action	
Low	Condom social marketing HIV awareness campaigns		

Tool 77 Laws and policies matrix

What is it?

This tool uses a matrix to look at the impact of laws and policies on issues connected with sexual health.

Why use it?

Using the laws and policies matrix helps to:

- explore how laws and policies relate to the HIV/AIDS situation
- identify how laws and policies affect the activities of a project
- identify whether laws and policies discriminate against people living with HIV or AIDS
- identify which laws and policies have the greatest impact, and why
- identify which laws and policies are easier to change, and why.

Remember!/Facilitators notes

- This tool encourages discussion. Remind participants that it is OK to disagree and argue.

How to use it

1 Discuss the meaning of 'laws' (national and local government rules) and 'policies' (a course of action adopted by a government or organisation).

2 List all the laws and policies that are related to the HIV/AIDS situation in the community – for example, laws about inheritance and property rights, laws about commercial sex, policies relating to HIV testing and people living with HIV/AIDS. Think broadly about how laws and policies impact on people's vulnerability to HIV/AIDS and the impact of HIV/AIDS.

3 Draw or write each law or policy on a separate card.

4 Draw a matrix with four columns and three rows (see example below). Explain the column headings. Write or draw the column and row headings.

5 Take each of the laws and policy cards in turn. Discuss whether the law or policy has a low, medium or high impact on HIV/AIDS. Discuss the reasons for this.

6 Discuss whether the law or policy would be easy to change, quite hard to change or difficult to change.

7 Place each card in the appropriate place on the matrix according to how high its impact is and how easy it will be to change. For example:

- Laws or policies which have a high impact and are hard to change would be placed in the top right-hand box of the matrix (see 'State law criminalising homosexuality' in the example).

8 Discuss how to change the law or policy. Discuss who needs to be involved in this.

9 When the activity is complete, look at the whole matrix. Talk about whether the matrix makes sense or whether it should be changed. Move cards if necessary.

10 Discuss what the matrix shows about the impact of laws and policies on HIV/AIDS. Discuss which laws need to be changed and how. Identify priorities for action and who needs to be involved.

Matrix showing the impact of laws and policies affecting the gay community in Mongolia.
Reference: Adapted from Project Design Workshop, Ulaanbaatar, Mongolia, August 2000

Impact \ Level of change	Easy	Medium	Hard
High		Discrimination against gay people by medical profession	State law criminalising homosexuality
Medium	Discrimination against gay people in the workplace	Police policy of harassing gay people in recreational venues	Anti-gay messages in sex education in schools
Low			

Tool 78 Low hanging fruit

What is it?

Low hanging fruit is a tool that involves drawing a tree and its fruits. The tree represents the project or programme. The fruits of the tree represent different activities or services within the project. If the fruits are 'low hanging', they will be easier to carry out. If they are 'high hanging', they will be harder to carry out.

Why use it?

- For project and programme planning.
- To discuss why certain activities or services would be easier than others to introduce or carry out.
- To discuss both barriers and opportunities to carrying out or introducing new activities or services.

See also

- Tool 91 – Vision diagramming

How to use it

1 Explain to participants the aim of the exercise: to identify which activities and services will be easier to start and which will be harder; and to discuss some of the barriers and opportunities to starting these activities and services.

2 Ask people to draw a tree which has both high and low branches.

3 Ask people to draw on separate cards new activities or services that they think should be introduced to tackle HIV/AIDS.

4 Explain the idea of low hanging fruit: 'low hanging' fruit is the easiest fruit to pick from the tree and links with the idea that some services and activities would be easier to introduce and carry out. Fruit that is hanging higher on the tree would be harder to pick.

5 Ask participants to place the activities and services on the tree according to whether they think they are 'low' or 'high' hanging fruit.

6 Ask participants to discuss things that will get in the way of carrying these out and opportunities that exist to begin these activities or services. If after discussion they wish to move the fruit lower or higher up the tree, let them do so.

7 Ask one of the participants to present a summary of the tree and encourage others to ask questions and make any comments or suggestions.

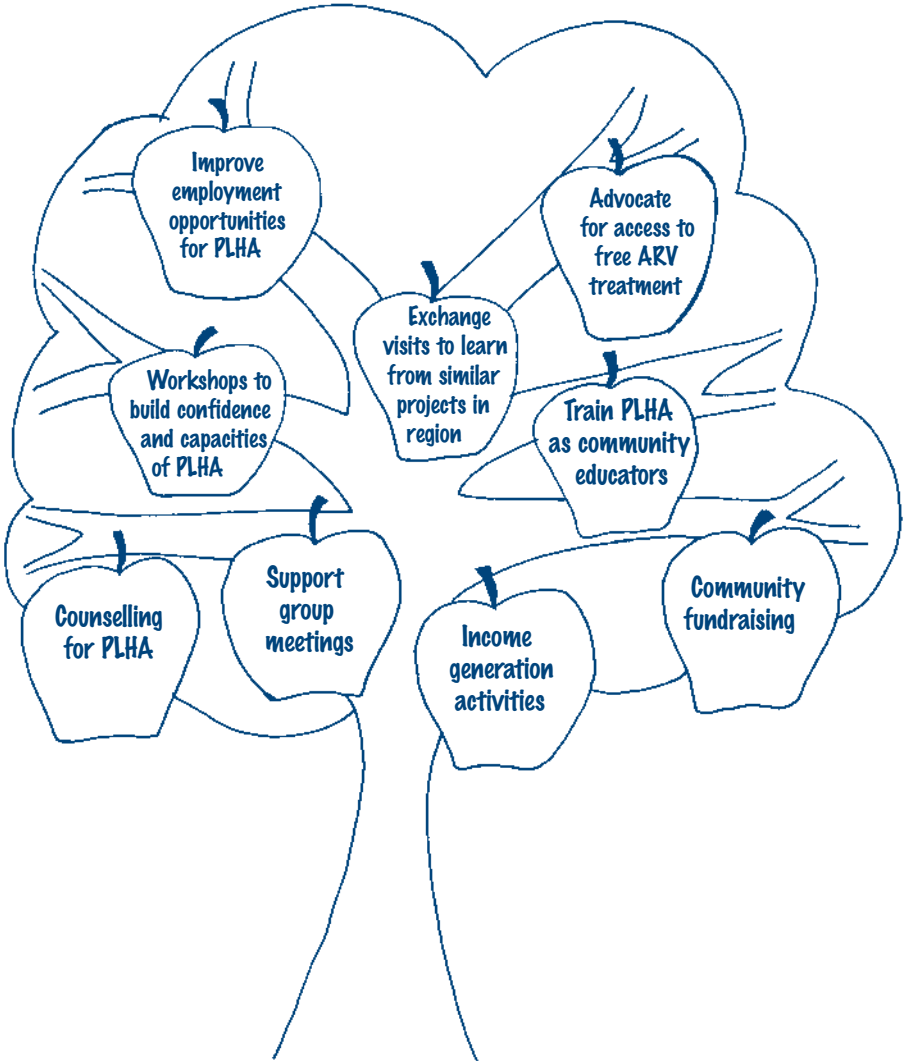
8 If the tree has been drawn on something which cannot be kept – for example, the ground – it is useful for someone, when it is finished, to make a copy of it onto a piece of paper for future reference.

Remember!/Facilitators notes

- Ensure that people are given the opportunities to discuss both barriers and opportunities before placing their cards on the tree.
- This tool can follow any other tools that have been used to discuss the introduction of new projects and services – for example, Tool 91 (Vision diagramming).

This illustrates activities that a support group for people living with HIV/AIDS would like to put into practice.

Reference: Adapted from a project design discussion of a small support group for people living with HIV/AIDS (PLHA) in Thailand



Tool 79 Most significant change tool

What is it?

The most significant change tool is a story that describes an important change that has happened due to an HIV/AIDS activity, and what a person thinks about this change.

Why use it?

The most significant change tool is useful to:

- understand the impact the activity or project is having on people
- understand what, if anything, has changed as a result of project activities
- understand the reasons for this change
- explore what people think about this change – for example, do they think it is a good change or a bad change?
- identify what changes are seen as significant by communities and what are not
- identify how to improve project activities.

Remember!/Facilitators notes

- Describe time periods according to local calendars.
- Encourage participants to tell stories about negative changes or frustrating experiences in order to build up a balanced view.
- If people have trouble identifying changes related to project activities, explore the reasons for this. Perhaps there have not been any significant changes?

How to use it

1 Agree how often to use the most significant change tool and with whom. For example:
   - at the end of the project with primary stakeholders to evaluate the impact of the activity
   - every three or four months with the all project stakeholders to monitor progress.

2 Ask a stakeholder (or small peer group) to identify what they feel has been the most significant change related to the project during the time period.

3 Ask the stakeholder to describe the significant change. Asking them to draw pictures of the most significant change can be used to help the discussion. Ask why the person thinks this change is significant.

4 To find out about specific changes, you can also ask stakeholders what they think is the most significant change for:
   - themselves as individuals
   - the peer group they belong to
   - the community as a whole
   - the services in the community.

5 You can use how people define significant change to set community-based goals for the project. For example, if people say that a significant change for them was ‘the community works closer together now’, then ‘the community works closer together’ can become a new goal of the project.

6 Share most significant change stories with different people involved with the project.

Table showing 'most significant changes' following the first phase of a project to support people living with HIV/AIDS in southern Thailand.

Examples of community-based indicators for change	Most significant change
Themselves as individuals	Less outright stigma and discrimination towards people living with HIV/AIDS in the community
The peer group they belong to	Greater perceptions of empowerment within the group and the feeling that people living with HIV/AIDS have rights and need to be heard
The community as a whole	The community works closer together now
The services in the community	Support group and income-generating activities set up for people living with HIV/AIDS

Tool 80 Output/outcome matrix

What is it?

An output/outcome matrix is a chart that shows what activities are working well and what needs improving according to those who are participating in it.

Why use it?

An output/outcome matrix is useful to:

- monitor the progress of activities with members of the community or project
- evaluate activities with members of the community or project
- understand what different people think about activities that were done
- explore the positive and negative results of activities
- explore who has been involved in the activities, who has benefited from them and why
- explore what could be improved about the activities
- start to identify what other activities might be needed.

How to use it

1 Small or large groups can make an output/outcome matrix. Divide larger groups into peer groups to explore different views.

2 Agree what activities are to be discussed. Show the activities down the left-hand side of the chart (paper or piece of ground). See example below.

3 Agree on important questions to be discussed about the activities. For example:

- Has the planned activity taken place?
- Have all the people who wanted to be involved in the activity been involved?
- Has the activity had the effect people wanted?

4 Show these questions along the top of the chart. See example below.

5 Discuss each question for each activity listed.

6 Participants can use counters to score the degree to which an outcome or output has been achieved for each activity. For example, scoring out of 10, with 10 being ‘completely achieved’ and 0 being ‘not achieved at all’.

7 Discuss what is shown on the chart, and then discuss the following:

- Are there services or activities which were planned but have not taken place?
- What is the most positive change?
- What is the most negative change?
- How can we improve activities?

Remember!/Facilitators notes

- When this tool is used to develop a community-level analysis, it is important to make sure that different views are well represented.
- Discussing negative views as well as positive views will help show how to improve the activities. Discuss ideas for new activities.
- If participants know less about the activities than expected, explore the reasons for this.

Output matrix showing older women's views on planned outputs of an HIV/AIDS project.
Reference: Adapted from Safely through the Night, CAFOD, 1998

Activities	Q1: Have the planned activities taken place?	Q2: Have they happened regularly and according to plan?	Q3: Have people like you in this community come to/joined the activities?	Q4: Has attendance at these activities been sustained?	Q5: Has attendance gone up?	Q6: Have the volunteers/peers who received training continued their work with the programme?
1. Education on HIV/AIDS		7/10	5/10	2/10	3/10	0/10
2. Orphan care and support		2/10	2/10	1/10	2/10	2/10
3. Patient care and support		9/10	8/10	7/10	6/10	4/10
4. Youth Alive activities		5/10	3/10	8/10	5/10	5/10

Tool 81 Stakeholder participation matrix

What is it?

This tool identifies who should participate in a project or activity, at what stage and to what degree.

Why use it?

Using the participation matrix helps to:

- identify all the different people, groups or organisations who should participate in a project
- agree at which stages of a project different people, groups or organisations need to be involved
- agree how different people, groups or organisations need to be involved in a project
- strengthen the impact and sustainability of a project by involving all the appropriate stakeholders to the degree they wish to be involved.

Remember!/Facilitators notes

- Participants' understanding of the terms 'gatekeepers' and 'stakeholders' may vary, so it is important to discuss this at the beginning of the activity.

See also

- Tool 85 – Roles and responsibilities

How to use it

1 'Stakeholders' are people who have an interest in the outcome of a project. Discuss who the primary stakeholders of the project are – the groups, communities or organisations who are expected to benefit most from the project. Draw or write each primary stakeholder on a separate card. Make five copies of each card.

2 'Gatekeepers' are people who control access to communities or groups who will be closely involved in the project. For example, gatekeepers in a project working closely with school students will include teachers and parents. Gatekeepers in a project working closely with sex workers and clients may be brothel-owners or pimps. Discuss who the gatekeepers for the project are. Draw or write each gatekeeper on a separate card. Make five copies of each card.

3 Discuss who the secondary stakeholders are – for example, donors and other organisations working in the same area of work, community or religious leaders, local government departments or health services. Draw or write each secondary stakeholder on a separate card. Make five copies of each card.

4 Draw a table with seven columns and five rows (see below). Discuss the meaning of the words to be used for the column and row headings (see below).

- 'Informed' means stakeholders are just told that an activity is going to take place
- 'Consulted' means stakeholders are asked about their opinions on an activity
- 'Joint decision-making' means stakeholders make decisions about an activity together
- 'Self-mobilisation/sole responsibility' means that stakeholders take responsibility for doing the activity themselves without other stakeholder support. For example, in the stakeholder participation matrix below, the NGO is solely responsible for monitoring the project.

5 Take one column at a time. For example 'assessing together'. Take each of the different stakeholders or gatekeepers in turn. Discuss how each stakeholder or gatekeeper should be involved in the assessment. Agree what type of involvement they will have. For example, should the stakeholder self-mobilise, be involved in joint decision-making about the assessment, be consulted or will they simply be informed? Place each card on the matrix as appropriate.

6 Repeat this for each stage of the project with each of the different stakeholders and gatekeepers.

7 When the matrix is complete, look at the whole matrix. Talk about whether the matrix makes sense or whether it should be changed. Move cards if necessary.

8 Summarise and record the main points of the discussion.

9 Now present the matrix to all these stakeholders and discuss with them whether they agree with the matrix. Adjust their type and degree of participation as they wish to participate.

Stage of project / Degree of participation	Starting together?	Assessing together?	Planning together?	Implementing and acting together?	Monitoring together?	Evaluating together? (including impact assessment)
Self-mobilisation						
Involved in joint decision-making	NGO Health clinic	Community NGO	NGO Local government Health clinic	Community NGO Health clinic		Community NGO Local government
Consulted	Community Local government	Health clinic	Community	Local government		Health clinic
Informed		Local government				

201 *Participation matrix showing who should be involved, how and when in a prevention project*

Tool 82 Problem wall and solution tree

What is it?

These tools are drawing tools that look at problems and solutions related to a particular topic.

Why use it?

Using a problem wall and solution tree helps to:

- identify and discuss problems related to a particular topic
- group together similar problems that may have the same solution
- identify and discuss possible solutions for the problems.

See also

- Tool 30 – Problem tree
- Tool 78 – Low hanging fruit
- Tool 86 – Solution tree

How to use it

1 Problem walls and solution trees work well with large groups of people in public places.

2 Cover a wall with paper and title one half of it 'problem wall'. On the other half draw a large tree and title it 'solution tree'.

3 Agree a topic. For example, 'What do you think of our health services?' Put this title of the topic at the top of the wall.

4 Cut up lots of 'brick-shaped' pieces of paper and 'leaf-shaped' pieces of paper. Put these in separate piles, with the bricks by the 'problem wall' and the leaves by the 'solution tree'. Put something nearby for people to be able to stick the leaves and bricks to the wall, such as glue or tape.

5 Invite people to think about the topic and write problems on separate 'brick-shaped' pieces of paper and stick these on the problem wall.

6 Ask participants to group similar problems on the wall.

7 Now ask people to consider these problem bricks and think of solutions to them. Invite people to write solutions on the 'leaf-shaped' pieces of paper and stick these on the solution tree.

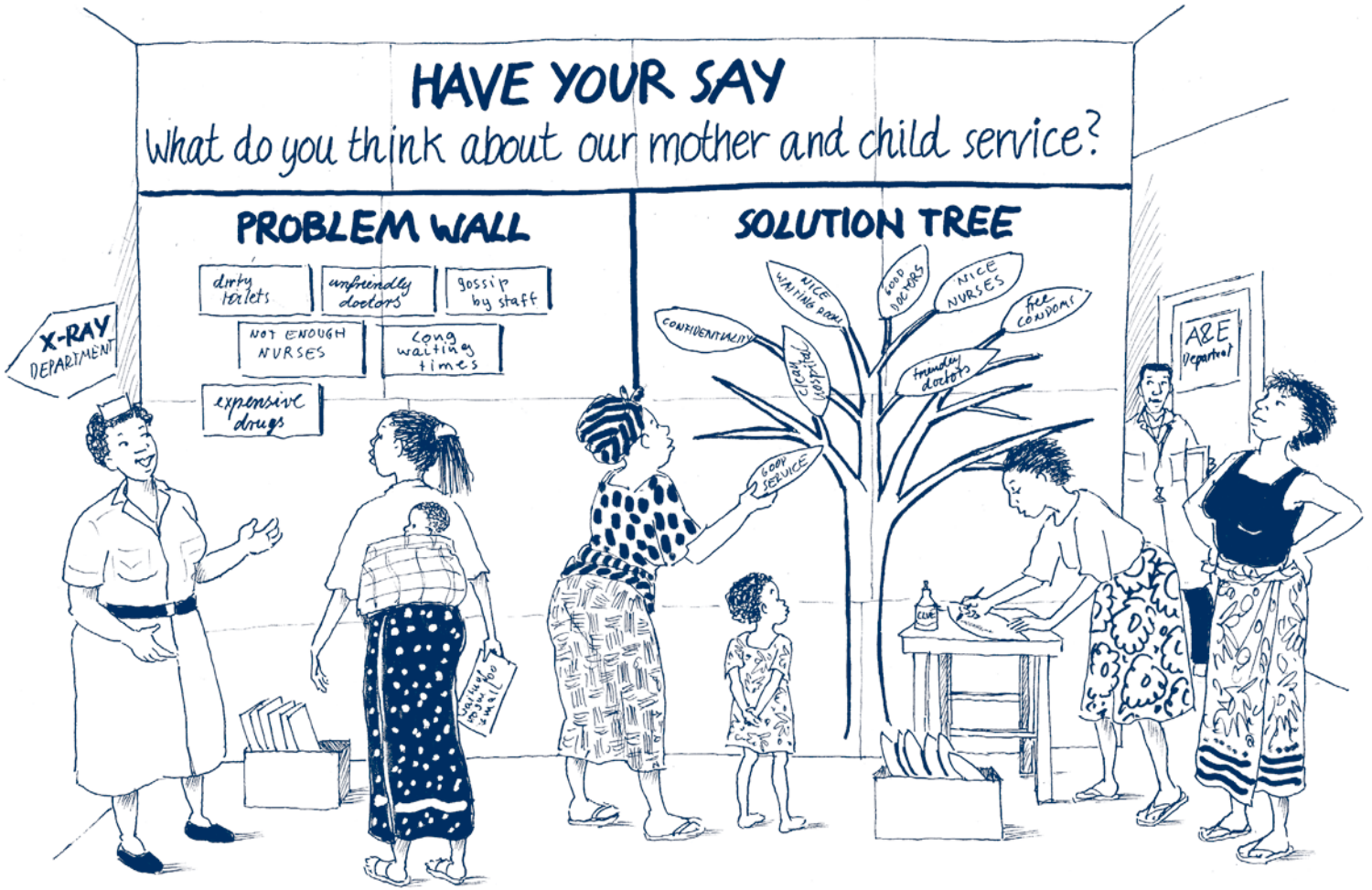
8 Group together any solutions that are similar.

9 If this tool is being used in a workshop setting, agree which solutions would be easy to do and those that would be difficult to achieve alone.

10 Summarise the main points of the discussion.

Remember!/Facilitators notes

- These tools are very easy to set up and can be left for participants to complete anonymously. They can be left in places like health facility waiting rooms, at bus stops or any other place where people congregate and have a little time to spare. Clear instructions left by the problem wall and solution tree will help people to do the exercise themselves.
- Use symbols instead of words if people are not confident writers.


HAVE YOUR SAY
What do you think about our mother and child service?
PROBLEM WALL
dirty toilets
unfriendly doctors
gossip by staff
NOT ENOUGH NURSES
long waiting times
expensive drugs
SOLUTION TREE
NICE WAITING ROOM
GOOD DOCTORS
NICE NURSES
free CONDOMS
CONFIDENTIALITY
Clean toilets
friendly doctors
GOOD SERVICE
X-RAY DEPARTMENT
A&E Department

Tool 83 Project planning timeline

What is it?

This tool uses a timeline or calendar to show what a project will do, and when.

Why use it?

Using a project planning timeline helps to decide:

- what will be done – for example, what activities will we use to start together, assess together, plan together, act together, monitor and evaluate together?
- who will do each activity?
- when will each activity be done?
- if a plan is realistic
- if additional resources will be needed.

Remember!/Facilitators notes

- It is important to be very specific when discussing activities. Help participants to break down large activities into small activities
- Remember that if a stakeholder is not present when their roles and responsibilities are being discussed, they must be fully consulted before plans are finalised!

See also

- Tool 69 – Action planning
- Tool 81 – Participation matrix
- Tool 85 – Roles and responsibilities

How to use it

1 Consider the project you wish to implement – for example, community mobilisation for anti-retroviral (ARV) treatment. Identify all the activities required to mobilise communities for ARV treatment.

2 Write or draw each activity on a separate card.

3 Draw a long line (timeline) to represent the length of the project – for example, a year or two.

4 Agree a way to divide up each year. For example, participants may see the year divided up into seasons, quarters, months or by important ceremonies and festivals.

5 Discuss the order in which the activities will take place. Place the activity cards on the calendar in the order they will take place. There may be overlap between activities. Some activities may be repeated. This is OK.

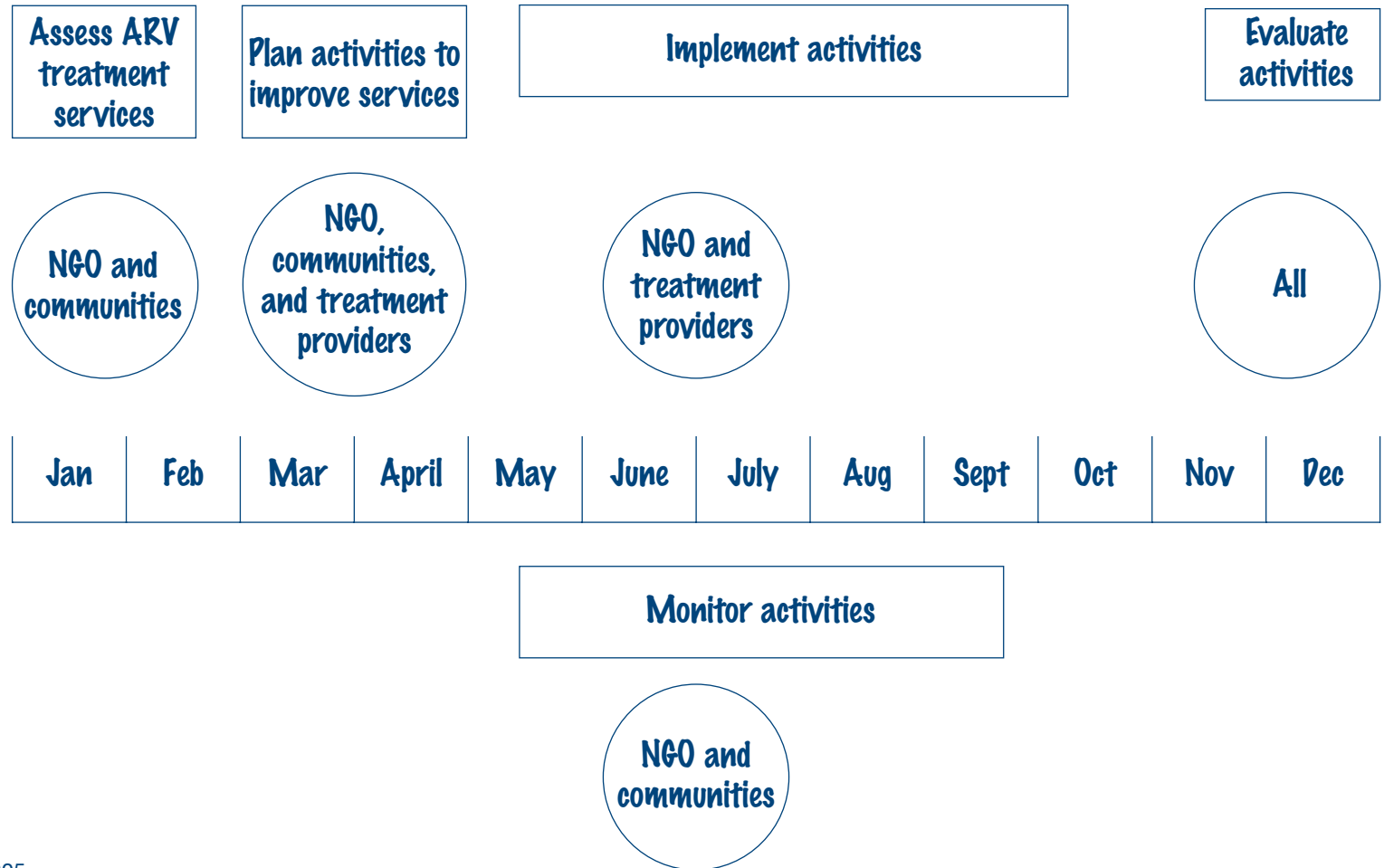
6 Look at each activity card. Discuss who is responsible for each activity. Draw or write who is responsible underneath the appropriate activity. Some activities may be done by more than one person or organisation. This is OK.

7 Look at the timeline. Identify any activities that may have been forgotten. Look at whether activities related to the following have, if necessary, been included.

- Activities to address identified problems.
- Activities to build community capacity.
- Activities to build partnerships with other organisations.
- Monitoring and evaluation activities.

8 Write or draw any additional activities identified on separate cards. Place these on the timeline.

9 Look at the timeline. Discuss whether it is realistic. If it is not realistic, what changes need to be made? Are additional resources needed to carry out the work plan? What are these resources? How do we get them?


Assess ARV treatment services
Plan activities to improve services
Implement activities
Evaluate activities
NGO and communities
NGO, communities, and treatment providers
NGO and treatment providers
All
Jan
Feb
Mar
April
May
June
July
Aug
Sept
Oct
Nov
Dec
Monitor activities
NGO and communities

Tool 84 Risk assessment

What is it?

This tool uses a simple matrix to consider what risks an organisation, community, individual or project faces, how likely they are to happen and what the impact of them happening will be.

Why use it?

Carrying out a risk assessment helps to:

- identify hazards associated with a particular activity or situation
- identify how likely stakeholders are to encounter that hazard
- identify the impact a hazard might have on an activity or situation if it occurs
- judge whether or not the risk associated with carrying out an activity, or being in a particular situation, is acceptable
- decide whether or not to carry out a particular activity or be in a particular situation
- identify how to lessen the likelihood of encountering a hazard, or lessen its impact if it does occur.

How to use it

1 Draw a risk assessment matrix (see below).

2 Ask participants to think of all the potential hazards associated with a particular action or situation. For example, a hazard associated with a project might be that 'The funding for the activity stops' or 'People won't want to participate in the activity'. A hazard associated with getting drunk might be 'Having unprotected sex'.

3 For each hazard ask:

- What is the likelihood of this happening – high, medium or low?
- What would be the impact on the activity if it did happen – high, medium or low?

Write or draw the name of the hazard in the appropriate box. For example, a hazard that is highly likely to happen and will have a large negative impact will be written in the top left-hand box. A hazard which is unlikely to happen, and will only have a small negative impact if it does, will be written in the bottom right-hand box.

4 When this has been done for all hazards, ask participants to consider the risk assessment as a whole.

- What carries the most risk? What carries the least?
- Are the risks associated with a particular situation acceptable or not?
- How can they reduce the likelihood of encountering the hazard?
- How can they lessen the impact of the hazard if it does occur?
- What are their conclusions about a particular activity or situation?

Remember!/Facilitators notes

- This tool is especially useful for assessing the risks associated with a project and those associated with certain behaviours.

Impact / Likelihood of happening	High	Medium	Low
High			
Medium			
Low			

Tool 85 Roles and responsibilities

What is it?

Roles and responsibilities is a card-sorting tool. It identifies who will be responsible for different activities in a strategy.

Why use it?

Using roles and responsibilities helps to:

- identify what different activities need to be done
- identify what activities different organisations, groups and individuals are responsible for.

How to use it

1 Select a project or strategy to discuss.

2 Discuss which organisations, groups or individuals may be involved in activities related to achieving the project or strategy. For example, people involved in providing care for pregnant women living with HIV/AIDS may be the government, hospitals, NGOs, CBOs (including volunteers) or family members. Draw or write each organisation, group or individual on a separate card.

3 Place these cards in a line.

4 Identify all the activities related to the strategy. Draw or write each of these activities on a separate card.

5 Encourage the participants to discuss and agree who is responsible for each activity. Place the activity card on the appropriate place on the line. Some activities may be the responsibility of more than one group or individual. Make extra cards if necessary.

6 When the activity is complete, look at the cards. Talk about whether the roles and responsibilities make sense or whether there should be further discussion. Agree the next steps in the planning process.

Remember!/Facilitators notes

- Some activities may be the responsibility of more than one organisation, group or individual.
- Remember that if a stakeholder is not present when their roles and responsibilities are being discussed, they must be fully consulted and agree before plans are finalised!

See also

- Tool 81 – Stakeholder participation matrix

The potential roles within a continuum of care for pregnant women living with HIV/AIDS.
Reference: Adapted from Community Lessons, Global Learning, Asia workshop, Thailand, 1998

GOVERNMENT	HOSPITALS	NGOS	CBOS	PLHA
Policy for testing with consent of women Subsidised or free AZT according to income level	Laboratory support Counselling Delivery of services without discrimination	Counselling Infant feeding Home visits Traditional attendant services	Counselling Home-based care Strengthen families of people living with HIV/AIDS Transport to hospitals Home visits	Basic information provision Counselling Legal rights awareness

Tool 86 Solution/objective tree

What is it?

This tool involves participants using a drawing of the trunk, roots and branches of a tree to identify solutions relating to HIV/AIDS issues, such as what will bring about that solution and what effects that solution will have. It is usually used to identify solutions to problems that have been identified using problem trees (see Tool 30).

ⓘ Why use it?

Using the solution tree helps to:

- provide a visual and non-threatening way to identify solutions relating to HIV/AIDS
- identify what will bring that solution about
- identify what effects that solution will have on the problem.

➔ See also

- Tool 30 – Problem trees

How to use it

1 Explain the purpose of the tool to participants.

2 **If you have already done a problem tree** (Tool 30) for an issue, participants can easily turn it into a solution/objective tree by turning the negative statements of the problem tree into positive statements. For example, the problem of 'high levels of STIs' at the trunk becomes 'low levels of STIs'. This becomes our objective.

3 To understand how that objective can be achieved, participants can look at the root causes and turn negative statements into positive ones. For example, if one of the root causes was 'no condoms available', it can be turned into a positive statement, or objective, like 'condoms are available'.

4 We can continue down the roots until the 'root' solutions/objectives to creating 'low levels of STIs' have been identified.

5 We can now look at the positive effects that 'low levels of STIs' will have by (again) turning negative statements into positive ones.

6 **If you have not yet done a problem tree**, ask participants to identify a goal they have for HIV/AIDS in their community, such as 'low levels of STIs among school children'. Ask participants to make a large drawing of a trunk of a tree and draw or write the aim on the trunk.

7 Encourage participants to identify all the things which will bring about that aim. Draw these along large roots of the tree, indicating that these are main 'root' solutions/objectives which will make them achieve this overall goal.

8 Select one of the main 'root' solutions/objectives. Ask, 'But how does this happen?' This question will help participants identify the secondary 'root' solutions/objectives required to bring about the overall goal. Draw or write the 'secondary' solutions/objectives as small roots coming off the larger root of the tree.

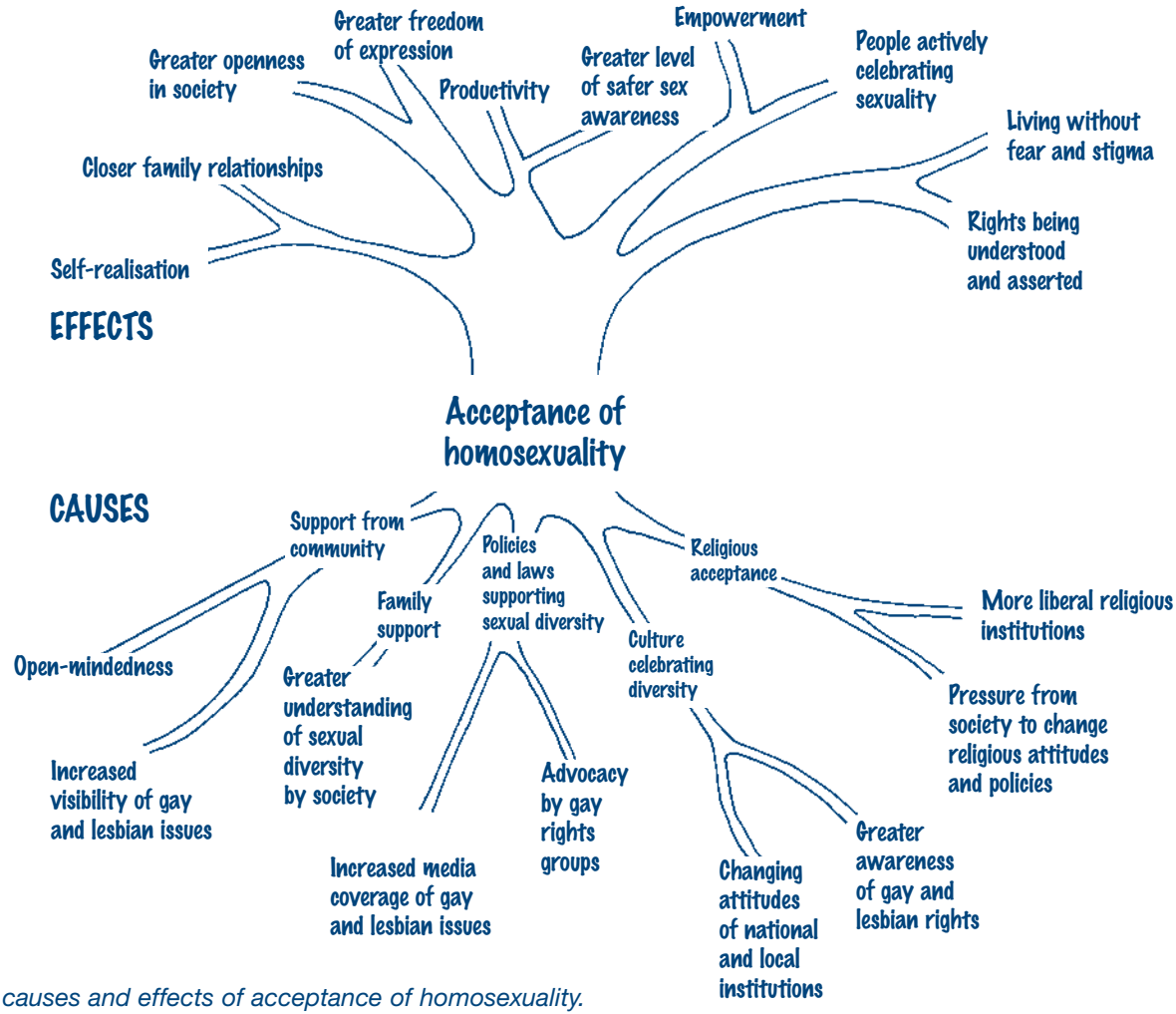
9 Repeat the process for each of the other main 'root' inputs.

10 Now encourage the participants to identify all the *effects* that fulfilling the objective will bring about. Ask them to write each effect as large branches of the tree.

11 When completed, discuss what the solution/objective tree shows. For example, what activities can be done to make the solution/objective tree happen?

Remember!/ Facilitators notes

- This activity can get complicated! It helps to give clear instructions at each step rather than providing all of the information in one go.



Solution tree showing the causes and effects of acceptance of homosexuality.
Reference: Adapted from PHANSUP partnerships meeting, Philippines, May 1997

Tool 87 Sustainability matrix

What is it?

This tool involves making a matrix to explore and compare the sustainability of different activities and strategies.

Why use it?

The sustainability matrix can help to:

- explore and compare the sustainability of different activities and strategies
- improve activities and strategies so that they are more likely to continue
- identify activities and strategies that are unlikely to continue in the future
- identify things that may influence whether or not an activity or strategy continues
- identify things that may influence whether or not the impact of an activity or strategy continues.

Remember!/Facilitators notes

- This is a good opportunity to discuss things that may enable the community to take responsibility for the project in the future, such as capacity-building activities.
- Discussing sustainability usually raises issues about monitoring, evaluating and documenting a project in order to get more funding. This is a good opportunity to start thinking about monitoring and evaluation.

How to use it

1 Discuss the meaning of the word 'sustainability'. There are two aspects to sustainability: implementation and impact. Implementation refers to the sustainability of conducting project activities. Impact refers to the sustainability of changes that a project has achieved beyond the end of the project activities.

2 Draw an outline of a sustainability matrix using the example opposite as guide. The number of rows is the same as the number of activities.

3 Place a card with the name of each strategy or activity down the left-hand column.

4 Discuss a scoring method. For example, numbers 1 to 5, where 1 is low and 5 is high. Participants can also use stones or beans to score.

5 Take one activity/strategy card at a time and score it for both aspects of sustainability: implementation and impact.

6 Add up the total score for the strategy. Put this in the last column.

7 Repeat steps five and six for each strategy.

8 Look at the whole matrix. Talk about whether the scores make sense or whether there should be further discussion.

9 Discuss:

- Do any strategies need to be removed because they are not sustainable enough?
- The main threats to carrying out strategies.
- How to overcome these threats.
- How to improve strategies so that they can continue.
- What help communities need so that the effects of a project continue.

Matrix showing the sustainability of strategies used for a sex worker project in Mongolia.
Reference: Adapted from Project Design Workshop, Ulaanbaatar, Mongolia, August 2000

Sustainability / Strategy	Is the activity likely to continue when the community has total responsibility?	Are changes likely to continue when the community has total responsibility?	Total scores
Peer education	4	4	8
Condom social marketing	5	2	7
Intensive group discussions	3	3	6
Community mobilisation	2	5	7

SCALE 1-5 1 = Low, 5 = High

Tool 88 SWOC (strengths, weaknesses, opportunities and constraints) analysis

What is it?

This tool uses a matrix to encourage discussion about what the strengths, weaknesses, opportunities and constraints of a particular situation are.

Why use it?

Using a SWOC analysis helps to:

- review the strengths and weaknesses of an organisation or an activity
- identify the strengths, weaknesses, opportunities and constraints to any situation
- decide whether a group has the ability to carry out a project
- look at the impact that the introduction of a new strategy may have on an organisation's staff, volunteers, supporters and activities
- show the strengths, weaknesses, opportunities and constraints of different prevention, care and support, treatment and mitigation projects.

See also

- Tool 75 – Force field analysis

How to use it

1 Discuss the meaning of the words:

- 'strengths' – the good points about an organisation, its activities or a situation
- 'weaknesses' – the weak points of an organisation, its activities or a situation
- 'opportunities' – the positive openings that exist for the organisation, activity or situation
- 'constraints' – the things that are or will get in the way of the organisation, an activity or situation achieving its goals.

2 Draw a matrix with two rows and two columns (see example below). Write or agree symbols for headings of each box in the matrix.

3 Take each box in the matrix in turn:

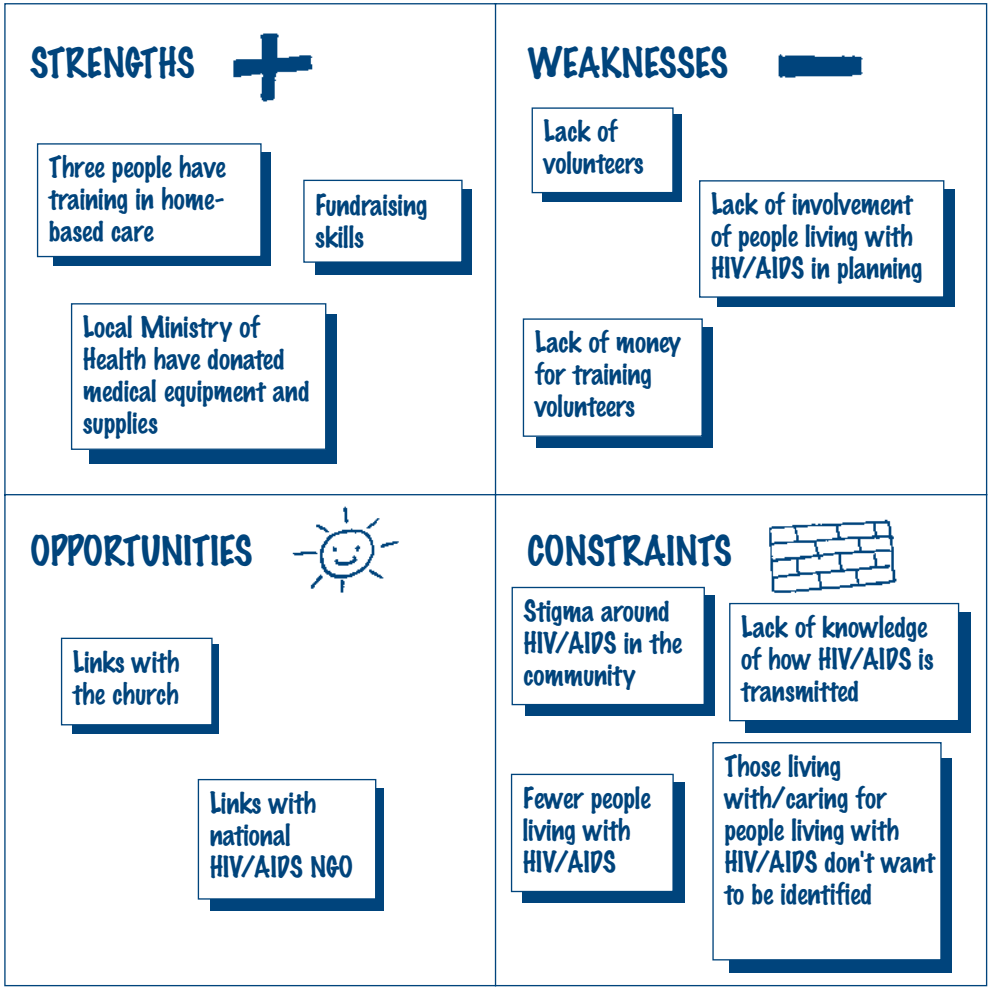
- Discuss the **strengths** of the organisation to carry out an agreed project, strategy or activity. For example, looking at a home-based care project, a strength may be that three people have training in home-based care. Draw or write all the strengths in the box in the matrix.
- Discuss the **weaknesses** of the organisation to carry out an agreed project, strategy or activity. For example, a weakness may be the lack of volunteers to carry out the home-based care project. Draw or write all the weaknesses in the box in the matrix.
- Discuss what **opportunities** there are to carry out a new project, strategy or activity. Opportunities are usually things outside the group or organisation. For example, an opportunity may be a good relationship with the church. Draw or write all the opportunities in the appropriate box in the matrix.
- Discuss what **constraints** (or threats) exist which will prevent or hinder a new project, strategy or activity. Constraints are usually things outside the organisation or group. For example, a constraint may be that people are frightened of caring for a person who has AIDS. Draw or write all the constraints in the box in the matrix.

4 Discuss how participants can make use of the strengths, reduce the weaknesses and constraints and make use of the opportunities to achieve their goals.

5 Summarise the main points of the discussion. Agree the next steps for action.

Remember!/Facilitators notes

- A SWOC analysis is best done by smaller groups. When working with large groups, divide participants into smaller groups of five to eight. Each small group can then work on different topics – for example, different activities, organisations or situations, or one group identifies strengths, one weaknesses, one opportunities and one constraints. The groups can then share their analysis with each other later.



Strengths, weaknesses, opportunities and constraints of a community home-based care project.

Tool 89 Targeting

What is it?

This tool sorts cards to identify who is most affected by a problem, and discusses the benefits of focusing on activities with these people. It usually discusses problems identified during a previous activity.

Why use it?

Using targeting helps to:

- identify those most vulnerable to HIV infection
- identify those most vulnerable to passing on HIV to others
- identify those most vulnerable to being affected by HIV/AIDS
- decide which groups of people most need assistance in coping with HIV/AIDS
- explore how to increase the impact of activities on a problem.

Remember!/Facilitators notes

- It is important that focusing on activities with particular groups of people in the community does not involve blaming these people for HIV and AIDS being in the community.

See also

- Tool 30 – Problem tree
- Tool 82 – Problem wall and solution tree

How to use it

1 Agree the problems around HIV/AIDS to be discussed. Usually, the problems are identified in participatory assessment.

2 Draw or write each problem on a separate horizontal line. Mark 'not affected by the problem' at one end of the line and 'very affected by the problem' at the other.

3 Write on separate cards all the different types of people covered in the participatory assessment. You will need to make several copies of these cards.

4 Look at the first problem and discuss which types of people on the cards are affected by the problem, and to what degree. Go through each of the cards in turn, asking 'Is this person affected by this problem?' and 'To what degree are they affected by this problem?'

5 Place their cards on the line according to how affected they are. Participants may decide that more than one type of people is equally affected by the problem. This is OK.

6 You may also want to ask and record 'How are different types of people affected differently by this problem?'

7 Continue to do this for each problem, asking, 'Are they affected by this problem?' and 'To what degree are they affected by this problem?' and placing the cards on the line according to this.

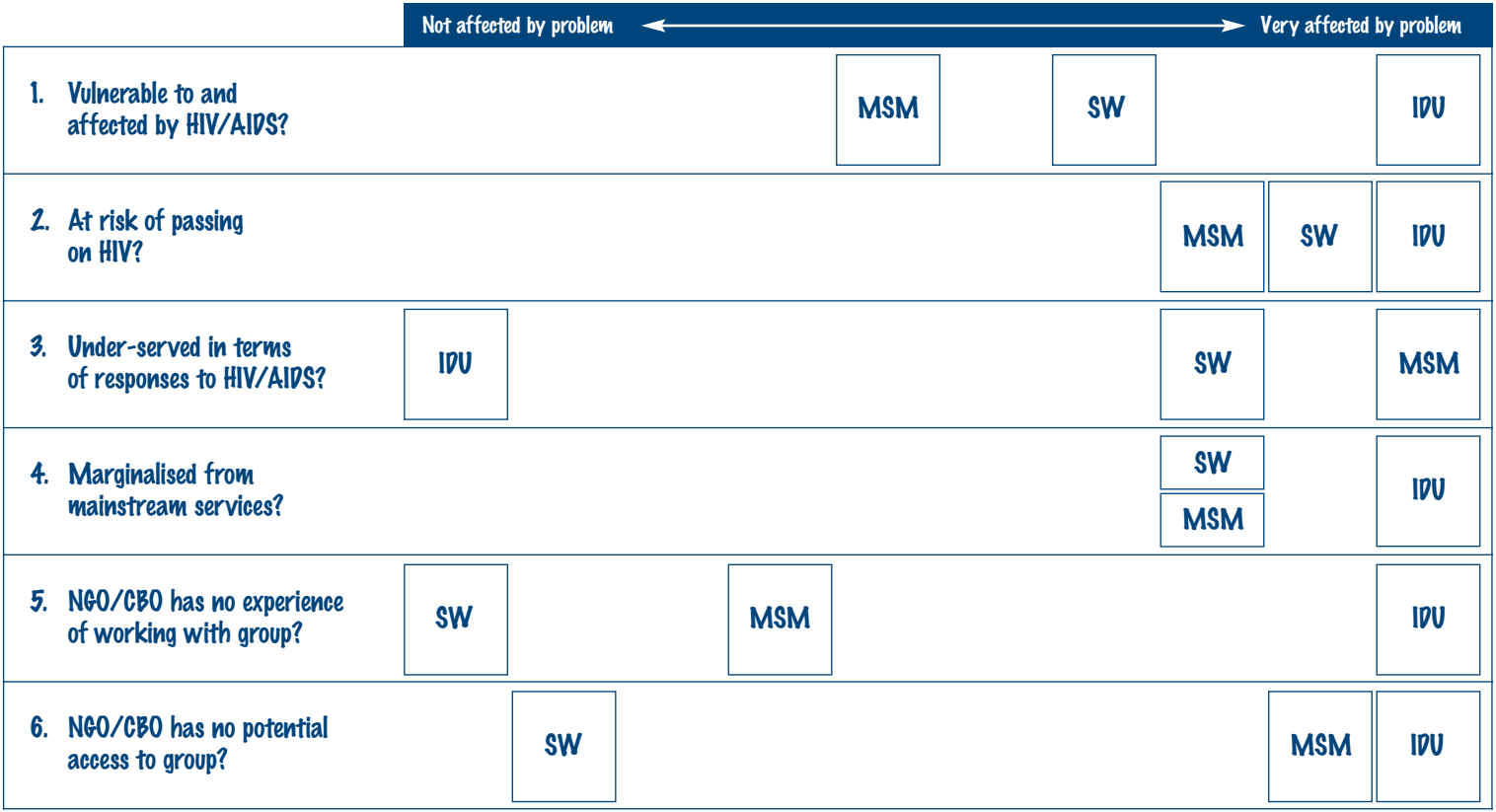
8 Encourage the participants to discuss the benefits of targeting:

- to the people targeted – for example, involving the people with the greatest need.
- to the project – for example, the effective use of resources.

9 Encourage the participants to discuss any negative effects of targeting or concerns about targeting. Discuss how these can be overcome.

10 Decide which types of people should be targeted to help them cope with HIV/AIDS, and how.

Results of a targeting exercise, showing which groups are likely to benefit most from HIV/AIDS prevention work in Ukraine.



Potential target groups

MSM = Men who have sex with men, SW = Sex workers, IDU = Injecting drug users

Tool 90 VEN Sorting

What is it?

VEN sorting is a card-sorting tool. It helps decide whether different activities, resources or services are Vital (V), Essential (E) or Not essential (N) to the success of achieving a goal.

Why use it?

Using VEN sorting helps to:

- show whether activities, resources or services are vital, essential or non-essential
- make decisions on what to do and what not to do when resources are limited
- draw up a budget.

How to use it

1 VEN sorting works best with small groups of people.

2 Write or draw symbols on three separate heading cards to show:

- **Vital** – something that is so important that the goal cannot be achieved without it.
- **Essential** – something that is important but not vital
- **Not essential** – something that is good to have or do, but that you can manage without.

3 Consider a goal you want to achieve and thought shower (Tool 57) all the different activities, resources or services that might be needed to achieve it on separate pieces of card or paper.

4 Put the three cards on the wall or on the ground.

5 Sort these cards under the three different headings, considering whether each is vital, essential or not essential.

6 When the sorting is complete, look at the cards under each heading. Agree whether they make sense or whether there should be further discussion.

7 Decide which things to do and which not to do.

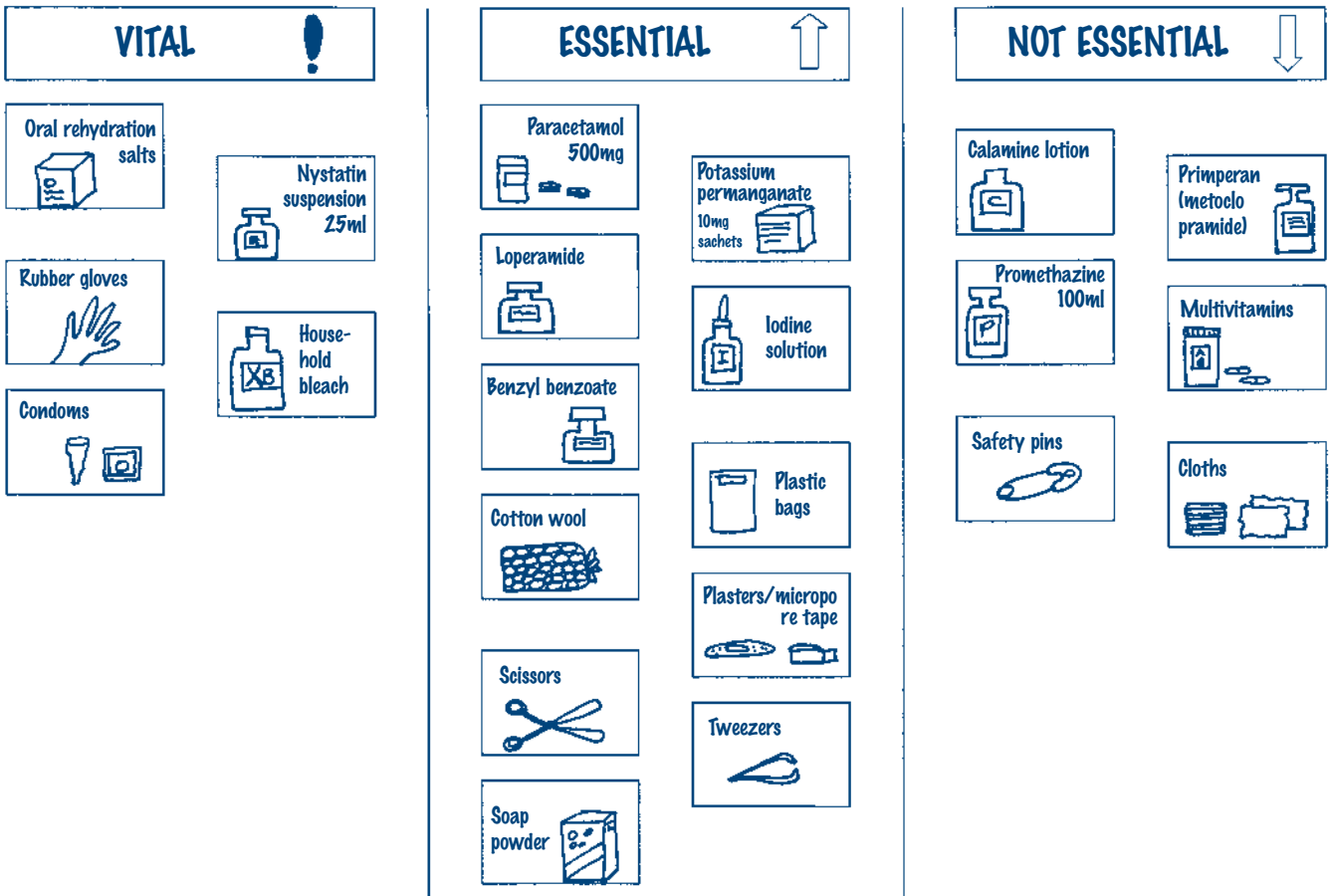
Remember!/Facilitators notes

- Encourage participants to decide what is vital, essential and not essential based on the objectives of the project or needs of the service users rather than according to their own priorities.

See also

- Tool 57 – Thought shower
- Tool 61 – Card sorting

At a skills building workshop participants identified, and then used the VEN system to classify, material resources needed to provide home-based care to people living with HIV/AIDS.
Reference: Adapted from a workshop on access to HIV-related treatment, KHMER HIV/AIDS NGO Alliance and International HIV/AIDS Alliance, Cambodia, May 2001



Tool 91 Vision diagramming (visions of interventions)

What is it?

In vision diagramming, people draw a picture of a positive future they imagine for their community. This tool is useful when people are working together to identify new activities, services and resources.

Why use it?

Using vision diagramming helps to:

- imagine a positive future – a vision – where the HIV/AIDS situation is improved
- identify services, activities and resources that will help achieve this vision
- identify who might be involved in providing these services and activities
- identify possible difficulties in bringing about the vision
- discuss how to solve these difficulties.

Remember!/Facilitators notes

- It is important that participants feel relaxed in this exercise and that they take the time to imagine a very positive future.
- Encourage participants to be as imaginative as they can. Remember that it may be difficult for people to imagine a service or a project that they have never seen.

See also

- Tool 54 – Picture story

How to use it

1 Vision diagramming works best with groups of up to 12 people.

2 Ask participants to think about the current HIV/AIDS situation in their community. Who is affected, and how? What HIV/AIDS services exist? What is the quality of these services?

3 Encourage participants to close their eyes and imagine a future in which all of the community is easily coping with HIV/AIDS. In this future, people are preventing HIV and supporting all community members affected by HIV/AIDS. People are receiving treatment for HIV. Everyone in the community is involved in responding to HIV/AIDS.

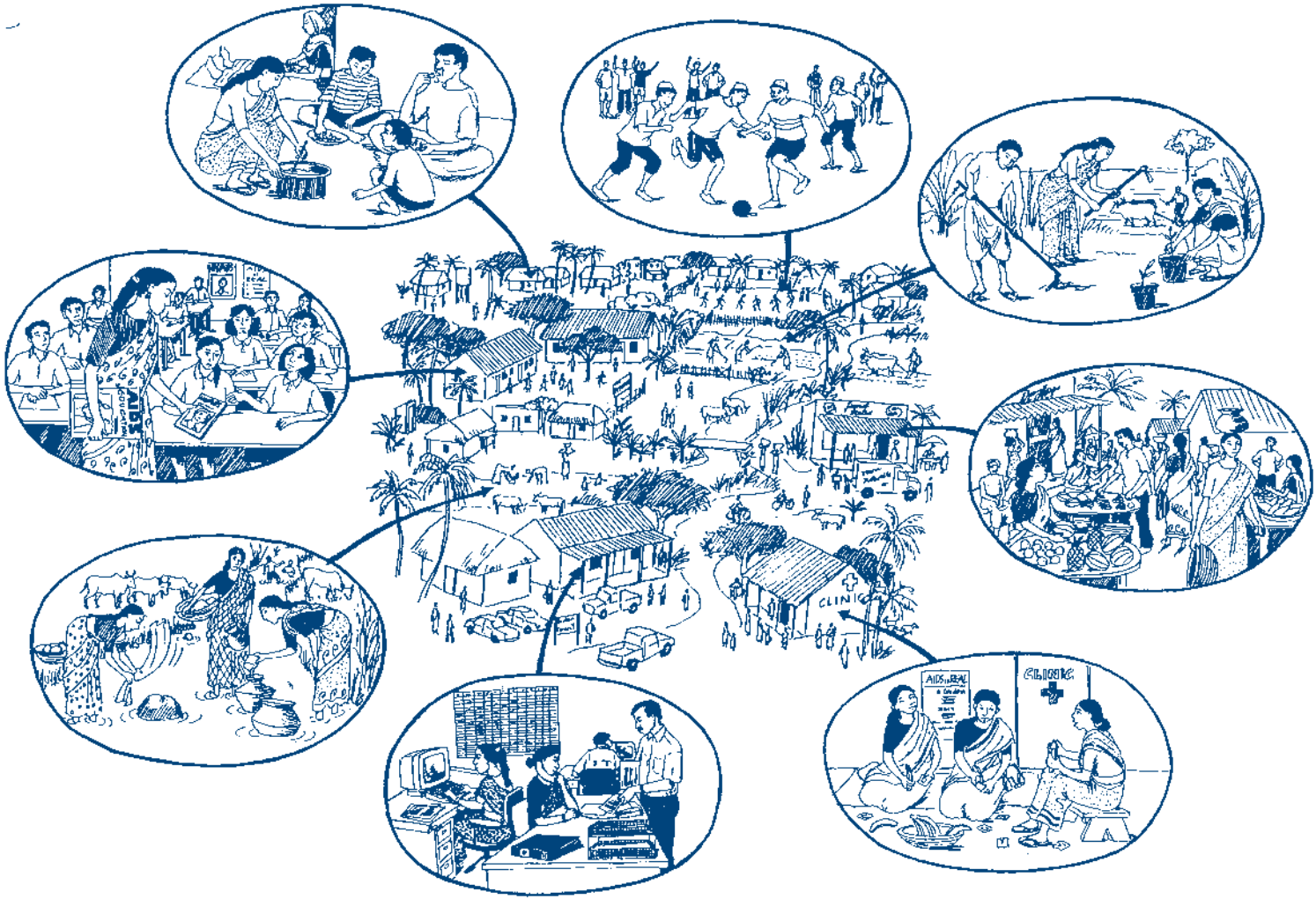
4 Ask each participant to draw this vision. What services exist? What would their role in this vision be? What would other people's roles in this vision of the future be?

5 Ask the participants to share their pictures with each other in small groups.

6 Encourage the participants to discuss their visions in detail, using the following questions:

- In the visions, what new activities, services and resources exist?
- Who is involved in carrying out the activities or services?
- What would each of their roles be in this vision?
- How did the vision come about?
- In the visions, what difficulties were there in implementing these activities and services? How were these difficulties solved? What made things easier?

7 Ask the small groups to share their visions and discussions with the larger group. Encourage participants to ask questions about the drawings and make any comments or suggestions.


AIDS
CLINIC

Tool 92 Good vs bad facilitation

What is it?

This is a fun role play in which people get a chance to practise their PLA facilitation skills in a relaxed and safe setting.

Why use it?

This tool helps people to:

- consider what are good and bad facilitation skills
- practise their facilitation skills and receive feedback from their peers
- learn how to 'embrace error' and learn from their mistakes without embarrassment.

How to use it

1 Ask participants to think about the best facilitator they know and list what made this person a good facilitator. Consider knowledge, skills, attitudes and behaviours.

2 Now ask them to think about the worst facilitator they have experienced and list what made this person bad at facilitation. Again, consider their knowledge, skills, attitudes and behaviours.

3 Now split participants into two groups.

4 Tell one group of participants that they are going to perform a role play of a PLA session. Two people from this group will try to facilitate the rest of the participants in their group to do a PLA tool as best they can. They should bear in mind the good and bad practices previously listed.

5 The other group will sit around them and observe the two facilitators at work. If they think that one of the facilitators has made a mistake in some way, they should get up, tap the facilitator on the shoulder and take over facilitation. The original facilitator then joins the other group and becomes an observer.

6 Each time either one of the facilitators makes a mistake, one of the observers should take over. Let the role play continue until all of the observers have had a chance to step in and take over the facilitation.

7 Then swap group roles so that both groups have had a chance to facilitate, observe and be participants of the PLA role play.

8 Debrief participants about what they have learned about being a good and a bad facilitator.

Remember!/Facilitators notes

- See 'Facilitating PLA' (pages 16–24)

See also

- Tool 56 – Role play

Tool 93 Back-to-front/front-to-back

What is it?

Active listening means listening with the eyes as well as the ears. This exercise reinforces this message by helping people to experience the difference between listening to someone with your back turned to them and listening to someone who is facing you.

ⓘ Why use it?

This exercise helps people

- practise active listening skills.

How to use it

1 Break participants into pairs. Ask the people in each pair to sit back-to-back.

2 Ask one member of the pair to speak (on any subject) for three to four minutes while their partner listens.

3 Then swap the roles.

4 Debrief participants by asking what it was like to listen to someone when you could not see them. Ask what it was like to be listened to by someone whom they could not see.

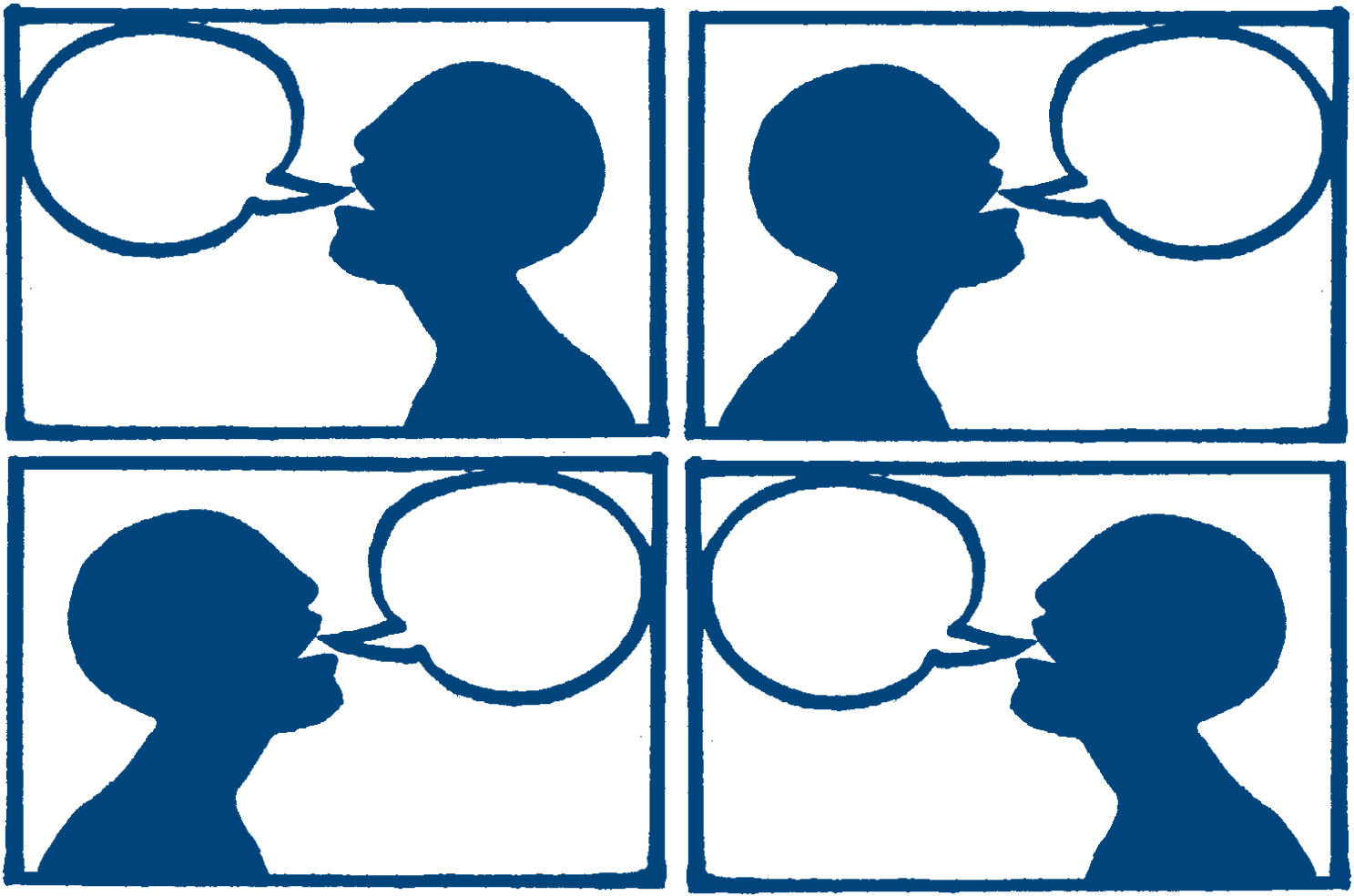
5 Go back into the pairs, but this time ask participants to sit facing each other. Repeat the exercise, with one person speaking and the other listening, and then swap the roles.

6 De-brief the participants by asking:

- What were the differences between listening to each other back-to-back and listening to each other face-to-face?
- What do these differences mean in terms of active listening and what it involves?

→ See also

- Tool 94 – Bad/good listening in pairs



Tool 94 Bad/good listening in pairs

What is it?

This exercise makes the contrast between 'bad' listening techniques and 'good' listening techniques. It reinforces learning of the key points of active listening.

Why use it?

This exercise helps people

- practise and reinforce active listening skills.

How to use it

1 Give a brief presentation on the key points of active listening (see page 18).

2 Break participants into pairs. In each pair, ask one person to play the speaker and one person to play the listener.

3 Explain that the speaker is going to talk for three to four minutes (on any topic) and that the listener is to demonstrate 'bad' listening techniques – in other words, the opposite of the points made in the presentation.

4 When this is done, debrief by asking the speaker what it felt like to be with a 'bad' listener. Ask the speakers what the 'bad' listeners were doing or not doing.

5 Go back into the pairs and swap roles. This time instruct the listener to practise 'good' listening techniques. When the speaker has finished, debrief by asking the speaker what it felt like to be with a 'good' listener. Ask the speakers what the 'good' listeners were doing or not doing.

6 From this discussion, draw out the key points about active listening.

Remember!/Facilitators notes

- See section 3 of this toolkit for the key points of active listening (page 18).

See also

- Tool 48 – Margolis wheel
- Tool 93 – Back-to-front/front-to-fback

Tool 95 Probing deeper

What is it?

This exercise practises the skill of probing deeper into an issue by asking follow-up questions. PLA facilitators will begin a PLA session with a set of key questions, but it is essential that facilitators are able to respond flexibly to answers they are given and can use other questions to probe deeper.

Why use it?

This tool helps people to:

- practise effective questioning skills, especially how to probe deeper to get to the heart of an issue.

How to use it

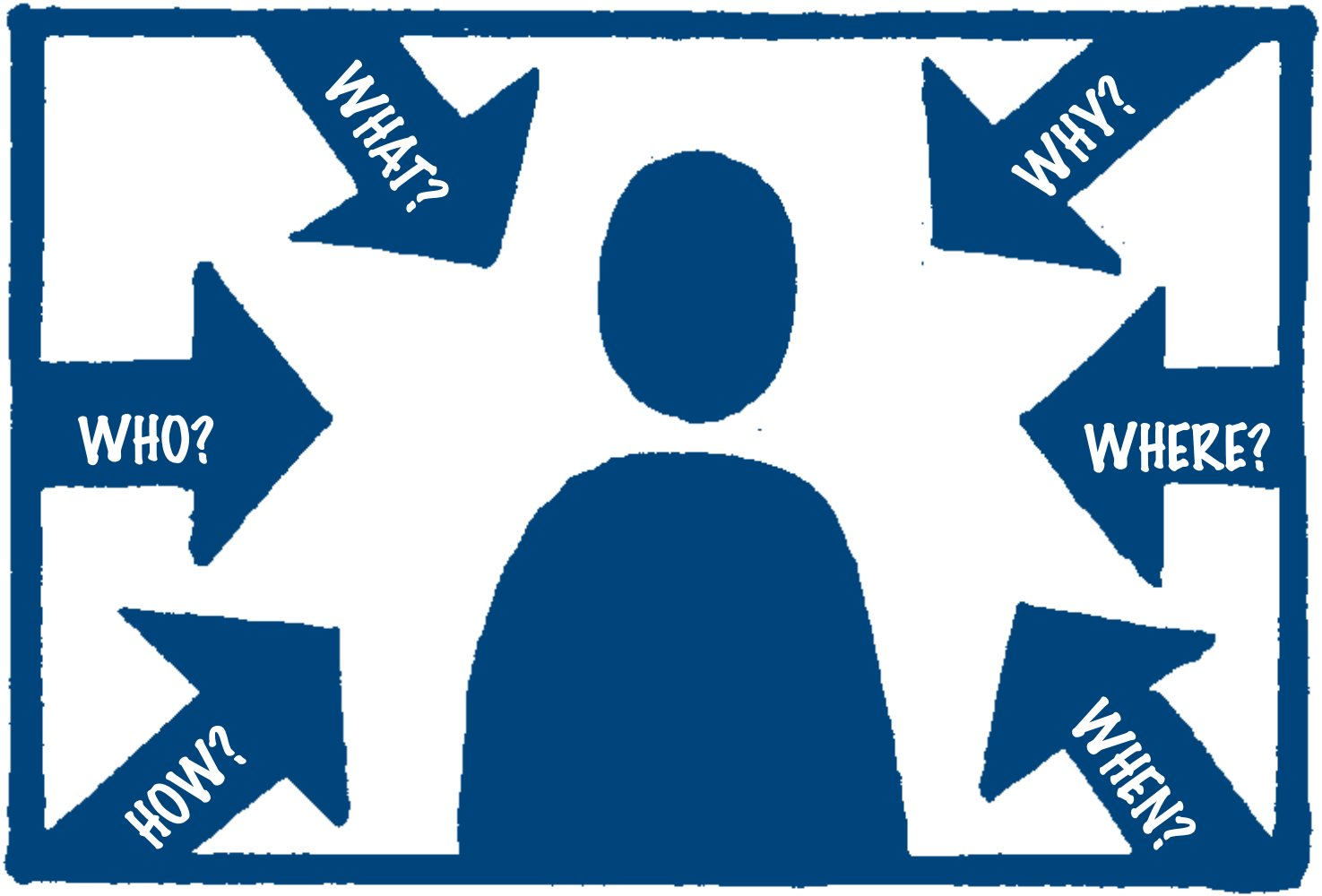
1. Give a short presentation on the six 'helper' questions (What? When? Where? Who? How and Why?) and their importance as open-ended questions (see Tool 96 – Open and closed).
2. Break into pairs. Ask one member of the pair to think of a story or incident that their partner does not know about. Explain that their partner is going to ask them questions about it. Their task is to answer these questions as briefly as possible.
3. Instruct their partner (the questioner) to try to use each of the six 'helper' questions at least twice to find out about this story or incident.
4. After five minutes, end the questioning and debrief what it was like to try to probe deeper.
5. Swap roles and repeat the exercise.

Remember!/Facilitators notes

- The most effective 'helper' question for probing deeper is to keep on asking, 'But why…?'
- See 'Effective questioning' (page 18).

See also

- Tool 96 – Open and closed
- Tool 97 – Sensitive subjects


WHAT?
WHY?
WHO?
WHERE?
HOW?
WHEN?

Tool 96 Open and closed

What is it?

Asking open-ended questions, which cannot be answered with a 'yes' or a 'no', is an important skill because it opens up discussion and helps in gathering more information. This exercise practises this skill.

Why use it?

This tool helps people to

- practice effective questioning skills – especially how to ask open-ended rather than closed questions.

See also

- Tool 97 – Sensitive subjects
- Tool 95 – Probing deeper

How to use it

1 Prepare a brief (one-paragraph) case study of a typical local person living with HIV/AIDS, describing their life circumstances. Divide the participants into groups of six people.

2 Explain that in each group of six there will be two teams (A and B) of three people: in each team, there will be a local person living with HIV/AIDS, the questioner and an observer. Give the local person living with HIV/AIDS in each team a copy of the case study to read, and ask them not to show it to their team members.

3 Explain that in the A teams in each group, the questioner is only allowed to ask closed-ended questions and the role of the observer is to check that they do this. In the B teams in each group, the questioner is only allowed to ask open-ended questions and the role of the observer is to do the same.

4 Explain that the questioners have five minutes to find out as much as they can about the local person living with HIV/AIDS in their team.

5 At the end of the time, ask questioners in the A teams to tell the rest of the group what they learned about the person living with HIV/AIDS. Then ask the questioners on the B teams to do the same.

6 Compare the difference between information gathered from asking closed and open-ended questions, and discuss lessons learned about effective questioning.

Remember!/Facilitators notes

- See 'Effective questioning' (page 18).
- If you want all participants to have a chance at practising open-ended questions, prepare four more case studies.

How did you feel as the client?
Frustrated, because she wouldn't listen to me.

Tool 97 Sensitive subjects

What is it?

This exercise helps people to develop the skills necessary to ask good questions about sensitive subjects.

Why use it?

Sensitive subjects helps people to:

- consider what topics and issues might be sensitive in PLA sessions
- develop strategies to talk about sensitive topics with people.

How to use it

1 Ask participants to think which 'sensitive' issues may come up in PLA sessions regarding HIV/AIDS.

2 Make a list of these sensitive issues and group similar issues together into topics.

3 Identify three or four groupings of sensitive topics, and ask participants to break into smaller groups to look at one of these groupings.

4 Ask each group to discuss their sensitive topic:

- What might make it hard to ask questions about it?
- What would be good questions to ask?

5 Now ask each group to practise these questions in role plays (Tool 56).

6 Bring the groups back together to discuss what was learned about asking questions about sensitive subjects.

Remember!/Facilitators notes

- It might be a good idea to make a 'sensitive questioning' checklist from the results of this exercise. People can then use this checklist during PLA sessions in the field.

See also

- Tool 56 – Role play

It is important to find a relaxed, safe and private setting to discuss sensitive issues.

Tool 98 Saboteur!

What is it?

Saboteur is a tool to train people in some of the appropriate attitudes and behaviours required to facilitate PLA.

Why use it?

Saboteur helps people to:

- understand the different ways in which people can dominate or 'sabotage' (spoil) a PLA session
- develop strategies for dealing with saboteurs.

How to use it

1 Ask participants divide into groups of three.

2 Tell them that one person is going to interview another person (the interviewee) about an aspect of their life. The third person is going to try to sabotage the conversation in any way they can think of.

3 Give each person three minutes in their roles, then ask them to change roles.

4 Continue doing this until each person has performed the role of saboteur, interviewer and interviewee.

5 Now debrief participants in plenary by asking:

- How did it feel to be sabotaged?
- How did it feel to sabotage?
- What different strategies did the saboteur use to try to sabotage the interview?
- What different strategies did the interviewer and interviewee use to try to stop the saboteur sabotaging?
- What strategies can we use to sabotage the saboteur during a PLA session, without disempowering or excluding them altogether?

Remember!/Facilitators notes

- Ask saboteurs to use types of sabotage which they are actually likely to come across, rather than extreme examples.

See also

- Tool 92 - Good vs bad facilitation
- Tool 99 - Trust game

Passive sabotage	Strategy	Active sabotage	Strategy
Gender	Divide up male and females	Speaking loudly or shouting	Ask all participants to remain in silence for one minute to consider a question
Looking bored	Do an energiser, or give them a role	Non-constructive criticism	Ask the group what is more useful to them – constructive or non-constructive criticism?
Saying nothing	Ask them what their thoughts are	Interrupting or speaking all the time	Use a 'talking stick', which only the person holding it can use
Constantly moving around	Do a lively energiser, then ask everyone to sit down and remain seated	Changing the topic	Bring people back to the main topic
Distracting body language	Ignore	Making irrelevant comments	Ask how that relates to the topic
Inappropriate setting (e.g. asking women to meet in a men's bar)	Ask participants to suggest a better place to meet	Refusing to participate	Ask them what would help them participate
Inappropriate timing	Ask participants what time suits them best	Being late	Make them a timekeeper

Tool 99 Trust game

What is it?

This exercise helps people to understand issues of confidentiality. It also helps people to gain trust in each other.

Why use it?

The trust game helps people to understand:

- the importance of confidentiality in PLA and HIV/AIDS
- what it feels like to give people sensitive information about themselves.

Remember!/Facilitators notes

- Remind participants that 'trust' is a verb! Trust is something you do rather than have. You have to earn and keep earning trust, and it can be taken away at any time if you break someone's trust. We all like to think that we are trustworthy because of who we are or our position. But people are unlikely to trust you automatically just because you are a doctor or some other professional. Whoever you are, trust has to be built and maintained.
- The point of this game is not for participants to share their secrets. If some do, that is up to them, but no one should feel pressured in any way to do so.

How to use it

1 Ask participants to sit around in a circle. Explain to participants that this is a serious exercise about trust.

2 Ask participants to think of a secret they have which they would not want anyone else to know. Ask them to write this down on a small piece of paper, fold it up and not show it to anyone.

3 Now ask participants to pass their piece of paper with the secret in it to the person to their left.

4 Ask each person around the circle how it feels to have their secret in someone else's possession. You can record some of these responses on a flipchart if you wish.

5 Now ask each person how in turn how it feels to have someone else's secret in their possession. Again, you can record these on a flipchart if you wish.

6 Now ask participants to give the pieces of paper with the secret on them back to the person the secret belongs to. Once this is done, tell participants that they can all destroy their pieces of paper and relax! No one has had to share their secret.

7 Debrief participants by asking them:

- What does this tell us about confidentiality in PLA?
- What kind of things might people share with us which should be kept confidential?
- What rules should we have about confidentiality during PLA?

How I feel when someone has my secret in their possession:

- Nervous
- Anxious
- Trusting/not trusting that they will keep it a secret
- Unsure how they will use the information

How I feel about having someone else's secret in my possession

- Privileged
- Powerful – I know something others don't
- Trustworthy
- Unsure what to do – keep the secret or look at it?

What does this tell us about confidentiality?

- Carrying someone else's secret can be a burden
- When people give us their trust, we should keep it

What should be kept confidential?

- What people tell us confidentially
- Information which could increase stigma – e.g. a person's HIV status
- Information which could increase the risk of physical or emotional violence towards them
- Information which could increase discrimination against them
- Information which could be used by the authorities in a harmful way against them or others they know

What rules should we have about confidentiality?

- Keep confidential information to ourselves
- Keep confidential information safe: keep confidential information in a safe, or code information so that people's identities are kept secret
- Only let people share information which they wish to share – don't force people to share what they don't want to
- Develop a policy about what information should be shared with the authorities and what will be kept confidential

Tool 100 Your own tools

What is it?

Here is a chance for you to be creative and invent your own participatory tool. If you want to share it with others, send it to the Alliance at the address at the back of this toolkit and we will publish it on our website or in the next edition of *Tools Together Now!*

ⓘ Why use it?

(Explain what this tool helps to do.)

This tool helps to:

-
-
-

How to use it

(Provide step-by-step instructions on how to facilitate the tool.)

1

2

3

4

Remember!/Facilitators notes

(What are your top tips for facilitating this tool?)

-
-
-

→ See also

(What other tools are similar to this or carry out the same role?)

-
-
-

Illustration/photograph and/or case study (copy a diagram, photo or drawing here)

Appendices

In this section you will find the following resources:

Checklists

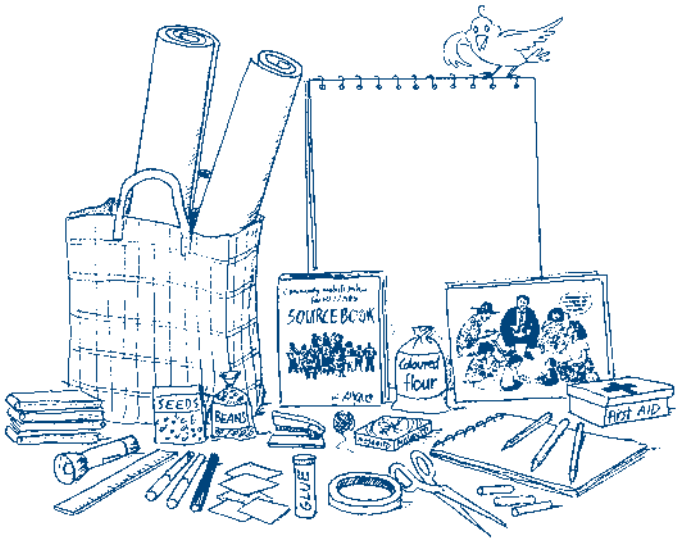
- Facilitating and planning PLA checklist
- PLA session planning form
- PLA materials checklist
- Ethics checklist for PLA and community mobilisation
- Sample PLA note-taking form
- Further reading and sources of information

Facilitating and planning PLA checklist	✔
Have you budgeted adequately for the PLA session?	
Are you clear about the aims and objectives of the PLA session?	
Have you made an action plan for your PLA session?	
Are you clear who you are doing the PLA with?	
Have you identified what key questions you might ask to help facilitate discussion?	
Have you planned what tools you might use?	
Have you come up with a possible sequence of tools, according to which each tool builds upon the knowledge gained from the previous one?	
Have you identified a good 'ice-breaker' tool to start your PLA session with?	
Have you identified a suitable comfortable and accessible place and time to do the PLA session?	
Are you confident in how you will actively listen to people?	
Are you confident in how you will effectively question people?	
Have you got the knowledge to deal with likely questions about HIV/AIDS from participants?	
Are you confident that you will facilitate participants to conduct their own analysis, planning, monitoring, evaluation and/or reflection?	
Are you confident in your ability to deal with saboteurs?	
Have you got all the necessary PLA materials, transport and refreshments that you and your participants will need?	
Have you drawn up a team contract to deal with potentially difficult situations?	
Are all the PLA team members clear about their roles and responsibilities?	
Have you adequately considered and been through the ethics checklist for PLA and community mobilisation, and dealt with any outstanding ethical issues?	

PLA session planning form					
Location:					
Overall objective of session:					
Topic/issue	**Key questions** (to guide the discussion)	**With whom?** (which target group or organisation?)	**Potential tools** (which tools might you use to facilitate discussion on the topic?)	**Materials required**	**Roles and responsibilities** (who will lead the facilitation? who will record notes? who will observe the process?)
1					
2					
3					
4					
5					
6					

PLA materials checklist

It is much better to use materials that people are familiar with and feel confident using, rather than expensive and hi-tech ones. Here is a list of materials (covering both low-cost and a higher-cost situations) which you might find useful to stock up on if you are facilitating PLA regularly.



Higher-cost alternative	✔	Low-cost alternative	✔
Flip-chart paper		Use the ground, walls or a pavement to draw on	
Assorted coloured marker pens for drawing		Assorted coloured chalk or flour Locally gathered beans, seeds and stones for scoring	
Sticky tape (builders' masking tape is best as it can be stuck and restuck without breaking or leaving marks on walls!)		Keep diagrams flat on the ground, walls or pavement	
Glue		Not essential	
Flip-chart board for presenting		A wall or clothes line with pegs	
This toolkit and *All Together Now!*		You can order a copy by emailing the Alliance at: publications@aidsalliance.org	
Post-it notes		Paper	
Laptop or notebook		Notebook	
Scissors, ruler and stapler		Not essential	
A torch for overnight stays		A candle or fire	
Mosquito coils and repellent		Have the PLA session under a neem tree or by a fire	
Small first-aid kit and condoms and lubricant for safe sex demonstrations		Condoms and lubricant for safe sex demonstrations	
A fancy bag to put it all in		A cheap bag to put it all in!	

Ethics checklist for PLA and community mobilisation – for communities, organisations and decision-makers

- **Criteria for community/site selection –** which groups have been involved in defining the communities/sites to work with and the criteria for selecting them? Do these represent a representative sample of the community/site? Do members of the defined community participating in the activity have a concern or experience with the issue?
- **Identification of aims and objectives –** are the aims of the activity clear, relevant and owned by all? Who should know, be involved, when and how? See Tool 81 (Stakeholder Participation Matrix). Is the community interest clearly described or defined? Did the original impetus for the activity come from the defined community?
- **Communication about process –** is there a wide understanding of who you are, what the activity is about, what it aims to achieve and how all the various groups will benefit from the process?
- **Record-keeping –** how is the information being recorded and documented? Is there agreement on who owns the information? Is there a system for ensuring confidentiality and anonymity if necessary?
- **Comprehensive participation –** have you identified all of the people who want to, or should, be involved in the activity? Are there people in the community who are not involved? Is there a particular group that is dominating? Are community members participating regardless of age, sex, gender, sexuality, HIV status, ethnicity, religion or economic status? Have gatekeepers been identified? Is there opportunity for collaboration and participation between all these stakeholders as well as within them?
- **Influential participation –** have all potential social and economic barriers for people's participation been sought, defined and addressed? Have opportunities for increased participation been sought, defined and planned into the whole process? How will you recompense people for their time?
- **Tension and conflict –** how are issues of conflict and tension being dealt with? Are they just ignored, glossed over or avoided?
- **Physical and mental security –** are you sure that everyone is able to travel to and from activities, and take part in them safely? Is care and support available for people when mental or emotional issues arise? Do you know who to refer people to for specialist HIV/AIDS care?
- **Confidentiality –** has it been ensured that no information is exchanged that could put people's future situations at risk?
- **Safe space –** has every effort been made to ensure that PLA is conducted in a place where participants feel comfortable expressing themselves freely? Have participants been made aware that no space is totally 'safe' and therefore they should only share what they feel comfortable sharing?
- **Focus on positive action –** is this just an exercise in gathering problems (vulnerabilities and risks) and 'wish lists'? Does the activity also explore the assets and strengths of stakeholders? Does the process move towards an action plan? Will the activity benefit the community? Is their evidence of analysis and prioritisation by the community rather than general information gathering?
- **Learning –** does the activity allow the community to collaboratively reflect and learn about issues and develop new knowledge to address them?

- **Methods –** does the activity methodology allow for literate and non-literate people to participate equally? Does it allow communities to learn methods of assessment, analysis, planning, monitoring and evaluation for their own use? Does it allow for participants to develop their own conclusions?
- **Empowerment –** does the activity allow for the community to increase its knowledge, resource, positional and personal power to address the issue? Have any potentially negative implications of empowerment been sought, defined and addressed? For example, people may have a false belief that they are empowered to address an issue, when they may not yet fully be able to.
- **Don't dump issues –** have other actors been brought in to deal with issues outside the mandate of the project?
- **Verification –** is there a feedback mechanism to the community? Is there agreement on acknowledging different interpretation and issues between groups of people?
- **Maintaining momentum –** what is the timeline for the process? Is everyone aware of this? Will the community have the opportunity to participate in planning, implementation, monitoring and evaluation?
- **Maintaining community momentum and capacity –** does the community have access to information about how to enhance their capacity for self-mobilisation (in the areas of improved leadership, skills, resources, social and inter-organisational networks and a greater sense of community)?
- **The outcome and decisions –** what plans are there to take actions forward? Or to monitor/evaluate the action plan?
- **Reporting, publication and presentation –** does the written report reflect multiple voices/perspectives of the community? Has it, and other outputs, been widely circulated? Have all participants given their permission for their opinions and/or photographs to be presented? Have community members been given the opportunity to present the report? Have participants agreed to whom the report should be disseminated?
- **Learning from the process –** is there a mechanism for stakeholders to systematically record and remember lessons learned about the process they are participating in?

Adapted from *Have you been PA'd? Using Participatory Appraisal to Shape Local Services*, Nikki van der Gaag (eds), Oxfam, June 2003 and *Draft Guidelines on Ethical Participatory Research with HIV Positive Women*, ICRW July 2003, and sources of the International HIV/AIDS Alliance.

Sample PLA note-taking form

Location:	Date:
Name of facilitator:	Name of person taking notes:
Number of participants:	Who were the participants? (gender, age group, socioeconomic and HIV status etc.)
Topic:	
Tools used:	
Description of what happened (attach separate sheet if necessary):	
Lessons learned about topic (attach separate sheet if necessary):	
Copy of diagrams attached/where originals can be found?	
Lessons learned about the PLA process (What worked and why? What didn't work and why? (attach separate sheet if necessary)	
Do's:	Don'ts:

Further reading and sources of information

Publications

All Together Now! Community mobilisation for HIV/AIDS. International HIV/AIDS Alliance, 2006. This publication accompanies *Tools Together Now!* and provides comprehensive guidance on mobilising communities to respond effectively to HIV/AIDS.

A Facilitators guide to participatory workshops with NGOs/CBOs responding to HIV/AIDS. International HIV/AIDS Alliance, 2001. This provides guidance on how to organise participatory training workshops.

100 Ways to energise groups: games to use in workshops, meetings and the community. International HIV/AIDS Alliance, 2002. A series of 100 simple exercises to help energise PLA sessions and workshops.

All Alliance publications can be downloaded or ordered from www.aidsalliance.org/publications

Choices – A Guide for Young People. Gill Gordon, MacMillan, 1999. This is an activity guide on HIV/AIDS prevention for young people. However, it provides useful essential knowledge on HIV/AIDS which can be adapted to an adult setting. www.talcuk.org/

Enacting Participatory Development: theatre-based techniques. Julie McCarthy, Earthscan Publications Ltd, London, 2004. This book provides 140 easy-to-follow exercises for increasing participation. It also provides case studies on how theatre-based techniques can be used in development. www.earthscan.co.uk

Insights into participatory video – a handbook for the field. by Nick and Chris Lunch. Insight, London, 2006. A practical guide to setting up and running participatory video projects anywhere in world. www.insightshare.org

Giving Voice: a practical guide to the implementation of oral testimony projects. A training manual, packed with suggestions, information, checklists and advice about how to undertake oral testimony projects. The English version of Giving Voice is available as a pdf file and will be emailed to you for free. The French and Spanish versions of the manual are available in hard copy only (A4 ring-bound, 80 pages). To order the manual, email: otp@panos.org.uk www.panos.org.uk

Participatory Learning and Action – a trainer's guide. Pretty et al., IT Publications, London, 1995. This is the one of the best manuals available on how to train others in PLA principles and methods. www.iied.org/pubs/

Participatory Workshops – a sourcebook of 21 sets of ideas and activities. Robert Chambers, Earthscan Publications Ltd., London, 2002. This is another great book for training others in PLA, and is written in a fun and accessible style. www.earthscan.co.uk

Power Process and Participation – tools for change. Slocum et al., IT Publications, London, 1998. This book presents over 30 participation tools for the PLA facilitator in simple 'how-to' format with an associated case study. www.itdgpublishing.org.uk/

Training for Transformation – a handbook for community workers, Books 1–4. Sally Timmel and Anne Hope, IT Publications, London, 1999. The Training for Transformation series is extremely popular with community workers worldwide. Together, they cover the principles of community development, participation and empowerment at a very practical level based on the LePSA approach. Although not specifically on PLA, they are packed full of participatory games, exercises, methods and frameworks for enabling communities to analyse, plan and act to better their lives. www.itdgpublishing.org.uk/

Contacts and websites

NGO support toolkit. **International HIV/AIDS Alliance.** This searchable online toolkit provides downloadable information on HIV/AIDS prevention, care, support, treatment, impact mitigation and NGO/CBO capacity building. Of particular interest, it provides information on participatory assessments with injecting drug users, populations key to the epidemic and children affected by HIV/AIDS.
www.aidsalliance.org/ngosupport/

OVC toolkit**. International HIV/AIDS Alliance.** This provides a series of useful resources for NGOs wishing to respond to children affected by HIV/AIDS.
www.ovcsupport.net

ARV Toolkit**. International HIV/AIDS Alliance and WHO.** This provides a series of resources useful for NGOs wishing to facilitate the provision of antiretroviral treatment to communities.
www.who.int/hiv/toolkit/arv/en/index.jsp

The Participation Group Institute of Development Studies, University of Sussex, Brighton UK. They maintain an extensive library on participation and can respond to specific information requests and put you in touch with trainers. Additionally, they can network you with people with similar interests to you. They keep an updated website and produce a newsletter. www.ids.ac.uk/ids/particip/

IIED Sustainable Agriculture Programme. As well as producing a newsletter three times a year called *Participatory Learning and Action* (formerly *PLA Notes*) and the *Participatory Methodology Series*, IIED also maintain an online library on participation. They can also put you in touch with relevant contacts and networks.
www.iied.org/NR/agbioliv/pla_notes/about.html

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Registered Charity Number 1038860
ISBN: 1-905055-11-0

Woodpulp sourced from sustainable forests

Elemental Chlorine Free (ECF)

Cover design and template: Spencer du Bois
www.spencerdubois.co.uk

Published May 2006
TTN 05/06

www.aidsalliance.org